

Chapter 1

Introduction and Overview of the Course

Right from the Start was developed by Dr. Alison Niccols and her colleagues in the Infant-Parent Program, an infant development program in Hamilton-Wentworth. The course was originally designed for parents of infants with developmental delay, or who are at risk for developmental delay. It was subsequently adapted to provide a broader, population-based approach, so that any parent may find it helpful, including high-risk parents. The course is based on attachment theory and uses these theoretical principles as a framework for improving parent-child relations. The parent-child relationship is the focus of the course, as research has shown that attachment security is a protective factor that can have broad and far-reaching implications for development in a variety of domains. Below we provide a rationale for the importance of attachment security and briefly overview the relevant research. The format for the course is then described, with reference to research studies on the most effective methods.

WHY IS INFANT ATTACHMENT SECURITY IMPORTANT?

Attachment is defined as the affectional bond between infants and their primary caregiver (Ainsworth, Blehar, Waters, & Wall, 1978). The parent-infant relationship is an important focus of many early intervention programs as the development of infant attachment security is a primary issue in infancy (van IJzendoorn, Juffer, & Duyvesteyn, 1995). It has been argued that secure infant attachment increases the probability of future mental health (Bowlby, 1969). Research studies have provided empirical validation of the theoretical importance of attachment throughout life by documenting the positive influence of secure attachment on curiosity, enthusiasm, persistence, compliance, mastery motivation, cognitive development, social skills, and peer interaction (e.g., Arend, Gove, & Sroufe, 1979; Estrada, Arsenio, Hess, & Holloway, 1987; Waters, Wippman, & Sroufe, 1979). Insecure attachment has been related to later internalizing and externalizing behaviour disorders (e.g., Lewis, Feiring, McGuffog, & Jaskir, 1984). Thus, secure attachment is considered a protective factor and insecure attachment is considered a risk factor (e.g., Bretherton, 1985).

WHAT ROLE DO PARENTS PLAY?

The cornerstone of attachment theory is that infant attachment security arises from a caregiving history that involves sensitive responding to infant cues and signals. Bowlby (1969) emphasized the impact of the primary caregiver's sensitivity in perceiving, interpreting, and responding to the child's needs, and Ainsworth's detailed observations provided empirical support for this notion (Ainsworth et al., 1978). Since then, meta-analyses of studies of the prediction of infant attachment security from maternal sensitivity have confirmed that caregivers rated as sensitive are significantly more likely to have secure infants than caregivers rated as less sensitive (e.g., Atkinson et al., 1998; De Wolff & van IJzendoorn, 1997).

Studies of infants of depressed mothers, infants with parents affected by other mental health problems, infants of adolescent mothers, and infants with developmental, sensory, or medical needs suggest that these infants may be at elevated risk for insecure attachment (e.g., Atkinson et al., 2000; Plunkett, Meisels, Stiefel, Pasick, & Roloff, 1986; Rodning et al., 1989; Shapiro et al., 1987; Vaughn et al., 1994). To explain the difficulties encountered by parents and these children in the development of the attachment relationship, various hypotheses have been suggested including parental factors that may hamper sensitive responding (including disorientation, disengagement, and affective distress; e.g., Emde & Brown, 1978; Trout, 1983), child characteristics that may make interaction difficult (including difficult temperament, cognitive limitations, and dampened socioemotional responsiveness; e.g., Atkinson et al., 1998; Blacher & Meyers, 1983; Serafica & Cicchetti, 1976), and the interaction of these factors. Observational studies of parents and their at-risk infants reveal parent-child interactions that are characterized by infants being difficult to read (e.g., Field, 1980) and parents being directive (e.g., Marfo, 1991), neither of which may bode well for the attachment relationship. Very few studies have examined the relationship between caregiver sensitivity and infant attachment security in dyads with high-risk infants, but the existing research suggests that the risk of insecure attachment for these children may be related to caregiver responsiveness (Lederberg & Mobley, 1990; Wasserman, Lennon, Allen, & Shilansky, 1987). These

findings suggest that interventions aimed at increasing caregivers' sensitivity (i.e., attention and responsiveness) to the cues and signals of their at-risk infants may promote attachment security, which may then have implications for future development across a variety of domains.

ATTACHMENT-BASED INTERVENTIONS

In a meta-analysis of 16 clinical trials of attachment-based interventions and their effects on maternal sensitivity and infant security, van IJzendoorn and his colleagues (1995) found that the most effective were short-term behavioural approaches rather than longer-term, intensive psychotherapeutic approaches. The meta-analysis included studies involving a variety of high and low risk samples. For parents of children with disabilities, most studies of parent-child interaction interventions provide evidence of improvement in parents' skills in perceiving, interpreting, and contingently responding to their children's cues (McCollum & Hemmeter, 1997). None of these interventions used a group format (van IJzendoorn et al., 1995; McCollum & Hemmeter, 1997), so *Right from the Start* represents an innovation in this field. In a pilot study, we found that parents reported lower levels of parent-child dysfunctional interaction, distress, and depression following their participation in the group (Niccols & Mohamed, 2000).

RIGHT FROM THE START

This section summarizes the rationale for the group format and the specific type of group used in *Right from the Start*, the general format of the sessions, and the curriculum of the course.

WHY GROUPS?

Traditionally, parent groups have targeted parents of children with behaviour problems, and clinical trials have shown improvements in child management skills (Barkley, Guevremont, Anastopoulos, & Fletcher, 1992), parenting stress and confidence (Pisterman et al., 1992), and child behaviour (Cunningham, Bremner, & Boyle, 1995). Clinical trials of groups for parents of children with special needs have shown that they are effective in improving child self care skills and behaviour (e.g., Hornby & Singh, 1983; Koegel, Koegel, Kellegrew, & Mullen, 1996). Despite their potential for effective and cost efficient parent education and support, parent groups are not often used as a platform for improving parent-child interaction. *Right from the Start* takes advantage of some potentially powerful mechanisms that may be afforded by parent groups, and has been shown to improve parent-child interaction and reduce parental distress (Niccols & Mohamed, in press).

Opportunities for social networking with other parents. Social support is an important contributor to family and child outcomes (Crnic & Stormshak, 1997; Dunst, Trivette, & Jodry, 1997) and social isolation can adversely influence parenting (Dumas, 1986). In parent groups, parents may receive empathy, acceptance, support, and practical suggestions for strategies that have worked for other parents with a high degree of social comfort. Group approaches may be particularly well suited for parents of high-risk infants as these parents may have unique experiences (i.e., high-level caregiving demands, child-rearing challenges, unpleasant social and extended family reactions, and feelings of guilt, anger, and depression) that they may share with group members (Seligman, 1993).

Therapeutic group processes. The processes and dynamics that operate in a group format can contribute to their effectiveness. For example, the power of group self regulation (e.g., intolerance of extreme deviance, group participants' motivation for conformity) can positively influence parents as they attempt to make changes in their parenting skills.

Parental empowerment. Parent groups offer opportunities for parents to build confidence through the altruistic act of helping others (Seligman, 1993). Parents may also become more confident as they recognize that others struggle with the same issues they do, hence, normalizing the challenges of parenting.

Access. High-risk parents (e.g., economically disadvantaged, socially isolated, depressed) are least likely to enroll in or complete traditional individual treatment programs (Kazdin, Mazurik, & Bass, 1993), whereas community-based groups may reduce psychological and logistic barriers to access. For example, Cunningham and his colleagues (1995) found that their community parent education

program was accessed more readily than individual clinic-based services by high-risk parents (e.g., those with low educational levels and poor family functioning).

Cost. Individual treatment can be at least 250% more expensive than community group-based interventions (Cunningham et al., 1995; Niccols, McFadden, & Parker, 1996), thereby potentially restricting its availability.

WHY THIS KIND OF GROUP? THE COPING MODELING PROBLEM SOLVING APPROACH AS A FACILITATIVE GROUP-BASED INTERVENTION

Parent groups may improve skills, but many programs involve lectures and reading materials. This type of didactic approach may (a) increase knowledge but result in behaviour changes that are not sustained (Gardner, 1972), (b) produce high levels of participant noncompliance thereby paradoxically increasing resistance to learning new skills (Patterson & Forgatch, 1985), (c) result in parents achieving less than optimal understanding of the complex principles involved in parent-child relationships due to the lack of exploration of the consequences of both positive and negative approaches to parent-child interaction (Cunningham, Davis, Bremner, Dunn, & Rzasa, 1993), and (d) produce little attitude change and commitment or feelings of personal competence and control (Meichenbaum & Turk, 1987).

Coping modeling (Masters, Burish, Hollon, & Rimm, 1987) represents an alternative to more didactic approaches to parent training. In contrast to traditional parent training in which correct skills are demonstrated, coping models confront difficulties, make errors, but eventually arrive at an appropriate solution (Masters et al., 1987). Coping modeling has proven more effective than didactic parent training in the management of anxiety disorders (e.g., Kazdin, 1974). A variant of coping modeling is the Coping Modeling Problem Solving approach, an active learning approach in which participants identify common parenting errors depicted by videotaped models, discuss their consequences, suggest alternatives, and formulate supporting rationales by identifying the advantages of the alternative approaches (Cunningham et al., 1995). Clinical trials conducted on large group, community-based parent training using this approach have shown that it is more effective in terms of availability, utilization, cost, and outcome than clinic-based individual training for parents of children with disruptive behaviour disorders (Cunningham et al., 1995). In our pilot study of *Right from the Start*, we found it effective in terms of cost, outcome, and follow-up service utilization (Niccols, McFadden, & Parker, 1996; Niccols & Mohamed, 2000). Although coping modeling approaches have been applied to parent training for behaviour management (Cunningham et al., 1995), social skills training (e.g., Kendall & Braswell, 1985), and child anxiety disorder programs (Kendall et al., 1991), they had not been used previously in attachment-focused parent training. A group-based approach to train parents in attachment-promoting skills takes advantage of the benefits of this model in terms of its effectiveness as a method of parent education, and as a means of providing peer support and opportunities for social networking and parental empowerment.

FORMAT OF THE *RIGHT FROM THE START* SESSIONS

Each session follows a general format for presenting and practising the specific content for the week. The following is an outline and rationale for the format of the sessions.

Brief Social Time. Each session begins with a social phase that encourages supportive contacts among parents. This facilitates later group discussion, as parents feel more comfortable with the other participants.

Opening the Session. At this time, the leaders outline what will be covered in the session, in order to give the participants an idea of what they can expect.

Sub-grouping. Parents should be divided into 5 to 7 member subgroups, with each subgroup seated at a separate table. Having participants discuss the content in small groups promotes active participation within the context of a large group. The subgroups are asked to identify a leader who will be responsible for keeping members on task, encouraging participation, recording the subgroup's discussions, and reporting back to the large group. Members are encouraged to work in the same subgroups for the duration of the course, as this promotes cohesive working relationships.

Brief Review and Discussion of Home Practice Sheet. At the beginning of each session, the leaders ask for volunteers to review the content from the previous week. Following the review, subgroups discuss their attempts to apply the new concepts over the past week. Subgroup members are encouraged to provide examples of what went well, and to discuss any challenges that arose. Following the subgroups' discussion, subgroup leaders summarize their group's examples for the larger group.

Videotaped Parenting Errors. According to the course's Coping Modelling Problem Solving protocol, parents formulate solutions to videotaped parent-child interaction errors. In their subgroups, parents are instructed to identify the errors and discuss the potential short- and long-term consequences if the parent consistently made the identified errors. Subgroup leaders summarize these discussions for the larger group. Each subgroup then formulates alternatives to the errors depicted on the tape, and considers the advantages of the alternatives they have generated. Subgroup leaders present their subgroup's conclusions to the larger group, and the leaders summarize and integrate the subgroups' contributions.

Large Group Discussion. Each session typically involves one large group discussion about some aspect of the session's content. The large group format allows for increased input and feedback for the participants, as well as providing more opportunities for social support. Participating in a large group helps parents to see that others share their concerns, and that they are not alone.

Coffee Break. Halfway through the session, there is a 10 to 15 minute break. This provides opportunities for parents to look at the materials on the Community Resource Table, and speak informally with other participants or the leaders.

Planning for Home Practice Sheets. Leaders give instructions for completing the Home Practice Sheets aimed at encouraging the implementation of the session's concepts/skills throughout the week. Parents are encouraged to post the Home Practice Sheet as a visual reminder, and discuss the new skills with non-attending spouses.

Closing the Session. In order to encourage participation, leaders close sessions by discussing potential obstacles to participation (e.g., transportation, childcare), and having participants formulate possible solutions for problems that might interfere with attendance.

CURRICULUM OF RIGHT FROM THE START

The content of the group sessions focus on parenting skills necessary to promote infant attachment security (e.g., perceiving, interpreting, and responding sensitively to infant signals). The following is a brief description of the content for each session.

SESSION 1: Attachment Security: "What is it & why is it important?" The introductory session focuses on the importance of infant attachment security and the relevance of sensitive, responsive parent-child interaction to fostering attachment. Participants view a short video clip and are asked to discuss the value and importance of providing positive attention to the child, mutually rewarding interactions, and infant attachment security, as well as the potential benefits of participating in the course.

SESSION 2: Parent-child Interaction: "How do you show me you love me?" Parents answer the question, "How do you and your baby become 'attached'?" and are introduced to the idea that infant attachment security arises out of parent-child interaction that is sensitive, responsive, and mutually enjoyable. Video problem solving and practice exercises provide parents with beginning level opportunities to consider how babies communicate without words, interpret the meaning of different types of infant behaviour, and to formulate strategies for sensitive responding to infant cues.

SESSION 3: Child and Parent Personality: “I am unique and so are you”. The third session focuses on the role of temperament, how this concept applies to infants and their parents, the match or mismatch of temperamental styles of infants and their parents, the potential impact on parent-child interaction, and short- and long-term implications. This session’s exercises are designed to introduce parents to the idea that each child has unique characteristics (e.g., reactions to events and people) that impact on their relationship with their parent, who also has unique characteristics. Parents are asked to identify characteristics in themselves and their infant that make parenting challenging, to proactively plan strategies to improve the interaction, to practice these strategies in home situations, and to evaluate the results.

SESSION 4: Disengage Cues: “I don’t like what you’re doing right now”. Parents learn skills in observing and responding to their infants’ disengage (“I don’t like it”) cues. Video problem solving and practice exercises provide parents with opportunities to identify potential cues in infant behaviour indicating when they “need some space” or do not like something about the current interaction. Parents develop skills in attending to these cues and sensitively responding to them (e.g., when and how to “back off” and reduce coercive exchanges).

SESSION 5: Engage/Approach Cues: “I like what you’re doing right now” / “I need you”. Parents learn how to observe and respond to approach/engage (“I like what you’re doing”/“I need you”) cues, especially as they relate to comforting an infant in distress. Video problem solving and practice exercises provide parents with opportunities to identify infant cues indicating when they want to be attended to or approached, or when they like something about the current interaction. Parents are also given opportunities to formulate, rehearse, and apply strategies for sensitive responding to these signals. Parents are encouraged to practice reading and responding to their own child’s unique signals at home during everyday caregiving routines, during play, and when their child is in distress. Parents are also encouraged to identify factors that interfere with their ability to respond to their infant in a sensitive manner.

SESSION 6: Following Your Child’s Lead: “This is what I’m interested in right now”. Parents learn how to follow their baby’s lead in play, why it is important (the message of interest it conveys to the child), the impact on the relationship, when to use this approach to interaction, and how it differs from directive or disciplinary interactions. Video and problem solving exercises provide parents with opportunities to identify potential cues indicating when an infant is alert and communicating, “This is what I’m interested in right now”. Parents develop skills in letting the child set the agenda for play; how to watch, wait, and listen; and how to show interest by encouraging face-to-face interaction, imitating the child’s actions and sounds, interpreting and commenting on their actions and play, and taking turns (all strategies that help parents connect with their children and “share the moment” in a natural way).

SESSION 7: Building a Healthy Relationship: “I like being with you”. The seventh session targets ways to build a healthy relationship with an infant. Parents identify strategies to encourage interaction that would help foster parent-child attachment, as well as infant communication and play skills, and the impact of a healthy parent-child relationship on the child, the parent, and the family.

SESSION 8: Wrap Up. In the final session, *Right from the Start* is completed by reviewing the concepts and skills necessary for sensitive, responsive parent-child interaction and fostering infant attachment security. Parents are encouraged to share their thoughts and feelings about the group process and to give feedback on their experience.