## Connect: An Attachment Based Parenting Program for Parents of Teens

### 2017

**Connect Overview**

<table>
<thead>
<tr>
<th>DAY 1</th>
<th>DAY 2</th>
<th>DAY 3</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Morning</strong></td>
<td><strong>Morning</strong></td>
<td><strong>Morning</strong></td>
</tr>
<tr>
<td>Attachment &amp; Adolescence</td>
<td>Practice Sessions 1-4</td>
<td>Practice Sessions 9-8</td>
</tr>
<tr>
<td>Trauma and Attachment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aggression &amp; Attachment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Connect – Overview &amp; Evidence</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Afternoon</strong></td>
<td><strong>Afternoon</strong></td>
<td><strong>Afternoon</strong></td>
</tr>
<tr>
<td>Connect - Sessions 1-4</td>
<td>Sessions 5-8</td>
<td>Session 9</td>
</tr>
<tr>
<td>Prep for Day 2 Practice Session</td>
<td>Prep for Day 3 Exercises</td>
<td>Feedback Session</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Booster Sessions</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Starting your Group</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Clinical Supervision</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Wrap Up!</td>
</tr>
</tbody>
</table>

---

**Workshop Overview**

English, French, Swedish & Italian

---

**Connect Programs**

English, Swedish
Emerging Programs

Reclaiming Connections
• Acknowledges and respects cultural differences in childrearing practices.
• Collaboratively developed with an understanding of colonialism, historical and continuing trauma of Aboriginal peoples.

Transforming Connections
• Addresses unique challenges of parents of transgender youth.
• Tailored to challenges encountered by transgender youth; their need for support and acceptance from their parents.

Attachment and Development
"... starting during the first months ... and extending through the years of childhood and adolescence in his relations with both parents, he builds up working models of how attachment figures are likely to behave towards him in any of a variety of situations; and on those models are based all his expectations, and therefore all his plans, for the rest of his life." (Bowlby, 1973, p. 418)

Attachment is a Biologically Based Regulatory System
➢ Designed to ensure survival.
➢ Observed across species.
➢ Constant system that monitors ‘real’ or ‘perceived’ threat.
➢ If threat is experienced, attachment system dominates over other systems.
The Attachment System

• “CRADLE TO GRAVE” BUT IT IS EXPRESSED DIFFERENTLY
  • Across age & development
  • Across culture
  • Across individuals as a result of their experiences in relationships; their learning challenges; mental health challenges
  • When threat is not present, relationships can provide ‘secure base’ for exploration and development.

Attachment is Expressed Through Behavior

• Through repeated experience in relationships, we develop a "strategy" to tell others what we need and this is expressed in behavior.
  • Easiest to see when we are stressed, e.g., when we are sick, afraid, or in conflict.
  • The strategy depends on past experiences.
  • “Attachment Suitcase”
  • Can be consistent, inconsistent or disorganized.
  • Represents the best way each person has learned to have their attachment needs met.

Repeated Experiences in Relationships Become the Structure of in Internal Working Models

• VIEW OF OTHER: Can and will others respond effectively to calls for support and protection? Will they be there for me if I need them? Can they help?

• VIEW OF SELF: Is the self worthy of care and support? Am I lovable or unlovable, despicable … or am I invisible?
When the balance is toward security...

Caregivers Respond Consistently and Effectively

- Develop a positive view of others and a positive view of self
- Approach when distressed
- **SAFE HAVEN** ➔ Soothing, regulating
- **SECURE BASE** ➔ Explore the world knowing others are there if needed

- Insecure Attachment
  - Strategies
  - **Insecure Attachment Patterns, Disorganized Attachment, Reactive Attachment Disorder**

- Attachment Insults
- Attachment Injuries
- Attachment Trauma

- Threats to Attachment Security

  - **Level 1**: Caregivers fail to attend and respond to child’s bids for comfort and support – passive breaches in sensitive responding.
  - **Level 2**: Caregivers refuse to attend to child’s bids for comfort – active breaches in sensitivity and responsiveness; betrayal of trust.
  - **Level 3**: Caregivers abandon and fail to protect a child in the face of threat, as in neglect
  - **Level 4**: Caregivers frighten, threaten to hurt or hurt a child, as in emotional, physical and sexual abuse
Impact of Attachment Threats

- Can have deep and lasting impact on:
  - Beliefs children form about themselves and others, i.e., content of their “Internal Working Models”
  - Implicit knowledge about self and the world
  - “Procedural knowledge” – strategies to navigate relationships, i.e., “attachment strategies”
  - “Episodic memory” – specific memories associated with attachment trauma.

Importance of Repair

- Impact of attachment threat depends on the capacity of caregivers to detect threats and repair the relationship
- Repair that is experiential and affective – and occurs within the relationship – is most effective in moderating the impact of threats to attachment security
- Repair can potentially strengthen attachment security and promote growth in the capacity of the child (and the parent) to tolerate difficult affect and to deepen trust

When the balance is toward insecurity...

Caregivers respond inconsistently...

- Negative view of the self – I’m not good enough to sustain love
- Positive view of the parent – they can, if they wish, meet my needs
- Hyperactivation of the attachment system
- Approach Strategy ➔ vigilance

LIMITED SAFE HAVEN AND SECURE BASE

Anxious Ambivalent, Resistant, or Preoccupied
When the balance is toward insecurity...

Caregiver is consistently punitive, unresponsive or neglectful...

- Negative sense of self – I’m not lovable
- Negative sense of others – caregivers are hurtful
- **Hyperactivation** of attachment system
- Avoidance strategy – mask attachment needs
- LIMITED OR NO SAFE HAVEN OR SECURE BASE

Anxious-Avoidant - Fearful

---

When the balance is toward insecurity...

Caregiver is unavailable, unresponsive, neglectful...

- False positive sense of self
- Negative sense of others – worthless
- Avoidance strategy – do not seek safe have or secure base
- **Suppression or deactivation of attachment system**

Anxious-Avoidant - Fearful

---

**Disorganized Attachment**

<table>
<thead>
<tr>
<th>Infants/Toddlers</th>
<th>Teens (e.g., Karlen Ruth-Lyons, GPACS)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contradictory behaviour, e.g., approach followed by avoidance</td>
<td>Disoriented, distracted or contradictory behaviour (e.g., stopping in mid-sentence; freezing)</td>
</tr>
<tr>
<td>Freezing, stilling, and slowed “underwater” movements and expressions</td>
<td>Hostile, punitive, or devaluing toward parent (e.g., critical or rejecting; sharply dictating how parent should behave)</td>
</tr>
<tr>
<td>Role Reversal/caregiving - attempts to manage or take over parent role (e.g., offering guidance; defusing tension with over bright behaviour).</td>
<td></td>
</tr>
</tbody>
</table>
Attachment Strategies in Youth with Serious Conduct Problems


<table>
<thead>
<tr>
<th>Attachment Patterns</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Secure</td>
<td>60%</td>
</tr>
<tr>
<td>Fearful</td>
<td>30%</td>
</tr>
<tr>
<td>Preoccupied</td>
<td>10%</td>
</tr>
<tr>
<td>Dismissing</td>
<td>10%</td>
</tr>
</tbody>
</table>

Adolescent Girls and Boys Diagnosed with Serious Conduct Problems

Think of the youth and families you work with...

Which attachment strategies do they use?

How do others respond?

Does this promote attachment security?

What About Teens? Do Adults Still Matter?

Changes in:
- Neurological functioning
- Cognitive functioning
- Social-emotional functioning
- Interpersonal Relationships
- Sexual Development
**Adolescent Brain Development – Socially Sensitive Experience Linked Pruning**

- Prepubescent increase of grey matter
- Selective pruning ‘from back to front’ linked to social context
- Myelination results in great efficiency in neurotransmission; increased speed and capacity for complex information processing
- Brain maturation associated with increased capacity for cognitive and affective regulation


---

**The Developing Brain of the Teen is an Opportunity for Changing Pathways to Health**

Howard Sercombe (2014)

"...the teen brain is not a broken or defective adult brain. It’s been exquisitely forged by the forces of our evolutionary history to be a very good teen brain." Giedd, in Conan (2012)

"... at the very least this evidence indicates that a society substantially in the hands of young people would not necessarily be headed for disaster, and reinforces the principle that human societies have survived because of the capacities of the adolescent brain, not in spite of them."


---

**ATTACHMENT SECURITY BUILDS RISK DURING ADOLESCENCE**

- Less aggressive and violent behaviors
- Less experimentation with substance use and risky sexual behavior
- Greater capacity for managing frustration
- Popular with peers yet less influenced by peer pressure
- Better able to manage transition to high school.

Protective benefit is similar across culture (Hilario, Saewyc, Johnson & Vo, 2013).

_2017 CIN TRAINING WORKSHOP MORETTI_
WHAT PROMOTES ATTACHMENT SECURITY?

I: Sensitivity

- Ability to ATTEND, PERCEIVE AND INTERPRET verbal and nonverbal signals in a child and to respond with empathy and support.
  - Awareness of signals – requires attention and engagement.
  - Interpretation from an attachment lens.
  - Developmentally and attachment informed response.

To be seen - to be heard - to be understood.

WHAT PROMOTES ATTACHMENT SECURITY?

II: Cooperation & Shared Partnership

- Parent’s capacity for reflection on the child’s moods, interests and attachment needs and their use of this to guide caregiving.
- Parents capacity to form a ‘shared partnerships’ with their child in the caregiving process.

Seeking to “guide rather than control actions” rather than “interfering or intrusive” care that may interrupt “activity, and thus cause dysregulation” (Ainsworth, 1969).

But Can Attachment Security Change During Adolescence, Particularly Among Teens at High Risk?

- Mothers who showed low sensitivity were likely to have young children who were insecurely attached.
- BUT increased maternal sensitivity as children moved into adolescence predicted a shift toward attachment security in teens.
Can Insecurely Attached Teens in Care Form Secure Attachments with Foster Parents?

<table>
<thead>
<tr>
<th>Biological Mother</th>
<th>Foster Mothers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Secure</td>
<td>9%</td>
</tr>
<tr>
<td>Dismissing</td>
<td>55%</td>
</tr>
<tr>
<td>Preoccupied</td>
<td>2%</td>
</tr>
<tr>
<td>Disorganized</td>
<td>35%</td>
</tr>
</tbody>
</table>

Increased Security = Fewer behavioural problems

Bowlby (1973):
- Anger is the natural and adaptive response in response.
- It signals a parent of a child, or a partner in a relationship that something is wrong.
- It identified and understood with empathy it can potentially strengthen the relationship between child and caregiver.

Understanding Anger and Aggression from An Attachment Perspective

Bowlby (1973):
- Anger is the natural and adaptive response in response.
- It signals a parent of a child, or a partner in a relationship that something is wrong.
- It identified and understood with empathy it can potentially strengthen the relationship between child and caregiver.
Attachment and Aggression

Bowlby

> When attachment needs are ignored or punished, anger can turn into aggression.

> Although originally directed toward eliciting proximity and care, aggression threatens the attachment bond.

> "The most violently angry and dysfunctional responses...are elicited in children and adolescents who...are constantly subjected to the threat of being abandoned."

---

TRANSLATING ATTACHMENT THEORY & RESEARCH INTO PRACTICE

---

Translating Research into Practice

Why is Attachment a Strong Foundation?

1. Strong research base for normative and clinical populations.

2. Generates principles and therapeutic strategies applicable to parents, families and individuals.


4. Increases awareness and understanding of trauma on behaviour and in relationships.
Attachment-Based Interventions

For toddlers and young children:
- Video Feedback Intervention to promote Positive Parenting (Juffer et al.);
- Circle of Security (Marvin);
- Attachment and Bio-behavioral Catch-up Intervention (ABC; Dozier).

For pre-teens and teens:
- Attachment Based Family Therapy (Diamond)
- Connect

Goals:
1. Targets factors that determine adolescent mental health;
2. Strength-focused;
3. Designed to engage “difficult to reach families”;
4. Portable across communities and can be delivered by a wide range of mental health and education practitioners;
5. Structured to promote program fidelity but dynamic and flexible;
6. Designed around feasibility to promote strong uptake and sustainability.

Connect – BC Premier’s Award for Innovation

https://youtu.be/nuBOilosDPU
Connect – Quick Overview

Who Does Connect Serve?
- Parents and caregivers of preteens (8-12) and teens (13-18) who are want to help their child with behaviour problems, depression, anxiety and related problems
- Manualized – Detailed guide helps leaders to maintain adherence but address group dynamics and culturally tailor content
- Format:
  - Pre-Inclusion Interviews
  - Welcome meeting
  - Nine sessions (1.5 hours)
  - Feedback/integration session (45 minutes).
- Group format: 8-14 caregivers
- Structured but flexible, sensitive to trauma and focused on emotional and relational needs.

Connect Program Structure

- Each week: Key attachment principle related to adolescence, attachment and parenting guides role plays/reflection exercises.
- Format: Structured but with focus on learning through experience and dialogue – Role Plays & Reflection Exercises
- Collaborative & Strength Focused: Not prescriptive; not about teaching the ‘right way’ but about learning together; focuses on strengths of every caregiver and family

Connect – Inclusion Interview, 10 Sessions & Principles

1. All Behavior Has Meaning
2. Attachment is for Life
3. Conflict is Part of Attachment
4. Empathy
5. Autonomy Includes Connection
6. Balancing Needs
7. Growth and Change
8. Celebrating Attachment
9. Two Steps Forward – One Step Back – Feedback
Pre-Inclusion Interview
Welcome Session
CONNECT INTERVENTION TARGETS:
Strengthening the Building Blocks of Attachment Security

<table>
<thead>
<tr>
<th>Reflective Functioning</th>
<th>Caregiver Sensitivity</th>
</tr>
</thead>
<tbody>
<tr>
<td>“Stepping Back” – Mindfulness: Reflecting on what is in the child’s mind (feelings &amp; thoughts); What is in the parent’s mind (feelings &amp; thoughts).</td>
<td>“Stepping Forward” Skills needed to think about the child’s attachment needs and how these are communicated through behavior.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Dyadic Affect Regulation</th>
<th>Shared Partnership &amp; Mutuality</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skills needed to identify and tolerate difficult emotional states in themselves and with their teen.</td>
<td>Negotiation and providing safe and secure base while promoting teen autonomy.</td>
</tr>
</tbody>
</table>

SESSION STRUCTURE & EXERCISE SEQUENCE

- Adherence to the structure, exercises and goals is essential. Session structure and components are intentionally sequenced.
- Change is engendered through reflection exercises and role plays within each session that are designed and sequenced to induce specific feelings.
- Exercises and role plays are not only about content – they are strategies for shifting parents feelings and thoughts.
- Focuses on the caregiver-teen relationship as the foundation for supporting behavior.

"From Control to Connection"

Session Structure

- Sessions gradually introduce reflection exercises that help parents to think about their influence in the parent-teen relationship.
- Role plays illustrate extremes of two types of parental reactions to parent-teen problems:
  - Over-engaged or reactive caregiver
  - Disengaged caregiver
- Followed by a role play that illustrates how parents can remain available and responsive during conflict
1. Specifically targets issues of attachment in foster care for teens and provided foundational training.
2. Specifically emphasizes the impact of trauma on attachment and the behaviour of youth in care.
3. Introduces concepts of attachment injuries; the child’s attachment suitcase; and loyalty conflict.

Connect for Foster Parents
How Does it Differ from Regular Connect Program?

1. Addresses the Unique challenges of providing foster care.
   - Balancing care for biological and foster children; balancing professional and parental roles; coping with aging out.
2. Role plays adapted to reflect issues in the parent-teen relationship in the context of foster care.
3. Engages foster parents through respect, empathy and collaborative partnership acknowledging the challenges that fostering teens entails.

STRUCTURED ROLE PLAY REFLECTIONS
DEVELOP NEW PROBLEM SOLVING SKILLS

<table>
<thead>
<tr>
<th>CHILD</th>
<th>PARENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. WHAT WAS THE CHILD FEELING AND THINKING?</td>
<td>3. WHAT WAS THE PARENT FEELING AND THINKING?</td>
</tr>
<tr>
<td>5. LET’S BE CURIOUS ABOUT THE CHILD’S ATTACHMENT SUITCASE: WHAT DO YOU THINK MIGHT HAVE HAPPENED IN THE PAST WHEN THE CHILD EXPRESSED THESE NEEDS?</td>
<td></td>
</tr>
<tr>
<td>5. WHERE DID IT LEAVE THE RELATIONSHIP BETWEEN THE PARENT AND THE CHILD?</td>
<td></td>
</tr>
</tbody>
</table>

2017 CPG TRAINING WORKSHOP MORETTI
EVIDENCE BASE


Controlled Study

Clinical Population | Outcomes | Effect Size | Follow-Up and Other Findings |
--- | --- | --- | --- |
Parent/teen high risk dyads | Aggressive behavior | .27 | Effects retained over waitlist | 0.56 |
>50% threatened to harm or kill others | Conduct Problems | .46 | Similar outcomes for girls/ boys | .63 |
>50% threatened to harm self | Internalizing problems (e.g. depression) | | |
Parenting Satisfaction and Efficacy | 1.15-1.36 | |


Effectiveness in Community Practice

Clinical Population | Outcomes | Effect Size | Notes |
--- | --- | --- | --- |
High risk parent-teen dyads rural & urban mental health sites | Conduct Problems | .56 | Similar results across gender, caregiver status and when one of other services statistically controlled. |
Oppositional Internalizing | .34 |
Parenting Satisfaction and Efficacy | .79-1.24 |
Parenting Stress | .90-1.98 |
CPS Aggression: Teen to Parent -Parent to Teen | -.94 | -.74 |
Teen Affect Dysregulation | .46 | 2017 CPG TRAINING WORKSHOP MORETTI
### Replication in 540 Parent-Teen Dyads & Mechanisms of Change

<table>
<thead>
<tr>
<th></th>
<th>Pre-Treatment M (SD)</th>
<th>Post-Treatment M (SD)</th>
<th>Cohen's d</th>
</tr>
</thead>
<tbody>
<tr>
<td>Internalizing Symptoms</td>
<td>72.65 (12.94)</td>
<td>67.84 (13.07)</td>
<td>-.37</td>
</tr>
<tr>
<td>Internalizing Symptoms</td>
<td>64.45 (14.95)</td>
<td>60.67 (14.49)</td>
<td>-.49</td>
</tr>
<tr>
<td>Affect Dysregulation</td>
<td>3.69 (1.09)</td>
<td>3.45 (1.19)</td>
<td>-.49</td>
</tr>
<tr>
<td>Attachment Avoidance</td>
<td>3.41 (1.28)</td>
<td>3.34 (1.22)</td>
<td>-.22</td>
</tr>
<tr>
<td>Attachment Anxiety</td>
<td>3.58 (1.14)</td>
<td>3.48 (1.12)</td>
<td>-.09</td>
</tr>
</tbody>
</table>

Source: MORETTI (2017)

### EVIDENCE BASE


**Eyeberg Child Behavior Inventory (E-CBI)**

<table>
<thead>
<tr>
<th>Year</th>
<th>Incredible Years</th>
<th>Cope</th>
<th>Komet</th>
<th>Connect</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-Treatment</td>
<td>3.9</td>
<td>3.7</td>
<td>3.5</td>
<td>3.3</td>
</tr>
<tr>
<td>Post-Treatment</td>
<td>3.7</td>
<td>3.5</td>
<td>3.3</td>
<td>3.1</td>
</tr>
<tr>
<td>One Year Follow Up</td>
<td>3.5</td>
<td>3.3</td>
<td>3.1</td>
<td>2.9</td>
</tr>
<tr>
<td>Two Year Follow Up</td>
<td>3.3</td>
<td>3.1</td>
<td>2.9</td>
<td>2.7</td>
</tr>
</tbody>
</table>

**Incredible Years**

- **Cope**
- **Komet**
- **Connect**
Help parents identify thoughts and feelings that make parenting difficult
• Support stopping back & re-thinking
• Increase parental empathy
• Facilitate parent's recognition of child's attachment needs

Increase safe haven and secure base
• Increase parental sensitivity especially during during conflict
• Increase parental capacity to co-regulate difficult feelings with teen

Promote shared partnership
• Shift focus from problems to positives
• Prepare parent to manage set-backs (relapse prevention)

Strengthen Parent-Teen Bond and Protect from Adversity

Parent Interview Excerpt

How do you think the Connect Parent Group influenced you?

Father:
“Quite a bit, actually. It gave me a different insight into how to deal with Sandy, how to react with him and how to see what was actually in his mind. You know, like try to see it through his eyes, and think that helps a lot. ... it gives me food for thought whenever I see him doing something or seeing him getting upset, I try and figure out why or what he’s doing, what he is thinking sort of thing. Instead of just going in and saying, don’t be upset, that doesn’t work that well, so it’s helped a lot.”

A health economic evaluation of parent training programs for children in Sweden.
Natalie Zarabi, Filipa Sampaio & Inna Feldman, Uppsala University

- One of the two least expensive compared to three alternative parent management programs
- Theoretically and practically congruent with UN Rights of the Child. Rooth et al. (2017). An assessment of two parenting training manuals used in Swedish Parenting Interventions

Connect Parent Group©
Getting Started
Program Introduction

- Connect is a copyrighted-protected manual and program.
- Only trained and certified leaders are permitted to offer the program.
- Certification requires completion of the Connect workshop and hour per hour supervision of the first group cycle or until leaders achieve skills required for certification.

Planning Your First Group

- Ensure that leaders are available for 10 consecutive sessions over 10 weeks.
- Count on 6-8 or more hours per week for the training phase (1-2 hour prep; 1.5 hours running group; 1.5 hours tape review; 1 hour supervision; 1-2 hours additional group support etc.)
- Once trained leaders require about 3-4 hours per week to run the group, including set up, take down and notes.

Getting Started

Draft timelines to:

1. Build referral sources
2. Complete pre-group motivational interviews with caregivers
3. Organize site, food, babysitting
4. Welcome night, 9 sessions - preferably without breaks
5. Wrap up
Invitation to Connect Interview
Completed by leaders with each parent or caregiver prior to their attending the group.

FOUR COMPONENTS:

1. BUILD a collaborative relationship with each potential Connect participant.
2. MOTIVATE to facilitate change and growth; to inspire hope that the program will be helpful; to create interest in the caregiver-youth relationship and how it might be strengthened.
3. INFORM parents and caregivers about the upcoming Connect group (time, location, format, online questionnaires before and at the end of the group).
4. PROBLEM SOLVE around potential barriers to treatment that might interfere with attendance or full participation in the group.

CONNECT GROUP Welcome Night
Introduction of leaders and parents
• Overview of session topics what will be done across sessions
• Discuss balance between sharing and learning; confidentiality; housekeeping

Introduce Basic Concepts
• What is Attachment?
• Why is Attachment Important to Child Development?
• What Does Attachment have to do with Behaviour?
• What does this have to do with Me as a Parent?

Using the Manual & Delivering Sessions
• The manual is illustrative. Session descriptions provide an example of how leaders might present the information.
• Effectiveness depends on adherence (structure, exercises and goals) but make the words your own.
• Be supportive but stay structured and stick to the manual.
• Expect it to be easier to manage the content but more difficult to manage group dynamics.
Working with your Partner

- Prepare and pre-arrange tasks; discuss flexibility and communication including cueing.
- Being in the room and communicating is a shared responsibility.
- Support your partner, but be careful to keep the focus on the welfare of the group.

Session 1:
Understanding Behaviour Through Attachment

All Behaviour has Meaning

Principle 1.
All Behavior Has Meaning

Key goals:
- Parents become aware of that their child’s behaviour is a form of communication about their attachment needs in their relationship.
- They start to learn to step back and “read” their child’s behaviour from an attachment point of view.
**All Behavior Has Meaning**

- **Key Goals for Foster Parents**
  
  a) Recognize different types of insecure attachment strategies  
  
b) Recognize the impact of trauma and attachment disruption in shaping the expression of attachment needs  
  
c) Understand the concept of the child’s "attachment suitcase"  
  
d) Recognize that children 'miscue' caregivers about their attachment needs.

---

**Session 2: Attachment Over the Lifespan**

Attachment is for life.
Principle 2.
Attachment is for Life

Key Goals
- Parents begin to understand that attachment needs remain present throughout development but are expressed differently as children grow.
- Parents reflect on the role that their interpretation and attributions about their child's behaviour play in determining how they react to their child's attachment needs.
- Parents reflect on their experience of being understood (or not) as a teen.

Attachment is for Life

Key Goals for Foster Parents
- Learn about the impact of trauma on the strategies that children use to show their attachment needs.
- Discuss how foster children show their attachment needs when they are toddlers, children and teens.
- Discuss the impact of their child's attachment suitcase and trauma on their expression of their needs in their needs and miscuing foster parents.

Welcome, review & introduce principle
1. Attachment Needs List
2. Connection vs. Independence
3. Attachment Coin
4. How do two year olds show their needs?
5. How do your teens show needs now? How did you show your needs as a teen?
6. Stepping back and being curious & finding the right time to talk.

Attachment is for Life
Conflict is part of attachment

Key Goals:
- Conflict is part of all relationships and part of attachment.
- Practice identifying attachment needs in conflict.
- Develop awareness of our emotional reactions to conflict and how this shapes our behaviour.
- Practice emotional availability during conflict (Secure Base).
- Practice setting limits and safe structure during conflict (Safe Haven).

Conflict is Part of Attachment

Key Goals for Foster Parents
- Become aware of conflict triggers for foster children
- Reflect on how this is related to their child’s “attachment suitcase”?
- What attachment needs are expressed by child’s behavior during conflict?
Welcome, Review

Conflict is Part of Attachment

Our Past Experiences Shape our Response

Conflict is Part of Attachment

Role Plays: e.g.

Role Plays: e.g.

Session 4: Autonomy Includes Connection

Secure attachment: A balance between connection and independence

Autonomy Includes Connection

Key goals:
- Autonomy is adaptive and best achieved through connection with caregivers.
- Discussing parental feelings of fear, anxiety, and loss.
- Practicing skills in supporting autonomy while setting limits and ensuring safety.
Autonomy Includes Connection

Key goals for Foster Parents:
- Reflect on role of past trauma and attachment in how foster teens navigate autonomy
- Help foster parents understand the anxiety that both separation and connection creates foster teens and 'miscuing'
- Practice sensitive understanding, autonomy support while setting limits and ensuring safety.

Questions for Foster Parents
Session 4: Autonomy Includes Connection
Think about the child in your care.
1. Who do your teens turn to for safety and comfort... and to draw courage and strength?
2. How might your response to your child’s behavior influence whether they turn to you?
   Emphasize –
1. Mindfulness of the attachment suitcase
2. Importance of being a safe place, comfort and support to the child.

Autonomy Includes Connection
Preparing for Practice Sessions

- Small groups with your partner
- We will determine two session segments for you and your partner to practice
- How to prepare:
  - Read and discuss the session with your partner so you know how your part relates to the full session.
  - Prepare two 10-minute segments based on your assignments.
  - Use the flip chart paper to write down session exercises/questions/reflection and to record parent responses etc.
  - Make sure you and your partner BOTH participate in both sessions.
- What to expect tomorrow:
  - Be prepared to step into the role of a Connect leader.
  - When not practicing as a leader, you will participate as if you were a parent.
  - Be prepared to reflect, be respectful, ask questions.
  - HAVE FUN!!!

CONNECT
AN ATTACHMENT BASED INTERVENTION
DAY 2 – SESSIONS 5-8

Session 5:
Empathy: The Heartbeat of Attachment
Understanding, growth, and change begin with empathy
Empathy: The Heartbeat of Attachment

Key Goals:
- Distinguish empathy from sympathy, sharing same feeling, projection.
- Practice listening, focusing and responding without judgment or attempts to solve problems.
- Practice regulating their own feelings so they can be present for their child.
- Reflect on their own experiences of empathy and how these situations made them feel.

Empathy: The Heartbeat of Attachment

Key Goals for Foster Parents:
- Learn that empathy can provoke anxiety or other feelings due to teens’ past experiences - they may show reactions that are unusual, concerning or perplexing.
- Recognize the profound need of children in care to feel safe and secure, yet the challenges they face in expressing these needs.
- Discuss the challenge of maintaining empathy although that one may never know the value or impact of their care.
Session 6:
Balancing Our Needs with the Needs of Others

Relationships thrive when we recognize and balance our needs with the needs of others

Balancing Our Needs with the Needs of Others

Key goals:
- Develop awareness, empathy and acceptance of their own needs.
- Develop skills in communicating their needs while using empathy to recognize their teen’s needs.
- Practice regulating their feelings and remaining engaged with their teen as they work together to find balance.

Balancing Our Needs with the Needs of Others

Key Goals for Foster Parents:
- Recognize the importance of their needs given their professional role and personal involvement.
- Recognize that their foster teen's needs are different from same aged peers – as professionals the balance is tipped toward their child’s needs.
- Understand that foster children cannot meet their needs.
- Discuss the challenges of balancing the needs of their family, the needs of birth children and the needs of foster children.
Welcome Review

Balancing Our Needs with the Needs of Others

How Can We Create More Balance Among Our Issues and Its Our Relationships?

Our attachment needs is also especially (Oxygen mask)

What do we need to grow and develop?

(Attachment Needs List)

What does balance look like in relationships with others?

What does balance look like in self?

Role Plays & Reflections

How Can We Create More Balance with Our Teens and In Our Adult Relationships.

Balancing Our Needs with the Needs of Others

Growth in involves moving forward while understanding the past

Key Goals:
- Reflect on the stories we hold for ourselves and others and how these influence change.
- Reflect on our teen’s story of self and their story of how their parent sees them.
- Discuss how stories challenge or promote growth.
- Develop skills to attend to growth and change in their child, themselves and the relationship.

Session 7:
Change: Understanding It and What It Takes

Growth involves moving forward while understanding the past

Key Goals:
- Reflect on the stories we hold for ourselves and others and how these influence change.
- Reflect on our teen’s story of self and their story of how their parent sees them.
- Discuss how stories challenge or promote growth.
- Develop skills to attend to growth and change in their child, themselves and the relationship.

2017 CPG TRAINING WORKSHOP MORETTI
Growth Involves Moving Forward While Understanding the Past

Key Goals for Foster Parents
- Develop skills to recognize and support their foster child's attempt to change and grow even if these attempts are limited and inconsistent.
- Reflect on difficult feelings of loss and fear that when a teen is moved out of their care.

Session 8: Celebrating Attachment

Attachment brings Joy and Pain
Attachment Brings Joy and Pain

Key Goals:
- Recognize feelings, beliefs and experiences that block connection in relationships.
- Practice tolerance of anxiety, anger and loss and maintain openness to connection.
- Develop skills in identifying, inviting and sustaining connection.

Key Goals for Foster Parents

- Recognize the impact of their foster child’s past experiences and trauma on how they receive and respond to invitations for connection.
- Reflect on foster parents’ feelings of anxiety, fear of rejection and loss that might block connection.
Attachment allows us trust the relationship even during turbulent times.
Adversity is an opportunity for learning
Two Steps Forward – One Step Back

Key Goals:
- Practice using all attachment principles together for relapse prevention.
- Practice reframing setbacks as opportunities for growth.
- Practice tolerating feelings of disappointment and anger when things go off track.
- Practice skills to do repair in relationships.

Welcome
1. Growth & change is a bumpy road – The meaning of setbacks makes all the difference
2. Setbacks can be an opportunity for growth if we learn how to repair relationships
3. Review all we have learned and think about setbacks
4. Role Plays & Reflections
5. How do we use all we have learned to repair relationships

Two Steps Forward – One Step Back

Trusting Relationships

FEEDBACK & INTEGRATION SESSION
2017 CPG TRAINING WORKSHOP MORETTI

EVALUATING YOUR SERVICE

CONNECT Booster Sessions

Two 120-minute booster sessions:

- Booster Session I: first four principles
- Booster Session II: remaining CONNECT principles.
- Principle 9 always ends each booster session
CONNECT BOOSTER SESSIONS

Who Should Attend:
- Parents who have already attended the regular CONNECT program and would like to attend a booster (i.e., optional)
- Parents encouraged to attend both sessions – if not possible they may attend just one
- Attend as frequently as desired, unless leaders feel that their attendance is no longer helpful

CONNECT BOOSTER SESSIONS

When:
- Optimally, parents will attend following a lag of approximately four (4) months after completion of the regular program
- Best to have 14-16 attendees at each session, thereby ensuring the attendance of at least 10-12 parents.
- Requires contacting parents from more than one cycle of CONNECT in their community.
- Ideally fall and spring session (i.e., Booster 1 in fall and 2 in spring)

CONNECT – BOOSTER SESSION I
(CONNECT PRINCIPLES 1-4)

Welcome parents back
Brief ‘icebreaker’
1. All Behaviour has Meaning
2. Attachment is for Life & Attachment Coin
3. Conflict is part of attachment.
4. Autonomy Includes Connection
5. Two Steps Forward – One Step Back
- Focus is on change from end of Connect to Booster
CONNECT – BOOSTER SESSION II
(CONNECT PRINCIPLES 5-8)

EXAMPLES OF CHANGE FOCUS:

➢ Let’s jot down some of the things that you have “changed about yourself or the views you have about your relationships with your child” since you completed Connect.

➢ Let’s review your needs as a parent since you completed Connect?

CONNECT Implementation Strategies

Getting Started - Referrals

➢ Build interest in the program in your agency/community and provide information on how to refer.

➢ Present information sessions at your mental health unit, hospital or school. In BC the Connect Team can do this in your community or we can provide power point slides or handouts for you to use.

➢ We provide brochures for use in your community for parents and other referral services.
**Referrals: Group selection**

- Try not to stack your group with only the most severe clients on your caseload.
- Ideal group number is about 12-14 participants. Start with at least 12 in case some parents discontinue.
- **You must retain a minimum of 8** during your training phase to be certified.
- In small or remote communities exceptions will be made.

**Maximizing Success in Attendance**

- Sessions are designed to build skills sequentially – thus attendance at all sessions is ideal.
- It is important to determine the ability of the parent/caregiver to commit to all 10 weeks of the program.
- **Call parents who miss! Prevent drop out.**

**Integrating Connect for Foster Families with Connect for Families of Origin**

- Connect for Parents to Prevent Placement
- Connect for Foster Parents
- Connect for Parents to Support Reunification
- Connect to Support Permanency Planning
A Supervision Agreement will be provided to each group leader specifying the details of supervision and mutual responsibilities.

We evaluate the supervision experience and use it to improve our supervisor relationships and supervisory practices.

Supervision Agreement

- One hour supervision by teleconference or in person each week.
- Review your video and identify at least two segments to focus on, questions or issues to discuss.
- Complete Session Reflection & Adherence Form.
- Transfer video to Connect supervisor with enough time for review.

Supervision – Format
Supervision – Session Reflection Form

- Adherence to session format and exercises as described in manual?
- How well did group leaders communicate information and knowledge about the attachment principles?
- How well did group leaders facilitate rapport and positive group process?
- How well did group leaders ensure that discussion was balanced between personal disclosure and focus on the principle?

Supervision – Preparing for Supervision

- Both leaders should be familiar with the video and have discussed the session prior to supervision.
- Be prepared to provide an overview including your reasons for your ratings on the CPG Session Adherence Form and segments.
- Understand that supervision is focused on identifying challenges and solving problems; it is best to approach it with openness rather than defensiveness.

Supervision – A Reciprocal Partnership

- Strive to be active in partnership with your supervisor.
- Be specific about what issues you need help with.
- Come prepared with suggested solutions for challenges.
- Ask questions; provide feedback on what helps.
- Be open to trying new strategies.
Supervision – When to consult your On-Site Clinical Consultant

- Issues of acute risk/clinical needs should be directed to your on-site Clinical Supervisor in a timely manner.

- Clinical responsibility and liability for such issues rests with you and the facility in which you provide service.

---

A message from teens....

https://www.youtube.com/watch?v=Xiu59tUfnww

---

Good luck with your journey!

• Thank you for coming and sharing in the process!

• We are always learning – send us your feedback and suggestions.
Thanks to... Parents, youth and mental health professionals who have shaped Connect through their helpful feedback and research participation!

Maples Adolescent Treatment Centre

Members of the Adolescent Health Lab, Simon Fraser University and Collaborators

For more information go to: http://adolescenthealth.ca or www.connectparentgroup.org or contact Marlene Moretti at: moretti@sfu.ca