

White Paper
Developing Attachment-Infused Classrooms with Circle of Security in Pine Hills, Florida

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Introduction

Over the past 50 years, the amount of time that infants and young children spend in out-of-family child care has increased dramatically. As a result, early out-of-family child care experiences play a significant role in school readiness. As outlined by Tough (2016), a key to school readiness is young children's social and emotional development. Without social and emotional skills, young children will enter Kindergarten not yet ready to learn. When social environments (e.g., home, child care settings) have not fostered the security needed by young children, the acquisition and development of such skills are lacking. Security is a term often associated with attachment (i.e., the transactional processes that occur between young children and their caregivers). Attachment allows young children to practice and master their social and emotional skills, such as emotion regulation. Emotion regulation is a key social and emotional skill that is fundamental to learning. Although the importance of social and emotional skills is well known, child care providers who serve high-risk young children tend to have little training in attachment and not enough support through reflective practices to learn and apply key attachment principles in their child care settings. As a result, interventions and related reflective consultation that can build attachment behaviors in the child care provider-young child relationship are needed greatly.

Circle of Security (CoS; Powell, Cooper, Hoffman, & Marvin, 2014) is an evidence-based and attachment-focused intervention for caregivers of young children that may have utility for child care settings. CoS is a "promising" intervention for parents according to the California Evidence-Based Clearinghouse for Child Welfare. CoS is a group-based protocol that facilitates the achievement of more positive attachment between caregivers and their young children. Much of the research done thus far with CoS has examined parent groups, with CoS being shown to promote beneficial outcomes. For example, mothers who participated in a 20-week version of the CoS program (the original format for CoS) via a 15-month jail diversion residential program demonstrated higher levels of sensitivity and had infants who exhibited more secure attachment following treatment (Cassidy et al., 2010). Additionally, mothers who participated in an eight-week DVD-based version of CoS (a more recent adaptation of this program) via residential substance treatment programs exhibited improved parenting locus of control, parenting attributions, discipline practices, and emotion regulation (Horton & Murray, 2015; Renk & Boris, 2015). Such outcomes would be highly beneficial if they could be adapted to the child care settings where high-risk young children spend much of their day.

Consistently, more recent research examining CoS has started to focus on family and other child care providers. For example, Gray (2015) examined the use of CoS in 34 family child care providers. Those child care providers who participated in CoS showed increases in their self-efficacy scores over time, whereas comparison providers showed decreases in their self-efficacy scores over time. Further, McMahon, Huber, Kohlhoff, and Camberis (2017) provided different intensities of CoS training to 202 infant/child and family workers in Australia. These workers either participated in a two-day, four-day, or ten-day CoS training workshop. Using a pre-post design, it was demonstrated that all workers across these different training intensities used more attachment descriptors and demonstrated a better understanding of attachment when viewing video clips of parent-child interactions from their pre- to post-measurement period. In contrast, only those who participated in the longer ten-day training also provided fewer judgmental or critical descriptors (McMahon et al., 2017).

Overall, these findings would suggest that training child care providers in attachment-focused concepts has the potential to benefit young children, particularly if such training could facilitate young children's learning and development of school readiness. After all, early childhood is a critical time for gaining the skills needed to be successful in later school experiences (Cooper et al., 2017). Consistently, Cooper, Hoffman, and Powell (2017; the developers of CoS) outlined how CoS could be adapted to and

implemented in child care settings. Their intention is for CoS to “enhance teachers’ abilities to form secure relationships, overcome obstacles in children’s abilities to engage in secure attachment, and create classrooms that promote security” (p.27). As no one yet had examined CoS with high-risk low-income child care providers in child care centers, two years of examination were completed in the Pine Hills area of Orlando, Florida. Pine Hills is a minority majority, being 67.6% African American/Black (as of the 2010 Census). The Pine Hills area fell into decline in the 1980s and 1990s, with it being perceived as a high crime and low income area of Orlando (see https://en.wikipedia.org/wiki/Pine_Hills,_Florida). Across these two years of examination, an original pilot feasibility study in two family run small child care centers was conducted in the first year, and a second follow up study in two larger child care centers was conducted in the second year. Findings from the second year of study are included here.

Implementation



The second year of study began with a pre-group assessment. This pre-group assessment consisted of a demographics form, the Teacher Opinion Survey (as a measure of staff’s job efficacy and satisfaction), the Perceived Stress Scale (as a measure of providers’ perceived stress), the Parent Attribution Test (as a measure of providers’ attributions regarding whether adults or children were responsible for failures in interactions), the Coping with Toddler’s Negative Emotions Scale (a measure of providers’ attributions about how they might handle the negative emotions displayed by young children), and a brief interview regarding their experiences in their respective classrooms and their knowledge of attachment.

CoS then was provided in a group format to these directors, providers, and staff across three groups. The DVD-based adaptation of CoS was utilized as it allows all psychoeducational materials to be delivered in eight sessions. As part of this format, participants are taught to recognize and respond to the needs for attachment and exploration that infants/young children have through the use of videotaped instructional content (Page & Cain, 2009). Overall, the psychoeducational content teaches participants about attachment and its development, with a particular emphasis on the attachment needs of infants/young children and important caregiver behaviors (e.g., having a supportive presence, providing support for exploration, showing support for closeness; Zeanah, Berlin, & Boris, 2011). In particular, caregivers are taught to strengthen their observation skills for the needs of infants/young children, to examine any distortions in their perceptions of these needs, and to identify these needs for attachment and exploration with caregivers acting as a secure base (Page & Cain, 2009). More information is available at <http://circleofsecurity.net> and <http://www.youtube.com/watch?v=cW2BfxsWguc>.

Post-group assessment then was completed with the directors, providers, and staff in the three completed groups. This post-group assessment consisted of the Teacher Opinion Survey, the Perceived Stress Scale, the Parent Attribution Test, the Coping with Toddler’s Negative Emotions Scale, and a brief interview regarding their thoughts about their participation in CoS. It was hoped that this post-group assessment would establish whether the providers felt that the CoS group provided new and helpful ideas for managing the infants and young children in their child care/classroom settings.

Weekly in-class consultation with these same providers over a subsequent period of time was implemented as groups finished. This consultation time was used to observe child care providers live in their classrooms; to discuss infants/young children in the child care/classroom setting with whom the child care directors, providers, and staff struggled; and/or to provide further instruction/feedback in how to implement CoS concepts directly in the child care/classroom setting. Following completion of the consultation portion of this protocol, child care directors, providers, and staff were asked to complete a post-consultation assessment, consisting of the Teacher Opinion Survey, the Perceived Stress Scale, the Parent Attribution Test, the Coping with Toddler’s Negative Emotions Scale, and a brief interview regarding their thoughts about their participation in consultation after their original group experience.

It was hoped that this post-consultation assessment would establish whether the providers felt that the consultation furthered the incorporation of CoS concepts in their child care/classroom settings.

A novel feature added to this current study was monthly reflective consultation groups after all directors, teachers, and staff had completed their group participation. These consultation groups were meant to provide a safe space for the directors, teachers, and staff to process their experiences in each of the respective child care centers, continue to learn about CoS concepts, and ask further questions as they used the CoS concepts in their classrooms. These consultation groups also were meant to provide opportunities for the directors, teachers, and staff from each of the child care centers to come together and begin building a supportive network amongst Pine Hills preschools.

The participation of the child care directors, providers, and staff in this second year of study was incentivized in a variety of ways. More specifically, participants were provided a monetary reimbursement of \$250 over the course of their participation in this study as well as dinner and babysitting during their participation in the eight-week Circle of Security group experience. With regard to the \$250 reimbursement, \$100 was provided after the pre-group assessment, group participation, and the post-group assessment; \$100 was provided after the consultation and the post-consultation assessment; and \$50 was provided as a bonus to those who complete all components of the study.

Participants

For this second year of study, two large child care centers were selected with the assistance of professionals at the Early Learning Coalition of Orange County. It was hoped that all child care directors, providers, and staff at these two large child care centers would participate in this study so that a fully immersive experience with CoS could be gained (although it was recognized that participation in this second year of study was voluntary). All participants had to be child care directors, providers, and staff at the two child care centers identified for this study and had to be 18-years of age or older to participate (so that they could consent for their own participation as per the Institutional Review Board [IRB] requirements at the University of Central Florida). No other exclusion criteria were set.

In all, 32 new providers (2 directors/owners and 30 teachers) started participation in this second year of study. These providers spanned classrooms serving infants, 1's, 2's, preschool-age, and Voluntary Pre-Kindergarten as well as Head Start affiliated classroom. Although teachers usually identified one age group of interest, directors and owners most often tended to general issues needing the most assistance on any particular day. As the study progressed, there was minor attrition (N=4).

Overall, providers ranged in age from 24- to 63-years (mean age = 43.56-years). Most providers had children of their own (range in the number of children = 0 to 7, with a mean number of 2.53 children), but many of these providers' children were grown. Most providers were African American or Black (78.1%, with 18.8% endorsing some other ethnic category and 3.1% endorsing that they were Caucasian). They held strong religious beliefs (mean score of 8.68 on a scale ranging from 0 [not religious] to 10 [very religious]). These providers varied in their marital status (43.8% married, 34.4% single, 15.6% divorced, 3.1% were living with a partner, and 3.1% widowed) and education level (3.1% completed graduate professional training, 6.3% completed college, 34.4% completed some college or an Associate's degree, 21.9% completed vocational training, 31.3% completed high school or a GED, and 3.1% completed some high school). Three of the providers (9.4%) had a second job at the time of their initial participation, and providers varied greatly in their reported family income level (53.1% reported a family income of \$10-20,000, 31.3% reported a family income of \$20-30,000, 3.1% reported a family income of \$30-40,000, 3.1% reported a family income of \$50-60,000, 3.1% reported a family income of \$90-100,000, and 3.1% reported a family income of greater than \$100,000; 3.1% chose not to report their family income level). Most of the providers (90.6%) were engaging in some sort of training experiences outside of that provided by this second year of study.

Key Findings

Efficacy and Satisfaction. Data from pre-group, post-group, and post-consultation assessments have been collected for all participants (with the exception of those lost to attrition, as noted above). With regard to providers' job efficacy and satisfaction on the Teacher Opinion Survey, their endorsed efficacy and satisfaction levels across the pre-group, post-group, and post-consultation assessment points were relatively high. These scores slightly improved from pre-group to post-group assessment and then appeared to stabilize. Such scores across job efficacy and satisfaction make sense for this group of providers, as providers in both child care centers reported enjoying their work with their children.

Perceived Stress. With regard to providers' thoughts and feelings about their stress on the Perceived Stress Scale, their endorsed stress levels across the pre-group, post-group, and post-consultation assessment points were relatively consistent with national norms collected for this measure. These scores slightly increased from pre-group to post-group assessment and then appeared to stabilize. The directors of both centers for this current year of study were invested in CoS and may have been utilizing more direction with their teachers to make changes that would be consistent with CoS. One center also underwent redecorating improvements during this time as well.

Attributions. With regard to attributions on the Parent Attribution Test, providers endorsed moderate levels of adult control over failure and child control over failure at the pre-group assessment, post-group assessment, and post-consultation assessment points. These endorsements suggested that providers felt consistently that both themselves and their children held some responsibility when things were difficult in their interactions.

With regard to attributions about how they might handle the negative emotions displayed by young children, providers were most likely to use high levels of expressive encouragement, emotion-focused strategies, and problem-focused strategies but low to moderate levels of distress reactions, punitive reactions, minimization, and granting wishes at the pre-group, post-group, and post-consultation assessment points. These endorsements suggested that these providers already were managing their children's difficult feelings in appropriate ways, even before CoS. Interestingly, although scores did not change significantly over time, subtle changes in scores appeared to be most common from pre- to post-group. Scores then either stabilized/grew in appropriate ways (e.g., Distress Reactions, Minimization, and Wish Granting remained lower; Emotion-Focused Reactions remained higher) or returned to prior levels (e.g., Punitive Reactions, Encouragement, and Problem-Focused Reactions lessened) with consultation.

Qualitative Interviews. As the endorsements on the rating forms were relatively consistent over time and not significantly different across pre-group, post-group, and post-consultation, the interview data collected across the pre-group, post-group, and post-consultation assessment points was helpful in understanding changes in providers' perceptions over time.

Based on the information provided by this group of providers at the *pre-group assessment point*, providers across both child care centers had various pathways to becoming child care providers, with some providers always working with children but other providers working in other types of jobs (e.g., business, retail, real estate). Most of the providers had worked with young children of varying ages, but some clearly had preferences for specific age groups. Given the collective experience of the providers, the majority were able to describe helpful ways of redirecting young child behavior and useful teaching skills. Further, although most of the providers had heard the term "attachment" and identified this term with the idea of caregiver-young child relationships, the providers had different ideas about how child care providers should treat the infants and young children in their classes and what interventions were most helpful.

With the *post-group assessment interview*, every provider reported having a positive response to participation in the CoS (even though some of the providers acknowledged being hesitant to share initially in the group and some of the providers did not like attending the groups in the evening). They also reported that they found the CoS groups to have relevance to their classrooms, and they all could share

information regarding the various CoS concepts. For example, providers at both centers gravitated toward concepts relevant to building connections with their infants and young children (and with each other, particularly in the case of one of the centers). They also had gained a better recognition of their infants and young children having needs that should be met, with some of these needs not being acknowledged at all prior to the CoS groups. From a personal angle, the providers shared information suggesting that they had been thinking about their own upbringing and rethinking their ideas about interacting with infants and young children. In general, the providers were using the language that they had learned as part of the CoS group (e.g., “[that other provider] made me step off of the Circle”). Overall, each provider said that they were satisfied with what they had learned in the CoS groups, did not feel that they should have learned about other concepts, and enjoyed their participation.

With the *post-consultation assessment interview*, many noted the importance of the relationships that had been built with the consultant and her students. Consistently, the majority of the providers indicated that they enjoyed their interactions with the consultant and her students and that they appreciated the assistance that was provided. The majority of providers rated the consultation experience a “10” (i.e., the highest rating possible when questioned about whether they would refer other childcare providers to the CoS consultation). Following consultation, it was clear that all providers had continued to use CoS language in their discussions of the emotions and behaviors displayed by their infants and young children and that each provider had embraced their favorite concepts. All providers described situations in which the impact of CoS was evident in their interactions with their infants and young children in their centers and classrooms.

As noted above, a novel feature added to this study were monthly reflective consultation groups after all directors, teachers, and staff had completed their group participation. Although specific feedback was not sought about these groups, it appeared as if the providers looked forward to these groups (as evidenced by inquiring about when the next group would occur). These monthly reflective consultation groups gave providers the opportunity to discuss CoS concepts, problem solve about difficult issues, and share frustrations together (as was intended). Overall, participation was good, and many of the providers were able to share their knowledge openly with the group.

Across all the qualitative data collected for this current study, it was evident that both centers had incorporated CoS concepts, even though both centers had strengths heading in to this study. Both of the centers did well with their participation. Nonetheless, it is noteworthy that one of the two centers followed this year had started with more challenges to address and consequently appeared to make more substantial changes. Although there is still work to be done, significant progress has been made at both participating centers.

Conclusions and Implications

It is hoped that information gathered in the original pilot feasibility study and this current study will be useful for assisting child care directors, providers, and staff in understanding more about their perceptions of the infants and young children in their classrooms and at their centers. In particular, their ideas about managing child behavior, structuring their classroom environment, and working with their young students (especially those who are perceived as particularly difficult or withdrawn) are of continued interest. These directors, teachers, and staff participated in CoS, an intervention that has evidence-based support for enhancing the relationship between caregivers and young children, and now are transitioning back to monitoring their own interactions with the infants and young children in their classrooms and at their centers. As they make this transition, it is hoped that they will continue to make enhancements in their relationships with their own children (and grandchildren, given the experience of some of the providers who are participating in this study) and with the infants and young children in their classrooms and their centers. The findings garnered from the pre-group, post-group, and post-consultation assessment data would suggest that the providers participating in this current study have made changes in their thinking and their interaction style when it comes to interacting with infants and young children. Certainly, this extension of the original pilot feasibility study funded by 100 Women Strong to a more broad-based delivery of CoS in larger child care centers truly has demonstrated the feasibility of CoS formatted for child care centers.

The next phase of this work should seek to extend CoS by incorporating an infant mental health reflective consultation model. Such an extension would allow for the building of a network of CoS providers across child care centers in the higher risk (and other) areas of Orlando. These CoS providers would benefit from connection via reflective consultation of their own, allowing parallel process to foster connections from a strong lead consultant to competent CoS providers to supported child care directors, teachers, and staff to (finally) the children. Having embedded infant mental health consultant in each center incorporated into further years of this work along with monthly reflective consultation groups would provide much needed support as well as ensure that providers do not drift from the tenets of the CoS program. Later examinations of CoS in child care centers should seek to understand more specifically how the classroom atmosphere and format as well as child care providers' strategies may have changed. In turn, how such changes may impact the infants and young children in child care centers would be important to understand. Any such changes have the potential to help infants and young children better regulate their emotions and behaviors in the context of the secure attachments that they may develop with their child care providers. Improved abilities to regulate emotions and behaviors ultimately will foster more developed abilities to gain academic skills during later school years, even for our most at risk students.

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