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A PARENTING CURRICULUM FOR PARENTS AND CAREGIVERS OF YOUNG CHILDREN WITH A FOCUS ON ATTACHMENT THEORY

Alexandria Driscoll

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A Project

Presented to the

Faculty of

California State University,

San Bernardino

In Partial Fulfillment

of the Requirements for the Degree

Master of Arts

in

Child Development

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by

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ABSTRACT

Attachment science has shown the importance of a purposeful and secure parent-child relationship. A secure attachment relationship includes sensitivity, responsiveness, and warmth. However, these behaviors may not come naturally to some parents due to lack of knowledge, stress, mental health issues, and/or past relationships. The purpose of this project was to inform parents about attachment science, increase parents' confidence, and reduce parental stress by providing four two-hour workshop sessions. This project specifically targeted parents of young children. During the implementation of the project, the platform of the sessions changed from face-to-face to online due to the Covid-19 pandemic and subsequent guidelines restricting gatherings. The sessions were presented on the Zoom video conferencing application. The information collected from pre- and post- training assessments showed that the participants increased their knowledge of attachment science and increased their confidence levels in their parenting abilities. However, the findings also indicated that the participants' reported higher levels of stress after completing the workshops sessions. Future trainings should include more discussion as this was somewhat limited and difficult on the online platform. Also, future trainings could be less broad and focus on more specific topics within attachment science.

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CHAPTER ONE

INTRODUCTION

The early emotional attachments between a primary caregiver and their child are considered a critical factor in child development because caregiver bonds are the first and most significant relationships infants build in their lifetimes. The term “attachment” is used to explain the emotional bond between the child and their caregiver (Miller, 2016). These early attachment relationships have been shown to affect later developmental outcomes in all developmental domains.

Research studies have examined how secure and insecure parent-child attachment relationships are developed and fostered throughout childhood (Woodhouse, 2018). Secure attachment relationships have been linked to children’s self-esteem, self-confidence, prosocial behaviors, and resiliency (Sroufe, Duggal, Weinfield, & Carlson, 2000). In other words, parents who are consistently warm and responsive give their children a feeling of trust and security which can assist in creating a sense of belonging and connectedness to others (Pastorelli, Lansford, Luengo Kanacri, Malone, Di Giunta, Bacchini, … Sorbring, 2016). The current project used the attachment construct, as well as critical facets of attachment (warmth, responsiveness, and parental sensitivity) as guiding themes as those areas have been linked to children’s emotional and psychological well-being (Crum & Moreland, 2017). Attention to attachment and

its primary dimensions is crucial in helping children to become well-adjusted, healthy adults.

However, parents are not always aware of how to create secure attachments. Though some aspects of attachment are thought to be innate, many parents need information about how to foster a healthy attachment relationship with their child (Miller, 2016). Thus, the purpose of the current project was to create a series of four two-hour workshop sessions for parents that highlight the key areas of attachment science and show parents how to build secure attachment relationships with their children based on current attachment science. This paper will discuss how attachment affects children's brain development, socio-emotional development, factors that lead to parental stress, barriers to forming a secure attachment, and current attachment-based parenting interventions. Also, I will discuss why attachment science was used as the guiding principle for the creation of the parenting workshops.

Attachment Theory

Attachment theory is used in the current project to help inform what we currently know about the importance of developing a secure parent-child relationship. Attachment theory was first developed by British child psychiatrist and psychoanalyst, John Bowlby (Ainsworth & Bowlby, 1991). Attachment theory refers to the idea that infants must develop a close bond to a warm, responsive, and sensitively attuned primary caregiver (van der Horst & van der Veer, 2010). These early parent-child bonds or attachments can have a lasting effect on the

child's interpersonal relationships and mental health (Pallini, Baiocco, Schneider, Madigan, & Atkinson, 2014).

Bowlby wrote a report for the World Health Organization in 1951 outlining the negative outcomes of parent-child separations (Bowlby, 1951). One of the main assumptions of attachment theory is that experiences of separation from a caregiver can hinder a child's healthy development (van der Horst & van der Veer, 2010). Bowlby wrote about this assumption in his report by discussing how the quality of children's parental care affected their future mental health (Bowlby, 1951). Bowlby was developing his ideas about attachment and separation during a time of war in London (Ainsworth & Bowlby, 1991). World War II was the backdrop for Bowlby's studies and research; during this time, he had joined the British troops as an army psychiatrist (Polat, 2017). Bowlby established his theory of attachment while observing children who had been separated from their caregivers during the war (Levy & Johnson, 2018). He discovered that children who were separated from their caregivers and who were subsequently institutionalized suffered disruptive consequences and impairments to their development (Levy & Johnson, 2018).

According to John Bowlby, individuals are active participants in their learning and attribute meaning to their experiences. The concept of *internal working models* within attachment theory is an example of children using past experiences to create ideas about how to respond in new or strange situations (Miller, 2016). Internal working models help a child evaluate a new situation and

respond accordingly to get their needs met. Though internal working models cannot be directly observed, the process can be observed indirectly when an infant seeks out their caregiver for safety when they are scared or unsure (i.e., “the strange situation”) (Pallini et al., 2014). On this note, infants quickly learn to adjust and adapt their behavior to stay near their caregiver (Miller, 2016). They use feedback from their environment, such as distance from their caregiver, and respond with proximity seeking behaviors such as crying or crawling. The concept of internal working models may be helpful for parents to understand because it is something that impacts a child’s view of themselves and others. I included a lesson about the importance of forming positive internal working models during session one of the training sessions.

Through the guiding principles of attachment theory, Dr. Mary Ainsworth developed a laboratory experiment known as “the Strange Situation” (Ainsworth & Bowlby, 1991). She and other researchers observed the interactions of various mother-infant dyads. The researchers were focused on how the infant responded when left alone with a stranger, and how the infant responded when their mother returned after a short period of separation. After her observations of children during the “Strange Situation” experiments, Ainsworth categorized attachment into three distinct patterns. These patterns are known as secure attachment, insecure-avoidant attachment, and insecure-ambivalent attachment (Davies, 2011).

The first pattern, secure attachment, involved infants who responded positively to being picked up by their mothers and were quickly comforted by their mothers after a short separation (Davies, 2011). These same securely attached infants responded positively to being put down after being comforted and were quick to explore their environment (Ainsworth & Bowlby, 1991). Ainsworth noted that securely attached infants showed distress when their mothers left but were then easily consoled upon their mothers' return. This may be due to the infants' internal representations of their mother as a source of security and comfort. The next pattern, insecure-avoidant attachment, refers to infants who become isolated and withdrawn in response to their mother's emotional unavailability (Davies, 2011). Insecure-avoidant infants showed little interest when their mothers left the room and little interest when their mothers returned.

The last pattern, insecure-ambivalent, consisted of parent-child relationships that were out of sync because of the parent being inconsistently responsive to their child's needs (Davies, 2011). Insecure-ambivalent infants showed distress when their mothers left; however, they were not easily comforted by their mother's return. Later, a fourth pattern known as insecure-disorganized was identified (Main & Solomon, 1986) to explain an attachment relationship involving a parent who exhibits frightening and abusive behaviors which can cause the child to become emotionally detached (Davies, 2011). Infants with insecure-disorganized attachment patterns showed confusing behavior, such as reaching for their mother then quickly turning away and

becoming emotionally disconnected (Davies, 2011). Maternal behaviors that are lacking sensitivity and that involve lack of attunement with an infant's attachment behaviors can lead to an insecure-disorganized pattern of attachment (Newman, Sivaratnam, & Komiti, 2015).

A child's attachment to their caregiver, whether secure or insecure, affects how a child views themselves and others. Early attachment relationships can affect how a child's brain develops which in turn influences their language, cognitive, and socio-emotional skills (Davis, Bilms, & Suveg, 2017; Levy & Johnson, 2018; Pallini et al., 2014; Schore, 2000). When children feel safe and secure, they can develop in positive ways that affect the rest of their lives.

Attachment Science and Brain Development

The importance of a secure attachment has been further supported by the development and use of neuroimaging (Iyengar, Rajhans, Fonagy, Strathearn, & Kim, 2019). Research studies using neuroimaging of first-time mothers' brains has given some insight into how attachment affects the brain and subsequently highlights the influence of intergenerational attachment patterns (Iyengar et al., 2019). First-time mothers with a history of a secure attachment to their caregivers showed enhanced activation in the regions of the brain responsible for reward processing when they viewed "the happy faces of their own infants" (Iyengar et al., 2019). This increased activation in the reward region of the brain also occurred when securely attached mothers viewed their infants' sad faces.

According to Iyengar et al. (2019), this increased activation in the brain

may serve to enhance the formation of the parent-child bond and promote caregiving behaviors in the mother. These in turn can help increase the likelihood of creating a secure attachment between the mother and child. In contrast, when mothers with insecure attachment histories viewed their infants' sad faces, the region in the brain associated with disgust and pain showed increased activation. This indicated that mothers who had not developed a secure attachment to their caregivers may have impairments in their abilities to create a secure attachment with their own children (Iyengar et al., 2019). Neuroimaging research is imperative in understanding how previous attachment patterns can affect parenting behaviors through generations and how those patterns can influence current infant developmental outcomes (Iyengar et al., 2019).

Neuroscience is a current focus in attachment theory because it allows researchers to pinpoint the processes and structures within the brain that are both influenced by attachment and influence the quality of parent-child attachment (Schore, 2000). Brain imaging has created a window into what is happening within the brain and gives a clear insight into what Bowlby was only able to theorize about children's development. Bowlby suggested that the limbic system of the brain was the site of development concerning attachment behaviors and neuroimaging shows that he was on the right path (Schore, 2000). Through neuroimaging, researchers have been able to identify 7 to 15 months of age as a critical period for the development of the limbic areas of the cerebral cortex (Schore, 2000). The limbic systems of the brain are responsible for the

“control” of behavior especially in relation to emotion as well as the motivation of goal-directed behavior (Schore, 2000). During this critical period, children are particularly sensitive to their caregiver’s attachment behaviors.

Additionally, evidence has shown that sensitive attunement in parent-child interactions directly influences the development of the orbital prefrontal cortex (Schore, 2000). This area of the brain undergoes a critical maturational period around 10 to 12 months of age. The orbital prefrontal cortex of the brain is responsible for executive functioning such as *inhibitory control* and *working memory* (Schore, 2000). Inhibitory control is a cognitive process that involves a person’s ability to attend to relevant stimuli while restricting a natural impulse or distraction in the environment (Amorim, & Marques, 2018). Working memory refers to a person’s ability to temporally maintain and manipulate information to complete a task (Amorim & Marques, 2018). When a parent-child relationship has aspects of a secure attachment such as sensitive attunement and responsiveness, children’s brains develop to allow them to control and regulate their emotions and behaviors in ways that help them to succeed in school and social relationships (Davis et al., 2017; Schore & Schore, 2008).

Current interest in the factors that influence children’s development of self-regulation and executive functioning is significant as these abilities affect many areas of an individual’s life including behavioral, cognitive, emotional, attentional and social development (Davis et al., 2017). Infants and young children rely on their caregivers as a primary source of regulation as the areas of children’s

brains that moderate self-regulation are still developing (Davis et al., 2017). Attachment science suggests that parent-child relationships must be reciprocal, with the parent being attuned to their child's unique wants and needs and the child displaying proximity-seeking behaviors towards the parent (Davis et al., 2017; van der Horst & van der Veer, 2010). Parents' sensitive attunement, or "synchrony" with their child, can lead to healthy brain development and allow the child to be better prepared for school, social relationships, and other life demands (Davis et al., 2017). For these reasons, the current project included a workshop session outlining the importance of sensitive attunement and how parents can implement this skill. Additionally, going forward the term "attachment theory" will be addressed as "attachment science" as research has consistently shown that attachment has observable effects on children's development.

Parental Factors that Affect Attachment Security

There are various parental factors that lead to either positive or negative child outcomes. Parents and caregivers play a key role in children's development of socio-emotional skills, externalizing behaviors, self-regulation, and cognitive abilities, etc. (Crum, & Moreland, 2017; Whittaker, Harden, Meisch, & Westbrook, 2011). The current project included sessions that discuss how to increase positive child outcomes and decrease negative child outcomes through specific parental behaviors. These parenting components discussed included parental sensitivity, understanding parental reflective functioning (PRF), coping with stress, and maternal mental health.

Parental Sensitivity. Parents' ability to respond quickly and appropriately to their child's signals is an important aspect of attachment security (Wolff & IJzendoorn, 1997). This parenting skill of perceptive responsiveness to infants' signals is referred to as *parental sensitivity* (Wolff & IJzendoorn, 1997). Parental sensitivity is a contributing factor in children's brain development; however, some parents may be unsure of how to build a secure attachment through sensitive attunement (Davis et al., 2017). Ainsworth's definition of maternal sensitivity involves a parent who can accurately perceive and interpret their child's signals and respond appropriately across various contexts such as play, feeding, and other daily activities (Bernard, Meade, & Dozier, 2013). Parental sensitivity has also been found to buffer the risks to children's development for children living in stressful environments (Whittaker et al., 2011). Therefore, the current project will include information on how parents can be sensitive to their child's needs in various situations and in several environments.

Parents and caregivers are an infant's first social network and infants learn many important concepts from them. One main social concept is trust; an infant learns whether a caregiver will be consistently available to meet their needs and respond to their cues (Erickson & Egeland, 2004). For some parents, learning the skill of sensitive attunement takes practice and reflection. Parental sensitivity includes parenting behaviors that are warm, accepting, and quickly responsive (Davies, 2011). These parenting behaviors are important for many areas of child development including language development.

Communication is reciprocal, meaning that a parent must be in sync with their child's emotional and attentional cues early in an infants' life when communication is non-verbal (Vallotton, Mastergeorge, Foster, Decker, & Ayoub, 2017). This attention to an infant's cues can then create interactions between parents and children that include coordinated joint attention which affects later vocabulary skills (Vallotton et al., 2017). Additionally, after the first year of life, adults' sensitive use of object labeling in response to childrens' interests could predict "overall vocabulary toward the end of the second year" (Vallotton et al., 2017). Thus, parents must be aware of their children's unique interests in order to create more meaningful communicative interactions that help build children's vocabulary.

In a study by Vallotton et al. (2017), the authors defined parental sensitive behaviors as acknowledgement (i.e. non-verbal acknowledgement of the child), responding to the child's question, imitating the child's behavior or vocalization, positive comments about the child's behavior, verbal or non-verbal attempts to comfort the child, labeling or giving information about an object, and directing the child's attention. All of these parenting behaviors are thought to support children's vocabulary and ultimately lead to a secure parent-child attachment (Vallotton et al., 2017). Sensitivity is expected to be especially important during the first 3 years of life as children are in a critical period for developing language and vocabulary skills (Vallotton et al., 2017). The results of the authors' study found that parenting interventions that focus on sensitivity as well as cognitive

stimulation during early childhood may have the greatest impact on children's language development (Vallotton et al., 2017). Therefore, the current project included a primary goal of informing parents about the importance of parental sensitivity by providing a lesson about activities that promote parental sensitivity behaviors.

Research studies have shown that parenting techniques that include supportiveness and parental sensitivity may help children learn how to express and manage emotions in a positive way (Bocknek, Brophy-Herb, & Banerjee, 2009). In contrast, children living with less sensitive or supportive parents learn to suppress the expression of strong emotions which does not contribute to a reduction in the physiological arousal that accompanies strong emotions (Bocknek et al., 2009). Therefore, children with less sensitive parents did not necessarily experience decreased emotional states but instead learned to hide their emotions. Parents who are sensitive and accepting of their children's emotions, in turn, teach their children how to effectively express and cope with heightened emotions. This ability is referred to as emotion-regulation (Bocknek et al., 2009). Children with ineffective emotion regulation abilities may exhibit higher levels of externalizing and internalizing behaviors (Bocknek et al., 2009; Gershoff & Grogan-Kaylor, 2016). Additionally, positive associations between children's emotion-regulation abilities and their academic capabilities as well as social skills have been found (Bocknek et al., 2009). In general, parenting behaviors that include warmth and sensitivity have been found to predict children's emotion-

regulation skills (Bocknek et al., 2009). A parent's ability to understand their children's emotions and how to effectively respond may also be important in building a secure attachment (Crum & Moreland, 2017).

Parental Reflective Functioning. A parents' ability to consider not only their own thoughts, feelings, and behaviors but also those of their child is known as parental reflective functioning (PRF) (Rutherford, Byrne, Crowley, Bornstein, Bridgett, & Mayes, 2017). When a parent misinterprets or disregards their infant's distress signals, the infant is left in a state of dysregulation leaving their needs unmet (Fonagy, Steele, Steele, Moran, & Higgitt, 1991). Therefore, a parent must be able to accurately read their infant's signals and understand their infant's possible mental state to meet their infant's need for comfort, food, warmth, etc. Rutherford et al. (2017) discovered associations between PRF and attachment security. For instance, parents with higher PRF capacities were better able to respond to their infant's distress cues (Rutherford et al., 2017). Thus, PRF is likely to be essential in forming positive parent-child relationships.

There are multiple underlying cognitive processes that may influence PRF (Rutherford et al., 2017). One example is working memory, which is a component of executive functioning that may serve a purpose in PRF. Working memory allows a caregiver to mentally hold information regarding their own emotional state and that of their child during a caregiving task (Rutherford et al., 2017). Thus, working memory and executive functioning are important areas to address when working with parents as these areas can affect PRF. The study by

Rutherford et al. (2017) sought to discover associations between areas of parental executive functioning and PRF. The researchers found that parents with higher levels of working memory exhibited more interest and curiosity in their children's mental states. This shows that parents with better working memory functioning may be more inclined to consider their child's thoughts, feelings, and emotions during parent-child interactions. Rutherford et al. (2017) stated that decreases in executive functioning and subsequently decreases in working memory may be due to stress. Stress can impact a parent's mental state and lead to an interruption in PRF and deficits in other parenting capacities.

Parental Stress and its Effects on Child Outcomes. The purpose of this project is to create workshops about attachment that are provided in an environment that is supportive of parents. Ideally, parents will gain information and tools regarding effective child-rearing techniques and how to cope with daily stressors. Parental stress has been found to be a risk factor for a variety of negative child outcomes including anxiety, externalizing behaviors, and impaired social skills (Crum, & Moreland, 2017). Evidence has also been found linking parental stress to the potential for abuse which can affect children's social and behavioral development.

There are various causes of parental stress and certain groups may be more prone to the risks of stress (Whittaker et al., 2011). Low family income can harm family functioning causing parental stress which then affects parent's interactions with their children (Creavey, Gatzke-Kopp, & Fosco, 2018; Whittaker

et al., 2011). Thus, the current project targeted families living with low income. Parental stress is a powerful influencer on parenting practices which in turn affects children's' social-emotional outcomes (Whittaker et al., 2011). Parents who are living with high levels of stress may exhibit less warmth, inconsistent discipline, and inappropriate expectations for their children (Whittaker et al., 2011). These discrepancies in parenting behavior can then lead to negative parent-child interactions. When parent-child interactions are weakened, children may have less protection from the risks associated with living in poverty (Knowles, Rabinowich, Ettinger de Cuba, Cutts, & Chilton, 2016). The risks of living in poverty include lack of housing, food insecurity, and exposure to violence to name a few (Knowles et al., 2016). Exposure to these hardships can leave children vulnerable to persistent negative socio-emotional outcomes such as aggressiveness, poor self-regulation, and anxiety (Bobbitt & Gershoff, 2016; Creavey et al., 2018). Additionally, stressful events such as job loss, significant health issues, and incarceration of a family member can lead to a lower reprioritization of the emotional needs of the child. However, a study by Whittaker et al. (2011) found that positive parenting practices (i.e., maternal sensitivity) and the reduction of parental stress can have a mediating effect on children's social-emotional development. Hence, the current project included a stress relief activity following each session to help parents learn effective strategies for coping with stress.

A study by Crum and Moreland (2017) examined the relationship between

parental stress, abuse potential, and children's social and behavioral outcomes. Participants in the study consisted of individuals with preschool-aged children from socioeconomically disadvantaged families. The participants were enrolled in the Parenting Our Children to Excellence (PACE) program. Parental stress was assessed in the study because it affects child outcomes by impacting parenting behavior which can negatively influence parents' interaction with their children (Crum, & Moreland, 2017). This study assessed parental stress using the *Parenting Stress Index/Short Form* (Abidin, 1995). It is thought that parental stress may reduce parents' ability to understand and share in their child's emotional state; this skill is known as empathy. Empathy is essential in building a secure attachment as it allows a parent to be attuned to their child's needs and respond appropriately. The current project included the *Parenting Stress Index/ Short form* to assess parents' stress before and after the workshops are completed.

Crum and Moreland (2017) assessed abuse potential using the *Child Abuse Potential Inventory* which involved caregivers' responses to 160 statements that reflect the likelihood of abuse. Higher scores on this assessment indicate a greater likelihood of child maltreatment. There has been a link between abuse potential and actual child abuse, therefore it is important to have proactive interventions in place that address parental stress early (Crum & Moreland, 2017).

Additionally, Crum and Moreland (2017) found that parental stress was consistently linked to abuse potential. Evidence shows that lower child social competence predicted higher parental stress over time. This demonstrates that children's social skills are an important factor in building positive parent-child relationships which can reduce parental stress (Crum & Moreland, 2017). This finding supports the need for early consideration of children's socio-emotional development and the importance of parenting interventions that foster healthy socio-emotional development.

Maternal Mental Health and its Effects on Child Outcomes

The mental health of a parent can have important implications in child-rearing especially relating to the ability to form a secure parent-child attachment relationship. For instance, maternal depression has been found to be a barrier to forming a secure infant attachment (Coyl et al., 2002; Nonnenmacher, Noe, Ehrenthal, & Reck, 2016). Economic stress and relationship stress have also been found to lead to maternal depression, which in turn impairs the parent-child relationship and attachment bond (Coyl et al., 2002). A study conducted by Coyl et al. (2002), found that higher maternal depression was associated with lower infant attachment security. This shows that when mothers experience depression, they may be less sensitively attuned and responsive to their infants resulting in an impaired bond.

The postpartum period is an important time for parents to begin the attachment process with their newborns (Nonnenmacher et al., 2016). However,

for many mothers, this period is a challenging time and maternal bonding can be affected by a variety of factors. Postpartum depression can be a factor that hinders a mother's ability to bond with her infant even months after delivery (Nakano et al., 2019). Postpartum depression should be addressed as early as possible in order to assist mothers and inform about the factors that can lead to insecure parent-child attachments.

Maternal mental health has a major influence on the development of parent-child attachment relationships and should be a key theme in parenting interventions. When parents understand and have an awareness of their own emotions and mental health status, they may be more equipped to understand their children's needs and be available to meet those needs (Rutherford et al., 2017).

In sum, there are several parental factors that impact attachment security. These include parental sensitivity, parental reflective functioning, parental stress, and maternal mental health. Therefore, the current project presented information regarding self-care, coping with stress, and mental health as these areas can affect a parent's ability to be warm, responsive, and sensitively attuned with their child (Coyl et al., 2002; Crum, & Moreland, 2017; Lyons-Ruth et al., 2019). The current project also presented information on infant's brain development which can be impacted by parents' attachment behaviors (Davis et al., 2017; Schore & Schore, 2008).

Effect of Parenting Across Generations

The research has shown that early life experiences and interactions with parents influence how adults parent their own children (Sroufe, 2005; Steele et al., 1996; Steele et al., 2016). According to attachment science, early relationships help mold an individual's internal working model of themselves and others (Miller, 2016; Steele et al., 2016). Those internal working models created early in childhood also serve as a guide for expectations in future relationships, including parent-child relationships (Steele et al., 2016). A new parent has pre-existing expectations and ideas about what it means to be a parent. These expectations and ideas about parenting mainly come from past experiences from their own parents and can also include assumptions for how a newborn infant is supposed to behave (Steele et al., 2016). Literature shows that mothers' representation of her relationship to her infant begins while the infant is in utero (Dau, Callinan, & Smith, 2019). The science of maternal-fetal attachment proposes that a mother's attachment towards her fetus correlates to later attachment style (Dau et al., 2019). Therefore, it is beneficial to include pregnant women in attachment interventions as well to set the stage for positive parenting strategies and understanding of internal working models.

A study by Steele et al. (2016) explored whether adults' exposure to adverse childhood experiences (ACEs) increased parenting distress once they had a child of their own. ACEs were measured using self-reports of physical abuse, emotional abuse, exposure to sexual abuse, witnessing domestic

violence, parental divorce, and exposure to parental substance abuse. ACEs have been found to be a risk factor for the transmission of insecure parent-child attachments from one generation to the next (Steele et al., 2016). The current study found that maternal exposure to ACEs in childhood was significantly associated with maternal reports of parenting stress. In contrast, the researchers found lower levels of parenting stress among middle/high social-economic status (SES) groups. However, both higher-income and lower-income parents who reported high exposure to ACEs also reported higher levels of parental stress (Steele et al., 2016). This result shows that exposure to early adverse experiences can still carry a burden into adulthood regardless of SES and ultimately affect parent-child attachment relationships.

Parents who experience unresolved loss or trauma in childhood may exhibit dissociation, emotional numbing, and passivity all of which can negatively affect parent-child relationships (Steele et al., 2016). Parents' own attachment patterns tend to influence their parenting behaviors, especially sensitivity and responsiveness (Steele et al., 2016). Also, mothers who reported being victims of childhood abuse and neglect were observed to engage in less sensitive parenting behaviors (Steele et al., 2016). The current project incorporated a lesson on understanding one's internal working models and how they affect parenting.

A study by Nonnenmacher et al. (2016) found that new mothers who experienced a disorganized attachment style in their childhood displayed

contradictory approach-avoidant behaviors towards their infants. These inconsistent parenting behaviors can cause emotional impediments and create a lack of parent-child bonding. Additionally, a mother's past avoidant attachment style may cause her to misinterpret her role as a parent. This misinterpretation can then cause the mother to become less supportive and less involved with her infant (Nonnenmacher et al., 2016). Nonnenmacher et al. (2016) determined that past secure attachment relationships, as well as consistent attachment strategies and behaviors, are essential in forming close parent-child bonds. Therefore, the current project included themes throughout the workshop sessions that promote positive parenting practices such as parental warmth and sensitivity which can help create and nurture a secure parent-child relationship.

Current Attachment-based Parenting Intervention Programs

Numerous intervention programs that have been created using attachment science were used as a guide for the current project. Most have a common goal; to improve the parent-child relationship. This is done by first understanding the components of a secure attachment and working with families to improve parental responsiveness and sensitive attunement. Many attachment-based programs use the guiding principle that trust and communication within families must be improved before other issues can be addressed. The current project used the parent-child interaction therapy (PCIT), the Early Head Start (EHS) with Attachment and Biobehavioral Catch-up (ABC), and the Watch, Wait, and Wonder (WWW) programs to guide some aspects of the current project design

and content; each one will be described below.

Parent-child Interaction Therapy

The first example of an attachment-based intervention program is parent-child interaction therapy (PCIT) which is a treatment program targeted towards young children with externalizing behavioral problems (“What is PCIT,” 2015). The goal of PCIT is to improve the parent-child relationship in order to increase children’s pro-social behavior and increase feelings of attachment toward their caregiver (McNeil & Hembree-Kigin, 2010). The theory behind PCIT is that when the parent-child relationship is improved, then the child’s behavioral problems will subsequently decrease (“What is PCIT,” 2015). PCIT generally involves 9-12 weekly coaching sessions in which both the child and parent are observed through a one-way mirror or by live video feed (Ward, Theule, & Cheung, 2016). The therapist observes interactions between the parent and the child and provides the parent with feedback through a hearing device that the parent wears (“What is PCIT,” 2015). In the moment feedback and coaching are provided to the parent to help them practice more effective parenting strategies with their child. Research shows that PCIT is most effective when direct coaching is used as it allows parents to get up to the moment advice on how to handle certain behaviors (McNeil & Hembree-Kigin, 2010).

PCIT is implemented across two treatment phases (“What is PCIT,” 2015). The first phase involves building a warm and supportive relationship between the parent and the child. The goal of this phase is to build trust and

establish a more positive connection in which the child feels more secure ("What is PCIT," 2015). This phase of PCIT is based on the concepts of attachment science. The desired outcomes of the first phase include: decreased frequency of tantrums, decreased parental frustration, and increased self-esteem. The second phase focuses on teaching parents' strategies to help set limits, remain consistent, and remain calm ("What is PCIT," 2015). The goals of this phase are to decrease the frequency of children's destructive behaviors, decrease the frequency and severity of aggressive behavior, and increase parental confidence. Treatment with PCIT is considered complete when parents have mastered the skills taught in both phases and when the child's behavior is within normal limits ("What is PCIT," 2015).

PCIT is very effective in reducing young children's externalizing behaviors and improving parental stress. The attachment component of PCIT has the potential to improve children's socio-emotional development in a variety of ways. PCIT helps children with their emotional and behavioral regulation abilities which affect many areas of an individual's life including behavioral, cognitive, emotional, attentional and social development (Davis et al., 2017). The current project included elements of PCIT such as building a stronger connection between caregiver and child with the desired outcome of decreased parental stress and increased parental confidence.

Attachment and Biobehavioral Catch-up

Another example of an attachment-based intervention was a combination of Early Head Start (EHS) with Attachment and Biobehavioral Catch-up (ABC) (Berlin, Martoccio, & Jones Harden, 2018). This randomized controlled trial consisted of 208 low-income mothers and their 6 to 18-month-old children. The ABC program targets three aspects of caregiving behavior: (1) providing nurturance, (2) following the child's lead with delight, and (3) avoiding intrusive and frightening behaviors (Berlin et al., 2018). Each ABC session was conducted in the mother's home in which a professional parent coach presented topics related to the three targets. There was a total of 10 ABC sessions, occurring weekly. These three aspects of caregiving behaviors were chosen as they are crucial in developing a secure attachment in early childhood (Berlin et al., 2018). Out of 104 participants in the EHS plus ABC group, 91 completed all 10 ABC sessions. Follow-up observations of the participants found that the EHS plus ABC model had a positive impact on mothers' sensitivity, responsiveness, intrusiveness, and positive regard (Berlin et al., 2018). The current project included facets of the ABC intervention that seek to increase parents' nurturing behaviors and teach parents how to use child-lead techniques

Wait, Watch, Wonder

The final program that was used to inform about the design and content of the current project was the Watch, Wait, and Wonder (WWW) program. This program is infant-led and encourages mothers to observe their infants' self-

initiated behaviors (Cohen et al., 1999). WWW mainly focuses on maternal sensitivity and responsiveness as these factors both relate to attachment security. Another aspect of the WWW program is to provide a safe, supportive environment in which mothers can express their thoughts and feelings regarding their infant's activity and their relationship with the infant (Cohen et al., 1999). This component was used in the current project as the goal was not to assess or interpret infant's behaviors but to provide a supportive learning environment where parents can gain knowledge, skills and can openly discuss concerns. A study by Cohen et al., (1999) found that infants in the WWW group showed a greater shift towards a secure attachment and greater improvements in cognitive development and emotion regulation. Additionally, the researchers found that mothers in the WWW group reported a larger increase in parenting satisfaction (Cohen et al., 1999). Due to mothers' accessibility in the WWW program, infants are more able to create a secure parental attachment which then gives them the security and confidence to explore their environment and master developmental struggles as they arise (Cohen et al., 1999).

Taken together, each of these interventions (PCIT, EHS with ABC, WWW) use attachment-relevant concepts to help improve caregiver sensitivity, empathy, and responsiveness, while also increasing parent-child emotional engagement (Levy & Johnson, 2018). However, they each implement the intervention in different ways. PCIT uses a video-feedback component to facilitate the process of improving parenting strategies and improving attachment security ("What is

PCIT," 2015). Whereas the EHS with ABC program is conducted in the home with a parenting coach focusing on improving attachment behaviors (Berlin et al., 2018). Lastly, the WWW program uses infant-led play to enhance children's sense of autonomy and improve mothers' reciprocity (Cohen et al., 1999; Levy & Johnson, 2018).

The current project expanded on concepts from each intervention to help guide the concepts discussed in the workshops such as coping with parental stress, following the child's lead, and creating a supportive learning environment for parents. While each of the aforementioned interventions have been shown to be effective, they are also somewhat time consuming and lengthy. Another issue with the current intervention programs is that they can be perceived as intrusive by parents and caregivers as some require access to their home environment. The format used in the current project is workshop-based meaning parents attended and received information and tools regarding various topics from a parent educator to implement at home with their children. The advantage to using a shorter, workshop-based program may be that parents feel more comfortable and are able to attend all of the workshops while getting the most out of the program. Another advantage to the current project is that it is provided for free to parents and caregivers which allows access to at-risk and low-income family populations. The current project uses components of current attachment-based intervention programs such as improving parent-child relationship and increasing parental sensitivity while making workshops more concise and accessible.

Gaps in Research

Fathers are often underrepresented in parenting interventions (Tully et al., 2017). Currently, there is little research to explain the lack of father participation in parenting interventions (Tully et al., 2017). However, it is understood that father participation may be crucial in optimizing the efficacy of parenting interventions. There is a lack of research into what fathers prefer and need when participating in interventions. (Tully et al., 2017). Additionally, interventions have shown to be more effective when fathers participate as well (Tully et al., 2017). This may be true because incorporating both parents can help with consistency in implementing parenting strategies as well as reducing parental conflict. Most interventions and child development research generally focus on mother-child relationships and the barrier to forming secure attachments within that context. However, the current project also targeted fathers as they play an important role in children's development of pro-social behaviors, self-esteem, and reducing children's externalizing behaviors (Tully et al., 2017).

A study by Tully et al. (2017) found that fathers tended to prefer brief, internet-based programs as they felt these were less demanding and more accessible. This study also found that fathers tend to prefer the following parenting topics: bully-proofing your child, social skills, and encouraging development through play and quality time. Tully et al. (2017) surveyed fathers and found that barriers to their participation in parenting interventions included: cost of service, work commitment, and skepticism about the efficacy of the

intervention. Lack of knowledge was also an issue for fathers as some were unaware that parenting programs existed at all. Therefore, community parenting interventions should be marketed in areas fathers may be more likely to frequent. The current project was made available to all primary caregivers.

Summary and Purpose of the Project

Attachment science has been extensively studied and has been found to influence a child's social development, emotion regulation, language development, and cognitive development (Ainsworth & Bowlby, 1991; Crum & Moreland, 2017; Tully et al., 2017; Woodhouse, 2018). Therefore, the purpose and goal of the current project is to create parenting workshops for parents and caregivers of young children to improve knowledge of attachment science and teaching skills to increase attachment behaviors.

Specifically, the aim after four two-hour-long sessions was for parents and caregivers to know more about the importance of attachment behaviors in parenting. Another expectation was that parents and caregivers would obtain strategies to reduce their stress which in turn increases attachment behaviors. Lastly, it was expected that parents and caregivers would feel more confident in their parenting abilities after completing the workshop sessions.

CHAPTER TWO

METHOD

Overview

The purpose of the current project was to create parenting workshops for parents and caregivers. The goal of the workshops was to increase parents' knowledge about attachment science and to teach parents how to implement positive attachment behaviors. Additionally, the current project aimed to increase parents' confidence in their parenting skills while also reducing parental stress.

Procedure

Due to the COVID-19 pandemic and the subsequent school closure, the facilitator made the decision to move the workshop to an online format. The participants only interacted with the facilitator using the Zoom application and email. Prior to the first session, the facilitator emailed the demographic questionnaire and the pre-training assessments to each participant. The participants were emailed a link to join prior to each Zoom session. Video and audio were utilized during each session with the facilitator sharing their screen to present the session PowerPoints. Each Zoom session was presented live to the participants with all participants in attendance. The facilitator and the participants were able to be seen during each Zoom session. All three participants completed all workshops. Fifteen topics were discussed over the course of four sessions with each session lasting approximately two hours (see Table 1). Each workshop

session concluded with a stress relief activity for parents as parenting can lead to feelings of frustration, anxiety and overall stress (Crum & Moreland, 2017). Following the last session, the facilitator emailed the post-training assessments and the class evaluation to each participant.

Table 1. Summary of Session and Session Workshops

Session	Session Overview and Topics

Session #1	• Introductions-presenter and parents
	  ○ Overview of 4 sessions
	• Administer pre-training assessments
	• Overview of Session Topics
	  ○ Brief History of Attachment Theory
	  ○ Why is Attachment Important
	  ○ Understanding internal working models
	  ○ Types of Attachment-video of “Strange Situation”
	• Stress Relief Activity

Session #2	• Overview of Session Topics
	  ○ How Attachment Affects Brain Development
	  ○ Parental Sensitivity (Reflective Parenting Functioning)
	  ○ Activities to Promote Attachment through sensitive attunement
	• Stress Relief Activity

Session #3	• Overview of Session Topics
	  ○ Brief lesson on children’s Social-emotional development
	  ○ How Attachment Affects Social-emotional Development
	  ○ Parental Mental Health awareness
	  ○ Counseling as a resource
	  ○ Activities to promote socio-emotional development
	• Stress Relief Activity

Session #4	• Overview of Session Topics
	  ○ Discuss the barriers to forming a secure attachment
	  ○ Understanding our own attachment style to our caregivers
	  ○ The importance of self-care
	• Stress Relief Activity
	• Complete post-training assessments
	• Fill out class evaluation

Participants

The workshops were targeted towards caregivers with young children between ages 0 to 5 years old. Other caregivers in the home such as grandparents were encouraged to attend the workshops as well. The current project included three parents total. Given the challenges of COVID-19, these parents were personally recruited by the facilitator.

Table 2. Participants' 1-3 Demographic Information.

	Parent 1	Parent 2	Parent 3
Age:	26	32	28
Gender:	Female	Female	Female
Highest Education Level:	Bachelor's degree	Bachelor's degree	Some college
Ethnicity:	Hispanic	African American	White
How many children:	1	2	1
Age of your children:	3	5 and 7	3
Marital Status:	Married	Living with partner	Living with partner

Measures

A set of questionnaires were given to the families who consented to participate in the workshops. The questionnaires were used to collect demographic information about the participants, to assess their stress level, to assess their knowledge about attachment theory, to assess their confidence in their parenting, and to evaluate their parenting strategies.

At the beginning of the first workshop session, parents completed a demographic questionnaire, the Parent Stress Index-Short Form (PSI-SF), and a parenting self-assessment survey created for use in the current project.

Demographic Questionnaire

Demographic information was collected using a self-report questionnaire for each participant. Participants were asked to report their age, gender, highest education level, ethnicity, how many children they have, ages of their children, and marital status (APPENDIX A).

Parenting Stress Index-Short Form (PSI-SF)

The PSI-SF (APPENDIX B) measures the level of stress in the parent-child relationship and is appropriate for use for parents with children between 1 and 12 years of age (Abidin, 1995). This assessment consists of 36 statements, each rated on a 1 to 5 Likert scale (1=strongly disagree, 5=strongly agree). The PSI-SF provides a total stress score which is based on three subscale scores (Parental Distress, Difficult Child, and Parent-Child Dysfunctional Interaction). The Parental Distress portion includes statements about how competent parents

feel, parents' amount of perceived social support, and stressors associated with the restriction child-rearing creates. The Difficult Child portion includes statements that reflect a parents' view of their child's characteristics, such as temperament and level of compliance. The Parent-child Dysfunction Interaction portion includes statements about the amount of positive feelings the parent derives from interaction with their child and parental expectations. The total stress score obtained from all 36 responses was computed for the current project.

Pre-and Post-Training Self-Assessment

The 10-item self-assessment (APPENDIX C) were created for the current project to assess the participants' perception of their knowledge of attachment theory, their confidence in child-rearing and gauge of current parenting practices. The participants were asked to respond on a 5-point Likert scale (1=strongly disagree, 5=strongly agree). For example: "Your knowledge of attachment theory"; "Your confidence about your parenting abilities". Questions number 5 and 9 were not computed as it they were questions about discipline and were found to be irrelevant due to the sessions not explicitly covering discipline strategies.

Class Evaluation

At the end of the fourth-class session, participants were asked to complete an overall Class Evaluation form (APPENDIX D) to assess the effectiveness of the workshops. The form asked participants if they feel the sessions were

beneficial to them, what they feel was the most useful information taught during the session, what information was less useful, what the program should include in the future, and whether the participants expected to continue to implement the information they learned during the sessions into their daily lives

Development of Project Materials

Session 1

Due to the Covid-19 pandemic, the format of the current project had to be moved to online and the session were presented to each participant using the Zoom application. The instructor discussed some challenges they personally face as a parent to help develop rapport and trust upon meeting the parents and caregivers. This practice was used throughout each session to create a feeling of transparency and foster a non-judgmental environment. Before covering the material, an agenda was discussed and an overview of all four workshop sessions were reviewed. After the overview of the workshop sessions, the instructor went into a more in-depth introduction and asked the participants to introduce themselves including their name, something they do for fun, and the age or their child(ren). Following introductions, participants were asked to complete a demographic questionnaire, the Parent Stress Index-Short Form (PSI-SF), and the parenting self-assessment survey created for use in the current project. These assessments were emailed to each participant prior to the first Zoom session. The outline and PowerPoint for Session 1 can be found attached with this document.

The purpose of the first session was to focus on the history and importance of attachment theory and its impact on children's development of internal working models. Next, internal working models were discussed in the context of attachment science and parenting. Past experiences can shape and mold our perceptions of ourselves and others including our perceived role as parents (Miller, 2016). Participants were given information about their power to facilitate positive internal working models for their children regarding their children's self-esteem and trust in others. When parents consistently create a loving and trustworthy environment for their children, they mold their children's views of themselves and the world around them (Miller, 2016).

A video showing the "Strange Situation" experiment was shown to participants. The video outlines a secure attachment between a caregiver and their child. Following the video, there was a discussion about what the participants saw and their thoughts about the caregiver-child relationship they observed.

Lastly, questions were asked by the instructor on the topic of attachment science, attachment styles, and internal working models to facilitate discussion. A handout of resources for parents of children ages 0 to 5 was provided to the parents (APPENDIX E). Following the questions, a stress relief activity was provided to the parents at the end of the session. This activity consisted of first creating a list of elements that are causing the participant stress in the moment and then creating a list of things the participant is grateful for in their life.

Session 2

The outline and PowerPoint for Session 2 can be found attached with this document. The purpose of the second session was to discuss how attachment affects brain development and how parental sensitivity is a vital part of building a secure parent-child attachment relationship.

First, attachment has been found to affect children's brain development for many years, and with advancements in neuroimaging, that research has further been expanded (Davies, 2011; Iyengar et al., 2019; Schore, 2000). Attachment can affect the development of the areas of the brain responsible for emotional regulation and behavioral control (Miller, 2016; Newman, Sivaratnam, & Komiti, 2015; Schore, 2000). The emotional and behavioral control areas of an infant's brain are underdeveloped meaning they mainly rely on their caregivers to help them regulate their emotions (Bocknek et al., 2009). Early attachment relationships have been shown to affect a child's brain development influencing their language, cognitive, and socio-emotional skills (Davis, Bilms, & Suveg, 2017; Levy & Johnson, 2018; Pallini et al., 2014; Schore, 2000). A major part of forming a secure attachment between a child and a caregiver is the concept of parental sensitivity.

Parental sensitivity is a concept that includes a caregiver who recognizes a child's cues and then responds to those cues quickly and effectively (Wolff & IJzendoorn, 1997). The workshop outlined the meaning of parental sensitivity and how to develop the skill of being sensitive to a child's needs. One slide of the

powerpoint discussed what parental sensitivity looks like day to day. Another slide showed how parental sensitivity is a form of communication between caregiver and child that models attention and reciprocity which are the main areas of communication (Vallotton et al., 2017).

A video showing an effective form of communication with an infant was shown to the participants. The video shows a father speaking with his small childs: the father uses eye contact, allows the child to respond, and asks relevant questions. The instructor of this workshop then asked the participants to discuss the video and share what areas of the video show effective communication and parental sensitivity.

Lastly, the participants were asked to participate in a stress relief activity. The activity was led by the instructor. The activity involves practicing “belly breathing” and focusing on one’s breath during a stressful or overwhelming situation.

At the end of the session, the instructor passed out two handouts to the participants. The first handout outlines a social-emotional activity for caregivers that involves taking care of stuffed animals (APPENDIX F). This activity can help calm a child while also helping develop perspective taking. The second handout outlines some examples for caregivers on how to talk, read, and sing with their child. Copies of these handouts can be found in APPENDIX G.

Session 3

The outline and PowerPoint for Session 3 can be found attached with this document. The purpose of the third session was to discuss children's social and emotional development as well as how attachment affects children's development. The session also included information about mental health awareness and resources for counseling.

Social and emotional development is a crucial area for parents to understand, as it affects many areas of children's lives including academics, social relationships, and emotion regulation (Crum, & Moreland, 2017; Whittaker et al., 2011). Children first learn social skills from their caregivers. Caregivers must serve as a positive model of social interactions. The workshop session covered the various areas of social-emotional development (self-management, social awareness, relationship skills, etc.). The PowerPoint also included a visual about developmental milestones to help parents understand which social-emotional skills are developmentally appropriate at various ages. Participants were asked which attachment style they think is best to foster healthy social-emotional development to help bridge the information from the previous workshop.

Next, the session covered parents' mental health and how it influences children's social-emotional development. There was also a slide discussing how to become aware of one's own mental state. The subject of parental stress was also introduced by outlining the varying levels of stress. Protective relationships,

such as a secure attachment with a caregiver, have been found to be a barrier to some of the risks children endure while living in stressful environments (Whittaker et al., 2011). Living with chronic daily stressors can be very damaging to family functioning, especially a parent's ability to connect with their child emotionally (Knowles et al., 2016). This lack of connection can lead to a disruption in forming a secure attachment (Crum & Moreland, 2017). Some families live in constant worry that they will lose access to various resources such as food, housing, or employment. Parents living in low socio-economic households that suffer from food insecurity understand that their stress and anxiety surrounding daily struggles can affect their ability to effectively parent (Knowles et al., 2016). Therefore, it is important that parents have access to public assistance and other resources to help limit some amounts of chronic stress. A list of low-cost local counseling resources and other relevant resources were reviewed with the participants.

A list of activities that promote social-emotional development was discussed with the participants. These activities will include giving words, labeling characters' emotions in books and in media, and practicing validations and labeling children's emotions. Parents were provided with a handout that outlines tips for fostering healthy social and emotional development in young children (APPENDIX H). Next, parents were given an "emotion wheel" activity. The worksheet and instructions for this activity can be found in APPENDIX I. The emotion wheel can be taken be home to introduce to the participants' children to

practice labeling or acting out emotions. The participants were also shown a list of social skills to practice with their children, these skills include making eye contact, sharing, turn-taking, compromise, etc.

Lastly, the participants engaged in a stress relief activity. This activity is a simple grounding technique which includes bringing the participants' attention back to the current moment by naming various items around them (five things you can see, four things you can smell, three things you can hear, etc.)

Session 4

The outline and PowerPoint for Session 4 can be found attached with this document. The purpose of the fourth session is to discuss barriers to developing a secure attachment, understanding one's own attachment style, and the importance of self-care. The session began with an overview of the topics that were covered. Next, there was a review of the characteristics of a secure attachment relationship. This then led to a discussion about barriers to forming a secure attachment relationship. Some of the barriers to forming a secure attachment relationship include parental stress, parental mental health, financial hardship, and or relationship stress.

Maternal mental health was the first topic discussed as it can contribute to a disconnect between mother and child. Mothers suffering from mental health issues have been found to be less responsive and sensitive to their infant's emotional and physical cues (Coyl et al., 2002; Nonnenmacher et al., 2016). Parents who are less responsive may have difficulty connecting with their

children on various levels. Postpartum depression was also be discussed in this section because it can affect a mother's mental and emotional state leading to difficulty meeting their infants' emotional and physical needs (Nonnenmacher et al., 2016).

The next topic discussed was parents' past traumas and how they can affect parents' current parenting practices. The concept of adverse childhood experiences (ACEs) was introduced and the possible outcomes of these experiences will be shown. During this portion of the session, parents were asked to complete an optional ACEs survey to shed some light on which experiences are considered harmful. This activity was also used to show parents how their childhood experiences can lead to transmission of harmful parenting practices across generations.

Following the discussion of ACEs, the instructor then reviewed the topic of self-care and its importance in parenting. The concept of caregivers taking care of their emotional and mental health was be discussed and parents were asked to engage in an activity that illustrates which areas parents devote the most time to. The parents each received a sheet of paper with an empty circle and be asked to complete a pie chart with an estimation of what areas take up time in their day (APPENDIX J). The purpose of this activity was to create a visual representation of the areas that receive the most attention in parents' lives.

Next, parents were asked to participate in a stress relief activity. This activity involves following along with a YouTube video that outlines how to

engage in progressive muscle relaxation. This is a stress relief method known to help relieve some of the symptoms of stress such as backaches and tension headaches while leading to a feeling of relaxation. According to the Mayo Clinic website, relaxation techniques can help an individual cope with everyday stressors while reducing the negative health effects associated with stress (“Relaxation techniques: Try these steps to reduce stress”, 2017). Parents were given a handout that gives step by step instructions regarding progressive muscle relaxation (APPENDIX K).

At the end of this session, parents completed the PSI-SF, the parenting self-assessment, and a class evaluation.

CHAPTER THREE

RESULTS

Pre- and Post- Training Assessments

The results from the pre- and post- Training assessments can be found in the tables below. These results are based on the responses from Parents 1, 2, and 3. The pre- training assessments were disbursed to each parent by email prior to the first session. The post-training assessments were disbursed to each parent following the last session. The assessments are not used for research purposes they are only to inform the workshop instructor.

Parental Stress Index-Short Form

The results comparing parents' scores from the Parental Stress Index-Short Form assessment can be found in Table 3. Parents reported lower stress levels before beginning the sessions and higher stress levels after the completion of the sessions. In order for a score to be considered borderline clinically significant it must be greater or equal to 153 (Abidin, 1995). While all participants reported higher stress levels after completing the training, Participant 3 showed the largest increase in reported stress. It is possible that education level may impact this result. Participant 3 had "some college" while the other 2 participants had bachelor's degree. It is possible that Participant 1 and 2 had more concept familiarity or experience with child development courses than Participant 3.

Table 3. Pre- and Post- Parenting Stress Index- Short Form Means (Stress Level Range High to Low: 180-36)

Participant	Pre-Training (N=3)	Post-Training (N=3)
1	57	63
2	70	81
3	94	115

Self-Assessment

For the self-assessment, parents rated their knowledge of attachment theory, parents' confidence in their parenting abilities, how predictable their children's' behavior is, parents' family support system, and feeling overwhelmed (Table 3). Each question was self-rated on a 5-point Likert scale. There were a total of 9 questions that were computed.

As discussed in the proposal phase of this project, guidance and discipline were not included in the sessions. Therefore, question numbers 5 and 9 were not computed as it they were questions about discipline and were found to be irrelevant due to the sessions not explicitly covering discipline strategies. Additionally, the goal of the sessions was to focus more on attachment science and parental mental health.

Several items had changes in ratings from pre to post training. Of note, "knowledge of attachment theory" at pre assessment was 2.3 (Likert rating meaning) and increased to 4.3 (Likert rating meaning). This is an increase of 2

points. Additionally, “confidence in parenting abilities” increased slightly from 4 at pre-training to 4.3 at post training. For the question related to “overwhelmed by parenting demands”, participants reported an increase from 2.6 to 3.3. Lastly for “knowing how to remain calm when feeling overwhelmed”, there was an increase from 4 to 4.6.

Table 4. Pre- and Post- Means for Self-Assessment

Questions	Pre-Training (N=3)	Post-Training (N=3)
1. Knowledge of attachment theory	2.3	4.3
2. Confidence in parenting abilities	4	4.3
3. Predictability of child's behavior	4	4
4. Knowing what to do during your child's meltdown	4.3	4.3
5. Use of physical punishment	N/A	N/A
6. Family support system	4.6	4.6
7 Overwhelmed by parenting demands	2.6	3.3
8. Knowing how to remain clam when feeling overwhelmed	4	4.6
9. How effective are your current discipline techniques	N/A	N/A
10. I have one person that I can talk to about my day	5	5

5 point Likert Scale: 1= Completely Disagree, 2= Disagree, 3= Neither Agree nor Disagree, 4= Agree, 5= Completely Agree

Post- training Class Evaluation

All 3 parents completed the class evaluation following the final session. A review of the class evaluation showed that the participants regarded this curriculum as helpful and beneficial to their parenting strategies.

Question 1 asked, “how beneficial was the information presented in the workshop for you and your family?”. Parent 1 responded: “It was very well presented and helpful in understanding my child and their behaviors”. Parent 2 responded: “I found the information to be helpful for the most part. I learned some new ideas about why my children do the things they do”. Parent 3 responded: “I definitely learned new, helpful information and tips that will help regularly”.

Question 2 asked, “what areas of the program did you find the most useful? And do you feel that you will continue to use this information in your parenting?”. Parent 1 responded: “self-care was the most useful for me. As a parent I often put my child’s needs before my own. However, now I understand how my own personal well-being and self-care can help benefit my parenting style and patience”. Parent 2 responded: “I found the area of mental health and self-care to be the most useful. The sessions helped me understand the impact that my mental health can have on my children and that I need to take care of myself and be the best parent I can be”. Parent 3 responded: “breaking patterns and recognizing attachment styles was the most useful and I will continue to use.

Question 3 asked, “what information did you find least useful?”. Parent 1 responded: “I found all of this information to be useful”. Parent 2 responded: “I found parts of the workshops to be a little wordy and information heavy”. Parent 3 responded: “Reference Pages?”.

Question 4 asked, “what information do you feel was missing from the program?”. Parent 1 responded: “I felt it was all covered”. Parent 2 responded: “I would like to see more about how to handle difficult behaviors in my children and how to remain calm as a parent”. Parent 3 responded: “I enjoyed the personal examples and want more!”.

Question 5 asked, “would you recommend this program to family and friends?”. Parent 1 responded: “Yes!”. Parent 2 responded: “I would! I really liked the information given and it helped change my perspective about parenting in some ways”. Parent 3 responded: “Definitely! Crucial information when raising a child”

CHAPTER FOUR

DISCUSSION

The purpose of the current project was to create a parenting curriculum for parents of young children with a focus on Bowlby's attachment theory and current research on attachment science. By implementing four two-hour parenting sessions, the expectation was that participants would be more informed about attachment science while feeling more confident in their parenting abilities leading to decreased stress levels. With that said, there were many complications implementing this project due to the Covid-19 pandemic and moving the parenting sessions to an online platform. Due to limitations and other confounding factors, the goal of decreasing parents' stress level was not achieved though parents were provided with new skills and tools to help cope with feelings of stress when they arise in everyday life.

Implications of COVID-19

Given COVID-19, there were some complications when it came to recruiting participants. I was able to reach out to acquaintances who are parents of young children to ask them to participate in the current project. The participants completed the demographics survey, the pre-post assessments, and the class evaluation electronically and returned them to the facilitator via email.

The parents who participated in the current project were of diverse ethnic backgrounds with the youngest being 26 years old and the oldest being 32 years

old. All the participants were mothers, which means that the goal of reaching fathers for the current project was not met. Additionally, two of the participants had one child while the other participant had two children. It should be considered that having one child may inherently lead to lower levels of stress in parenting. Having multiple children may create a larger strain on parents' resources and increase the demands on parenting duties. Each of the participants had at least a partial college education, with two participants having bachelor's degrees. This may have helped the participants in navigating the sessions in an online format as it did require a level on independence on their part.

In some ways moving the sessions to an online format may have been more useful and accessible for the participants. Many parents of young children have limitations as far as access to childcare and time restrictions. By using an online conferencing application, parents were able to complete the sessions from the comfort of their home. According to a study by Spencer, Topham, and King (2020), online parenting programs have strong effects in reducing negative parent-child interactions, difficult child behaviors, and parental stress. The study also found that by participating in online parenting programs, parents experienced an increase in confidence and satisfaction in their parenting. The current project indicated similar results as shown in the section below.

Participant Knowledge of Attachment Science and Stress

One of the main goals of the current project was to increase the participants knowledge of attachment science. The results of the assessment indicated that the participant's knowledge of attachment theory almost doubled (on average). I believe this was achieved by first discussing the history of attachment theory, then explaining the effects of attachment on children's development and lastly, weaving attachment science throughout each session. This was a main goal of the project as attachment science guided the creation of the parenting curriculum. The results revealed that after completing all four of the parenting sessions, the participants benefited from the program in the area of confidence in their parenting abilities.

Another goal of the current project was to decrease the participants self-reported levels of stress using the Parenting Stress Index-Short Form (PSI-SF). This goal was attempted by including a stress-relief activity at the end of each session. The stress-relief activities were somewhat difficult to implement on the online platform as the participants seemed to have difficulty focusing. The hope was that the participants would implement these tools into their everyday lives to help reduce their stress. However, the results of the assessment indicated that parents' reported stress levels increased from before to after completing the sessions. This may be due to the global pandemic and subsequent quarantine that occurred during the implementation of the sessions as parents showed a significant increase in reported stress. Additionally, the results showed that

parents reported feeling more overwhelmed by the demands of parenting upon completion of the sessions. However, the participants reported a higher level of confidence in knowing how to remain calm when feeling overwhelmed after completing the sessions. This could mean that the stress-relief activities helped the participants understand how to react when they feel themselves becoming overwhelmed in parenting situation. One stress-relief activity asked the participants to make a list of things that were currently causing them stress and then to make a list of things they were grateful for. The participants were then asked to throw the list away. Following this activity, one participant noted that they initially had a hard thinking of anything that they were grateful for but once they thought harder, their grateful list was twice as long as the stressful list. The hope is that the participants will continue this practice even if they create a mental list of things they are grateful when they feel stressed.

The responses from the post class evaluation survey indicated that parents had an overall positive experience in the parenting program. All three participants commented that they would recommend the parenting program to friends and family. When asked which areas of the program the participants found most useful, two participants responded with “self-care”. Self-care is an important part of mental health, and improved mental health enhances parents’ ability to parent effectively (Coyl et al., 2002; Rutherford et al., 2017). When asked what areas of the program were least useful, one participant noted that

parts of the sessions had too much information. This is something that should be considered and adjusted for in future sessions.

Limitations and Future Trainings

While overall this workshop was a success, there were multiple limitations of the current project. First, the current project was originally designed to be presented in an in-person format. However, due to the current Covid-19 pandemic, the parenting sessions had to be moved to an online platform. This created a few issues, such as the participants being unable to collaborate and share their experiences in person with other parents. The facilitator used the Zoom application to present the sessions to the participants. If the current project is presented online again, it would be helpful to include more ways for the participants to have discussions about relevant topics. This could include the use of breakrooms on the Zoom application to allow the participants time to discuss topics with each other. The use of this online application did have some issues; mainly interruption in internet connection. In the future, the current project could be altered by trying a more user-friendly and reliable video conferencing application.

The second limitation to the current project was group size. The recruitment process resulted in only three participants agreeing to participant in all four parenting sessions. If the current project is implemented again, it may be beneficial to include more participants, specifically fathers. This could be valuable

to understand how beneficial the current project is from a father's perspective. Then the project could be adjusted to better accommodate the needs of fathers.

Third, the project was implemented during the Covid-19 global pandemic which could have skewed parents reported stress levels. During this time, it can be assumed that parent's stress would be higher as there have been many changes that affect everyday life. Working from home, school closures, limited resources, unemployment, and limited social interaction are all things could cause stress. It would be interesting to implement the current project after the quarantine has ended and see if the parenting sessions are more effective at reducing parents' stress.

Fourth, it could be assumed that the subject matter within the sessions could inherently trigger parental stress. During the sessions we discussed how past relationships can affect a parent's current behavior. Also, parent's may feel that they have parenting in a way that could negatively affect their child's development. Future trainings could acknowledge these fears of inadequacy and introduce the concept of earned security. Earned security, the idea of re-establishing a secure attachment, may give parents hope that attachment can be mended, and the parent child-relationship can be repaired (Odgers, 2014).

Fifth, the pre-and post- training assessment ultimately failed to measure the most important component of the curriculum which was attachment. This oversight led to a missed opportunity to better assess the participants' knowledge of attachment theory following the sessions. Future trainings should include

updated assessments that contain more focused questions to better assess the effectiveness of the curriculum in increasing participants' knowledge of attachment.

Lastly, one participant commented that the sessions were too "wordy" and information heavy. In the future, the current project could include less topics with shorted sessions occurring across a longer period of time. It is possible that the two-hour sessions were too long and overwhelming for the participants. This could also give the facilitator the chance to delve deeper into the topic of attachment theory and ensure that the participants reach a higher level of understanding.

Summary and Conclusions

The purpose of the current project was to create and implement a parenting curriculum guided by attachment science. The current project was geared towards parents of young children. Another purpose of the current project was to give parents the tools to lower their stress levels.

Overall, the results of the pre- post training assessment show that the participants' knowledge of attachment science increased after completing the parenting sessions. Additionally, the program was helpful in increasing parents' confidence levels in their parenting abilities. The results also showed that the participants generally had a good experience completing the sessions with all noting that they would recommend the program to their family and friends.

During this experience of designing and implementing a parenting curriculum I had to be flexible and adaptable when moving the workshop sessions to an online platform as that was not the original design of this project. I look forward to finding more creative ways to deliver information in various ways that can be more accessible to parents who may have limited time or are unable to leave their home to complete parenting classes. I enjoyed learning and discussing parenting and other areas of life with the participants as it was a great time to connect and learn from each other.

This project can be used as a resource in supporting parents learning about attachment science. Parent-child relationships are a main influence in children's development of socio-emotional skills, externalizing behaviors, self-regulation, and cognitive abilities, etc. (Crum, & Moreland, 2017; Whittaker, Harden, Meisch, & Westbrook, 2011). Therefore, creating and fostering a secure parent-child attachment is beneficial in almost all areas of a child's life and carries into future adult relationships (Pastorelli et al., 2016). Additionally, reducing parental stress also has many positive influences on parent-child interactions. Parental stress can be a barrier to creating a secure attachment and can lead to numerous negative externalizing behaviors in children (Crum, & Moreland, 2017; Whittaker et al., 2011). The current project can be used as a tool to support parents' learning about attachment science and fostering secure and meaningful relationships with their children.

APPENDIX A

DEMOGRAPHIC QUESTIONNAIRE

Demographic Survey: code number:

Instructions
Answer questions as they relate to you. For most answers, check the box(es) most applicable to you or fill in the blanks.

1. Your Age:

2. Your Gender:
   - o Female
   - o Male
   - o Other

3. Highest Education Level:
   - o High School
   - o Some College
   - o Bachelor's Degree
   - o Master's Degree
   - o Doctorate

4. Ethnicity:
   - o Asian/Pacific Islander
   - o Hispanic/Latino
   - o White/Caucasian
   - o Black/African American
   - o American Indian/Native American
   - o Other

5. How many children do you have

6. What is the age of your child(ren)?

7. Marital Status:

   - o Single
   - o Married
   - o Living with partner
   - o Widowed
   - o Divorced
   - o Separated

Developed by Alexandria Driscoll

APPENDIX B

PARENTAL STRESS INDEX-SHORT FORM

Parental Distress

	Strongly Disagree	Slightly Disagree	Not Sure	Slightly Agree	Strongly Agree
1. I often have the feeling that I cannot handle things very well.	1	2	3	4	5
2. I find myself giving up more of my life to meet my children's needs than I ever expected.	1	2	3	4	5
3. I feel trapped by my responsibilities as a person.	1	2	3	4	5
4. Since having a child, I have been unable to do new and different things	1	2	3	4	5
5. Since and having this child, I feel that I am almost never able to do things that I like to do.	1	2	3	4	5
6. I am unhappy with the purchase of clothing I made for myself.	1	2	3	4	5
7. There are quite a few things that bother me about my life.	1	2	3	4	5
8. Having a child has caused more problems than I expected in my relationship with my spouse.	1	2	3	4	5
9. I feel alone and without friends.	1	2	3	4	5

10. When I go to a party, I usually expect to not enjoy myself.	1	2	3	4	5
11. I am not as interested in people as I used to be.	1	2	3	4	5
12. I don't enjoy things as much as I used to.	1	2	3	4	5

Parent-Child Dysfunctional Interaction

	Strongly Disagree	Slightly Disagree	Not Sure	Slightly Agree	Strongly Agree
13. My child rarely does things for me that make me feel good.	1	2	3	4	5
14. Most times I feel that my child like me and wants to be close to me.	1	2	3	4	5
15. My child smiles at me much less than I expected.	1	2	3	4	5
16. When I do things for my child, I get the feeling that my efforts are not appreciated very much.	1	2	3	4	5
17. When playing, my child doesn't often giggle or laugh.	1	2	3	4	5
18. My child doesn't seem to learn as quickly as most children.	1	2	3	4	5
19. My child doesn't smile as much as most children.	1	2	3	4	5

20. My child is not able to do as much as I expected.	1	2	3	4	5
21. It takes a long time and it is very hard for my child to get used to new things.	1	2	3	4	5

22. For statement 22, choose from choices 1 to 5 below.

I feel that I am:

1. a very good parent
2. a better than average parent
3. an average parent
4. a person who has trouble being a parent
5. not very good at being a parent

	Strongly Disagree	Slightly Disagree	Not Sure	Slightly Agree	Strongly Agree
23. I expected to have closer and warmer feelings for my child than I do, and it bother me.	1	2	3	4	5
24. Sometimes my child does things that bothers me just to be mean.	1	2	3	4	5

Difficult Child

	Strongly Disagree	Slightly Disagree	Not Sure	Slightly Agree	Strongly Agree
25. My child seems to cry or fuss more often than most children	1	2	3	4	5
26. My child generally wakes up in a bad mood.	1	2	3	4	5
27. I feel that my child is very moody and easily upset.	1	2	3	4	5

28. My child does a few things which bother me a great deal.	1	2	3	4	5
29. My child reacts very strongly when something happens that my child doesn't like.	1	2	3	4	5
30. My child gets upset easily over the smallest thing.	1	2	3	4	5
31. My child's sleeping or eating schedule was much harder to establish than I expected.	1	2	3	4	5

For statement 32, choose from 1 to 5 below.
32. I have found that getting my child to do something or to stop doing something is:

1. much harder than I expected
2. somewhat harder than I expected
3. about as hard as I expected
4. much easier than I expected.

For statement 33, choose from choices 1 to 5 below.
33. Think carefully and count the number of things your child does that bothers you. For example, dawdles, refuses to listen, overactive, cries, interrupts, fights, whines, etc. Please circle the number which includes the number of things you counted.

1. 1-3
2. 4-5
3. 5-7
4. 8-9
5. 10+

	Strongly Disagree	Slightly Disagree	Not Sure	Slightly Agree	Strongly Agree
34. There are things my child does that really bother me a lot.	1	2	3	4	5
35. My child turned out to be more of a problem than I expected.	1	2	3	4	5
36. My child makes more demands than most children.	1	2	3	4	5

Abidin, R. R. (1995). Parenting Stress Index, Third Edition: Professional Manual.

Odessa, FL: Psychological Assessment Resources, Inc.

APPENDIX C

PRE- AND POST-TRAINING SELF-ASSESSMENT

Pre-training assessment: ***code number:***

Instructions: Circle the number that best reflects how you feel **now:**

1. Your knowledge about attachment theory

Not Very Knowledgeable Very Knowledgeable

1 2 3 4 5

2. Your confidence about your parenting abilities
Not Very Confident Very Confident

1 2 3 4 5

3. My child's behavior is typically predictable.
Completely Disagree Completely agree

1 2 3 4 5

4. Most of the time I know what to do when my child is having a meltdown.

Completely Disagree Completely agree

1 2 3 4 5

5. I use physical punishment (spanking, hitting, pinching, flicking, etc.) when my child misbehaves.

Never		Sometimes		Most of the time
1	2	3	4	5

6. I feel like I have a good family support system in my life.

Completely Disagree Completely agree

1 2 3 4 5

7. Most days, I feel overwhelmed by the demands of parenting.

Completely Disagree Completely agree

1 2 3 4 5

8. When I feel overwhelmed with parenting, I know how to respond to remain calm.

Never		Sometimes		Most of the time
1	2	3	4	5

9. The discipline techniques I currently use are effective in getting my child to behave.

Completely Disagree Completely agree

1 2 3 4 5

10. I have at least one person that I can talk to about my day.

Completely Disagree Completely agree

1 2 3 4 5

Developed by Alexandria Driscoll

APPENDIX D

CLASS EVALUATION

Class Evaluation *code number:* _____

1. How beneficial was the information presented in the workshop for you and your family?

2. What areas of the program did you find the most useful? And do you feel that you will continue to use this information in your parenting?

3. What information did you find to be least useful?

4. What information do you feel was missing from the program?

5. Would you recommend this program to family and friends?

Developed by Alexandria Driscoll

APPENDIX E

RESOURCES FOR PARENTS HANDOUT

Información disponible en español a menos que se indique lo contrario

Resource	Description	Phone number	Website
WIC (Women, Infants, and Children)	Free classes on breastfeeding and healthy eating; food coupons for women with low incomes	**1-800-852-5770**	www.cdph.ca.gov/Programs/CFH/DWICSN
Zero to Three	Information on early childhood	**1-800-899-4301** *(No disponible en español)*	www.zerotothree.org
Food and Nutrition			
CalFresh	California's SNAP/food stamps program; food aid for people with low incomes	**1-877-847-3663**	www.cdss.ca.gov
Choose My Plate	Information on healthy eating		www.choosemyplate.gov
Food Safety	Information on food safety for children under 5	**1-888-723-3366** *(No disponible en español)*	www.foodsafety.gov/risk/children
Nutrition	Information on healthy eating		www.nutrition.gov
Health and Insurance			
California Children's Services	Health care for children with certain diseases or health problems		www.dhcs.ca.gov/services/ccs
California Dental Association	Help finding low-cost dental services	**1-800-232-7645** *(No disponible en español)*	www.cda.org/public-resources/low-cost-dental-services *(No disponible en español)*
California Department of Public Health Immunization Schedule	Information on recommended immunization schedules for babies and young children	**1-916-558-1784** *(No disponible en español)*	www.cdph.ca.gov/Programs/CID/DCDC/Pages/immunization/Babies.aspx
Centers for Disease Control and Prevention (CDC)	Information about vaccines for babies and young children	**1-800-232-4636**	www.cdc.gov
Covered California (California's Affordable Care Act Program)	Help with buying private health insurance or enrolling in Medi-Cal	**1-800-300-1506**	www.coveredca.com
Family PACT	Referrals to state-funded clinics for family planning services	**1-800-942-1054**	www.familypact.org
Healthfinder	Easy-to-use health information website		www.healthfinder.gov
KidsHealth	Information on children's health		www.kidshealth.org
Medi-Cal Access Program	Low-cost health insurance for middle-income pregnant women	**1-800-433-2611**	mcap.dhcs.ca.gov
Sight for Students	Vision care for low-income children with no insurance	**1-888-290-4964** *(No disponible en español)*	www.sightforstudents.org *(No disponible en español)*
Welltopia	Information on nutrition, exercise, jobs, social services, quitting smoking, managing stress, and more		www.mywelltopia.com

Información disponible en español a menos que se indique lo contrario

Resource	Description	Phone number	Website
Disability			
ABLEDATA	Information on tools and technologies to assist people with disabilities	1-800-227-0216	www.abledata.com
California Early Start	Services for infants and toddlers at risk of disability or who have a disability	1-800-515-2229	www.dds.ca.gov/earlystart
Center for Parent Information and Resources	Information and resources for parents of children with disabilities	1-973-642-8100	www.parentcenterhub.org
Deaf and Disabled Telecommunications Program (DDTP)	Free relay services and phone equipment for all deaf and disabled Californians	1-800-806-1191	ddtp.cpuc.ca.gov
Family Resource Centers Network of California	Referral services for families of children with disabilities	1-916-993-7781 *(No disponible en español)*	www.frcnca.org *(No disponible en español)*
National Center on Health, Physical Activity and Disability	Fitness and sports information for people with disabilities	1-800-900-8086	www.nchpad.org/Individuals~Caregivers
Emotional Health and Violence Prevention			
Childhelp National Child Abuse Hotline	Help with discipline problems and parent stress; child abuse prevention	1-800-422-4453	www.childhelp.org/hotline *(No disponible en español)*
Mental Health America	Information on mental health	1-800-969-6642	www.mentalhealthamerica.net
National Domestic Violence Hotline	Help for victims of domestic violence	1-800-799-7233	www.thehotline.org
National Parent Helpline	Emotional support for parents and caregivers of children	1-855-427-2736	www.nationalparenthelpline.org/find-support/state-resources/california-resources
National Sexual Assault Hotline	Support and referrals to local resources	1-800-656-4673	www.rainn.org
Postpartum Support International	24-hour support for new mothers with depression	1-800-944-4773	www.postpartum.net
Suicide Prevention/ Crisis Support	24-hour crisis hotline	1-800-784-2433	www.hopeline.com *(No disponible en español)*
Learning and Technology			
Common Sense Media	Reviews and ratings for kids shows, websites and programs		www.commonsensemedia.org
National Literacy Directory	Information on programs to help families learn together	1-877-389-6874	www.nationalliteracydirectory.org
Finance and Law			
Court Self-Help Center	Information on California's court system		www.courts.ca.gov/selfhelp.htm

Información disponible en español a menos que se indique lo contrario

Resource	Description	Phone number	Website
Homeownership Preservation Foundation	Free housing counseling for homeowners	**1-888-995-4673**	www.995hope.org
Social Security Administration	Information on Social Security and Supplemental Security Income (SSI)	**1-800-772-1213**	www.ssa.gov
Safety and Emergencies			
Child Safety Seat Information	How to properly secure your child in a safety seat	**1-800-835-5247** *(No disponible en español)*	www.chp.ca.gov/programs-services/programs/child-safety-seats
Federal Emergency Management Agency (FEMA)	How to prepare for and deal with disasters	**1-800-525-0321**	www.fema.gov
Lead Hotline	Help to prevent lead poisoning	**1-800-424-5323**	www.epa.gov/lead
National Center for Missing & Exploited Children	Information and resources for missing and exploited children	**1-800-843-5678**	www.missingkids.com
Poison Control	Emergency help for victims of poisoning	**1-800-222-1222**	www.calpoison.org
Safe Kids California	How to prevent childhood injuries		www.safekidscalifornia.org
Safer Car	Where to get your child car seat checked locally	**1-866-732-8243**	www.safercar.gov/parents *(No disponible en español)*
Vehicle Safety Hotline (National Highway Safety Administration—NHTSA)	Information on car and highway safety	**1-888-327-4236**	www.nhtsa.gov *(No disponible en español)*
Substance Abuse			
Al-Anon	Free support groups for family and friends of people who abuse alcohol or drugs	**1-888-425-2666**	www.al-anon.org
Alcohol and Drug Services Adult System of Care	Listing of alcohol and drug treatment programs by county	**1-877-685-8333** *(No disponible en español)*	www.dhcs.ca.gov/individuals/Pages/DMC-CountyNumbersDirectory.aspx
California Smokers' Helpline	Free help in multiple languages to stop smoking	**1-800-NO-BUTTS** (1-800-662-8887)	www.nobutts.org
National Alcohol & Drug Information	Information and referrals for substance abuse and mental health treatment	**1-800-662-4357**	www.findtreatment.samhsa.gov *(No disponible en español)*

APPENDIX F

HANDOUT: SOCIAL-EMOTIONAL ACTIVITY

Social and Emotional Development
Activity for 24 to 30 Months

Care for the Animals

Toddlers have a difficult time taking on another person's perspective. Having them help someone who is hurt or sick will help them understand, to a limited degree, others have feelings.

Materials:

- Stuffed and plastic animals
- Small boxes or berry baskets
- Napkins or small scarves

What to do:

1. Help the child gather her favorite stuffed and plastic animals.
2. Provide small boxes or berry baskets for her to use as cages or carriers. She can use napkins or small scarves as blankets.
3. Talk to her about the ways in which animals get hurt: how they cut their paws, get bugs in their ears, break their wings, or get stomachaches.
4. Help her care for her sick animals by washing and bandaging their wounds, wrapping their broken limbs with gauze, and giving them a quiet place to sleep (plus lots of pats and kinds words).
5. Provide a toy doctor's kit to give the animals a thorough examination.

Safety alert! Make sure the animals are more than 1 3/4 inches in diameter so they won't pose a choking hazard.

3350 Commercial Drive, Suite 104A
Anchorage, Alaska 99501
PH | 907.297.3300 FAX | 907.297.3304
BestBeginningsAlaska.org

APPENDIX G

HANDOUT: TALK, READ, SING

Family Resource

SCHOLASTIC

Talk.Read.Sing.® Every Day!

Talk. Read. Sing.® early and often with your child. These are the three simplest things you can do to help promote healthy brain development in your child.

Try the activity below to talk with your child about numbers in your home. When you have counted the items, have your child write the number on the line. Extend the activity by counting other items in your home.

1, 2, 3, Count With Me!

Count each item in your home.

Read About Numbers: Have your child find books at the library with numbers in the titles.

Sing About Numbers: Sing songs with numbers in them, such as "Ants Go Marching."

For additional ideas for talking, reading, and singing with your child, use the activity prompts on the next page. Download the printable chart at **scholastic.com/first5ca** to keep track of how many times you and your child talk, read, and sing every day.

Sponsored by FIRST 5 CALIFORNIA

Talk. Read. Sing. It changes everything®

Family Resource

Talk.Read.Sing.® Every Day!

Talk, read, and sing early and often with your child. Use the prompt cards here to inspire some talking, reading, and singing at home and build on the fun and learning your kids have started in the classroom!

Talk

Look up at the sky. Are there clouds? Ask your children if they see any familiar shapes in the sky.

Talk

Ask your children to think about something that makes them smile. Have them share what it is.

Read

Flipping through a catalog or magazine? **Point** at words and say them aloud while your child follows along.

Read

When you are shopping for greeting cards, pick up a few cards and **read** them aloud with your child.

Sing

Have a pet at home? **Sing** "Mary Had a Little Lamb" but swap out the name and animal with your child's name and the type of pet you have at home!

Sing

Make an interesting sound or create a short melody. Can your child replicate it?

APPENDIX H

HANDOUT: TIPS FOR FOSTERING SOCIAL AND EMOTIONAL DEVELOPMENT IN YOUNG CHILDREN

FOSTERING HEALTHY SOCIAL AND EMOTIONAL DEVELOPMENT IN YOUNG CHILDREN

TIPS FOR FAMILIES

Children are born with the need and desire to connect with those around them. When parents and caregivers establish positive relationships with children from birth through the early years, children feel safe and secure, laying the foundation for healthy social and emotional development. This process affects how children experience the world, express themselves, manage their emotions, and establish positive relationships with others.

Social and emotional development involves several interrelated areas of development, including *social interaction*, *emotional awareness*, and *self-regulation*. Below are examples of important aspects of social and emotional development for young children.

Social interaction focuses on the relationships we share with others, including relationships with adults and peers. As children develop socially, they learn to take turns, help their friends, play together, and cooperate with others.

Emotional awareness includes the ability to recognize and understand our own feelings and actions and those of other people, and how our own feelings and actions affect ourselves and others.

Self-regulation is the ability to express thoughts, feelings and behaviors in socially appropriate ways. Learning to calm down when angry or excited and persisting at difficult tasks are examples of self-regulation.

DID YOU KNOW?

Research shows that a strong social and emotional foundation in early childhood powerfully impacts children's later positive attitudes and behaviors, their academic performance, career path, and adult health outcomes![1] For more information, see *Social and Emotional Development Research Background* in this series.

Parents and families play an important role in nurturing their children's social and emotional development. Supporting children's social and emotional development can be both rewarding and challenging at the same time. Critical to providing support is having realistic expectations of children's development at different ages. Realistic expectations of when infants are able to experience emotions (hint: early!), how easy or difficult it is for a toddler to take turns, and when young children are able to follow simple directions can bring greater success – and less frustration – for young children and their families.[2]

And remember: every child develops at her own pace and has diverse learning needs and approaches. Tuning in and being aware of your child's specific needs and where they are developmentally can help you adjust to daily routines and activities with your child. But if you are ever worried about your child's development, don't wait! Talk with your child's doctor if you have concerns. Acting early can make a big difference. Remember: you know your child best. Get tips to help at www.cdc.gov/Concerned and Birth to 5: Watch Me Thrive!

The following tips are organized by age (Infants, Toddlers, Preschoolers) and are intended to help parents and families support their children's social and emotional development – nurturing children's ability to develop healthy relationships, manage challenges and realize their full potential. These tips are based on what we have learned from research focused on social and emotional development.

TIPS FOR INFANTS

CREATING A PREDICTABLE, NURTURING ENVIRONMENT:

A safe, loving home can help encourage children to learn, play, and explore.

- Cuddle, comfort, talk, and play with your baby during feeding, dressing, changing, bedtime, bath time and other daily routines. When you are affectionate and responsive to your baby's needs, you help her to feel safe and develop trust.
- Talk, read, and sing together every day. Infants learn by interacting with others around them.
- In the first few months, help your baby get into a regular routine with sleeping, feeding, bathing, and dressing. Knowing what to expect helps children feel secure, confident, and in control of their world.
- Give your child time to get to know a new caregiver. Bringing a favorite toy, stuffed animal or blanket helps comfort your baby in unfamiliar situations. Also, be aware of your own response to a new caregiver when your baby is present; your baby notices worry or concern in your facial expressions and body language.

SUPPORTING CHILDREN IN DEVELOPING SOCIAL SKILLS:

Social skills are critical for lifelong learning, happiness, and long-term success. Children begin developing these skills during infancy.

- Play simple social games with your baby, like peek-a-boo and taking turns cooing back and forth. These games are fun for your child and are an easy way to share enjoyment with your baby, which is an important building block for later social and language development.
- Be an emotional role model. Even at a very young age, your baby learns by watching you. Responding calmly to situations, expressing joy, and letting your child know that you love them helps them learn how to behave and what to expect from future relationships.
- Imitate your baby's facial expressions and sounds. Imitation is an important skill that sets the earliest foundation for interacting with others.

RECOGNIZING AND TALKING ABOUT EMOTIONS:

Allowing and encouraging children to express their feelings—both positive and negative—can support their emotional development. Your cultural background may affect how your children and family express emotions; it is important to honor these values if they differ from the suggestions below.

- Say what you think your baby is feeling. For example, say, "You look so sad. Let's see if we can make you feel better." Your baby will learn that you are paying attention to her needs and want to be there for her.
- Help your baby learn to calm himself and praise him for doing it. It's okay for him to suck on his fingers or fist; sucking helps babies self-soothe and is a first step to managing emotions.
- Learn to read your baby's moods. He can feel a range of emotions at a very early age. Paying attention to what his behavior is indicating will help you feel more confident about how to respond.
    - Is he looking at you calmly or smiling at you? He's ready to engage! Smile back, talk, sing and interact with him.
    - Is he crying or squirmy, looking away and breathing heavily? He may be overwhelmed, so decrease stimulation by talking softly, swaying back and forth with him, swaddling and cuddling.

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- Be an emotional role model. Even at a very young age, your baby learns by watching you. Responding calmly to situations, expressing joy, and letting your child know that you love them helps them learn how to behave and what to expect from future relationships.
- Imitate your baby's facial expressions and sounds. Imitation is an important skill that sets the earliest foundation for interacting with others.

RECOGNIZING AND TALKING ABOUT EMOTIONS:

Allowing and encouraging children to express their feelings—both positive and negative—can support their emotional development. Your cultural background may affect how your children and family express emotions; it is important to honor these values if they differ from the suggestions below.

- Say what you think your baby is feeling. For example, say, "You look so sad. Let's see if we can make you feel better." Your baby will learn that you are paying attention to her needs and want to be there for her.
- Help your baby learn to calm himself and praise him for doing it. It's okay for him to suck on his fingers or fist; sucking helps babies self-soothe and is a first step to managing emotions.
- Learn to read your baby's moods. He can feel a range of emotions at a very early age. Paying attention to what his behavior is indicating will help you feel more confident about how to respond.
    - Is he looking at you calmly or smiling at you? He's ready to engage! Smile back, talk, sing and interact with him.
    - Is he crying or squirmy, looking away and breathing heavily? He may be overwhelmed, so decrease stimulation by talking softly, swaying back and forth with him, swaddling and cuddling.

ENCOURAGING POSITIVE BEHAVIORS AND USING POSITIVE DISCIPLINE PRACTICES.

Setting clear, consistent limits is one of the most important things parents and caregivers can do for children. Additionally, recognizing and celebrating positive behavior can build children's confidence and encourage them to repeat these behaviors. Become familiar with typical early childhood developmental milestones so you know what you might expect. For example, two-year-olds are good at exploring and moving around. With so much to discover and learn, don't expect them to sit still! When they have to sit for a period of time, try to keep their hands and minds busy by reading a fun book or playing a silly game.

- Notice aloud when children are engaged in positive behavior. For example, praise your child when she comforts a friend, puts a toy away, or follows a simple direction.
- Set limits and point out the consequences of your child's behavior. For example, "After you pushed Jordan, he started to cry. It hurt and he felt upset. Let's tell him you are sorry." Use difficult moments as opportunities to teach better ways for next time, but diffuse the immediate situation first.
- As your child gets closer to preschool age, encourage her to help with very simple chores at home, like putting things away. She may actually enjoy helping out. Praise your child for being a good helper, focusing on the desired behavior and progress they've made, rather than the child' personality (e.g. "You helped clean up! That makes me proud of you.").

TIPS FOR PRESCHOOLERS

Many of the tips for younger children are great for preschoolers too. Below are a few additional tips that you can try out with your growing preschooler.

CREATING A PREDICTABLE, NURTURING ENVIRONMENT:

- Try to establish routines. Children feel secure and in control when they know what is coming next. For example, your child's daily routine might include eating breakfast, brushing teeth, going to preschool, and going to grandma's house after preschool. If each day is a little bit different in your family, talk with your child each morning about his schedule that day. Packing a visual schedule with stickers or drawings in your child's backpack or asking your child's teacher to provide reminders can help him feel prepared.
- When you listen to and respect your child, you show them that you care about what they are saying. As they grow, it's important for your child to be able to manage their feelings when you aren't immediately available – when you're taking care of a baby sibling, for example. If you look your child in the eye, tell him you want to help but need him to be patient, and consistently return to him, he will learn that you care even when you can't respond immediately.

SUPPORTING CHILDREN IN DEVELOPING SOCIAL SKILLS:

- Encourage pretend play. Let your child take the lead in developing a pretend story to help prepare them for social scenarios or challenges. Play along and add to the story. For example, if your child is pretending to be a new student at school, pretend to be a student as well, and ask what type of games he would like to play.
- If your child is not in preschool, try to find opportunities for him to play with other children, such as at a park, museum, or library, or during formal or informal recreational activities.
- Be aware that your behavior – both positive and negative – is a model for your child and that you can use your behavior to teach lessons on social skills. Model strong social skills in your own interactions with others and describe for your child what worked well and what you will do better next time. For example, if someone cuts you off while driving and you get frustrated, after the moment has passed, you could explain that it didn't do much good to lose your cool.

RECOGNIZING AND TALKING ABOUT EMOTIONS:

- As your children get older and have an understanding of basic emotions, talk to them about more complex emotions – such as embarrassment – and find opportunities to point out those emotions in yourself, your children, and in others.
- Discuss with preschoolers the difference between emotion and behavior – e.g. it's OK to be angry about something, but there are appropriate and inappropriate ways of expressing anger.
- Though preschoolers are more independent than infants and toddlers, they still need a lot of help. Consistently communicating your intentions and then following through ("I'll be right back after I answer the door") will help them to feel confident that you will meet their basic needs, and partner with them to solve problems and manage frustrations.
- Be sensitive, nurturing, and encouraging. Preschoolers need hugs and kisses, too. They are going through many transitions in their own development and in their understanding of the world and need your encouragement and patience.

ENCOURAGE POSITIVE BEHAVIORS AND USE POSITIVE DISCIPLINE PRACTICES:

- Give children warnings before transitions occur, especially when they will need to stop doing something fun. For example, "In five minutes, we are going to clean up your toys and take a bath." Some children may need additional or different types of reminders, like a one-minute verbal warning, using a timer on your cell phone, a gentle touch on the shoulder, or a visual cue. Try to add a fun component if your child is reluctant. For example, if your child doesn't love bath time, let her pick out a toy or an object she can bring with her to splash around. You can also make up a fun game that the two of you only play at bath time.
- During the preschool years, children are continuing to develop their ability to manage their own emotions. Sometimes they will have behaviors that are challenging to manage, like tantrums or aggression. Here are some tips to help manage those tough behaviors.
  - Away from stimulation, sit next to your child and breathe deeply in and out. Show them how to place their hand on their stomach and notice and count their breaths.
  - Work through your child's emotions with them. Though it can be challenging, try to remain calm when your child is not. Stay near him to make sure he is not hurting himself or others. After he calms down, help him name his emotions and talk through the situation. Discuss what made him upset and what a more appropriate response would be in the future. Practice the more appropriate response over the next few days when he is not upset. And give him lots of love and encouragement.
  - Role play positive ways to solve problems, take turns, and cooperate. For example, practice what your child would do if another child took her toy or if she was asked to do something she didn't want to do by her teacher. Talk together about what the appropriate and inappropriate responses would be.
  - Give your child plenty of opportunities to make choices. Providing choices is a simple way to give your child a sense of control, while also accomplishing what you would like him to do. If you ask your child to help set the table, give him the choice of setting the forks, the cups, or the napkins. When he's getting dressed in the morning, give him two different options for clothes to wear.

FROM A YOUNG CHILD'S PERSPECTIVE...

- I feel **safe** when...I can rely on you to meet my needs consistently, and when you greet me with a warm and loving smile every day.
- I feel **confident** when...you praise me for my efforts and encourage me to keep trying when I'm learning something new.
- I feel **heard** when... you look me in my eyes, tune into my thoughts and feelings or notice the things I'm looking at or pointing to in the world.
- I feel **secure** when...I know what to expect in the day, and when we cuddle up to talk, read, and sing together.
- I feel **happy** when...when we play games and do fun activities, laugh and act silly together, and share fun stories.
- I feel **calm** when...I am in a warm, nurturing environment and cuddled when I need to be comforted.
- I feel **loved** when...you take care of my needs, hug me often, use gentle words, and show care and patience.

For additional resources on supporting your child's learning and development, check out tip sheets on early language development and STEM (Science, Technology, Engineering and Math) and social emotional development.

NOTES

1. Damon E. Jones et all, "Early Social-Emotional Functioning and Public Health: The Relationship Between Kindergarten Social Competence and Future Wellness," American Journal of Public Health 105(11) (2015): 2283-2290.
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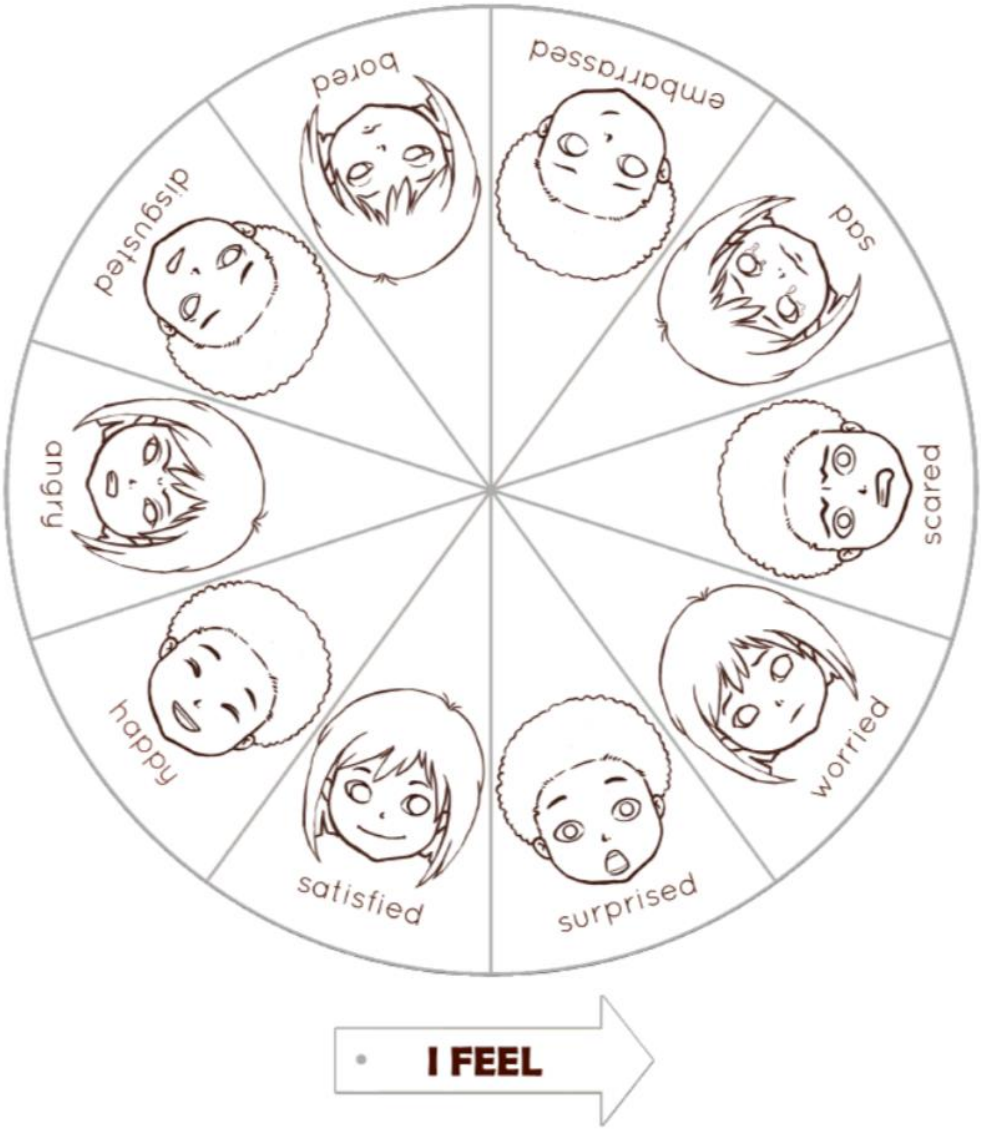
APPENDIX I

HANDOUT: EMOTION WHEEL ACTIVITY

MY MOOD

printable wheel


embarrassed
sad
scared
worried
surprised
satisfied
happy
angry
disgusted
bored
I FEEL

APPENDIX J

HANDOUT: PIE CHART ACTIVITY

My Time & Effort

_____

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_____

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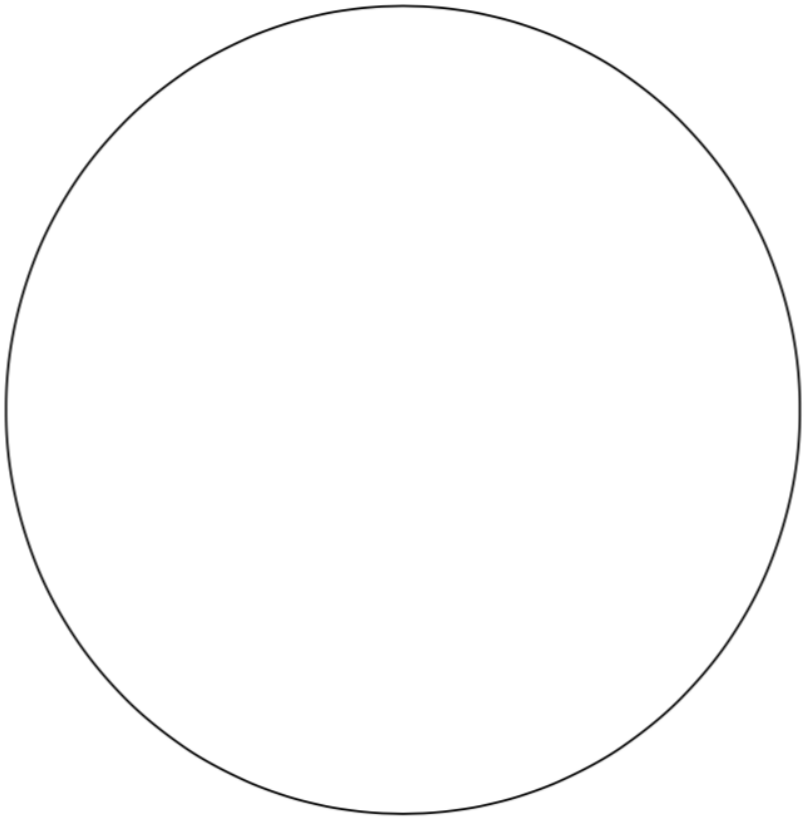

APPENDIX K

HANDOUT: PROGRESSIVE MUSCLE RELAXATION

progressive muscle relaxation

One of the body's reactions to fear and anxiety is muscle tension. This can result in feeling "tense", or can lead to muscle aches and pains, as well as leaving some people feeling exhausted. Think about how you respond to anxiety. Do you "tense up" when you're feeling anxious? Muscle relaxation can be particularly helpful in cases where anxiety is especially associated to muscle tension. This information sheet will guide you through a common form of relaxation designed to reduce muscle tension.

Muscle tension

Muscle tension is commonly associated with stress, anxiety and fear as part of a process that helps our bodies prepare for potentially dangerous situations. Even though some of those situations may not actually be dangerous, our bodies respond in the same way. Sometimes we don't even notice how our muscles become tense, but perhaps you clench your teeth slightly so your jaw feels tight, or maybe your shoulders become. Muscle tension can also be associated with backaches and tension headaches.

Progressive Muscle Relaxation

One method of reducing muscle tension that people have found helpful is through a technique called Progressive Muscle Relaxation (PMR). In progressive muscle relaxation exercises, you tense up particular muscles and then relax them, and then you practise this technique consistently.

preparing for relaxation

When you are beginning to practice progressive muscle relaxation exercises keep in mind the following points.

- **Physical injuries.** If you have any injuries, or a history of physical problems that may cause muscle pain, always consult your doctor before you start.
- **Select your surroundings.** Minimise the distraction to your five senses. Such as turning off the TV and radio, and using soft lighting.
- **Make yourself comfortable.** Use a chair that comfortably seats your body, including your head. Wear loose clothing, and take off your shoes.
- **Internal mechanics.** Avoid practicing after big, heavy meals, and do not practice after consuming any intoxicants, such as alcohol.

general procedure

1 Once you've set aside the time and place for relaxation, slow down your breathing and give yourself permission to relax.
2 When you are ready to begin, tense the muscle group described. Make sure you can feel the tension, but not so much that you feel a great deal of pain. Keep the muscle tensed for approximately 5 seconds.
3 Relax the muscles and keep it relaxed for approximately 10 seconds. It may be helpful to say something like "Relax" as you relax the muscle.
4 When you have finished the relaxation procedure, remain seated for a few moments allowing yourself to become alert.

Relaxation sequence

1. **Right hand and forearm**. Make a fist with your right hand.
2. **Right upper arm.** Bring your right forearm up to your shoulder to "make a muscle".
3. **Left hand and forearm.**
4. **Left upper arm.**
5. **Forehead.** Raise your eyebrows as high as they will go, as though you were surprised by something.
6. **Eyes and cheeks.** Squeeze your eyes tight shut.
7. **Mouth and jaw.** Open your mouth as wide as you can, as you might when you're yawning.
8. **Neck. !!** Be careful as you tense these muscles. Face forward and then pull your head back slowly, as though you are looking up to the ceiling.
9. **Shoulders.** Tense the muscles in your shoulders as you bring your shoulders up towards your ears.
10. **Shoulder blades/Back.** Push your shoulder blades back, trying to almost touch them together, so that your chest is pushed forward.
11. **Chest and stomach.** Breathe in deeply, filling up your lungs and chest with air.
12. **Hips and buttocks.** Squeeze your buttock muscles
13. **Right upper leg**. Tighten your right thigh.
14. **Right lower leg. !!!** Do this slowly and carefully to avoid cramps. Pull your toes towards you to stretch the calf muscle.
15. **Right foot.** Curl your toes downwards.
16. **Left upper leg.** Repeat as for right upper leg.
17. **Left lower leg**. Repeat as for right lower leg.
18. **Left foot**. Repeat as for right foot.

Practice means progress. Only through practice can you become more aware of your muscles, how they respond with tension, and how you can relax them. Training your body to respond differently to stress is like any training – practising consistently is the key.

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