Attachment-based intervention programs for families of children ages 0-6

Date: May 2016

Revised from July 2013
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Suggested citation


Overview of inquiry

A community mental health agency that focuses on supporting early years development is looking to implement an evidence-informed, attachment-focused program for caregivers of children 0-6. They are looking to find information on attachment focused programs that would allow service delivery to be a continuum, beginning with general parent-child attachment information and progressing to more in-depth, clinical services. They would like to determine the cost of training for a potential program and would like to be connected to other Ontario mental health agencies that are implementing these programs.

The agency serves families with children from birth to age six. Some children have special needs including developmental and mental health challenges, which may be multiple and complex. The agency has a variety of staff members with expertise relevant to child development, behaviour and early intervention, including developmental service workers, early childhood educators, child and youth workers, social workers and psychologists.

- Question statement: What is the strength of evidence for selected attachment-based programs for mental health agencies that serve children 0-6 and their families? Some programs of interest include Interaction Guidance, Modified Interaction Guidance, Circle of Security and Watch, Wait and Wonder.

Summary of findings

- There seems to be a positive correlation between the cost to train and implement programs and the quantity and quality of research into program effectiveness. Programs with better quality evidence for effectiveness tend to be more expensive to implement.
- Locally developed parent-child attachment programs have fewer resources to research program effectiveness so evidence on their effectiveness is limited.
- Parent Child Interaction Therapy and Circle of Security have the greatest supporting evidence for program effectiveness.
- Interaction Guidance and Modified Interaction Guidance have evidence of program effectiveness, but generally require expensive equipment and they are designed to be delivered by clinicians who are trained and experienced in attachment theory.
Attachment-based interventions

- Circle of Security was recommended by two external experts. Circle of Security Parenting Training and DVD were recommended as a possible less expensive alternative.
- Evidence for Circle of Security suggests that the 20-week Circle of Security intervention results in significant relationship improvements for caregivers and their children.

Findings

This report looked at the level of evidence and implementation considerations for Parent-Child Interaction Therapy, Circle of Security, Interaction Guidance, Modified Interaction Guidance, Dyadic Developmental Psychotherapy, Parallel Parent and Child Therapy, and Group Attachment Based Intervention (GABI). Each program has strengths, weaknesses and varying degrees of research on efficacy. Efficacy refers to programs delivered and tested in tightly controlled environments to control for confounding variables. However, there is little information in the literature that refers to effectiveness, where programs are delivered in real world settings by typical practitioners. While the existing literature is based on efficacy studies, all the programs have been delivered in real world settings.

There appears to be a correlation between the cost of programs and the quality of evidence for their effectiveness. More expensive programs have expended more resources on research into program efficacy, while smaller, regionally developed programs have been less able to produce extensive research on efficacy. For instance, much research has been devoted to confirming the efficacy of Parent-Child Interaction Therapy (PCIT), but it is also the most expensive training to provide to staff and has the most stringent staff experience and education requirements. Circle of Security has evidence for efficacy, though not as extensive as PCIT, but it was recommended by two external experts consulted for this report. One expert suggested that Circle of Security Parenting Training and DVD could provide a less expensive alternative, although it may not be as effective.

Interaction Guidance and Modified Interaction Guidance have evidence of efficacy but may require more equipment to implement and were originally intended for clinicians who are very experienced in attachment theory. Watch, Wait, and Wonder also has evidence of program efficacy but the research is not as robust as for the other programs. Finally, the Group Attachment Based Intervention (GABI) is in the clinical trial phase, with no efficacy data to report as of yet. For each of the attachment programs, the methodological quality of many of the studies was limited by small sample sizes, lack of a control group or limited long-term follow up.

Attachment and family support

Families set the stage for child development and play one of the most important roles in a child’s life (Halle et al., 2013). The opportunity to form secure attachments with sensitive, nurturing parents or other primary caregivers begins as children develop their skills and abilities by forming relationships with those around them (Shonkoff & Phillips, 2000). These relationships are critical to cognitive and social-emotional growth (Ainsworth, 1979) and a lack of a warm, positive relationship with a caregiver increases the risk that a child will develop major behavioral and emotional problems (Halle et al., 2013). Various factors such as poverty, low education and family stress could compromise the caregiver-child relationship quality by limiting opportunities for (Zaslow et al., 2001):
Attachment-based interventions

- stimulating and responsive interactions
- delivery of emotional support
- exposure to activities that can enrich children’s health, knowledge and skills

As a result, family support programs and services are designed to help families meet their children’s specific needs and cope with stressors that can reduce effective parenting. The specific goals of these family support programs vary, but often include (Halle et al., 2013):

- increasing parents’ knowledge of child development
- improving parenting skills
- providing employment supports
- reducing parental stress

Specific attachment-focused intervention programs have also been developed and used by family support programs and services to help form these important early relationships between caregiver and child. The attachment-focused programs in this report have varying degrees of evidence to support their efficacy. This report examines the evidence for the described programs and provides links to more information and other programs of potential interest.

Summary of selected programs

Watch, Wait and Wonder

Watch, Wait, and Wonder (WWW) is based on attachment theory and is intended to help the caregiver and children ages 0-4 discover a new way of relating to each other. Its intent is also to prevent the repeated transmission of insecure attachment patterns from caregiver to child through the generations. The approach focuses on strengthening the attachment relationship between the caregiver and child, to improve the child’s self-regulating abilities and self-efficacy, and enhance the caregiver's sensitivity. A feature of the approach is the use of child-led play sessions in which caregivers are encouraged to observe their infants and allow them to initiate activities (Trifunov, 2007). Caregivers are then asked to talk about their observations during the child’s activity and their experiences during the session. WWW was designed for children 0 to 4 years of age and recommends starting the program when children are around the ages of 4-6 months when an infant starts to regulate emotions, behaviours and is somewhat mobile (Trifunov, 2007).

Relevant Published, Peer-Reviewed Research

CEBC score = 3 - Promising Research Evidence: 2 studies (1 Randomized trial, 1 follow-up)


Design: This study was a randomized trial composed of 67 caregiver-child pairs. Two-thirds of participants were
randomly assigned to intervention conditions, while the remaining were assigned based on caseload and scheduling factors. Participants received either the WWW intervention or mother-psychodynamic psychotherapy (PPT), in which the mother and therapist talked while she played with the infant. Attachment was assessed with the Strange Situation instrument and mother infant interaction was coded using the Chatoor Play Scale. Infant development was assessed with the Mental Scales of the Bayley Scales of Infant Development. Mothers also completed the Parenting Stress Index, the Parenting Sense of Competence Scale and the Beck Depression Inventory.

**Results:** Improvements in infants’ problem symptoms, Parenting Stress Index scores and mother-infant interaction (specifically maternal intrusiveness and conflict). The WWW intervention produced significantly greater improvements in attachment, cognitive development, emotional regulation and maternal depression over the PPT group. Limitations: The study design did not include a no-treatment comparison group.


**Design:** This study was a follow-up of 58 mother-infant pairs from the Cohen et al. (1999) study described above. It was a randomized trial composed of 58 parent-child pairs. The same measures were obtained from mothers and infants (see above description).

**Results:** For both groups, improvements in infant symptoms, parenting stress and interaction were maintained or strengthened at six-month follow-up. In addition, the mother-psychodynamic psychotherapy group gains in cognitive development, emotional regulation and attachment were similar to those exhibited by the WWW group. At six months, the WWW group still showed better ratings on mothers’ comfort in responding to infant behaviors and ratings of parenting stress.

**Limitations:** This study was conducted with infants whose attachment was already formed and thus could not evaluate whether the potential effects of either treatment would have been greater had the intervention occurred earlier.

Training provided by:
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Toronto, Ontario
M4Y 1E1
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E-mail: mlojkasek@hincksdellcrest.org

**Requirements for staff training:** There were no specific certification requirements. Training is suitable for those who work with young children and their families but they must have some experience with using psychotherapy/counseling.
Interaction Guidance (IG)

Interaction Guidance (IG) was designed to treat infants with a variety of early regulation disorders including problems with feeding and sleeping, and excessive crying. The program was developed for families who have been difficult to engage in treatment due to risk factors (e.g. poverty, substance abuse, mental illness or other family stressors). IG uses observation between the baby and caregiver and therapeutic techniques including reviewing videotaped interactions. It was intended to reinforce positive interactions and enhance the caregivers' understanding of infant behaviour and development (The California Evidence-Based Clearinghouse for Child Welfare, 2013).

Relevant Published, Peer-Reviewed Research

CEBC score = 3 - Promising Research Evidence: 2 studies (1 randomized controlled trial, 1 matched comparison)


Design: A total of 75 caregiver-child pairs referred for treatment were randomly assigned to IG or Psychodynamic Mother-Infant Psychotherapy (PD). Problem symptoms were assessed at baseline, one month and six months post-treatment using the Symptom Check-List. Each mother was also interviewed about herself, her child, her role and the child's father. Mother-infant interactions were videotaped and coded for quality, sensitivity and child emotions.

Results: Participants in both treatments improved in symptoms, particularly for sleep problems (the most common reason for referral). Behaviour problems were more resistant to treatment and tended to increase with age. Those referred specifically for behaviour problems did show improvement. Mother-child interactions and maternal self-esteem also improved.

Limitations: Lack of an untreated comparison group and large developmental differences between the youngest and oldest children.


Design: A total of 28 non-randomized and match caregiver-child pairs received either five weeks of IG intervention or seven weeks of feeding-focused intervention. Measures included AMBIANCE (Atypical Maternal Behavior Instrument for Assessment and Classification) and a coding protocol to assess mother-infant interaction on communication errors, role/boundary confusion, frightened/disoriented behaviour, intrusiveness/negativity and withdrawal.
Results: Improvement in AMBIANCE scores for the IG group but not for the feeding-focused group.

Limitations: Small sample size and lack of a randomized design.

Training provided by:
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Requirements for staff training: Para-professionals are accepted but bachelors and/or master’s degrees are preferred, with nomination from employer and support of an immediate supervisor.

Modified Interaction Guidance

Modified Interaction Guidance (MIG) is a version of Interaction Guidance (McDonough, 2000). It is a play-focused intervention, focused on training caregivers to respond sensitively to their infants. This intervention was mainly developed to reach families that have been difficult to engage (e.g. burdened by poverty, violence, lack of education, limited capacity for introspection) and have resisted traditional psychotherapeutic methods. MIG includes an individually tailored educational component (e.g. information about difficulties regulating emotions or other specific problems), 90-minute weekly sessions with approximately 15 minutes of videotaped interaction and 75 minutes of discussion, education and feedback provided for five consecutive weeks (Trifunov, 2007).

Relevant Published, Peer-Reviewed Research
Two studies (1 Randomized Controlled Trial, 1 Reanalysis)


Design: Uncommon behaviours and disrupted communication during caregiver–infant interactions were assessed during two brief interventions using the AMBIANCE measure. Twenty-eight caregiver–infant pairs participated with all infants showing feeding problems. The MIG intervention focused on training caregivers to respond sensitively to their infants while the comparison intervention focused on training mothers to use new feeding techniques.

Results: Significant decrease in the level of disrupted communication from pre- to post- intervention sessions in the MIG group but not in the feeding-focused group. 73% of mothers from the MIG group and 17% of mothers from the feeding-focused group changed from “disrupted” to “non-disrupted” at the post-intervention session.

Limitations: Small sample size, differences in timing of assessment for each intervention, and use of samples of convenience.

**Design:** The study was a reanalysis of a pre-existing study examining the usefulness of AMBIANCE as an indicator of effectiveness for reducing disrupted caregiver behavior. A group of 11 caregiver-infant pairs referred to a clinic for feeding problem were studied and MIG was used. The AMBIANCE was used to indicate change in disrupted behavior following an assessment feedback session and three intervention sessions.

**Results:** Significant decrease in the total display of disrupted caregiver behaviours and a change in classification from *disrupted* to *non-disrupted*, after receiving both feedback and the first treatment session. Qualitative data further revealed different patterns of change between caregivers. These findings initially suggest that reduced disrupted caregiver behaviour can be observed relatively quickly after starting MIG.

**Limitations:** Small sample size and lack of comparison group and randomization.

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OR
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**Requirements for staff training:** No specific qualifications were identified but the MIG research was conducted with psychologists and psychiatrists specializing in attachment. It is recommended to hold a bachelor or master degree in counselling, psychology, social work, or marriage & family therapy or equivalent.

**Circle of Security**

Circle of Security (COS) is a parent education and psychotherapy intervention designed to shift attachment-caregiving interactions in high-risk caregiver-child pairs to a more appropriate developmental pathway. Edited videotapes of
Attachment-based interventions

caregiver interactions with their children are used to increase sensitivity and appropriate responses to their child’s signals to explore and return for comfort and soothing; increase ability to reflect on their own and the child’s behaviour, thoughts and feelings; and reflect on how their own histories affect their current caregiving (Trifunov, 2007).

Relevant Published, Peer-Reviewed Research
CEBC score = 3 - Promising Research Evidence: Three studies (1 pre- and post-test, 1 non-match comparison, 1 Randomized Controlled Trial)


**Design:** A total of 65 caregiver-child pairs participated in the pre-and post-test. The Strange Situation protocol was conducted in the lab to determine the child’s attachment security. The COS intervention started six to eight weeks after the protocol occurred and continued for 20 weekly sessions. After the intervention was completed, the child’s attachment security was tested again in the laboratory using a second Strange Situation protocol.

**Results:** Showed significant changes from disorganized to organized attachment, with a majority changing to a secure attachment. One of the 13 pre-intervention securely attached children shifted to an insecure attachment.

**Limitations:** Lack of comparison group and long-term follow-up. Participants were also selected based on their willingness to participate, which may not represent the target population as a whole.


**Design:** A non-match comparison of 20 caregiver-child pairs that completed a 15-month intervention program, the Circle of Security Perinatal Protocol (COS-PP).

**Results:** Women receiving the intervention had comparable rates of secure and disorganized attachment to those typically found in low-risk samples of women. Maternal sensitivity and maternal depression also showed improved scores.

**Limitations:** Lack of matched comparison groups and lack of long-term follow-up.

**Design:** A randomized controlled trial of 220 caregiver-child pairs composed of a control group of three one-hour psychoeducational sessions and an experimental group who received the Circle of Security Home Visiting (COS-HV4) intervention, which involved three, one-hour home visits every three weeks when infants were between 6.5 and 9 months of age. Approximately two weeks later, a brief fourth visit occurred.

**Results:** Highly irritable infants displayed better outcomes than moderately irritable infants in the Circle of Security intervention. Separate analyses found significant interactions between treatment condition, infant irritability, and maternal attachment (i.e., secure—fearful and dismissing—preoccupied). Specifically, for mothers showing a secure attachment style, the Circle of Security treatment was beneficial for highly irritable infants. For mothers showing dismissing attachment, highly irritable infants, compared to moderately irritable infants, were both more likely to show secure attachment with circle of security intervention and less likely to show secure attachment when in the control group.

**Limitations:** Boundaries to generalizability due to a lack of infants with irritability.


**Design:** Archival pre and post intervention data were analyzed from 83 clinically referred caregiver–child dyads (child age: 13–88 months) who completed the Circle of Security intervention in consecutive cohorts. Caregivers completed the Circle of Security Interview, and dyads were filmed in the Strange Situation Procedure before and after the intervention.

**Results:** Results supported all four hypotheses: Caregiver reflective functioning, caregiving representations, and level of child attachment security increased after the intervention, and level of attachment disorganization decreased for those with high baseline levels. Those whose scores were least optimal prior to intervention showed the greatest change in all domains. This study adds to the evidence suggesting that the 20-week Circle of Security intervention results in significant relationship improvements for caregivers and their children.

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www.circleofsecurity.net
OR
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Requirements for staff training: Intended for clinicians who are interested in assessment and treatment planning based upon the Circle of Security approach. The program requires a ten-day training session consisting of a one-day general introduction to Circle of Security and nine days of in-depth training.

Parent Child Interaction Therapy (PCIT)

Parent-Child Interaction Therapy (PCIT) was developed for families with children ages three to six showing behavioural and emotional problems such as disobedience, aggression, rule breaking, disruptive behavior, poor attachment with the caregiver and internalizing feelings. It is a treatment for disruptive behaviour in children and is a recommended intervention for physically abusive parents. Therapists coach parents during interactions with their child to help teach them new parenting skills. These skills are intended to strengthen the parent-child bond, decrease harsh and ineffective parenting discipline methods, and reduce the child’s negative or maladaptive behaviours. PCIT involves child directed interaction and parent directed interaction. In the child directed interaction parents are taught to give praise after positive child behavior, reflect or paraphrase the child’s appropriate talk, describe the child's positive behaviour and avoid using commands, questions, or criticism. During the parent directed interaction, caregivers are taught how to direct the child's behaviour when it is important to obey instructions and caregivers are observed and coached through a one-way mirror at each treatment session (The California Evidence-Based Clearinghouse for Child Welfare, 2013).

Relevant Published, Peer-Reviewed Research
CEBC score = 1 - Well-Supported by Research Evidence (5 randomized controlled trials) See link for summary of 5 research studies. http://www.cebc4cw.org/program/parent-child-interaction-therapy/detailed
Training fee: $3,000 US; cost of a five-day workshop

Dr. Sheila Eyberg University of Florida Department of Clinical & Health Psychology Gainesville, FL T: (352) 273-6145 Email: pcit@phhp.ufl.edu www.pcit.org

Requirements for staff training: Staff are required to have a master’s degree or higher, or equivalent in a mental health field and be an independently licensed health service provider (e.g. psychologist, marriage & family therapist, counselor, social worker etc.), or a psychology doctoral student that has completed the third year of training and is under supervision.

Group Attachment Based Intervention (GABI): An intergenerational approach to trauma-informed care

GABI is a trauma-informed program that takes into consideration the social and emotional needs of the caregiver and the child. The primary mission of the program is to improve the caregiver-child relationship and support appropriate child development. It also specifically focuses attention on trauma in the caregiver. In this way, families are able to fully engage in and benefit from the therapeutic process. Trauma-informed practice requires an acute understanding of the complex histories and current life stressors of families, as well as the impact of these events on individuals' emotions and actions (Murphy et al., 2015).
Parents with their infants and toddlers (0-3 years old) attend GABI up to three times weekly for two hours. The consistency of the structure provides a secure base for the families in the middle of shifting individual situations. Multiple groups are offered each week because of the unpredictable nature of people’s daily lives and schedules, families who need to miss a session have several additional opportunities to attend. In general, a trauma-informed approach favors predictability and structure over rigid rules to avoid inducing shame about minor and ordinary events such as missed sessions. GABI is delivered in a group model, with two lead clinicians and anywhere from two to six graduate students who work interchangeably as a team (Murphy et al., 2015).

**Relevant Published, Peer-Reviewed Research**

This article reports on the trauma-relevant characteristics of 60 families entering a clinical trial to study the effectiveness of Group Attachment-Based Intervention. Initial survey results revealed high levels of neglect, abuse, and household dysfunction in mothers’ histories (77% reported ≥ four adverse childhood experiences, with more than 90% reporting two or more current toxic stressors, including poverty, obesity, domestic and community violence, and homelessness). This program is currently in clinical trials with the goal of establishing the efficacy of this treatment model in the coming years.

[https://clinicaltrials.gov/ct2/show/NCT01641744](https://clinicaltrials.gov/ct2/show/NCT01641744)

**Parallel Parent and Child Therapy (PPACT)**

Parallel Parent and Child Therapy (PPACT) is an attachment-based therapy targeting mother-child dyads in which there are significant histories of relational trauma, and maltreatment. PPACT has been used in treating mother-child dyads in which there are multiple risks for maltreatment (history of maltreatment, parental mental illness) and where the child presents with disturbed behaviour. A study by Furber, Amos, Segal & Kasprzak (2013), presented outcomes for six cases of mother and child treated using the PPACT over a five-year period and found that four of the six cases showed significant improvement in psychiatric symptoms for the child, the mother or both, as well as improved social and family functioning. Although these outcomes show promise for the PPACT treatment model, further studies investigating its effectiveness are required before drawing definite conclusions.

**Attachment programs with emerging supporting research**

Much of the research for these programs shows positive results in the pilot stages or the program resembles the other attachment programs examined.

**Supporting Security (ages 4-8 months)**

**Focus:** Educate infants’ caregivers about attachment theory and provide live experiences that support infant observation and reflection in caregivers.
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**Duration**: 12 weekly 2 hour sessions.

**Population**: High risk and not-at-risk populations, caregivers and infants.


*Me, My Baby, Our World (ages 0-18 months)*

**Focus**: Encourages sensitive parental responses to children. Focuses on attachment, parental attunement, and empathy. Encourages reflexive thinking about the relationship with the child and their own experiences of being parented.

**Duration**: 12 weekly group sessions.

**Population**: Adolescent mothers and their infants.


*Minding the Baby (ages 0-2 years)*

**Focus**: On the caregiver’s internal working model. Enhances the caregivers’ capacity to *keep the baby in mind* and is intended to lead to improved social-emotional health outcomes. Encourages development of attachment and healthy parenting. Visiting teams, consisting of a pediatric nurse practitioner and a licensed clinical social worker, provide support.

**Duration**: Long-term, up to two years.

**Population**: Young high-risk families.

**Link to research**: [http://mtb.yale.edu/research/currentfindings.aspx](http://mtb.yale.edu/research/currentfindings.aspx)

*Attachment & Biobehavioural Catch-up (ages 0-5 years)*

- **Focus**: The caregiver’s behaviour, specifically as it relates to providing nurturing care for the child.
- **Duration**: 10 weekly sessions for caregivers of infants and toddlers.
- **Population**: Includes high risk primary parents and alternate caregivers of infants and toddlers to age three. [http://resources.childhealthcare.org/resources/abc_general.pdf](http://resources.childhealthcare.org/resources/abc_general.pdf)
- **Link to research**: [http://www.cebc4cw.org/program/attachment-and-biobehavioral-catch-up/detailed](http://www.cebc4cw.org/program/attachment-and-biobehavioral-catch-up/detailed)

**Implementation considerations**

Parent Child Interaction Therapy (PCIT) is the only program with developed guidance and research on program implementation. Implementation research findings can potentially be applied to other, similar evidence-informed programs.

Key implementation planning considerations include:

- Select appropriate staff to carry out the treatment, as well as trainers and evaluators. Unfortunately, research on the best methods for staff selection and training when applying new interventions is limited (Nelson et al., 2012c).
• One study on PCIT training found that reading the treatment manual alone or three-day trainings resulted in few therapists mastering the PCIT skills (Herschell et al., 2009b).

• This study showed that excluding Bachelors and PhD degrees, those holding a Masters in Social Work were 15 times more likely to reach mastery of child-directed interaction skills than participants holding a Masters of Arts or Science, and that theoretical orientation (e.g. cognitive behavioral, family systems, psychodynamic/analytic) did not predict mastery of these skills. (Herschell et al., 2009a)

• Other research involving evidence-informed program implementation has found that supervision, mainly giving feedback to therapists about their fidelity to the intervention design, is more important for implementation than workshops or manuals alone (Najavits et al., 2004; Riemer et al., 2005).

• Adding direct coaching and feedback after workshop training in the practice setting can increase implementation effectiveness from 5% to 95% (Joyce & Showers, 2013). This suggests that direct coaching in the actual practice setting may be a critical training component (Nelson et al., 2012b).

• If ongoing live monitoring is not possible, phone consultation can be an option, but this can be hampered by differences in the way people talk about practice and how they actually deliver it.

• Effective consultation is possibly one of the key factors for successful evidence-based practice implementation as well as the therapists’ attitude and rapport with the trainer (Nelson et al., 2012a).

• The Centre of Excellence has a dedicated implementation support program that can help agencies through the process of selecting, planning for and implementing a new service: http://www.excellenceforchildandyouth.ca/support-tools/implementation

**Next steps and other resources**

These contacts with relevant expertise and experience provided helpful input during our search and are willing to be contacted to discuss their experience with attachment-focused clinical interventions.

Dr. Chaya Kulkarni  
Director of Infant Mental Health Promotion at the Hospital for Sick Children  
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Child and Parent Research Institute  
Clinic Lead Attachment Consultation and Education Service  
600 Sanatorium Road  
London, Ontario, N6H 3W7  
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Email: CareyAnne.DeOliveira@ontario.ca
Jane Kenny, MSN RN Rosalie Hall,
Director of Programs and Mission 3020 Lawrence Avenue East
Scarborough, Ontario, M1P 2T7
T: 1 (416) 438-6880 x251
E-mail: janekenny@rosaliehall.com

Mary Davies
Office Administrator
Circle of Security
35 West Main, Suite 260 Spokane, WA 99201, USA T: 1 (509) 462-2024 Email: info@circleofsecurity.org
<table>
<thead>
<tr>
<th>Program</th>
<th>number of sessions</th>
<th>Adaptability</th>
<th>Setting</th>
<th>Individual vs. group</th>
<th>Use in Ontario</th>
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<tr>
<td>Interaction Guidance</td>
<td>10-12 sessions over 2-6 months</td>
<td>Has been modified to better meet needs of high-risk families</td>
<td>In home or office</td>
<td>Individual</td>
<td>Unable to identify any agencies in Ontario currently using IG.</td>
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| Modified Interaction Guidance| 5-7 weekly sessions 1-2 follow-up Each session approx. 90 minutes | Yes, St. Mary’s Home Infant and Child Mental Health Team have made adaptations to the model but are not specified. | In home or office      | Individual           | Blue Hills Child and Family Centre  
402 Bloomington Rd., Aurora, Ontario, L4G 0L9  
T: 1 (905) 773-4323  
TF: 1 (866) 536-7608  
E-mail: bluehills@bluehillscentre.ca  
St. Mary’s Home  
780 rue l’Eglise St. Ottawa, Ontario, K1K 3K7  
T: 1 (613) 749-2491  
Email: info@stmaryshome.com  
Rosalie Hall  
Jane Kenny, MSN RN Director of Programs and Mission  
3020 Lawrence Avenue East Scarborough, Ontario, M1P 2T7  
T: 1 (416) 438-6880 x251  
E-mail: janelkenny@rosaliehall.com |
| Watch, Wait, Wonder         | Approx. 4-5 months  | Unspecified                                                                  | In home or office      | Individual           | Blue Hills Child and Family Centre  
402 Bloomington Rd., Aurora, Ontario, L4G 0L9  
T: 1 (905) 773-4323  
TF: 1 (866) 536-7608  
E-mail: bluehills@bluehillscentre.ca  
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780 rue l’Eglise St. Ottawa, Ontario, K1K 3K7  
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3020 Lawrence Avenue East Scarborough, Ontario, M1P 2T7  
T: 1 (416) 438-6880 x251  
E-mail: janelkenny@rosaliehall.com |
| Circle of Security          | 3-4 months Once every 3 weeks 2-hour lab visit 3 hour video review home visits Follow up visit | Unspecified            | Designed to be conducted in a group setting, and has Group: small groups (about 6) of at-risk mothers or fathers of | Infant-PARENT Program of McMaster Children’s Hospital  
At the Sanford Neighbourhood Ontario Early Years Centre  
735 King Street East, Floor 1-A, Hamilton, Ontario |
For more information on attachment-based therapies, refer to fact sheets on the list of interventions provided by the National Child Traumatic Stress Network: visit [http://www.nctsnet.org/resources/topics/treatments-that-work/promising-practices](http://www.nctsnet.org/resources/topics/treatments-that-work/promising-practices). And for information on helpful steps in selecting an evidence-informed program, see the [Guidelines for selecting an evidence-based program](http://whatworks.uwex.edu/attachment/whatworks_03.pdf) from the University of Wisconsin.
Report context

This Evidence In-Sight report involved a non-systematic search and summary of the research and grey literature. These findings are intended to inform the requesting organization, in a timely fashion, rather than providing an exhaustive search or systematic review. This report reflects the literature and evidence available at the time of writing. As new evidence emerges, knowledge on evidence-informed practices can evolve. It may be useful to re-examine and update the evidence over time and/or as new findings emerge.

Evidence In-Sight primarily presents research findings, along with consultations with experts where feasible and constructive. Since scientific research represents only one type of evidence, we encourage you to combine these findings with the expertise of practitioners and the experiences of children, youth and families to develop the best evidence-informed practices for your setting.

While this report may describe best practices or models of evidence-informed programs, Evidence In-Sight does not include direct recommendations or endorsement of a particular practice or program.

Answer search strategy

A number of databases were consulted in the development of this report: Google Scholar, PubMed, PsychINFO, and the California Evidence-Based Clearinghouse for Child Welfare (CEBC).

Search terms

We used the following terms or combination of terms to find literature pertaining to attachment based programs: attachment programs, 0-6 mental health agencies, Ontario, Parent-Child Interaction Therapy, Circle of Security, Interaction Guidance, Modified Interaction Guidance, Watch, Wait and Wonder.

References


