



Improving Parental Attachment: Circle of Security in an Alternative School

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Abstract

Severe behavior problems in some children may be rooted in attachment challenges. Circle of Security (COS) is a parental attachment-based program that has been successful in promoting appropriate attachment and security with infants and toddlers. This single-subject design study found preliminary support for COS as an intervention for parents of school-aged children in an alternative school.

Literature Review

- COS is a mental health intervention designed to educate parents on ways to identify, respond to, and meet their child's needs. COS treatments traditionally use a therapeutic group approach combining psychoeducational, cognitive-behavioral, and psychodynamic techniques (Ramsauer et al., 2014).
- COS implements an attachment theory and research-driven protocol that can be used for the prevention or intervention of behavioral challenges (Marvin et al., 2002).
- Horton and Murray (2015) found mothers in residential treatment for substance abuse, who attended COS treatment sessions regularly, showed significant improvement on emotional regulation, parental attributions, and parental discipline practices.

Materials and Methods

Participants:

Participants were selected by the alternative school's administrative staff based on the following criteria: parent willingness to be trained in COS, parent recognition that their behavior impacts that of the child, and parent curiosity about their child's behavior and how they can help.

Completer was a 35-40 year old, divorced, unemployed, Caucasian mother of 2 school-aged children with a 12-year old in an alternative school. She had social services involvement, a court ordered no contact with the child's father, and a history of previous assistance through parent coaching, individual counseling, and job training.

Data Collection Tools:

The current study examined the fidelity of the Trainers' training on COS, the effectiveness of COS on parent self-efficacy, parent stress, parent emotion regulation, as well as the child's school behavior. Data was collected using the Emotion Regulation Questionnaire, the Parenting Scale, the Parental Stress Index-Short Form, the Parent-Child Relationship Inventory, the Goal Achievement Scale, the Barriers to Treatment Participation Scale, and school behavioral records on the child.

Procedures:

Researchers videotaped 12 training sessions of administrative school staff along with mental health providers, who were being trained by a certified COS consultant, to measure fidelity in training. Two parent participants were initially recruited. One community mental health provider (Trainer) slowly started COS with the one parent in November of 2015, met weekly starting in January, and completed COS by mid April, 2016. Participant and Trainer completed pre and post-intervention questionnaires to measure COS effectiveness. Student data was collected to determine changes in behavior at the alternative school over time.

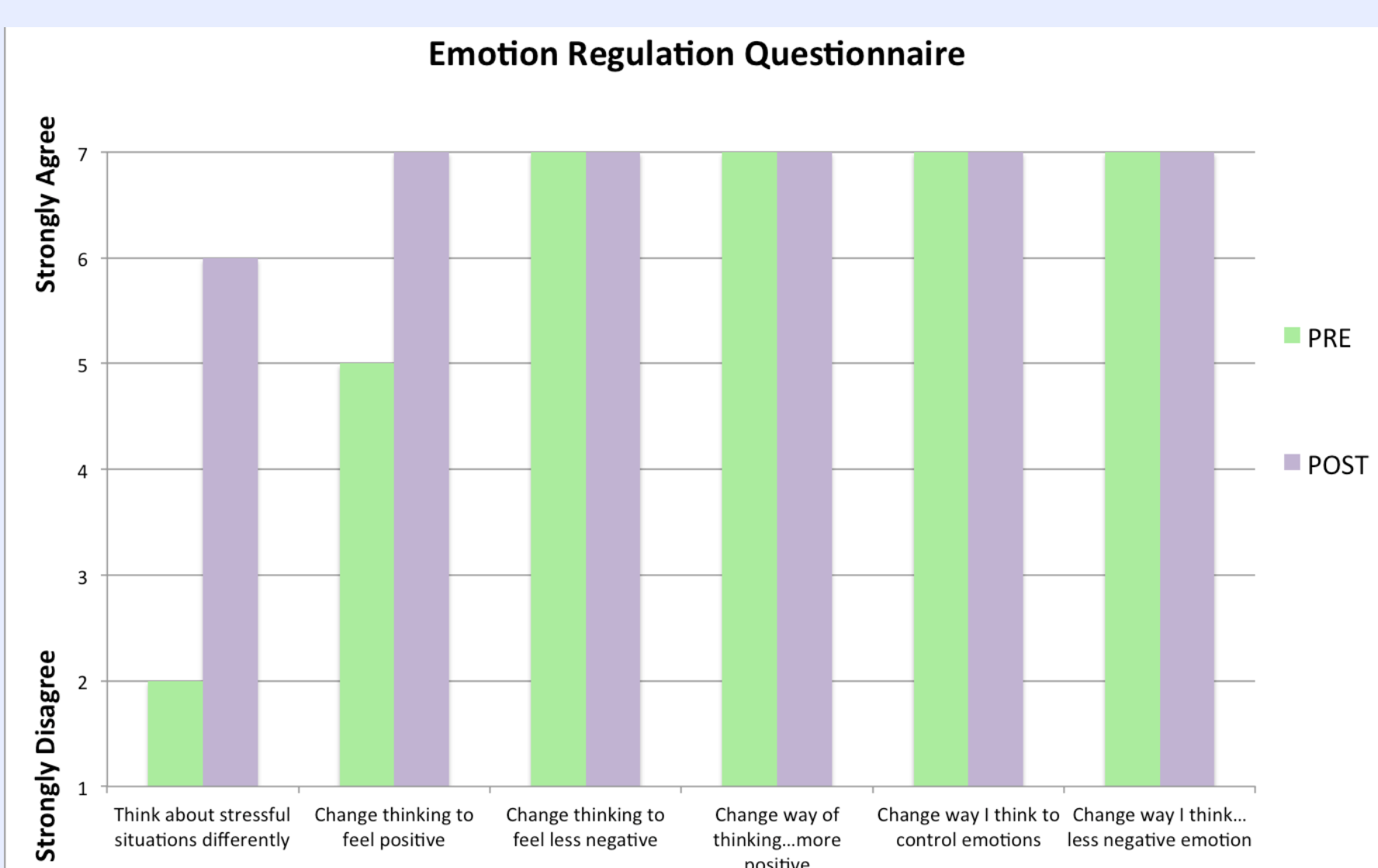
Results

Fidelity of Training

The trainer who completed the intervention attended 9 of 12 videotaped sessions and subsequently demonstrated competence in only 19 of the 26 objectives (73%). The other trainer demonstrated competence on 73% of objectives with 1 missed session. Trainers received individualized follow-up trainings for the missed sessions.

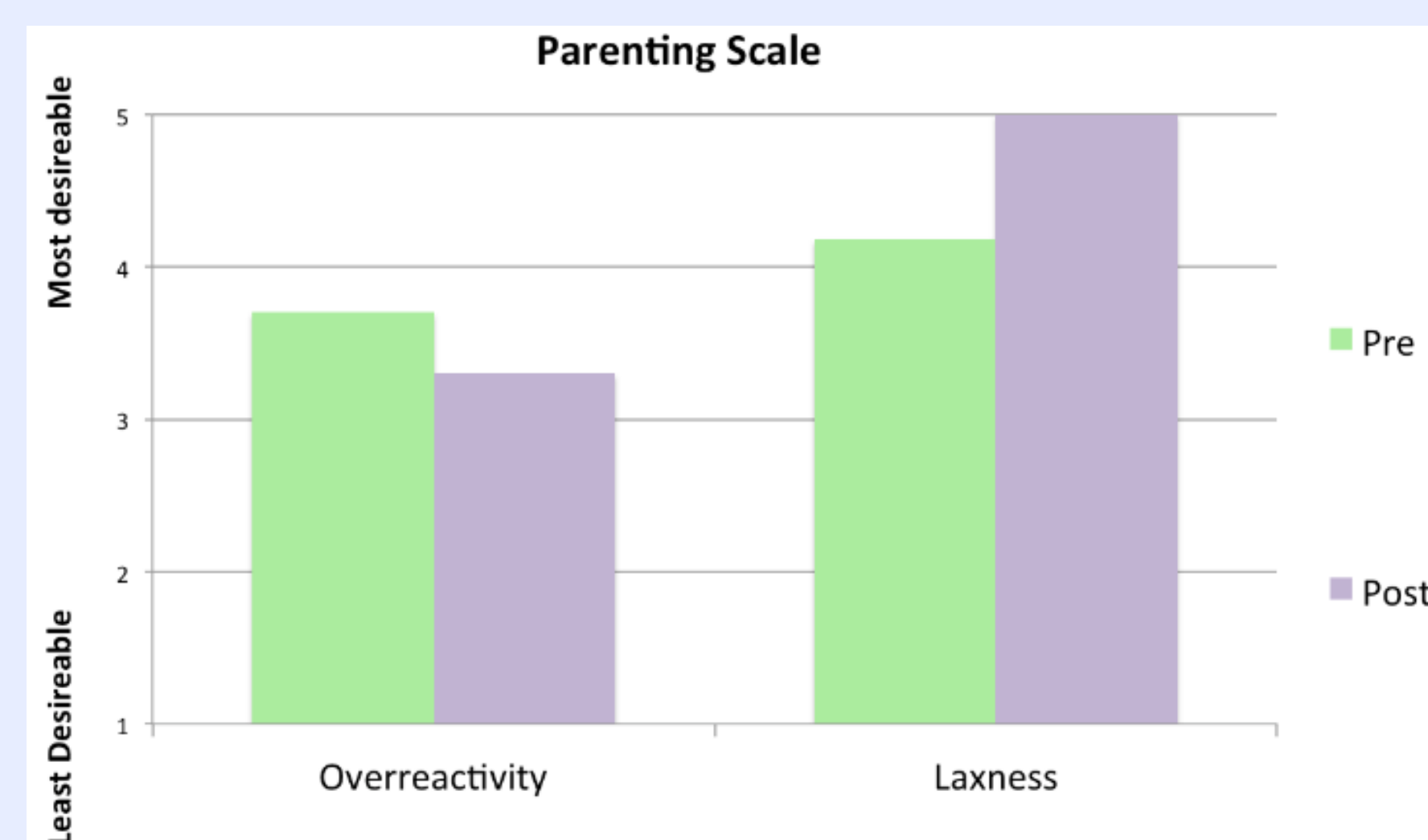
Emotion Regulation Questionnaire

This measure was used to assess the parent's habitual use of cognitive reappraisal. Parent reported increased emotional regulation on both of the questions that were not already at ceiling at pre-intervention.



Parenting Scale

The results on the two research supported factors of the PS were reported. The larger change was in the desirable direction on the Laxness scale.



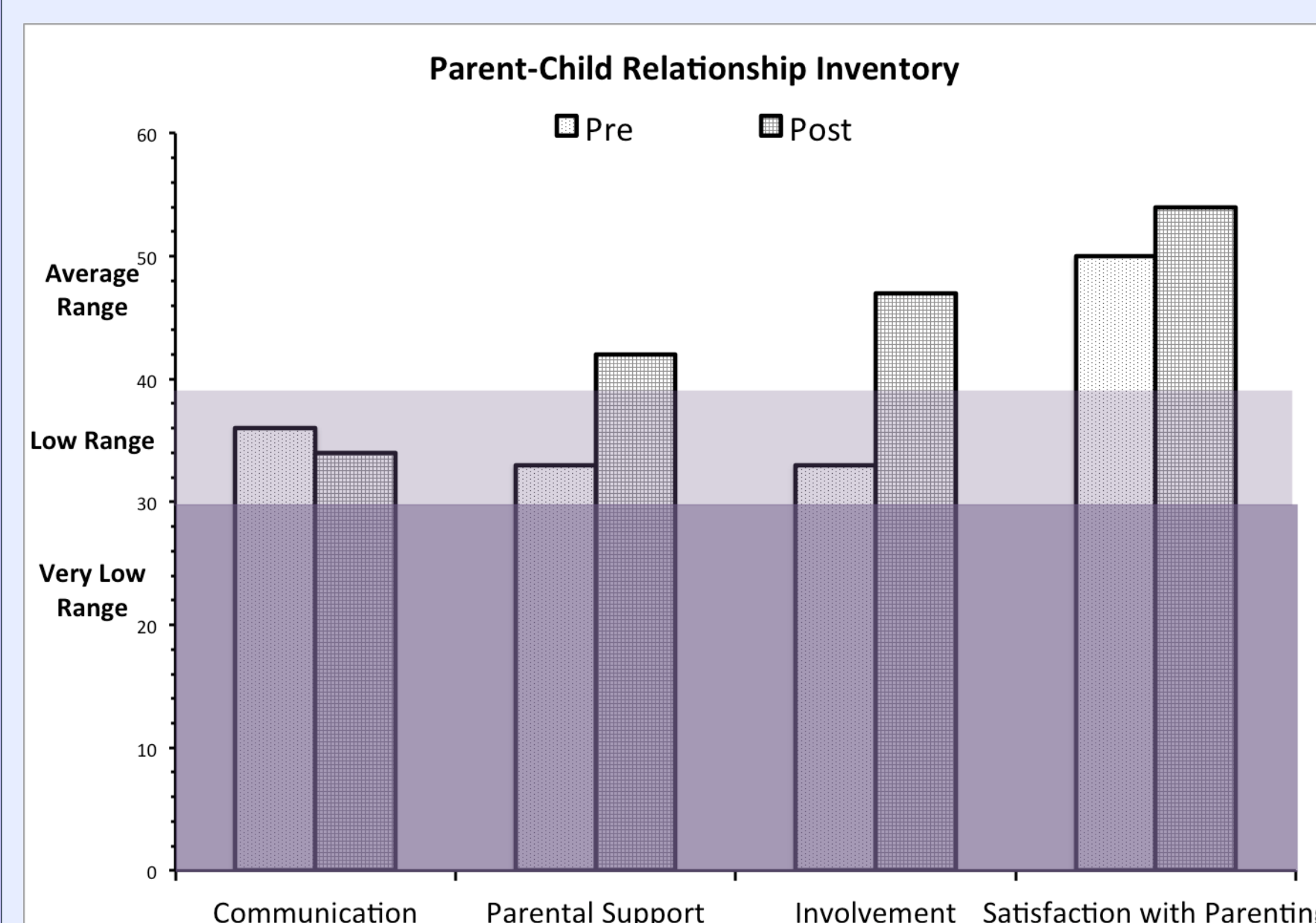
Parental Stress Index-Short Form

Parent reported ongoing Clinically Significant stress pre (98%tile) to post (99%tile) intervention.

Results Continued

Parent-Child Relationship Inventory

For this study, four out of the seven scales were included based on relevance to COS training. Parent reported an increase from the Low range at pre-intervention to the Average range at post-intervention in her ability to provide Parental Support and more Involvement.



Goal Achievement Scale

This 12-question scale measured Parent and Trainer's perception of the overall COS process as well as improvement in parenting from pre to post-intervention using 3 options ranging from "Not at All" to "Somewhat" to "Very Much." Both the trainer and parent reported positive responses in all areas.

	Not At All	Somewhat	Very Much
Parent Participant	0%	17%	83%
COS Trainer	0%	50%	50%

Barriers to Treatment Participation Scale

The parent reported no significant barriers to getting to the sessions or in the trainer-client relationship. Eighty percent of the items were rated 1's and 20% were rated 2's on a 5 point scale, with 1's being most desirable.

Student Classroom Readiness

Classroom Readiness data was collected daily for 10 weeks pre-intervention (m=64.8) and 20 weeks post-intervention (m=71.8) on the student being prepared for class, following expectations, communicating appropriately, and remaining in the classroom. Student demonstrated an increase in Classroom Readiness with a medium effect size of .66, using the standardized mean difference approach.

Discussion

Single-subject design research is an appropriate way to test preliminary interventions. This is the first known study to assess the potential effectiveness of COS with parents of students in an alternative school. Surprisingly, despite reporting Clinically Significant levels of stress, this mother did not report significant barriers to attending sessions and participating in treatment after an initial slow start. It is possible that her unemployment status allowed her more time to participate than would otherwise be the case. Results from this study suggest that COS could start to make a positive impact on both the parent and student within a 6-month period. Areas that early COS could impact may include parental emotional regulation, more effective responses to child behavior, ability to provide parental support, and ability to be more involved with their child. The trainer and parent reported positive perceptions about the COS sessions and improvement in parenting. Finally, the student demonstrated an increase in Classroom Readiness behaviors from pre to post-intervention. COS did not impact the stress related to external factors in the mother's life such as her unemployment, single parent status, etc. The parent's Clinically Significant levels of stress did not, however, prevent her from still benefiting from COS. It is possible that the criteria used to select the parent for participation accurately honed in on critical characteristics needed for success.

Limitations and Implications

Limitations of this study include the lack of a comparison subject, sample size, and attrition. When working with children with severe behavioral issues, it may be appropriate at times to consider the potential need for an attachment-based intervention. School Psychologists should advocate for research-based interventions (RBI's) to parent training. This study may serve as the very beginning of emerging data to support COS as an RBI.

References

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