



VOICES FROM THE FIELD

Challenges Faced by Parenting Program Designers

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Service perspective

In designing our “Make the Connection”(MTC) parenting skills programs which aim to strengthen secure attachment in infants and toddlers, we draw upon expertise from a great many bodies of theory, among them - infant and adult attachment, prevention, brain studies, developmental psychopathology, early language development, and others.

Although our MTC programs have not yet undergone randomized controlled trials, we make a carefully-considered claim that the underlying principles are based on solid theories and on previously researched intervention formats. What is sometimes difficult for us is to acknowledge specific research, since over time, one simply “absorbs” the body of knowledge, gets on with the work, and loses track of which authors contributed to which theory. This sometimes catches up with us when we are asked to provide the research basis for specific elements within our programs.

Meta-analyses and overview articles are therefore very helpful to us as they tease out best practices, identify key contributors and confirm theories. However, even experts come to different conclusions which can be confusing. Not to mention that our experience in the field may or may not concur with certain findings.

Implications for the design of parenting programs

Diane Benoit’s¹ recent paper from the Encyclopedia on Early Childhood Development will serve to illustrate the challenges we face in designing and updating our programs. Some findings affirm the strengths of our programs, others force us to question certain assumptions, while others point out the gaps, our work in the field could perhaps help to find some answers.

Benoit’s¹ overview of the Efficacy of Attachment-Based Interventions makes particular reference to the findings of Bakermans-Kranenburg’s² meta-analysis “Less is More.” They found that the best interventions are brief, use video feedback, start after infants are six-month old and have an exclusive focus on behavioural training of parental sensitivity. We take this seriously, because Marian Bakermans-Kranenburg and Marinus van IJzendoorn^{3,4} are prolific and respected authors in the field of attachment.

The first finding is that secure attachment is promoted when parents respond sensitively, promptly and appropriately to their infant’s cues.

We adopted this principle because it is a widely-held belief which is referred to in dozens of books and articles going back to Bowlby.⁵ Benoit¹ affirms that “Historically ...improving caregiver sensitivity” has been a focus of attachment intervention. This is further substantiated in Bakermans-Kranenburg’s² meta-analysis as being one of the essential components of effective attachment-based intervention.

A second finding of Bakermans-Kranenburg’s² meta-analysis is that effective intervention should have a “clear and exclusive focus on behavioural training for parent sensitivity” as opposed to a focus on changing “internal representations.”

Our experience however, led us towards designing a program which addressed both parental sensitivity and reflective function (RF) – reflective function being the caregiver’s capacity to interpret and hold the infant’s mental states in mind as well as her own.^{6,7,8} For example, it is most likely that changes in behaviour facilitate changes in RF and vice versa and both are involved in the transmission of attachment. Van Ijzendoorn⁹ found that the “strongest predictor of infant attachment is parental state of mind with regard to attachment.” Other research looks at the contribution of maternal sensitivity to attachment security.¹⁰ Perhaps as stated by Bakermans-Kranenburg² it is easier to change parent sensitivity than RF. However, it must be noted that interventions in the meta-analysis mostly benefited low-risk groups while our programs widely assist higher-risk groups.

Another reason comes from the field of adult learning. We base all our parent program curricula on a four-part learning cycle derived from Kolb’s¹¹ experiential learning theory. For truly integrated learning, parents must engage in reflection, analysis, practice and feedback. Viewed from the adult learning perspective, reflective function cannot only be easily addressed within this learning model, but is also essential to a successful learning outcome. In MTC, for example, through the use of photographs and video feedback, caregivers are encouraged to imagine what their infant might be thinking, feeling or intending. Parents also have repeated opportunities to reflect on their own thoughts and feelings about adult relationships, their parenting past and in current situations with their infant.

A third finding is the recommendation by Bakermans-Kranenburg² that effective intervention begins after the age of six months.

We are often asked what we recommend to be the ideal age for babies to start attending the Make the Connection Birth to One program. Our answer based on the developmental nature of attachment¹² is “as soon as the mother feels ready to attend.” Thus, it is counterintuitive to read in Benoit’s review that most effective attachment-based interventions start after six months of age. Prior to six months, there are hundreds of opportunities for the kinds of affective exchanges that build an infant’s expectancy of how a parent will respond,¹³ his beginning sense of “self” and “other” and emerging self-regulation.¹⁴ This is not to mention the evidence coming from brain studies.¹⁵

Until we have a better understanding of this finding, we have to continue our on-the-ground experience of seeing how parents gain confidence, skills, knowledge and social support.

The last finding from Benoit's review¹ of the Bakermans-Kranenburg² meta-analysis that raises a question we struggle with, is that effective attachment-based intervention can be accomplished in fewer than five sessions.

We based our nine-week MTC programs on a researched program, similar in format, and of around the same duration which documented the effectiveness in improving parental responsiveness.^{16,17} Moreover, our field experience confirms that nine weeks are long enough to see babies change and grow, for parents to complete projects, and for parents to make connections with other parents.

However, experience from the field also tells us that nine weeks may be too long a commitment for some parents and for some service providers. Therefore having a shorter version of the program would meet various needs. This would require further research to find out what are achievable parenting outcomes for a three or four-session program, what critical parenting skills can be covered in four sessions, and which elements of the learning format should be retained - for example, we agree with Bakermans-Kranenburg² that video feedback is an essential tool.

Gaps between research and practice

In designing research-based parenting programs, it is a challenge to keep up with the relevant body of literature. Therefore, the research reported on and referred to in the Encyclopedia on Early Childhood Development around attachment intervention is helpful in guiding our design by reinforcing what is widely accepted and by confirming that there are still gaps to be addressed. Day to day, we build on what we know and hope that our innovations will some day be corroborated by research.

Specifically, we have questions regarding the contribution of reflective function to secure attachment, self regulation and the intergenerational transmission of attachment. What are reasonable parenting skills outcomes for a short-term prevention program of nine or even four weeks? Should interventions that focus on behavioural training really supersede interventions that focus on mental states or internal working models? And how might this be different in the way we support lower-risk vs. higher-risk families?

These are some of the questions we hope to see addressed by the experts in the years to come.

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ATTACHMENT

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