
RESEARCH REPORT

The Effectiveness of Evidence-Based Attachment-Focused Parenting for Families with Young Children: Using *Circle of Security* in the Child Welfare System

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Principal Investigator:

Kimberly Renk, PhD, Associate Professor of
Clinical Psychology, University of Central Florida

Key Project Staff:

Neil W. Boris, MD, Consultant
Irving Harris Infant Mental Health Training Director
Florida State University's Center for Prevention and
Early Intervention Policy

Ana Leon, PhD, Co-Investigator Professor of
Social Work, University of Central Florida

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CONTENTS

Abstract	1
Project Description	2
Results.....	5
Participants	5
Descriptive Statistics for Parents at the Start of their Participation	6
Differences Between CoS Group Parents and Comparison Group Parents at the Start of their Participation.....	7
Child and Family Services Review (CFSR) Outcomes	8
Differences in the Comparison Group at the Start of their Participation versus at the Close of their Participation	10
Differences in the CoS Group at the Start of their Participation versus at the Close of their Participation	11
Differences between Those Parents Who Participated at Both Data Collection Periods (i.e., at the Start of their Participation and at the Close of Their Participation) Versus Those Who Did Not.....	12
Feasibility of Circle of Security for Parents Who are Child Welfare Involved.....	15
Discussion	16
Policy Recommendations	18
References	19

Abstract

Young children are overrepresented in child welfare systems nationally and in Florida. Critical achievements in brain development and the development of attachment to primary caregivers, both of which are important for socioemotional development, later self-regulation, and later learning, occur during children's early years, suggesting that young children are particularly deserving of attention and intervention. In particular, there is a dire need for evidence-based parenting programs in child welfare systems. These programs should be focused on helping parents to better meet the needs of their young children and to examine their own issues in the context of parenting. As a result, this project examined the feasibility and effectiveness of using the Circle of Security (CoS) Parenting Intervention in Orange County, Florida. Through the creation of important connections with the local Early Childhood Court Initiative, the Community Based Care of Central Florida (CBC) lead agency, and related case management agencies, these agencies served as a conduit for recruiting parents who were child welfare-involved and particularly high risk. Sixty-five (65) culturally diverse parents (72.3% of whom were female and 27.7% of whom were male) with at least one child between the ages of 0 and 5 years participated in this project. As these parents faced particularly difficult challenges, attrition from the project was anticipated, although it was noteworthy that there were differential attrition rates across the comparison group and the CoS group. In particular, those parents assigned to the comparison group showed higher attrition than those parents assigned to the CoS group. In fact, parents in the comparison group were more likely to discontinue their participation when their perceptions of parents' own responsibility for failure in parent-child interactions were significantly higher than those of parents who continued their participation. In contrast, parents in the CoS group were more likely to discontinue their participation when their own behavior problems, impulse control difficulties, and distress reactions to young children's negative emotions were more problematic than those of parents who continued their participation. This finding alone emphasized the necessity of engaging parents and maintaining that engagement through whatever services are provided to them. This finding also emphasized the importance of parents having a well-constructed case plan of appropriate interventions to meet their needs. Further, parents demonstrated differential outcomes over an eight-week period depending on whether they were assigned to the comparison group or to the CoS group. Those parents in the comparison group demonstrated decreases in their lack of awareness regarding their emotion regulation difficulties and in their punitive parenting strategies (generally positive findings) but also showed decreases in their endorsements of emotion-focused and wish granting parenting strategies (generally problematic findings). In contrast, those parents in the CoS group demonstrated increases in their ratings of their impulse control difficulties, their limits in emotion regulation, and their lack of clarity regarding feelings (perhaps showing more recognition of where they might need future intervention work). They also demonstrated decreases in their ratings of punitive reactions and minimization parenting strategies as well as increases in their ratings of encouragement as a parenting strategy (generally positive findings). These findings highlighted that evidence-based attachment-focused parenting interventions, such as CoS, can promote added recognition of emotion regulation needs as well as improvements in parenting beyond the decreases in punitive parenting strategies that are expected when parents are referred to child welfare services.

Project Description

Young children who are 0 to 5 years of age are over-represented in child welfare systems nationally¹ and in Florida.² Research clearly has documented the ill effects of having experienced childhood maltreatment.^{3,4} For example, young children who experience childhood maltreatment can exhibit outcomes that may include substance misuse,⁵ increased aggression and violent crime,⁶ and poor physical and psychological health outcomes^{7,8} later in life, amongst other dismal outcomes. Of greatest concern, research also has suggested that childhood maltreatment is more likely to recur and to have physical, psychological, and social costs when such maltreatment occurs early in a child's life.⁹ Such findings are particularly important to consider, as critical achievements in brain development and the development of attachment to primary caregivers are occurring during children's earliest years. These achievements are important for socioemotional development, later self-regulation, and later learning. Given the importance of the milestones that young children are working to achieve during their earliest years, it is paramount that the needs of our youngest children in child welfare systems be addressed.

One of the main reasons that young children are sheltered by child welfare systems is that the parents of these children are experiencing a variety of significant issues themselves that prevent 'good enough' parenting. For example, parental substance misuse is a frequently co-occurring high-risk condition for parents of young children identified by child welfare systems.¹⁰ Underlying substance misuse issues often are part of a pattern of intergenerational trauma, whereby parents have experienced childhood maltreatment in their own families of origin prior to becoming involved with child welfare systems for the parenting of their own children. Consistent with sequelae of both substance misuse and intergenerational trauma, these parents exhibit particularly problematic parenting.¹¹ For example, research has suggested that these parents often engage in verbal and physical aggression,¹² behaviors related to their emotional dysregulation,¹³ abusive and neglectful behaviors,¹⁴ and poor attachment, attunement, responsiveness, and adaptability.¹⁵ Such problematic parenting certainly contributes to the promotion of poor outcomes for young children.¹⁶ To foster more positive outcomes for young children and their parents, such findings would suggest that evidence-based parenting programs that promote more positive parenting outcomes and that allow parents to begin to address their own issues would be of most utility in child welfare systems.

Interestingly, research has only just begun to examine evidence-based parenting programs for high-risk families with young children. Some examinations have categorized parenting programs into skill-based and attachment-based groupings.¹⁷ Although new research examining the neurobiology of parenting appears to suggest that attachment-based parenting programs may offer added benefit to high-risk families (particularly those who are substance-involved), few studies have examined attachment-based parenting programs in child welfare populations. Nonetheless, research has suggested that attachment-based parenting programs, such as the Circle of Security (CoS) Parenting Intervention,¹⁸ can promote beneficial outcomes for high-risk parents. For example, mothers who participated in a 20-week CoS program via a 15-month jail

diversion residential program demonstrated higher levels of sensitivity and had infants who exhibited more secure attachment following intervention.¹⁹ Additionally, mothers who participated in the eight-week CoS program while receiving intervention in residential drug treatment facilities exhibited improved parenting locus of control, parenting attributions, discipline practices, and emotion regulation.^{20,21}

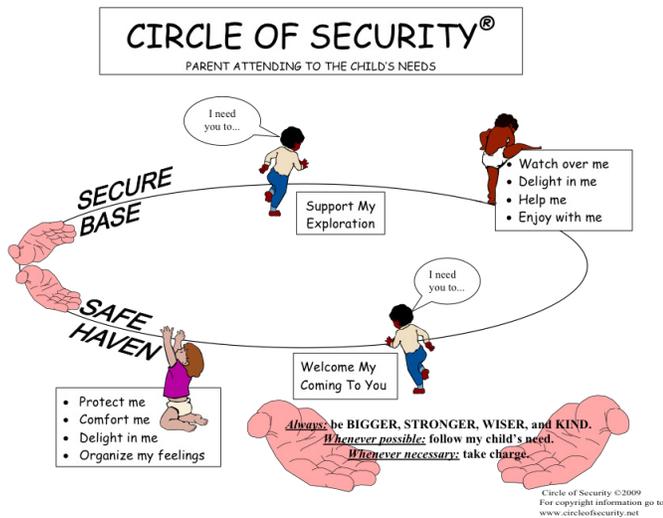
Such outcomes would be highly beneficial to high-risk families with young children in child welfare systems. Given these research findings, this project examined the feasibility and effectiveness of using the eight-week Circle of Security (CoS) Parenting Intervention in Orange County, Florida. In fact, Orange County had the second highest number of child abuse reports in Florida in a previous report.²²

The timing of this project was particularly beneficial given that the Ninth Judicial Circuit began an Early Childhood Court Initiative (ECCI) project in October 2015. This ECCI is fostering an emphasis on evidence-based services for high-risk parents of young children in our child welfare system. In fact, the Ninth Judicial Circuit Court Judge for this ECCI, the Honorable Alicia Latimore, has been a particularly strong advocate for evidence-based services, including CoS. This ECCI also has allowed for collaborative referrals for this project to occur from the local Community Based Care of Central Florida (CBC) lead agency and its affiliated case management agencies as well as from the court system. It was hoped that this project would further these efforts to provide much needed evidence-based parenting intervention services to high-risk mothers and fathers who were child welfare-involved. It was hoped that such efforts could help to improve the functioning of these parents and that of their young children. This project also provided a foundation for examining the feasibility and effectiveness of CoS in the local child welfare system. Given the reception that CoS has received in Orange County, Florida, Drs. Renk and Boris have already begun to work on ways to integrate CoS into the local child welfare system on a continued basis.

With regard to the intervention itself, CoS offers useful information to parents in a unique format. As part of CoS, parents are taught to recognize and respond to their young child's needs for attachment and exploration through the use of DVD-based instructional content,²³ handouts, and group discussion. This instructional content teaches parents about attachment and how it develops in young children. A particular emphasis is given to young children's attachment needs and important caregiver behaviors meant to facilitate the meeting of those needs (e.g., having a supportive presence, providing support for exploration, showing support for closeness).²⁴ In particular, parents are taught to strengthen their observation skills for their young child's needs, to examine the distortions that they may have in their perceptions of their young child's needs, and to identify their young child's needs for attachment and exploratory behavior while learning to act as a secure base for their young child.²⁵ CoS is provided in group format, as group members often benefit from the insight of other parents who are experiencing similar circumstances, can relate to a sense of a shared parenting challenge, and may find the struggles and successes of other group members to be motivating.²⁶

CoS group sessions cover the following content:

- 1. Welcome to Circle of Security Parenting:** This session has two primary goals. First, parents begin to experience the facilitator as a secure base (i.e., as someone who will provide a safe and exciting context from which to explore parenting). Second, the concept of the Circle of Security is introduced with a Circle “map” and an explanation of how children and their parents are always travelling the Circle from birth and throughout the lifespan.
- 2. Exploring Our Children’s Needs All the Way Around the Circle:** First, this session is used to increase parents’ observations and inferential skills (“seeing and guessing”). Behavioral descriptions are used to help distinguish “need” moments around the Circle. Parents learn that the first step is to determine if the child is on the “top” or the “bottom” of the Circle and to identify which need the child may have in the moment. Second, the challenge of the parent being the “hands” on the Circle, particularly the challenge of being “bigger, stronger, wiser, and kind,” is introduced. The facilitator helps parents begin to reflect on what they learned from their own parents growing up. Finally, parents also learn through video examples and discussion that children watch their parents for cues about going out to explore (on the top of the Circle) and about coming in to seek comfort (on the bottom of the Circle).



- 3. “Being With” on the Circle:** First, this session is used to help parents understand that it is important to establish a relationship where their children can share feelings. Second, parents learn that teaching their children to manage their own emotions only happens within a relationship and that this process is the essence of developing a secure attachment. Finally, the concept of “being with” is introduced using video examples, with this key concept being described as an underlying attitude of empathy for children. Parents are able to talk about what “being with” means to them, and the facilitator helps note how difficult “being with” can be when intense emotions arise.

- 4. Being With Infants on the Circle:** First, this session shows parents that infants under 6 months of age require relationships and “travel the Circle” with their parents. Parents are taught a simple form of attunement to children’s shifts in attention and emotions, with parents being taught to see whether an infant is “okay or not okay” and whether they are “going out or coming in” on the Circle. When parents are able to track their children in this way, they can begin to organize their children’s feelings and to foster the promotion of secure attachment.
- 5. The Path to Security:** This session focuses on breaking down the key steps to promoting security. During this session, the facilitator shifts from asking parents to look at their children to asking parents to look at themselves. A video example of “shark music” is presented to allow parents to talk about moments when strong emotions of their own have impacted their ability to be the “hands” for their children on the Circle. Parents are encouraged to talk about their own struggles to meet their children’s needs, learn that “all parents struggle,” and reflect on the ways in which their own parents may have struggled in meeting their needs when they were children themselves.
- 6. Exploring Our Struggles:** In this session, parents are reminded that being the “hands” on the Circle is about being “bigger, stronger, wiser, and kind” whenever possible. Parents generally now feel safe enough to explore where they struggle in meeting their own children’s needs. Video examples of how acting “mean” and being “gone” create fear in children are examined. Parents are encouraged to talk about their struggles, with the facilitator reminding them that it is never too late to learn to meet their children’s needs. For parents who have children that “act out,” the Circle allows for a new way of understanding that behavior reflects needs that the parent can meet by identifying their own struggles and following the path to security.
- 7. Rupture and Repair in Relationships:** In this session, the facilitator helps parents continue to explore the concept that they are actually trying to help manage genuine needs on the Circle when their children are “acting out”. When the parent steps off the Circle (i.e., when they are having difficulty meeting their children’s needs), a rupture occurs. Parents are taught that being able to return to the Circle and offer security to their children is key to meeting their children’s needs.
- 8. Summary and Celebration:** This session is about celebrating what the parents have learned and giving parents an opportunity to ask questions, debrief, and review key concepts.

As part of this project, culturally diverse mothers and fathers who were identified by the local CBC lead agency were recruited for participation because these parents were in particular need of parenting intervention services. In other words, case managers (from One Hope United, Devereux, and Children's Home Society) were tasked by professionals at the local CBC lead agency to identify mothers and fathers who could benefit from evidence-based parenting intervention services. These parents then were referred to our research team if they met the following criteria: 1) they had young children who ranged in age from 0 to 5 years; 2) they proficiently spoke and understood English; 3) they were 18 years of age or older themselves; 4) they had access to their young children (e.g., through visitation); 5) they were not using substances to intoxication at times that would prevent their participation; and 6) they did not have significant mental or physical health issues that would prevent their participation.

All parents who participated in this project completed a series of measures at the start of their participation. To give a sense of how the parents were functioning themselves, parents were asked to complete the following measures:

The *Adverse Childhood Experiences Study Questionnaire*²⁷ is a 10-item questionnaire that was used to measure parents' experiences of abuse (i.e., physical, emotional, and sexual), neglect (i.e., physical and emotional), and household adversity (i.e., having a parent who was incarcerated, who experienced domestic violence, who misused substances, who was diagnosed with a psychiatric disorder, and who was divorced) during their own childhoods. Each item requires a 'yes' (i.e., the parent did have that experience) or 'no' (i.e., the parent did not have that experience) response, with the number of 'yes' responses being totaled to create a Total Exposure score (possible range of 0 to 10). Higher scores indicate the occurrence of more adverse childhood experiences. This questionnaire was used in the seminal studies examining adverse childhood experiences and has demonstrated good psychometric properties.

The *Adult Self-Report*²⁸ is a questionnaire that was used to measure parents' emotional and behavioral functioning. Parents rated the items assessing their emotional and behavioral functioning using a three-point Likert scale that ranged from 0 ('Not True') to 1 ('Somewhat or Sometimes True') to 2 ('Very or Often True'). These ratings are used to generate normalized T scores (with a mean of 50 and a standard deviation of 10) for Internalizing Problems, Externalizing Problems, and Total Problems, amongst other empirically based and DSM-oriented scores. This questionnaire has demonstrated good psychometric properties (e.g., test-retest reliabilities of .89, .91, and .94 for Internalizing Problems, Externalizing Problems, and Total Problems, respectively; Cronbach alphas of .93, .89, and .97 for Internalizing Problems, Externalizing Problems, and Total Problems, respectively; Achenbach, 2009).

The *Difficulties in Emotion Regulation Scale* (Gratz & Roemer, 2004)²⁹ is a 36-item questionnaire that was used to measure parents' current experience of emotion dysregulation. Parents were asked to rate each item using a five-point Likert scale that ranged from 1 ('Almost Never or 0-10% of the Time') to 5 ('Almost Always or 91-100% of the Time'). The ratings on these items were used to generate six subscale scores that have demonstrated good psychometric properties in the development

study (e.g., Cronbach alphas ranging from .80 to .89; Gratz & Roemer, 2004). These subscale scores included Non-acceptance of Emotional Responses (possible range of 6 to 30), Difficulties Engaging in Goal-Directed Behavior (possible range of 5 to 25), Impulse Control Difficulties (possible range of 6 to 30), Lack of Emotional Awareness (possible range of 6 to 30), Limited Access to Emotion Regulation Strategies (possible range of 8 to 40), and Lack of Emotional Clarity (possible range of 5 to 25). Higher scores indicate more difficulties in that area.

To measure parents' perceptions of their parenting behaviors and potential interactions with their young children, parents were asked to complete the following measures:

The *Coping with Toddlers' Negative Emotions Scale*³⁰ is a questionnaire that provides parents with 12 hypothetical scenarios in which a child has an emotional reaction and asks the parents to rate their likelihood of engaging in different possible responses to each scenario. Thus, this questionnaire was used as a measure of parents' parenting choices in response to young children's negative emotions. For each item, parents were asked to provide ratings using a seven-point Likert scale that ranged from 1 ('Very Unlikely') to 7 ('Very Likely'). These ratings then were used to generate scores for a variety of subscales, including Distress Reactions, Punitive Reactions, Minimizing Reactions, Expressive Encouragement, Emotion-Focused Reactions, Problem-Focused Reactions, and Granting Children's Wishes (each of which had a possible range from 12 to 84, except for Granting Children's Wishes, which had a possible range of 11 to 77). This measure has demonstrated good psychometric properties.³¹

The *Parenting Stress Index-Short Form*³² is a 36-item questionnaire that was used as a measure of parents' perceived stress in relation to parenting. Parents were asked to rate each item using a five-point Likert scale that ranged from 1 ('I fully agree') to 5 ('I fully disagree'). The ratings on these items were used to generate a Total Parenting Stress score (with a possible range of 36 to 180). This measure has demonstrated good psychometric properties in previous studies (e.g., a Cronbach alpha over .90 in the development study; Abidin, 2012). Higher scores indicate higher parenting stress.

The *Child Abuse Potential Inventory*^{33,34} is a 160-item questionnaire that was used as a measure of parents' child maltreatment potential. Parents were asked to rate each item using a forced choice response (i.e., 'Agree' or 'Disagree'). For this study, the 77-item Physical Child Abuse Potential subscale was used. Both the questionnaire as a whole (e.g., good construct validity, concurrent prediction of 96 percent accuracy when classifying perpetrators versus matched controls) and the Physical Child Abuse Potential subscale (e.g., Cronbach alphas of .92-.96) have demonstrated good psychometric properties in previous studies (Milner, 1986). Scores of 215 or higher suggest that the rater has characteristics similar to those of individuals who have perpetrated physical abuse.³⁵

Finally, two other measures of later interest were added. These measures included the following:

The *Parental Locus of Control Scale-Short Form*³⁶ is a 25-item questionnaire that measures parents' perceptions regarding the degree to which they might impact their children's behavior. Parents were asked to rate each item using a five-point Likert scale that ranged from 1 ('Strongly Disagree') to 5 ('Strongly Agree'). These ratings are used to generate a total score, with a possible range of 25 to 125 and with higher scores suggesting that parents perceived a more internal locus of control. Overall, this measure has demonstrated good psychometric properties.

The *Parent Attribution Test*³⁷ asks parents to rate potential responses to two caregiver-child interaction scenarios. This questionnaire was used to measure parents' attributions about failure in parent-child interactions that could be due to controllable or uncontrollable factors. Parents were asked to rate each item using a seven-point Likert scale that ranged from 1 ('Not at All Important') to 7 ('Very Important'). These ratings are used to produce mean scores for two subscales (Adult Control for Failure and Child Control for Failure, each with a possible range of 1 to 7). The difference between the Adult Control for Failure and the Child Control for Failure scores can be used as the overall Perceived Control Over Failure score, although the Adult Control for Failure and the Child Control for Failure scores were used in this study to ensure variability in the scores examined. This questionnaire has demonstrated good psychometric properties.

With the completion of this initial packet, 38 parents were assigned randomly to participate in CoS groups being held at the CBC lead agency, and 27 parents were assigned randomly to a comparison group. (Four of these parents are still in the process of completing their group cycle as part of ongoing efforts to work with our CBC.) Thus, 38 parents who participated in this project then received CoS over the course of a subsequent eight-week period and continued to receive their usual case management services, while 27 parents just received their usual case management services. Following this eight-week period, we attempted to contact all parents (in both the comparison and CoS groups) to complete the same set of measures (described above) a second time so that changes in their ratings on each measure could be monitored at this follow-up period. Those parents who participated in the CoS group were much more likely to return for this second data collection relative to those parents in the comparison group and who just were receiving their usual case management services. These data are presented in the Results Section.

Child and Family Services Review Outcomes	
Safety Outcomes	1. Children are first and foremost protected from abuse and neglect. 2. Children are safely maintained in their homes whenever possible and appropriate.
Permanency Outcomes	3. Children have permanency and stability in their living situations. 4. The continuity of family relationships and connections is preserved for children.
Well-being Outcomes	5. Families have enhanced capacity to provide for their children's needs. 6. Children receive appropriate services to meet their educational needs. 7. Children receive adequate services to meet their physical and mental health needs.

As part of this project, it was hypothesized that parents' participation in CoS would facilitate the achievement of several Child and Family Services Review Outcomes (provided in the table above), including that children could be protected from abuse and neglect (Safety Outcome #1), that the continuity of family relationships and connections could be preserved for children (Permanency Outcome #4), and that families could have enhanced capacity to provide for children's needs (Well-being Outcome #5). Further, it was hypothesized that CoS would be a feasible and engaging parenting intervention program for high-risk parents of young children in the child welfare system. As part of examining the feasibility of CoS, it was hypothesized that several parent characteristics (e.g., parents' own childhood maltreatment history, emotional and behavioral problems, emotional regulation) would be important predictors of parents' CoS participation. Finally, it was hypothesized that parents' participation in CoS would begin to promote initial changes in several parenting variables (e.g., coping with young children's negative emotions, parenting stress) from before to after participation in CoS. These specific hypotheses are presented in more detail throughout the "Results" section of this report below and are accompanied by their respective findings.

Results

Participants

Sixty-five (65) parents (72.3% female and 27.7% male) with at least one child between the ages of 0 and 5 years participated in this project. Further data collection is planned so that we can increase our sample size over time, so four of the parents included in this sample size are still in the process of completing their group cycle. The mean age of these parents was 27.52 years (SD = 6.02), and the majority were single. This sample was culturally diverse. Please refer to the provided tables for more information.

Table 1: Race

Race					
White	Black	Hispanic	Native American	Multiracial	Did Not Report
38.5%	21.5%	21.5%	3.1%	3.1%	1.5%

Table 2: Relationship Status

Relationship Status				
Single	Living With Partner	Married	Divorced	Separated
61.5%	24.6%	7.7%	4.6%	1.5%

Most parents in this sample and their partners appeared to have educational barriers. These educational barriers translated into low incomes on average. Clearly, the parents who participated in this project were at socioeconomic risk based on the educational

and income information that they provided. Please refer to Tables 3 and 4 for more detailed information.

Table 3: Education

Education		
	Parent	Partner
Completed Less Than High School	4.6%	9.2%
Completed Some High School	27.7%	35.4%
High School Diploma or GED	33.8%	29.2%
Some Vocational Training	4.6%	--
Some College	26.2%	12.3%
College Degree	1.5%	6.2%
More Than College Degree	1.5%	1.5%
Did Not Report	--	6.2%

Table 4: Income

Income	
	Parent
<\$10,000	46.2%
\$10,000 - \$20,000	27.7%
\$20,000 – 30,000	9.2%
\$30,000 – \$40,000	7.7%
\$50,000 – \$60,000	3.1%
\$90,000 – \$100,000	1.5%
Did Not Report	4.6%

Most of these parents were receiving case management services for the first time (76.9%; whereas 23.1% had received case management services previously as well). In addition, most of these parents were receiving a variety of services at the time of their presentation for this project (i.e., 23.4% endorsed individual therapy for their child, 44.6% endorsed individual therapy for themselves, 23.4% endorsed individual therapy for their child's other parent, 32.8% endorsed substance treatment for themselves, 20.0% endorsed substance treatment for their child's other parent, 53.8% endorsed therapeutic visits with their children, 16.9% endorsed family therapy, 50.8% endorsed parenting intervention, and 18.5% endorsed some other intervention). In addition, 9.2 percent of these parents endorsed that they received similar services during their childhoods. On average, parents had 2.65 children (range = 1 to 6).

Descriptive Statistics for Parents at the Start of their Participation

To put parents' ratings on the various measures collected as part of this project into context, means and standard deviations of each measure were examined initially. Mean scores for each group are provided in the tables below. With regard to the number of adverse childhood experiences (ACEs) that each parent

endorsed on average, they endorsed levels that were consistent with between 6.9 percent (comparison group; approximately three ACEs) and 12.5 percent (CoS group; approximately two ACEs) of individuals who participated in the original ACEs study.³⁸ Thus, these parents should be considered at moderate risk for poor outcomes based on the negative outcome correlates identified in the original ACEs study.

Nonetheless, parents in both the CoS group and the comparison group endorsed nonclinical levels of internalizing, externalizing, and total behavior problems on average on the Adult Self-Report. Further, when it came to difficulties with emotional regulation as measured by the Difficulties in Emotion Regulation Scale, parents in both the CoS group and the comparison group provided endorsements that were consistent with them almost never or only sometimes having difficulties with non-acceptance of emotional responses, with engaging in goal directed behavior, with impulse control, with lack of emotional awareness, with limited access to emotion regulation strategies, and with lack of emotional clarity. Given that all the parents participating in this project were identified for participation because they had abuse and/or neglect issues with their young children, it is likely that the endorsements provided were subject to social desirability and consequently may be lower than expected.

With regard to parenting attributions (an extra variable added to this project), the average ratings for parents' parenting locus of control in both the CoS group and the comparison group tended to suggest that these parents felt that their children had more control than they did themselves. Nonetheless, on a measure of parents' attributions about whether parents or children were responsible for failure in parent-child interactions, parents in both the CoS group and the comparison group provided ratings suggesting that parents were ultimately responsible for failures in parent-child interactions. As a result, these ratings suggested that parents overall were in a very difficult position. In other words, parents were feeling that their young children had more control than they did but that they themselves were ultimately responsible for things going wrong in their relationship with their young children. Consistently, parents in both the CoS group and the comparison group endorsed relatively moderate levels of parenting stress (on the Parenting Stress Index-Short Form).

Finally, with regard to parents' ratings of how they would deal with young children's negative emotions (on the Coping with Toddlers' Negative Emotions Scale), parents in both the CoS group and the comparison group endorsed that they were very unlikely to use distress reactions, punitive reactions, minimization, and wish granting reactions on average and that they were somewhat likely to use expressive encouragement, emotion-focused reactions, and problem-focused reactions on average. Similarly, parents' endorsements of their child abuse potential across both the CoS group and the comparison group suggested that these parents were unlikely to engage in future physical child abuse (based on the suggested cut off score of 215 indicating that raters have characteristics similar to those individuals who have perpetrated physical abuse).³⁹ Given that all the parent participants had been identified previously as having issues with abuse and/or neglect of their young children, it again can be assumed that these endorsements were subject to social desirability and consequently are lower than would be expected.

Differences Between CoS Group Parents and Comparison Group Parents at the Start of their Participation

To examine the similarities across those parents who had been assigned to participate in the CoS group ($n = 38$) versus those parents who were assigned to the comparison group ($n = 27$), a series of independent sample t -tests was conducted (given the sample size at the time of these analyses). Generally, parents across these two groups were not significantly different in: 1) their ratings of their externalizing and total behavior problems; 2) most of their difficulties in emotion regulation; 3) most of their parenting behaviors when endorsing how they would deal with young children's negative emotions; and 4) their attributions for their parenting behaviors. Nonetheless, those parents who were assigned to participate in the CoS group endorsed significantly lower rates of their own internalizing behavior problems ($t [df=54] = 2.03, p < .05$), better clarity in their emotion regulation ($t [df=43.63] = 2.44, p < .02$), a greater likelihood to use problem-focused strategies when dealing with young children's negative emotions ($t [df=33.89] = -2.54, p < .02$), and a lower child abuse potential ($t [df=62] = 2.11, p < .04$) than those parents who were assigned to the comparison group. Those parents who were assigned to participate in the CoS group also endorsed marginally lower rates of their own adverse childhood events ($t [df=40.49] = 1.76, p < .09$), their lack of emotional awareness ($t [df=42.83] = 1.88, p < .07$), and their limited access to emotion regulation strategies ($t [df=38.83] = 1.86, p < .07$).

Thus, most of the variables measured in this project suggested that there were no differences between parents assigned to the CoS group versus those parents assigned to the comparison group. Nonetheless, the differences that are noted here may have occurred because co-parents had to be assigned to the same group when randomization occurred (so that contamination across groups did not occur). In other words, if there were co-parents who attended a data collection session together, the first parent was assigned randomly, and then their co-parent was assigned to the same group. This strategy was the only one that could be utilized (unfortunately) because co-parents could ultimately share information outside of group if they had been assigned independently to different groups. Certainly, one could hypothesize that parents who were in co-parenting relationships may have been more functional overall, resulting in the differences noted above if more co-parents were ultimately assigned to the CoS group. Nonetheless, it could have been that parents finding out whether or not they were assigned to the CoS group at the start of their participation in the project could have influenced their ratings as well, with those learning that they were going to be participating in the CoS group feeling more hopeful.

Table 5: Differences Between CoS Group Parents and Comparison Group Parents at the Start of their Participation

Variable	Comparison Group		CoS Group		Effect Size (d)	t -Test
	M	SD	M	SD		
Adverse Childhood Events	3.92	3.40	2.53	2.48	.55	$t [df=40.49] = 1.76, p < .09$
Internalizing Problems	54.61	12.96	48.24	10.50	.55	$t [df=54] = 2.03, p < .05$
Externalizing Problems	47.13	10.56	44.45	9.01	.28	$t [df=54] = 1.02, p < .31$
Total Problems	48.13	12.28	43.82	9.38	.41	$t [df=54] = 1.49, p < .14$
Emotional Regulation-Nonacceptance	10.46	5.24	8.66	2.94	.53	$t [df=35.83] = 1.59, p < .12$
Emotional Regulation-Goal Directed Activities	9.23	4.81	8.68	2.89	.17	$t [df=37.30] = .52, p < .61$
Emotional Regulation-Impulse Control	9.46	2.76	8.32	3.00	.39	$t [df=62] = 1.55, p < .13$
Emotional Regulation-Lack of Emotional Awareness	15.44	6.36	12.61	4.99	.57	$t [df=42.83] = 1.88, p < .07$
Emotional Regulation-Limited Access to Strategies	13.46	5.26	11.29	3.35	.60	$t [df=38.83] = 1.86, p < .07$
Emotional Regulation- Lack of Emotional Clarity	8.69	3.28	6.84	2.47	.74	$t [df=43.63] = 2.44, p < .02$
Parenting Locus of Control	54.19	13.53	50.95	10.16	.31	$t [df=43.61] = 1.04, p < .31$
Attributions-Adult Control Over Failure	4.56	.73	4.79	.89	.28	$t [df=62] = -1.12, p < .27$
Attributions-Child Control Over Failure	3.51	.64	3.67	.52	.27	$t [df=62] = -1.06, p < .30$
Parenting Stress	71.72	25.81	64.00	19.68	.35	$t [df=61] = 1.35, p < .18$
Coping-Distress Reactions	2.55	1.00	2.31	.82	.27	$t [df=62] = 1.07, p < .29$
Coping-Punitive Reactions	2.48	.88	2.57	.90	.11	$t [df=62] = -.43, p < .67$
Coping-Minimization	3.16	1.40	3.58	1.14	.33	$t [df=62] = -1.30, p < .20$
Coping-Wish Granting	3.66	1.49	3.57	1.13	.07	$t [df=62] = .27, p < .79$
Coping-Expressive Encouragement	4.23	1.69	4.49	1.45	.16	$t [df=62] = -.64, p < .52$
Coping-Emotion-Focused	5.53	1.44	5.91	.77	.42	$t [df=34.87] = -1.24, p < .22$
Coping-Problem-Focused	5.59	1.54	6.42	.78	.87	$t [df=33.89] = -2.54, p < .02$
Child Abuse Potential	151.38	85.30	102.82	93.73	.54	$t [df=62] = 2.11, p < .04$

Note. Effect sizes (d) of approximately .2 would be considered small, .5 would be considered medium, and .8 would be considered large.

Child and Family Services Review (CFSR) Outcomes

Certainly, a main purpose of this project was to provide information regarding the relevance of CoS for CFSR outcomes. As a result, several hypotheses were outlined in the original proposal for this project. With regard to the specific CFSR outcomes that were assessed, please note the information below.

CFSR Outcome #1 (Safety Outcome): *Children are first and foremost protected from abuse and neglect.*

Goal: Seventy-five percent (75%) of parents participating in the Circle of Security (CoS) DVD-Based Parenting Intervention will have no further child abuse reports during their CoS participation and in the three-month period following their completion of CoS. This rate will be significantly higher than those families in a comparison group (who did not participate in CoS but received 'treatment as usual').

Measurable Objective: Permission was sought from all families who participated in this study so that further reports of child abuse involving their families could be monitored by contact with the families themselves and through the local Community Based Care of Central Florida (Orange County/West) agency. These reports were monitored at three-months post-intervention for each participating family.

Although some of our parent participants have not yet reached three-months post-intervention, the information collected thus far suggested that neither parents in the CoS group nor in the comparison group had additional child abuse reports. In assessing this outcome, we only learned of one new child abuse report that was filed for one case (although the report pertained to a caregiver who was fostering one of our CoS parents' young children, rather than the report pertaining to the parent him- or herself). Thus, it was likely that the case management services that parents were receiving and the care that their young children were receiving was assisting in the prevention of further incidents of child maltreatment.

CFSR Outcome #4 (Permanency Outcome): *The continuity of family relationships and connections is preserved for children.*

Goal: Seventy-five percent (75%) of parents participating in the Circle of Security (CoS) DVD-Based Parenting Intervention will demonstrate improvements in their parenting stress (as measured by the Parenting Stress Index-Short Form) and their child maltreatment potential (as measured by the Child Abuse Potential Inventory). This rate will be significantly higher than those families in the comparison group (who did not participate in CoS but received 'treatment as usual').

Measurable Objective: Parents completed the aforementioned measures at the start of their participation and at the close of their participation (with an eight-week period for the intervention in between these pre- and post-group measures). Respective scores from each measure were calculated and compared for improvements over this period.

With regard to this outcome, parents in the Cos group and those in the comparison group did not appear to demonstrate differential outcomes for either the Parenting Stress Index-Short Form or for the Child Abuse Potential Inventory.

With regard to parenting stress, 50 percent of those in the CoS group and 54.5 percent of those in the comparison group provided endorsements suggesting that their parenting stress either remained the same or decreased during the eight-week follow up period. Although parenting stress scores on average did not differ from the start of participation versus the close of participation for either the CoS group or the comparison group, it is likely that parents in the CoS group did not experience further decreases in their parenting stress as they were reminded every week in group about the challenges of parenting their young children (whereas this recognition may not have been present for the comparison group). Also, given the differential attrition from the comparison group, it was likely the case that those parents who were experiencing the greatest challenges did not return to complete their follow up data collection, thereby resulting in a more positive view of the outcomes experienced by the comparison group overall.

With regard to child abuse potential, 45.8 percent of those in the CoS group and 54.5 percent of those in the comparison group provided endorsements that their child abuse potential remained the same or decreased during the eight-week follow up period. Although child abuse potential scores on average did not differ from the start of participation versus the close of participation for either the CoS group or the comparison group, it is likely that parents in the CoS group did not experience further decreases in their child abuse potential as they were reminded every week in group about the challenges of parenting their young children (whereas this recognition may not have been present for the comparison group). Also, given the differential attrition from the comparison group, it was likely the case that those parents who were experiencing the greatest challenges did not return to complete their follow up data collection, thereby resulting in a more positive view of the outcomes experienced by the comparison group overall.

CFSR Outcome #5 (Well-being Outcome): Parents have enhanced capacity to provide for their children's needs.

Goal: Seventy-five percent (75%) of families who have a parent participating in the Circle of Security (CoS) DVD-Based Parenting Intervention Program will demonstrate improvements in their ideas about managing young children's difficult emotions (as measured by the Coping with Toddler's Negative Emotions Scale). This rate will be significantly higher than those families in the comparison group (who did not participate in CoS but received 'treatment as usual').

Measurable Objective: Parents completed the aforementioned measure at the start of their participation and at the close of their participation (with an eight-week period for the intervention in between these pre- and post-group measures). Respective scores from the Coping with Toddler's Negative Emotions Scale were calculated. This measure was compared for improvements from pre- to post-group.

With regard to this outcome, parents in the CoS group appeared to demonstrate differential outcomes relative to those in the comparison group in their endorsements on the Coping with Toddlers' Negative Emotions scale overall. With regard to improvements in parenting behavior ideas about managing young children's negative emotions, parents in the CoS group and in the comparison group showed similar patterns of remaining the same or showing decreases in their endorsements of punitive reactions (75% versus 72.7%, respectively). In contrast, those in the CoS group (relative to those in the comparison group)

also provided ratings suggesting that they remained the same or showed decreases in their distress reactions (54% versus 45.5%, respectively) and their minimization of their young children's negative emotions (66.7% versus 54.5%, respectively) to a greater degree. Further, those in the CoS group (relative to those in the comparison group) provided ratings suggesting that they remained the same or showed increases in their expressive encouragement (87.5% versus 72.7%); their emotion-focused parenting strategies (62.5% versus 36.4%, respectively); their problem-focused parenting strategies (75% versus 63.6%, respectively); and their wish granting parenting strategies (45.8% versus 36.4%, respectively). Certainly, these results were confirmed by the differences that parents in the CoS group made from the pre-group data collection to the follow up data collection in punitive reactions ($p < .06$), expressive encouragement ($p < .006$), and minimization ($p < .05$), as noted in the section below labeled "Differences in the CoS Group at the Start of their Participation versus at the Close of their Participation".

These differential ratings of parenting behavior ideas for managing young children's negative emotions certainly would fit with the content provided to parents as part of the CoS Parenting Intervention. Also, given the differential attrition from the comparison group, it was likely the case that those parents who were experiencing the greatest challenges did not return to complete their follow up data collection, thereby resulting in a more positive view of the outcomes experienced by the comparison group overall. In other words, evidence of differential ratings would have been even greater if a greater number of comparison group parents had completed the follow up data collection.

Nonetheless, the findings reported for this project appeared to suggest that parents in both the CoS group and in the comparison group demonstrated similar reductions in their endorsements of punitive reactions for managing young children's negative emotions, possibly driven by these parents' identification for abuse and/or neglect issues with their young children and their monitoring by the child welfare system. In contrast, parents in the CoS group appeared to be exhibiting additional functional and beneficial changes in their ratings of parenting strategies with their participation in CoS. This pattern of findings highlighted the important changes that can begin to occur with CoS, even for high-risk parents who are child welfare-involved within a relatively short period of time.

Differences in the Comparison Group at the Start of their Participation versus at the Close of their Participation

So that the comparison group parents could be monitored for changes in their ratings across time as they proceeded from the point when they first participated in this project through the eight-week follow up period, paired samples *t*-tests were conducted so that differences across these two data collection points could be identified. See Table 6. Based on paired samples *t*-tests comparing comparison group parents' ratings at the start of their participation to those at the close of their participation (approximately eight-weeks later), parents in the comparison group demonstrated a significant decrease in their lack of emotional awareness (on the Difficulties in Emotion Regulation Scale; $t [df=10] = 2.50, p < .03$). This finding suggested that these parents were feeling more aware of emotions over time. These parents also demonstrated marginal decreases in their ratings of punitive reactions ($t [df=10] = 1.97, p < .08$), emotion-focused parenting strategies ($t [df=10] = 2.10, p < .06$), and wish granting parenting strategies ($t [df=10] = 2.10, p < .06$; all on the Coping with Toddlers' Negative Emotions Scale). Although the decrease in punitive reactions is obviously a positive achievement (and one that may have been driven completely by these parents' identification for abuse and/or neglect issues with their young children and their monitoring by the child welfare system), reductions in the use of emotion-focused and wish granting parenting strategies may suggest that parents in the comparison group were having increased difficulty with their parenting over time. In other words, these parents may have been struggling particularly with their attempts to make their young children feel better given their family's child welfare-involvement. No other differences were noted across time from one point of participation to the other for parents in the comparison group.

Table 6: Differences in the Comparison Group at the Start of their Participation versus at the Close of their Participation

Variable	Pre-Group		Post-Group		Effect Size (<i>d</i>)	<i>t</i> -Test
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>		
Adverse Childhood Events	4.45	3.05	2.82	2.32	1.01	$t [df=10] = 1.59, p < .14$
Internalizing Problems	56.09	12.78	55.55	12.24	.14	$t [df=10] = .22, p < .83$
Externalizing Problems	47.09	6.27	43.82	9.51	.85	$t [df=10] = 1.35, p < .21$
Total Problems	48.73	9.51	48.64	10.20	.02	$t [df=10] = .03, p < .97$
Emotional Regulation-Nonacceptance	11.55	6.98	10.91	5.30	.23	$t [df=10] = .36, p < .72$
Emotional Regulation-Goal Directed Activities	8.18	3.31	9.73	3.61	.90	$t [df=10] = -1.43, p < .18$
Emotional Regulation-Impulse Control	9.27	1.85	9.64	3.72	.22	$t [df=10] = -.34, p < .74$
Emotional Regulation-Lack of Emotional Awareness	17.27	6.69	14.91	7.42	1.58	$t [df=10] = 2.50, p < .03$
Emotional Regulation-Limited Access to Strategies	13.73	5.08	14.45	5.63	.26	$t [df=10] = -.41, p < .69$
Emotional Regulation- Lack of Emotional Clarity	9.55	2.94	9.27	4.20	.17	$t [df=10] = .27, p < .79$
Parenting Locus of Control	56.36	13.31	53.00	14.87	.67	$t [df=10] = 1.06, p < .31$
Attributions-Adult Control Over Failure	4.24	.86	4.68	.79	.94	$t [df=10] = -1.49, p < .17$
Attributions-Child Control Over Failure	3.58	.75	3.70	.86	.24	$t [df=10] = -.38, p < .71$
Parenting Stress	68.82	22.10	66.18	18.63	.25	$t [df=10] = .40, p < .70$
Coping-Distress Reactions	2.53	.64	2.54	1.06	.02	$t [df=10] = -.03, p < .98$
Coping-Punitive Reactions	2.51	.81	2.12	.59	1.25	$t [df=10] = 1.97, p < .08$
Coping-Minimization	2.86	1.06	2.91	1.13	.15	$t [df=10] = -.23, p < .82$
Coping-Wish Granting	3.65	1.77	2.97	1.50	1.33	$t [df=10] = 2.10, p < .06$
Coping-Expressive Encouragement	4.61	1.53	4.92	1.29	.72	$t [df=10] = -1.14, p < .28$
Coping-Emotion-Focused	5.63	.89	5.27	1.20	1.33	$t [df=10] = 2.10, p < .06$
Coping-Problem-Focused	5.57	1.28	6.00	.91	.92	$t [df=10] = -1.45, p < .18$
Child Abuse Potential	148.82	106.20	152.18	113.07	.15	$t [df=10] = -.24, p < .82$

Note. Effect sizes (*d*) of approximately .2 would be considered small, .5 would be considered medium, and .8 would be considered large.

Differences in the CoS Group at the Start of their Participation versus at the Close of their Participation

So that the CoS group parents could be monitored for changes in their endorsements across time as they proceeded from the point when they first participated in this project through their eight-week CoS participation, paired samples *t*-tests were conducted so that differences across the pre-group data collection and post-group data collection could be identified. See Table 7. Based on paired samples *t*-tests comparing CoS group parents' endorsements at the start of their participation (pre-group) to those at the close of their participation (post-group), parents in the CoS group demonstrated significant increases in their impulse control difficulties ($t [df=23] = -2.29, p < .03$) and their lack of emotional clarity ($t [df=23] = -2.57, p < .02$) as well as a marginal increase in their limitations in access to emotion regulation strategies ($t [df=23] = -1.88, p < .07$; all on the Difficulties in Emotion Regulation Scale). Although these increases may seem contradictory to the achievements that parents need to make as they work toward reunification with their young children, it may actually be the case that parents became much more aware of their emotion regulation difficulties because of their CoS participation. This recognition may motivate parents to address these issues in productive ways if they are given appropriate opportunities and interventions to do so. Certainly, these parents also may have underreported their emotion regulation difficulties to start with as well given that emotion regulation difficulties were endorsed at a lower level in this group versus the comparison group at the start of this project. Nonetheless, these significant increases are still interesting.

In addition, over time, parents in the CoS group demonstrated a significant increase in ratings of using expressive encouragement parenting strategies ($t [df=23] = -3.05, p < .006$) and a significant decrease in their minimization of the seriousness of young children's negative emotions ($t [df=23] = 2.09, p < .05$). Further, the parents in the CoS group demonstrated a marginal decrease in their endorsements of punitive reactions ($t [df=23] = 1.99, p < .06$) over time. All these measures were from the Coping with Toddlers' Negative Emotions Scale. Certainly, these findings demonstrated the promise of CoS in helping parents to recognize some of the strategies that could help them achieve more positive outcomes with their young children over time, over and above knowing that they had to decrease their punitive reactions due to identification for abuse and/or neglect issues with their young children and their monitoring by the child welfare system (in a fashion that was similar to the comparison group).

Table 7: Differences in the CoS Group at the Start of their Participation versus at the Close of their Participation

Variable	Pre-Group		Post-Group		Effect Size (<i>d</i>)	<i>t</i> -Test
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>		
Adverse Childhood Events	2.42	2.24	2.67	2.68	.25	$t [df=23] = -.59, p < .56$
Internalizing Problems	48.00	10.33	48.06	14.20	.02	$t [df=15] = -.03, p < .98$
Externalizing Problems	43.50	6.80	41.63	9.62	.50	$t [df=15] = .96, p < .35$
Total Problems	43.44	8.38	42.81	12.33	.14	$t [df=15] = .28, p < .79$
Emotional Regulation-Nonacceptance	8.42	2.86	9.54	3.90	.62	$t [df=23] = -1.48, p < .15$
Emotional Regulation-Goal Directed Activities	8.21	2.81	8.71	2.14	.30	$t [df=23] = -.73, p < .47$
Emotional Regulation-Impulse Control	7.58	2.28	8.54	2.65	.95	$t [df=23] = -2.29, p < .03$
Emotional Regulation-Lack of Emotional Awareness	12.21	4.39	12.50	5.82	.14	$t [df=23] = -.34, p < .74$
Emotional Regulation-Limited Access to Strategies	11.04	2.97	12.42	4.24	.78	$t [df=23] = -1.88, p < .07$
Emotional Regulation- Lack of Emotional Clarity	6.58	2.28	7.67	2.90	1.07	$t [df=23] = -2.57, p < .02$
Parenting Locus of Control	49.21	10.11	50.71	14.66	.25	$t [df=23] = -.61, p < .55$
Attributions-Adult Control Over Failure	4.73	.93	4.78	.89	.10	$t [df=23] = -.23, p < .82$
Attributions-Child Control Over Failure	3.60	.59	3.58	.60	.04	$t [df=23] = .10, p < .92$
Parenting Stress	59.83	19.37	64.25	19.95	.50	$t [df=23] = -1.20, p < .24$
Coping-Distress Reactions	2.19	.90	2.28	.93	.18	$t [df=23] = -.43, p < .67$
Coping-Punitive Reactions	2.54	1.02	2.16	1.12	.83	$t [df=23] = 1.99, p < .06$
Coping-Minimization	3.45	1.15	3.01	1.01	.87	$t [df=23] = 2.09, p < .05$
Coping-Wish Granting	3.52	1.05	3.24	1.01	.64	$t [df=23] = 1.53, p < .14$
Coping-Expressive Encouragement	4.25	1.55	5.30	1.62	1.27	$t [df=23] = -3.05, p < .006$
Coping-Emotion-Focused	6.04	.75	5.95	1.07	.18	$t [df=23] = .44, p < .66$
Coping-Problem-Focused	6.52	.71	6.44	.85	.20	$t [df=23] = .47, p < .64$
Child Abuse Potential	94.88	102.39	105.33	93.19	.27	$t [df=23] = -.64, p < .53$

Note. Effect sizes (*d*) of approximately .2 would be considered small, .5 would be considered medium, and .8 would be considered large.

The original hypotheses proposed for this project relevant to these outcomes were as follows:

Outcome: *Parents will begin to demonstrate improvements in their emotional and behavioral functioning based on their participation in CoS in this research study.*

Goal: Parents who participate in CoS will demonstrate clinically significant decreases in emotional and behavioral problems relative to those parents who receive treatment as usual (i.e., no CoS).

Measurable Objective: Parents in both the CoS participation group and the treatment as usual group completed the *Adult Self-Report* as both a pre- and post-group measure. Scores for the Internalizing Behavior Problems and Externalizing Behavior Problems broad-band scores that can be derived from this measure were compared across groups so that clinically significant decreases can be identified.

Unfortunately, those parents in the CoS group did not demonstrate significant changes in their internalizing behavior problems or externalizing behavior problems from the pre-group to post-group data collection periods (although externalizing behavior problems showed a medium effect size). Nonetheless, collecting information regarding parents' internalizing, externalizing, and total behavior problems as they participate in evidence-based parenting interventions still is warranted given the importance of parents' behavior problems for their continued participation in, or attrition from, such interventions. This finding is discussed later.

Outcome: *Parents will begin to demonstrate improvements in their emotion regulation skills and their coping with difficult emotions in their young children based on their participation in CoS in this research study.*

Goal: Parents who participate in CoS will demonstrate clinically significant improvements in emotion regulation and coping endorsements relative to those parents who receive treatment as usual (i.e., no CoS).

Measurable Objective: Parents in both the CoS participation group and the treatment as usual group completed the *Difficulties in Emotion Regulation* and *Coping with Toddler's Negative Emotions Scale* as both a pre- and post-group measure. Scores for these measures were compared across groups.

As noted at the start of this section, parents in the CoS group demonstrated both significant and marginal differences in their endorsements of their emotion regulation difficulties and their coping strategies when dealing with young children's negative emotions (with many of the related effect sizes being medium

to large). As already discussed, parents in the CoS group demonstrated significant increases in their endorsements of their impulse control difficulties and their lack of clarity regarding emotional regulation difficulties as well as a marginal increase in their endorsements of their limited emotional regulation. As noted above, although these increases may seem contradictory to the achievements that parents need to make as they work toward reunification with their young children, it may actually be the case that parents became much more aware of their emotion regulation difficulties because of their CoS participation. This recognition may motivate parents to address these issues in productive ways if they are given appropriate opportunities and interventions to do so.

Further, parents demonstrated a significant increase in their endorsements of expressive encouragement, a significant decrease in their endorsements of minimization of young children's negative emotions, and a marginal decrease in their endorsements of punitive reactions. As noted above, these findings demonstrated the promise of CoS in helping parents to recognize some of the strategies that could help them achieve more positive outcomes with their young children over time, over and above knowing that they had to decrease their punitive reactions due to identification for abuse and/or neglect issues with their young children and their monitoring by the child welfare system (in a fashion that was similar to the comparison group). These findings suggested that parents may have begun working toward enhancing their "capacity to provide for their children's needs", as per the CFSR Well-being Outcomes.

Outcome: *Parents will begin to show decreases in their child abuse potential based on their participation in CoS in this research study.*

Goal: Parents who participate in CoS will demonstrate clinically significant decreases in their child abuse potential relative to those parents who receive treatment as usual (i.e., no CoS).

Measurable Objective: Parents in both the CoS participation group and the treatment as usual group completed the *Child Abuse Potential Inventory* as both a pre- and post-group measure. Scores for this measure were compared across groups.

Unfortunately, those parents in the CoS group did not demonstrate significant changes in their child abuse potential from the pre-group to post-group data collection periods. Nonetheless, collecting information regarding parents' child abuse potential as they participate in evidence-based parenting interventions still is warranted given the importance of such information for long-term outcomes for young children and for CFSR Safety Outcomes, such as "Children are first and foremost protected from abuse and neglect".

Differences between Those Parents Who Participated at Both Data Collection Periods (i.e., at the Start of their Participation and at the Close of Their Participation) Versus Those Who Did Not

Given that parents who are child welfare involved are at such high risk, some understanding of the characteristics that might prompt these parents to not complete their participation in a project such as this one or in evidence-based parenting interventions in general (i.e., attrition) was felt to be important. In fact, those parents who were assigned randomly to the comparison group had a higher attrition rate (56%) relative to those parents who were assigned randomly to the CoS group (31.4%). This differential rate of attrition occurred even with parents in the comparison group receiving regular phone calls and emails reminding them about their participation in this project (although many of these parents did not answer their calls, had their phone numbers disconnected, or did not respond). Certainly, this differential rate of attrition suggested that high-risk parents such as those in this sample appeared to benefit from having consistent contact through the CoS group.

To try and understand if there were differences between those parents assigned to the comparison group who completed their follow-up participation versus those parents who did not complete their participation, a series of independent sample t-tests was conducted using the data collected for all comparison group parents at the start of their participation in this project. Based on the results of these analyses, the only (marginal) difference between those parents assigned to the comparison group who completed their follow up participation and those parents who did not complete their follow-up participation occurred in their endorsements for the adult control for failure scale on the Parent Attribution Test ($t [df=15.30] = 2.07, p < .06$) at the initial data collection for this project. In other words, those parents in the comparison group who attributed failures in the parent-child relationship to parents rather than to children were less likely to complete their follow-up participation.

Table 8: Attrition Differences in the Comparison Group

Variable	Completed Participation		Did Not Complete Participation		Effect Size (d)	t-Test
	M	SD	M	SD		
Adverse Childhood Events	4.45	3.05	3.86	4.02	.17	$t [df=23] = -.41, p < .69$
Internalizing Problems	57.60	12.39	52.31	13.41	.42	$t [df=21] = -.97, p < .34$
Externalizing Problems	48.00	5.79	46.46	13.35	.18	$t [df=17.22] = -.37, p < .71$
Total Problems	49.90	9.15	46.77	14.46	.28	$t [df=20.38] = -.63, p < .53$
Emotional Regulation-Nonacceptance	11.55	6.98	9.14	3.03	.48	$t [df=23] = -1.16, p < .26$
Emotional Regulation-Goal Directed Activities	8.18	3.31	10.29	5.76	.45	$t [df=23] = 1.08, p < .29$
Emotional Regulation-Impulse Control	9.27	1.85	9.36	3.32	.03	$t [df=23] = .08, p < .94$
Emotional Regulation-Lack of Emotional Awareness	17.27	6.69	13.64	5.54	.62	$t [df=23] = -1.48, p < .15$
Emotional Regulation-Limited Access to Strategies	13.72	5.08	12.93	5.59	.15	$t [df=23] = -.37, p < .72$
Emotional Regulation- Lack of Emotional Clarity	9.55	2.94	7.86	3.51	.53	$t [df=23] = -1.28, p < .21$
Parenting Locus of Control	56.36	13.31	51.79	14.07	.35	$t [df=23] = -.83, p < .42$
Attributions-Adult Control Over Failure	4.24	.86	4.85	.50	1.06	$t [df=15.30] = 2.07, p < .06$
Attributions-Child Control Over Failure	3.58	.75	3.51	.56	.10	$t [df=23] = -.25, p < .81$
Parenting Stress	68.82	22.10	71.86	30.24	.12	$t [df=23] = .28, p < .78$
Coping-Distress Reactions	2.53	.64	2.56	1.27	.03	$t [df=23] = .07, p < .95$
Coping-Punitive Reactions	2.51	.81	2.42	.98	.10	$t [df=23] = -.23, p < .82$
Coping-Minimization	2.86	1.06	3.24	1.55	.30	$t [df=23] = .71, p < .49$
Coping-Wish Granting	3.65	1.77	3.55	1.27	.07	$t [df=23] = -.16, p < .88$
Coping-Expressive Encouragement	4.61	1.53	3.96	1.87	.39	$t [df=23] = -.93, p < .36$
Coping-Emotion-Focused	5.64	.89	5.36	1.80	.23	$t [df=19.86] = -.51, p < .62$
Coping-Problem-Focused	5.57	1.28	5.54	1.78	.02	$t [df=23] = -.05, p < .96$
Child Abuse Potential	146.82	106.20	154.73	70.07	.09	$t [df=24] = -.23, p < .82$

Note. Effect sizes (d) of approximately .2 would be considered small, .5 would be considered medium, and .8 would be considered large.

To try and understand if there were differences between those parents assigned to the CoS group who completed their follow-up participation versus those parents who did not complete their follow-up participation, a series of independent sample t-tests were conducted using the data collected for all CoS group parents at the start of their participation in this project. Based on the results of these analyses, there was a significant difference between those parents assigned to the CoS group who completed their follow-up participation and those parents who did not complete their participation in their ratings of their own externalizing behavior problems on the Adult Self-Report ($t [df=31] = 2.74, p < .01$) at the initial data collection for this project. In addition, there were marginal differences in their endorsements of their own total behavior problems on the Adult Self-Report ($t [df=31] = 1.88, p < .07$), of their impulse control difficulties on the Difficulties in Emotion Regulation Scale ($t [df=13.56] = 1.91, p < .08$), of their distress reactions toward young children's negative emotions on the Coping with Toddlers' Negative Emotions Scale ($t [df=33] = 1.77, p < .09$), and of their parenting stress on the Parenting Stress Index-Short Form ($t [df=33] = 1.69, p < .10$). In other words, those parents in the CoS group who endorsed higher levels of externalizing behavior problems, total behavior problems, impulse control difficulties, distress reactions in response to young children's negative emotions, and parenting stress were less likely to complete their follow up participation.

Table 9: Attrition Differences in the CoS Group

Variable	Completed Participation		Did Not Complete Participation		Effect Size (d)	t-Test
	M	SD	M	SD		
Adverse Childhood Events	2.42	2.24	2.55	3.01	.05	$t [df=33] = .14, p < .89$
Internalizing Problems	47.36	9.95	50.00	11.81	.24	$t [df=31] = .67, p < .51$
Externalizing Problems	41.68	7.77	50.00	9.08	.98	$t [df=31] = 2.74, p < .01$
Total Problems	41.73	8.61	48.00	9.86	.68	$t [df=31] = 1.88, p < .07$
Emotional Regulation-Nonacceptance	8.42	2.86	9.64	3.26	.39	$t [df=33] = 1.12, p < .27$
Emotional Regulation-Goal Directed Activities	8.21	2.81	9.73	3.17	.50	$t [df=33] = 1.43, p < .16$
Emotional Regulation-Impulse Control	7.58	2.28	9.91	3.73	1.04	$t [df=13.56] = 1.91, p < .08$
Emotional Regulation-Lack of Emotional Awareness	12.21	4.39	13.91	6.20	.32	$t [df=33] = .93, p < .36$
Emotional Regulation-Limited Access to Strategies	11.04	2.97	12.36	4.18	.37	$t [df=33] = 1.07, p < .29$
Emotional Regulation- Lack of Emotional Clarity	6.58	2.28	7.55	2.98	.37	$t [df=33] = 1.05, p < .30$
Parenting Locus of Control	49.21	10.11	55.09	10.56	.55	$t [df=33] = 1.58, p < .13$
Attributions-Adult Control Over Failure	4.73	.93	4.94	.90	.22	$t [df=33] = .63, p < .54$
Attributions-Child Control Over Failure	3.60	.59	3.67	.56	.11	$t [df=33] = .33, p < .75$
Parenting Stress	59.83	19.37	72.00	20.58	.59	$t [df=33] = 1.69, p < .10$
Coping-Distress Reactions	2.19	.90	2.71	.55	.62	$t [df=33] = 1.77, p < .09$
Coping-Punitive Reactions	2.54	1.02	2.83	.60	.30	$t [df=33] = .87, p < .39$
Coping-Minimization	3.45	1.15	4.02	1.06	.49	$t [df=33] = 1.40, p < .17$
Coping-Wish Granting	3.52	1.05	3.94	1.28	.35	$t [df=33] = 1.01, p < .32$
Coping-Expressive Encouragement	4.25	1.55	4.80	1.30	.35	$t [df=33] = 1.01, p < .32$
Coping-Emotion-Focused	6.04	.75	5.62	.87	.50	$t [df=33] = -1.45, p < .16$
Coping-Problem-Focused	6.52	.71	6.13	.96	.47	$t [df=33] = -1.35, p < .19$
Child Abuse Potential	94.88	102.39	116.43	78.35	.23	$t [df=36] = -.68, p < .51$

Note. Effect sizes (d) of approximately .2 would be considered small, .5 would be considered medium, and .8 would be considered large.

The original hypothesis proposed for this project relevant to these outcomes were as follows:

Outcome: *Those parents who successfully complete CoS participation (versus those who do not due to attrition) will have had fewer adverse childhood events (from their own childhoods), lower levels of emotional and behavioral problems, higher levels of emotion regulation, better perceptions of coping with difficult emotions in their young children, and lower child abuse potential.*

Goal: To further understand the feasibility of implementing CoS with high-risk parents with young children in the child welfare system, the characteristics of parents who complete CoS and those of parents who are lost to attrition will be compared (using pre-assessment information that is collected from those parents who are assigned to the CoS intervention group).

Measurable Objective: Pre-assessment measures were examined for parents who were assigned to the CoS intervention group, with the expectation that those parents who completed CoS would exhibit higher levels of baseline functioning relative to those parents who did not complete CoS.

Given the aforementioned findings, this hypothesis was supported in part. As noted above, those parents in the CoS group who endorsed higher levels of externalizing behavior problems, total behavior problems, impulse control difficulties, distress reactions in response to young children's negative emotions, and parenting stress were less likely to complete their follow-up participation (with support from significance levels and effect sizes). Certainly, the findings of this project suggested that parents' emotion regulation difficulties and parenting strategies for dealing with young children's negative emotions may serve as important predictors of parents' continued participation in evidence-based parenting interventions as well as important targets of such interventions. Further, although evidence-based parenting interventions may not promote changes in parents' behavior problems and parenting stress directly, monitoring parents' behavior problems and parenting stress throughout their participation in such interventions may provide important information about whether or not they will complete such interventions. Such monitoring would ensure that "the continuity of family relationships and connections [could be] preserved for children" (as per the CFSR Permanency Outcomes).

Feasibility of Circle of Security for Parents Who are Child Welfare Involved

Overall, implementing the Circle of Security Parenting Intervention proved to be a feasible endeavor, particularly as we chose to integrate this intervention into a collaborative network of agencies that already were having contact with the target families (the local Early Childhood Court Initiative, the lead Community Based Care of Central Florida agency, and related case management agencies).

In support of this feasibility, the exit interviews completed with parents who participated in the CoS group were overwhelmingly positive. Most parents commented on the usefulness of the concepts that they had learned and noted that they would be using these concepts in the future as they interacted with their young children.

"Well, I learned a lot of new things that I obviously didn't know."

Only one parent suggested that he or she already knew everything that was covered in the CoS group and already was attempting to parent in the way that was taught in the CoS group. Nonetheless, every parent indicated that the CoS group covered the content needed to improve their parenting.

"I think it hit a lot of key points that parents have problems with and helped them learn how to deal with it."

"I wish I would have had it before with my other children"

The parents also noted that the CoS group content and the way in which the group was managed provided their main incentive for continued participation (even above the \$25 gift cards that they received at the start of their participation and at the close of their participation).

"It's like a non-judgment but still informative"

These parents also described that they were considering their parenting and the manner in which they were raised themselves as a result of CoS.

"...at the same time, it's kinda taught me ways like how to raise mine [referring to his or her children]. Do things a whole lot differently compared to like how I was kinda raised up."

They reported that they enjoyed the CoS materials more than those of other parenting interventions (e.g., due to the use of video examples and discussion, rather than just the completion of paperwork, to learn parenting concepts). Overall, every parent indicated that they would recommend CoS to other parents and rated the CoS group as being a 10 (on a scale ranging from 1 to 10, with 10 indicating "Most Satisfied").

The original hypothesis proposed for this project relevant to these outcomes was as follows:

Outcome: *The CoS will be a feasible and engaging means of delivering evidence-based parenting intervention services to high-risk parents who are involved with the child welfare system and will increase parents' desire to seek further parenting intervention and to make further changes for themselves and their young children.*

Goal: CoS will be implemented successfully via this research study so that high-risk parents in our local child welfare system can be served. Further, these parents will find CoS to be engaging and will be encouraged to make further changes in their views of how they were parented themselves and in their own parenting of their young children as a result.

Measurable Objective: Parents who participated in CoS were interviewed following their participation (i.e., an exit interview) so that qualitative data regarding this goal could be collected and coded into measures of feasibility and engagement.

As already noted above, CoS appears to be a feasible and engaging means of providing evidence-based, attachment-focused parenting intervention to high-risk parents who are child welfare-involved. Such a parenting intervention could help “families have enhanced capacity to provide for their children’s needs” (as per the CFSR Well-being Outcomes).

Discussion

Many important lessons about parents who are child welfare-involved and in need of evidence-based parenting intervention were learned from this project. Mostly importantly, and as hypothesized in the original proposal for this project, the Circle of Security (CoS) Parenting Intervention was a feasible evidence-based, attachment-focused program for parents who are child welfare-involved. Certainly, it became evident as we proceeded through this project that building bridges was one of the most important things that we could do to ensure the success of CoS in our community. Our colleagues at the CBC lead agency were a great support. They provided space for CoS groups to occur, introduced us to professionals at the case management agencies with whom they would be coordinating referrals, provided babysitting, and recruited parents through case managers. Once connections were made to the local case management agencies, case managers began to communicate directly with Dr. Renk regarding the parents who they were referring for participation. The ECCI initiative led by Judge Alicia Latimore also provided support for the implementation of CoS as part of the evidence-based service menu that is being built in Florida’s Ninth Judicial Circuit. Our collective efforts gave new meaning to the saying “it takes a village”.

With regard to ensuring the success of our project, the parents themselves proved to be a more difficult connection to make. This difficulty is reflected in the attrition rate for the comparison group parents. Certainly, professionals at the CBC lead agency worked hard to ensure that we were getting a steady flow of parents to participate in this project. Nonetheless, many parents who could have participated did not present for an initial data collection session, even though they had parenting interventions on their case plans and had received a referral to our project. For those parents who did present for an initial data collection session, they were more likely to maintain contact and finish their follow-up data collection if they also participated in the CoS group. Those assigned to the comparison group received phone call and email reminders regarding their participation in the project. Nonetheless, they often were difficult to track for the follow-up data collection that occurred after an approximate eight-week wait period, although some of these parents also went on to participate in CoS with us following the completion of their comparison group participation in the project. It was a common occurrence for these parents’ phones to be disconnected, for them to have moved, or for them to be generally unavailable. Certainly, a small number of parents were lost from the CoS group as well; however, these parents were lost for unavoidable reasons (e.g., incarceration, having new domestic violence charges, moving to a different county). Nonetheless, it was clear that, when parents participated in their CoS group, they were more willing to stay through the close of their participation, and they provided positive feedback regarding their participation as well. Based on this positive feedback, it was clear that the Well-being Outcome of “families having advanced capacity to provide for their children’s needs” could be met.

The potential reasons for these parents’ attrition from both the CoS group and the comparison group were examined by using data collected at the start of the project for each parent. Based on these analyses, those parents in the comparison group who did not complete their participation were much more likely to endorse that parents had more responsibility for failures in parent-child interactions than those in the comparison group who did complete their participation. Such findings suggested that parents who are feeling high levels of responsibility for failure in parent-child interactions, above and beyond their identification by child welfare systems for abuse and/or neglect issues, may be less likely to sustain their participation (or may need more assistance to continue their participation) in assigned intervention services. Given that the parents in the comparison group were receiving regular contacts from the research team, efforts to engage these parents may need to be more direct and in person.

In contrast, based on their feedback in the exit interviews that were completed, CoS was relatively engaging for parents in the CoS group. Nonetheless, even with an engaging parenting intervention like CoS, these parents could be lost to participation when their own behavior problems, impulse control difficulties, and distress reactions to young children’s negative emotions were at higher levels. Although these factors may not have

been related directly to parents' participation in the CoS group, these factors may have been related closely to events occurring outside of group that could prevent parents from continuing their participation. For example, parents in the CoS group were lost to participation when they were incarcerated, had new charges of domestic violence with their child's other parent, or moved suddenly. Certainly, some of these issues could be addressed with complementary interventions (e.g., individual psychotherapy, group psychotherapy). In other words, CoS groups could have the capability of triaging parents to such services given the information that can be collected formally (as per an intake packet of questionnaires) or informally (through the information that is learned as part of parents' participation in CoS).

Although it was hoped that this project would have a higher sample size and a lower attrition rate, meaningful analyses could still be completed in an effort to compare parents' endorsements at the start of their participation to those at the close of their participation. In a common sense fashion, both the comparison group and the CoS group demonstrated decreases in their use of punitive reactions in response to young children's negative emotions. Given that all parents who participated in this project were identified as being in need of child welfare services for abuse and/or neglect issues related to their young children, such a finding would make perfect sense. Interestingly, though, beyond this finding, the comparison group and the CoS group demonstrated different patterns in the remainder of their ratings of parenting strategies that should be used in response to young children's negative emotions. The parents in the comparison group showed decreases in their ratings of emotion-focused and wish granting parenting strategies (i.e., strategies that could help them better regulate their young children's emotions and behaviors). It may be the case that these parents were at a loss as to how to remediate their situations and felt helpless and hopeless in their attempts to intervene in an effort to organize the feelings of their young children.

In contrast, the parents in the CoS group showed increases in their ratings of expressive encouragement and decreases in their ratings of minimizing young children's emotions. The CoS parents also showed a variety of other changes in their ratings of parenting strategies (as per the CFSR Well-being Outcomes, such as having "enhanced capacity to provide for their children's needs"). Certainly, these changes would be consistent with the concepts that are taught in the CoS Parenting Intervention, with these changes beginning to occur after participation in only an eight-week program. Clearly, eight weeks is not a long enough time to make considerable and impactful changes in parenting for high-risk mothers and fathers who are involved with child welfare services. Nonetheless, these findings suggested that CoS may facilitate the laying of a solid parenting foundation and that parents then could be triaged to further parenting interventions that could build upon this foundation. Such additional parenting interventions could include more intensive CoS (e.g., via the 20-week program or individual CoS consultation), parent-child dyadic work that could address traumatic experiences shared amongst family members (e.g., via Child-Parent Psychotherapy), or other skill-based parenting interventions (e.g., Parent Management Training), depending on each parent-child dyad's needs.

In addition, parents appeared to exhibit interesting changes in their ratings of their own emotion regulation difficulties from the start of their participation to the close of their participation. For example, the comparison group showed decreases in their lack of awareness regarding their emotion regulation difficulties over time. In contrast, parents in the CoS groups showed increases in their ratings of their impulse control difficulties, their emotion regulation limitations, and their lack of clarity regarding their emotion regulation. Although these findings were counter to the hypotheses of this project, it may be the case that parents who participated in the CoS group became more aware of and more willing to report their emotion regulation difficulties over time. Again, such a change in endorsements would be consistent with the concepts presented as part of CoS, given that parents learn that they must organize their own feelings before they can intervene on behalf of their children. Again, having information about parents' emotion regulation difficulties available to child welfare service providers would allow for appropriate referrals to other evidence-based individual psychotherapy services that could help parents with emotion regulation difficulties to temper and/or master these difficulties (e.g., Dialectical Behavior Therapy). Such efforts would make it more likely that CFSR Safety Outcomes, such as ensuring that "children are first and foremost protected from abuse and neglect", could be achieved.

Unfortunately, some of the variables measured in this project did not predict parents' CoS participation as expected. For example, parents' own behavior problems, their parenting stress, and their child abuse potential showed no significant differences across groups (i.e., the comparison group versus the CoS group) or across time (i.e., from the start of parents' participation to the close of their participation). Even though this lack of findings may be disappointing on one level, it already has been noted that some of these variables (e.g., parents' behavior problems) were important for predicting potential attrition from CoS services. Further, if predicting high-risk parents' future child abuse potential may be the ultimate goal of child welfare systems as a whole, these variables may play critical roles in doing just that. For example, a recent study by Lowell and Renk (2017)⁴⁰ suggested that young children's temperament as well as mothers' temperament, emotion regulation abilities, stress, and coping were collectively important predictors of mothers' child abuse potential in a community sample of mothers, with these variables accounting for 67 percent of the variance overall. When similar preliminary, exploratory analyses were conducted with the data from the current project, the variables assessed in this project accounted for approximately 66 percent of the variance in predicting parents' ratings of their child abuse potential. Thus, although some of the variables measured in this project were not impacted directly by parents' participation in the CoS Parenting Intervention, they still may be important variables for child welfare professionals to be aware of as they follow their identified families through child welfare systems. Further, the variables that were impacted directly by CoS may impact variables such as parents' behavior problems and parenting stress, which, in turn, will show relationships to child abuse potential over time. Again, examination of these characteristics in high-risk parents could provide added assurance that CFSR Safety Outcomes, such as ensuring that "children are first and foremost protected from abuse and neglect", could be achieved.

Given the characteristics of high-risk parents and the community environments in which services generally are provided to them, this project and its findings are not without limitations. First, professionals at the the lead CBC agency worked hard to refer parents and to have parents actually attend sessions comfortably (e.g., by providing child care, by providing bus passes so that transportation was not an issue). Given the collective efforts of our research team as well as our colleagues in the Ninth Judicial Circuit, the CBC lead agency, and related case management agencies, we were able to attain a reasonable sample size for our project, even in the context of the challenges that come with community environments and high-risk parents who have their own personal challenges (including being identified by our child welfare system). Nonetheless, we had hoped to have more parent participants and a lower attrition rate. As a result, we are currently working with the lead CBC agency to find ways to sustain this work and continue to move forward. Second, all of the measures collected as part of this project were self-report in nature. Certainly, it would have been ideal to have observational or other measures regarding the variables of interest for this study. It is likely that such measures would have taxed our parent participants further and reduced our sample size, however. Nonetheless, multi-method measures of the variables of interest for this project may be pursued in the future when our CoS Parenting Intervention is more established in our child welfare system. Finally, parents only were followed for a short period of time (i.e., an initial data collection, followed by eight weeks so that the CoS group could be provided, followed by a follow-up data collection). In some cases, parents maintained contact with us for a period of time following their formal participation (e.g., to participate in CoS after having completed their commitment to the comparison group), but no formal data collection was completed in these cases. More information could be gained about these parents and their potential consolidation of changes over longer periods of time following CoS.

Policy Recommendations

The findings of this project suggested that the Circle of Security (CoS) Parenting Intervention can be a feasible and effective evidence-based, attachment-focused intervention. CoS can be key in laying a foundation for beginning the promotion of change for high-risk parents who are child welfare involved and then referring these parents on to other evidence-based intervention services that can address their more complex and individual difficulties.

Case managers should be trained in the tenants of Circle of Security in order to better engage parents and maintain that engagement through whatever services are provided to them. For example, as part of CoS, parents learn about being “bigger, stronger, wiser, and kind.” These parents would likely benefit from being treated in such a fashion by their case managers as well. Such an approach would help parents to feel more connected to their case managers and more invested in their change process.

Evidence-based attachment-focused parenting interventions, such as CoS, can promote added recognition of emotion regulation needs as well as improvements in parenting beyond decreases in punitive parenting strategies. Incorporating such interventions into the service array, CBC lead agencies can better help parents build a foundation for initial change. Given the eight-week group format of CoS, parents could be helped to move in a beneficial direction in a short period of time to begin to address their parenting difficulties and their own issues to the benefit of everyone in their families.

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