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Growing With Your Toddler:
A Relationship-Based Approach to Healthy Child Development

Anna Kriegel Weiss

Submitted in partial completion of the Master of Arts Degree at Sarah Lawrence College,
May 2016

GROWING WITH YOUR TODDLER

ABSTRACT

As an intern at the Chances for Children Institute, I have spent two years co-leading a parent-child playgroup known as “Growing with Your Toddler.” This playgroup is a relationship-based intervention that strives to strengthen the attachment bond between caregivers and their children, increase affect attunement and regulation between each dyad, and generally help children move towards healthy development. This thesis focuses on the conceptual underpinnings of the Growing with Your Toddler playgroup, including attachment theory and child-parent psychotherapy, as well as the history and evolution of these theories. Using the KIPS analysis, which is conducted by Chances for Children each year, I evaluate the ways in which the 2014-2015 group intervention affected 12 key parenting behaviors in caregiver members, as well as discuss the theoretical implications of the results.

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INTRODUCTION

“Growing with Your Toddler” is a relationship-based, parent-child playgroup which provides dyads with the opportunity to learn about each other in a supportive and safe setting. Members of the group participate for a range of reasons, but generally share the same goals of learning about child development, feeling supported through the parenting process, and helping their child healthily grow. The group rests on certain theoretical underpinnings, which guide the interventions used to achieve these goals; these concepts include Stern’s (1995) delineation of the “Motherhood Constellation”—which speaks to the caregiver’s need for a supportive environment upon becoming a parent, Fraiberg’s (1980) term, “Ghosts in the Nursery,” which illuminates the ways in which unconscious feelings about attachment figures and early childhood experiences impact parenting practices and feelings towards the infant, as well as child-parent psychotherapy—which incorporates attachment theory and psychotherapy to provide a framework for relationship-based work.

This thesis begins by providing an overview of attachment theory, which is critical to understanding infant-parent work and the Growing with Your Toddler intervention. I explore the history of attachment theory dating back to Bowlby, and discuss crucial aspects of the theory such as how attachment develops, patterns of attachment, the secure-base hypothesis, internal working models, and reflective functioning. I then give a detailed explanation of the Growing with Your Toddler group structure, routine, goals and composition. Within the framework of the provided overview of attachment theory, I highlight the theoretical underpinnings of the playgroup intervention and the ways in which reflective and sensitive caregivers help to promote the

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context for a secure-base relationship. Finally, I explain the ways in which the specific group interventions promote responsive parenting, and utilize the KIPS analysis in conjunction with my own anecdotal observations to explore the effects of the Growing with Your Toddler intervention.

OVERVIEW OF ATTACHMENT THEORY

History of Attachment Theory

Freud (1955) was the first to argue that children are not merely a lesser version of adults, but rather, that infancy and childhood in fact hold the roots of our emotional lives and development. Freud introduced the notion that “the child was father to the man and that mother-love gave something indispensable to the growing infant,” (Bowlby, 1979, p. 1). Before Freud, this belief was not considered worthy of scientific inquiry. Though Freud touched on the idea that one’s upbringing affects one’s character development, he and his followers were primarily concerned with the development of children’s psychic structures and fantasy life.

Bowlby (1979) thought highly of Freud and similarly valued the importance of having a stable and permanent relationship with a loving mother. However, he felt largely dissatisfied with the emphasis on the child’s fantasy life and efforts to understand their internal world. Bowlby’s background working with maladapted and delinquent children led him to believe that emotional disturbance in children was not due to a child’s fantasy life or sexual and aggressive drives, but rather, was a result of real life circumstances. He theorized from his work with these children that two environmental factors in early childhood were at the root of later emotional difficulties: prolonged separation from or loss of the mother (or primary caretaker), and the mother’s emotional attitude towards the child, as well as the manifestation of this attitude in child-rearing responsibilities (Karen, 1998). Bowlby held the revolutionary idea that real life events, such as how a parent responds to a child, are directly correlated with a child’s development.

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Being both a clinician and scientist, Bowlby (1979) was determined to explore the effects of early environments on the developing child through scientific measures.

Bowlby learned of the ethological perspective and felt it encompassed his beliefs in a scientific way. He utilized concepts from ethology and Darwin to postulate that human beings are innately wired to attach for protection as a result of evolutionary instincts:

The behavior that results from the activation and termination of certain types of behavioral systems is traditionally termed instinctive because it follows a recognizably similar pattern in almost all members of a species, has consequences that are usually of obvious value in contributing to species survival, and in many cases develops when all the ordinary opportunities for learning it are exiguous or absent (Bowlby, 1973, p. 81).

At the heart of Bowlby's attachment theory lies the idea that these behaviors are instinctual and that human beings possess the drive to attach as a result of the evolutionary need for survival.

Development of Attachments

Bowlby (1979) identified key "attachment behaviors," which he defined as behaviors that ensure physical close proximity to the primary caretaker to ensure survival. The social smile, first exhibited in infants at approximately six weeks, is an attachment behavior which elicits responses from the caregiver including smiling back, talking to the baby, stroking him or picking him up. Other attachment behaviors include babbling—a social releaser that usually elicits a delighted response from the caretaker, crying—which signals distress or discomfort, holding-on (through the grasping and Moro reflex)—which likely evolved from when mothers needed to run with their babies

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from predators, and rooting and sucking reflexes— which Bowlby believed evolved as reflexes from breast-feeding.

As part of attachment theory, Bowlby recognized four distinct phases of attachment that a child undergoes in which attachment behaviors vary in prevalence (Crain, 1980). These distinct phases include: indiscriminating social responsiveness (0-3 months), preferential social responsiveness (3-6 months), emergence of secure-base behavior (6-24 months)— and goal corrected partnership (24-30+ months).

In the first phase of attachment, ‘undiscriminating social responsiveness,’ infants generally respond to human beings in the same basic ways. Though studies show that babies prefer the human voice and face to other stimuli, the specific face or voice is not discerned in this phase. Thus, Bowlby (1979) determined that attachment behaviors elicited by infants in this stage are primarily satisfied by interaction with any person. In the second phase of attachment, Bowlby determined that babies become more selective in their social responses and generally will smile only at familiar faces. Babies in this phase also prefer a specific two or three people, and often times it is the two or three people in particular who have most sensitively responded to and positively engaged with the baby (Crain, 1980).

In the third phase of attachment, beginning around six months, the infant’s attachment to the primary caregiver becomes exclusive and intensifies. In this stage, it is typical to see separation anxiety and fear of strangers develop in the baby. This is the stage in which babies also typically learn to crawl, and they are often seen actively following their primary caretaker in order to maintain proximity. With this new ability, babies in this stage begin their exploration phase. During this phase, they use the primary

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caretaker as a secure base from which to explore and typically periodically look back to the caregiver for support as they discover their environment. By the end of the first year, babies generally have established an internal working model of their attachment figure, in that they have built an internal representation based on repeated interactions of the responsiveness and accessibility of their primary caregiver (Crain, 1980).

In phase four of attachment, beginning when the child is around three years old, children shift from carrying a primary concern for maintaining proximity to their attachment figure, to a 'goal-corrected partnership' with the attachment figure. Bowlby (1979) viewed this period as a time when children begin to think about the plans and goals of their primary caretaker, more easily envision their caregivers when they are not physically present, and are generally more willing to separate from their caregiver.

The Strange Situation, Patterns of Attachment

While Bowlby focused on how and why attachments are formed, Mary Ainsworth, a colleague of Bowlby's, was interested in how ordinary child rearing promotes healthy attachments. While living in Uganda and later in Maryland, Ainsworth conducted research on how infants become attached to their mothers and identified different patterns of attachment that exist among individual babies. Ainsworth set up an experimental setting to determine how babies in unfamiliar environments react to their mothers during brief periods of separation, and in particular, how they might use their mothers as a 'secure base from which to explore'. In the experiment, 12-month-old babies were brought into a playroom with their mothers and experienced two separations from her, each three minutes long. In the first separation, the baby was left alone with an unfamiliar graduate student and in the second, the baby was left completely alone.

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Ainsworth observed three patterns of attachment: the ‘securely attached’ infant, the ‘insecure-avoidant’ infant, and the ‘insecure-ambivalent’ infant (Crain, 1980).

Furthermore, the responses babies elicited in the laboratory setting were found to be representative of real-life responses infants produce when found in actual strange situations and when faced with fear.

Securely attached infants in the study were observed using their mother as a secure-base from which to explore shortly after entering the playroom— they played with the toys and explored the environment while checking back to see their mother was there. After their mother left the room, their exploration diminished and they sometimes became visibly distressed. Upon their mother’s return, they greeted her and remained physically close to her for a few minutes, then continued their exploration. In her observations of these infants at home, Ainsworth (1978) rated their mothers as sensitive and warm in their caregiving, providing loving attention, and available and responsive to their baby’s cries and distress signals (Crain, 1980).

Insecure-avoidant infants were observed as “independent” during the Strange Situation. They immediately explored the toys upon entering the playroom, did not use the mother as a secure-base and appeared to ignore her, did not become upset when their mother left the room, and did not greet her or stay close to her upon her return. If the mother tried to pick the baby up, the child appeared to “avoid” her by looking away or turning their body. At home, the mothers of these babies were rated as “insensitive,” “interfering” and “rejecting”. The babies at home often acted independently but became intensely anxious when their mothers were not visible (Crain, 1980).

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Insecure-ambivalent infants barely left their mothers side upon entering the Strange Situation. They did not explore the toys, clung to their mothers, and were extremely distressed when their mother left the room. However, they showed great ambivalence upon her return—they would reach out for her then push her away. In Ainsworth's (1978) observations of these infants at home, their mothers acted lovingly and warm sometimes while other times were unresponsive. Ainsworth hypothesized that these inconsistent patterns lead these infants to feel unsure about relying on their mothers for support when in need, and as a result their behaviors sought to maintain close proximity as much as possible.

A fourth category known as “disorganized/disoriented attachment style” was identified by Mary Main years later after a significant number of infants were unable to be classified under Ainsworth's three claimed attachment styles. Infants classified as “disorganized/disoriented” are marked by “fear, freezing, and disorientation” in the Strange Situation and in likewise stressful situations (Fonagy, 2004, p. 15). Main argued these infants perceive their caregiver as either frightened— which causes the infant to feel alarmed as a result of social referencing— or frightening, as a result of the parent's displayed aggression either directly or indirectly towards the infant. Infants who perceive their caregivers as frightened or frightening are put in a paradox, which Main called “fear without solution”—the caregiver is seen both as a safety net at times and as an “alarm” at others. This confusion is often manifested as approach-avoidance behaviors, and in the Strange Situation is hypothesized to be the cause of the observed “freezing” behaviors. Because the nature of their social interactions is often unpredictable, the child is unable to

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form an organized way to interact and a coherent internal representation of their attachment figure (Karen, 1998).

Secure Base Hypothesis

Bowlby (1979) and Ainsworth's (1979) secure-base hypothesis sheds light on how the attachment and exploration systems are intertwined; they hypothesized that only if infants feel sufficiently protected by their caretaker are they likely able to explore their environment and conversely comfortably seek proximity to their caretaker when feeling threatened. As Lieberman and Pawl (1990) help to explain:

The attachment system is continuously active in the sense that there is an ongoing process of monitoring information regarding clues to danger and availability of the attachment figure... Attachment behaviors tend to be mobilized in situations that arouse wariness and fear, and the attainment of the set goal of proximity and contact brings about a decline in fear of psychological experience of security... When fear subsides and a feeling of security prevails, the attachment behaviors are attenuated (although the system continues to operate), and exploration at flexible distance from the attachment figure can take place (p. 378).

Thus, we see that only when children are able to experience a perceived sense of security, both in the physical proximity sense and the emotional availability sense, can they feel safe enough to explore their surroundings and subsequently grow. Under this hypothesis, Bowlby identified securely attached children as having an evolutionary selective advantage, as they were considered to have the greatest potential for optimal development and subsequent survival.

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Bowlby additionally emphasized how, from an evolutionary perspective, infants are equipped with innate attachment behaviors which, when responded to attentively and warmly by their caregivers, result in secure attachment. He identified an evolutionary “loop” which functions by promoting healthy development through the “natural” tendency to respond sensitively to the baby’s behaviors in infancy. Thus, he identified that the most important factor in determining whether an infant will become securely or insecurely attached is the caretaker’s ability to sensitively perceive and appropriately respond to the child’s needs in a timely manner. Furthermore, he felt that “adult personality is seen as a product of an individual’s interactions with key figures during all his years of immaturity, especially of his interactions with attachment figures,” (Bowlby, 1973, p. 208). Thus, parental responsiveness was not only considered to be a crucial aspect in the development of attachments during the first years of life, but was also seen as having a significant impact on one’s adult personality.

In Western research today, securely attached children are identified as more socially and emotionally competent in childhood and adulthood than are insecurely attached children. Additionally, they have been shown to possess greater autonomy, less dependence, a higher ability to regulate negative affect, fewer behavior problems, and a greater ability to form close relationships. As Slade (2000) explains, attachment theorists who followed Bowlby agreed “that the roots of affective flexibility, balance, and emotional openness can be traced to the first year of life, and to the dynamics of the mother-child relationship. Thus, the dynamics of a secure relationship predispose the child toward more differentiated, coherent, and flexible functioning (Diamond and Blatt 1994),” (p. 1166). Bowlby and Ainsworth’s work, as well as today’s continued research

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on securely attached children, thus highlight the crucial importance of caregiver responsiveness in building secure attachments and the critical role early dyadic interactions play in the shaping of one's development and personality.

Internal Working Models

Bowlby's later research explored how secure attachments promote healthy development in children and he theorized it largely had to do with one's "internal working model" of the self and the attachment figure. Bowlby argued that each individual builds an internal representation of their view of the world, which he uses to interpret events, think about the future, and plan. Specifically with regards to attachment, the individual's caregiver is represented internally in terms of expectations around responsiveness and availability; Bowlby theorized that confidence that an attachment figure will be accessible and responsive when needed involves 1) whether the attachment figure is perceived as a generally responsive and supportive person and 2) whether the individual views himself as worthy of others extending help. Though independent variables, "the model of the attachment figure and the model of the self are likely to develop so as to be complementary and mutually confirming" (Bowlby, 1973, p. 204). For example, a child whose internal working model of their primary caregiver centers on rejection and unavailability will form a complementary model of the self as unlovable and undeserving. In contrast, a child whose internal working model of their caregiver revolves around responsiveness and support will form a complementary representation of himself as loving and deserving. Thus, it is the mutually confirming secure view of the caregiver and self that creates the context for supportive exploration and healthy development of the child.

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Lieberman and Pawl (1990) help to further illuminate how secure attachment is formed through the use of internal working models:

From a developmental perspective... it is likely that feelings of security are based on repeated experiences in which fear or anxiety had been reliably assuaged by timely intervention from the attachment figure. Such feelings of security develop thorough the reciprocal quality of the parent-infant interaction throughout the first year, when the parents functioning with the infant in a mutually regulating manner protects the infant from excessive internal and external stimulation. As a result of reported experiences of caregiving, the child develops expectancies about the parent's availability and responsiveness in a variety of situations, especially those that may elicit anxiety and fear. These expectations, in turn, become building blocks for the child's evolving working model of attachment (p. 378).

Lieberman and Pawl's insight reiterates not only the impact caregiver responsiveness has on the child's internal working model of attachment, but the crucial role it plays in helping the child regulate their affect and emotion as they begin their exploration of the world.

In addition to understanding secure attachment through the use of internal working models, Lieberman and Pawl (1990) also explore the ways in which the caregiver's role changes as a child develops, thereby changing the child's internal representation of the caregiver. They highlight how when the infant feels confident in his secure-base and begins to explore beyond the dyadic relationship, the mother's role changes by providing increasing encouragement of the exploration and support for the

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child's autonomy, while all the while providing available comfort and security when needed; "This function of the mother as an external support and reliable extension of the child becomes gradually internalized in the second and third years, a process that enables the child to find increasingly within himself or herself the resources to cope with the challenges of interaction with the environment" (p. 377). Thus, the "working" model of attachment— or the model that is continuously evolving during the early years of development— critically allows the infant to internalize the representation of their secure base and draw on it for support in developmentally appropriate ways as he navigates his environment.

Current Basic Assumptions of Attachment Theory

Although Bowlby's fundamental premise of attachment theory, "that children are born with a predisposition to become attached to their caregivers, and that early disturbances in primary attachment relationships can lead to lifelong feelings of insecurity and to distortions in the capacity to develop and sustain meaningful relationships (Bowlby 1969, 1973, 1980)" (Slade, 2000, p. 1148) is still believed and accepted today, it is helpful to draw on Slade's (2000) four guiding principles of attachment theory to understand caregiver-child relationships in the context of today's attachment theory research.

Slade's (2000) first guiding principle is that a baby is motivated to form, maintain, and preserve primary relationships "*because his emotional and physical survival depend on his doing so*" (p. 1149). Thus, infants will adapt to their caregiver's actions and minds, even when it requires distortion of their instinctive responses, in order to maintain attachments. Additionally, behaviors, feelings, and ideas that have the

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potential to disrupt attachments are “excluded from consciousness” on the part of the baby in efforts to preserve their attachment. Critically, according to Slade, these exclusions typically result in insecure attachments involving an incoherent, unelaborated self-experience.

Slade’s second guiding principle highlights how because the infant will do all that is necessary to maintain his primary attachment relationship, the adaptations in his behaviors, thoughts, and feelings affect his sense of self and of others, and his capacity to regulate and modulate emotions. There is, therefore, an observable relationship between the infant’s “actual lived experience”— both as it exists in the mother’s behavior towards the infant and her own mental representation of her baby and reflection of his experience— and the development of the baby’s internal structures for thinking, remembering, feeling, and knowing. Thus, the way in which the child’s affects and experiences are regulated, made real, known, and mentalized *within* the context of his primary caretaker relationship, directly affects the child’s sense of reality, security, and wholeness. As Slade (2000) summarizes: “. . .it is the *real* relationship that serves as the bedrock of psychic structure, that gives shape to inherent biology, and that provides organization to interior life, fantasy, and object representations,” (p.1151).

Slade’s third basic assumption of attachment, initially outlined by Bowlby, Ainsworth, and Main, is that the infant’s adaptations to the caregiver’s behavior and mind lead to patterns of defenses and affect regulation, which preserve the relationship and eventually become internalized by the infant. These patterned ways of responding to their caregiver create the internal representations of their attachment relationship and additionally determine the child’s access to his feelings and thoughts related to

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attachment. Because feelings and thoughts that have the potential to disrupt the attachment are pushed out of consciousness, “fragmented” and “distorted” representational models develop within insecure individuals. Thus, the child’s mind with regards to structure and functioning is developed in terms of “allowed expression” within the dyad, and attachment styles can therefore be considered “empirical codification and description of such patterns,” (Slade, 2000, p.1151).

Slade’s (2000) fourth guiding principle is “that the quality of a mother’s organization of attachment...will profoundly influence the child’s ultimate representation of attachment, as well as the behaviors that flow from such developing representations,” (p. 1153). In other words, reciprocal patterns of interaction influence the child’s fundamental attachment representation. Critically, this idea highlights the ways in which patterns of attachment are transmitted intergenerationally, which is a concept that is best understood by looking at the work of Mary Main in the Adult Attachment Interview.

Adult Attachment Interview

Whereas Ainsworth and Bowlby studied attachment behavior in infants, a decade later in the 1980’s, Main was interested in understanding internal attachment representations in adults. Main and her colleagues postulated that adults have their own feelings about attachment and these attitudes influence how they interact with their children. To test this hypothesis, they interviewed mothers and fathers about early memories of their childhood through the use of the Adult Attachment Interview. This interview, which is similar to a psychotherapy assessment, addresses sensitive childhood issues by asking parents to describe and reflect on their relationship with their parents, particularly with regards to experiences of rejection, separation, and loss in early

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childhood. Based on the language and coherence of each caregiver's narrative, Main and her colleagues found four distinct patterns of thought, memory, and affectivity among the interviews. Individuals who were classified as "autonomous/secure" had coherent narratives that were thoughtful and meaningful in the ways they understood their childhood experiences. Individuals who were identified as "dismissing" idealized or were derogatory when speaking about attachment. Those who were known as "preoccupied" presented angry or passive when speaking about attachment, and those identified as "unresolved/disorganized" displayed lapses in reasoning— such as disbelief, confusion, and incomplete sentences— when discussing events concerning attachment loss or trauma.

Main's research highlighted how just as patterns of attachment behavior could be identified in infants, so too could patterns of attachment representations be identified in adult narratives. Furthermore, the quality of those attachment representations, not simply the facts of early childhood, were found to be reflected in the pattern of representations found in adults: "Thus the security inherent in an adult narrative was not assessed on the bases of real life experiences, but on the basis of the organization and integration inherent in the representation of such experiences," (Slade, 2000, p.1153). Therefore, individuals who had difficult childhoods were not necessarily found to be insecurely attached, but rather, their ability to reflect coherently about attachment is what signified their security. Finally, Main's research found that 68% percent of the time, maternal attachment narratives predicted their infant's attachment style; secure mothers who could openly describe attachment experiences (regardless of if they were negative) typically had securely attached children who openly expressed their need for comfort from their

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mother. Dismissing mothers typically had avoidant children, preoccupied mothers typically had resistant children, and disorganized mothers typically had disorganized children.

Main's research on parental representations of attachment led theorists to question how the structure of caregivers' attachment narratives relate to the infant's capacity to seek comfort and physical proximity (Slade, 2000). Her work suggested that the mother's ability to coherently access feelings and thoughts about attachment allows her to respond to her child's attachment needs in an understanding way, as a result of the feelings being familiar and unthreatening: "Because she can acknowledge these experiences in relation to her own attachment figures, she does not need to deny, distort, or obliterate them in her child...And because she has been able to bind, organize, and make meaning of these feelings in herself, she can bind, organize, and make meaning of them in her child," (Slade, 2000, p. 1154). In contrast, a mother whose affective experience relating to her childhood and own attachment figure has been repressed or made to be overwhelming will not be able to sensitively respond to her child's attachment needs, as she will find the baby's needs to be intolerable and painful, just as she finds her own attachment-related feelings.

Reflective Functioning and Mentalizing

Fonagy (1998) followed Main's research by looking at representational processes in the context of building secure attachment. He theorized that the caregiver's capacity to reflect in a coherent way on her emotional life and its effect on others is what allows her to make sense of her own and others' internal, psychological experiences. This "reflective function", or ability to "read" her own and others' minds, is what allows the caregiver to

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see others' behavior as meaningful, intentional, and predictable. Critically, "Fonagy suggests that it is the mother's capacity to understand her child's mental states, and her 'readiness to contemplate these in a coherent manner' (1995, p. 249), that creates the context for a secure relationship," (Slade, 2000, p. 1155). In Fonagy's view, it is the ability to see her child as having an intentional mind of his own that is central to building a secure attachment, as well as is a key mediator of attachment transmission. Fonagy (1998) argues that when the infant's mind is understood and mentalized by the caregiver, the infant is able to over time understand his own mind in terms of his thoughts, feelings, and behaviors, as well the effects it has on others. Slade et. al. (2005) explains: "The capacity to mentalize, or envision mental states in the self and other, emerges out of early interpersonal experience, particularly the experience of being known and understood by one's caregivers. The child discovers himself in the eyes and mind of his caregivers, and derives a sense of security and wholeness from that understanding," (p. 76).

Fonagy (1998) explains that infants possess a bias, or filter, for relating their own behavior to similar responses in their environment. The context in which attachment takes place provides the infant with the ability to develop self-states and the opportunity to relate their behavior to their environmental surroundings. Fonagy argues that the "psychofeedback" or "social biofeedback," allows the infant to develop his secondary representation of his self through internalizing his mother's mirroring responses of his behaviors and feelings. He explains:

To give an example, like all emotion, anxiety for the infant is a confusing mixture of psychological changes, ideas, and behaviors. When the mother reflects, or mirrors, the child's anxiety, this perception organizes the child's experience, and

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he now “knows” what he is feeling. The mother’s representation of the infant’s affect is internalized and becomes the higher order representation of the child’s experience (Fonagy and Target, 1998, p. 94).

This “social biofeedback loop” causes the infant to use the mother’s empathic face and behaviors as a signifier of his own feelings. Furthermore, he is able to use her responses as a means for self-regulation and affect containment as he comes to understand and know his feelings.

Finally, Fonagy adds to Bowlby’s theory of the evolutionary need for attachment by arguing that attachment in infancy has the evolutionary purpose of providing human beings the unique ability to interpret, infer, and make meaning of the mind states of others, which leads to a representation and understanding of the mind of oneself. In adulthood, this evolutionary function serves to protect individuals from losing this self-representation to complicated social encounters and environmental obstacles. He suggests early relationships serve to develop our internal working models, particularly in the intersubjective stage of goal-corrected partnerships. Within the context of a secure bond, the infant’s signals are accurately interpreted and responded to by the caregiver and this repeated experience helps the infant to learn, through the mirroring process, how to eventually autoregulate his emotions, serving as a critical foundation for his ability to do so as an adult (Fonagy and Target, 1998).

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THE CHANCES FOR CHILDREN PROGRAM

As a second-year intern at the Chances for Children Institute (CFC), part of my role is to co-facilitate a weekly psychodynamic, play-based, parent-toddler playgroup known as “Growing with Your Toddler.” Chances for Children is an entirely grant and donation funded program, and thus services are completely free. This section will focus on the group structure, goals, composition, and routine. The following section will discuss theoretical underpinnings of the group, particularly as they relate to attachment theory.

The Growing with Your Toddler group is comprised of eight dyads consisting of caregivers and their children, roughly ages 15-20 months old. With regards to the racial composition of the group, the dyads are African American and Hispanic and the three leaders are white. The mothers who participate in Growing with Your Toddler primarily join the group to find a community of support, learn about child development, and learn about building and maintaining a secure relationship with their child. While some of the children in the group exhibit behavioral difficulties particularly around regulating feelings, other children don't have any emotional or behavioral difficulties beyond the typical range. Thus, many of the dyads simply attend the group to play with one another, delight in each other, and meet other parents and children.

The group's overarching goals, as per the Chances for Children mission, are to strengthen the attachment bond between caregiver and child, to increase affect attunement, strengthen mentalization skills in parents, and generally help children move towards healthy development. Other specific goals of the group include building social-emotional strengths, creating a community, increasing the parent's capacity to play with

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their child, and building parents' capacity for reflective functioning. According to the Chances for Children's website, the description of the group is as follows:

Chances for Children provides parents with a safe space to play with their children, learn about child development and gain support from a community of other parents. Each week, planned activities help parents explore such themes as early fears, separations, the need both for security and independence, and the challenges of regulating strong feelings. Through play, parents become sensitized to their children's physical and verbal cues and gain confidence in their ability to understand their children's reactions and meet their needs. During the open discussion period of each meeting, parents have the opportunity to talk about parenting challenges, explore solutions other parents have found useful, and consult a parenting professional ("Chances for Children," n.d.).

While dyads range in their reasons for participating in the group, all attend with the understanding that Growing with Your Toddler is a relationship-based approach to helping their children healthily develop.

Group Structure

There are three facilitators who lead the group, including myself. The group runs from September to May with a two-week Christmas break and spring break in April. The group is considered to be an "open" group, in that dyads are able to join the group at any point during the year if there is open space. The structure of the group involves a 90-minute routine, which is the same every week. When families first arrive, they take off their shoes and enter the playroom, which is set up with mats in the center and child-friendly books and puzzles lying on the mats. The first half hour involves the children

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reading on the floor with their caregiver while members arrive, ‘check-ins’ between the caregivers and leaders, and song singing with the group. Leaders check in with caregivers by asking how they, and separately their children, are feeling on a scale from one to ten, ten being the highest. The group then forms a circle while sitting and sings a welcome song using the names of everyone in the group. Other songs are also sung in both English and in Spanish, such as: ‘Twinkle, Twinkle Little Star,’ ‘The More We Get Together,’ ‘The Itsy Bitsy Spider,’ and ‘Head, Shoulders, Knees, and Toes.’

The second half hour is free play for parents and children to take part in on the floor together. During this time, the leaders and caregivers become “baby watchers” together in attempts to learn more about their child’s mind. The same toys are put out every week, which include: dolls, scarves, bottles, plates, spoons, little people and cars, animal families, buses, mega blocks, Duplo blocks, soft balls, and stringing telephones. Parents learn about following their child’s lead and expanding play as the leaders guide, observe, and help to scaffold the play. When there are five minutes left of free-play, we sing ‘Five More Minutes Left to Play,’ song to help the children prepare for the cleanup transition. After singing the ‘Clean-Up’ song and putting away the toys, families sit in a circle and have snack (cheerios, cheese and crackers) and water while a facilitator reads a book to the group. After the story is finished, a facilitator brings different toys out for the children (a toy kitchen, Jack-in-The-Box, a toy cash register and tea set). The children move away from their parents towards the toys, allowing the parents to participate in a ten-minute discussion with a facilitator. Discussion topics vary from week-to-week, and include themes of: ‘going away and coming back,’ ‘mine/yours (turn-taking),’ ‘regulating feelings,’ ‘discipline/limit setting,’ ‘waiting,’ ‘secure base,’ and ‘circle of security.’ After

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the discussion, the toys are put away again and there is ten minutes of dancing and singing together as a group. These ten minutes include freeze dance, ring around the rosey, a quiet relaxing song where dyads lie on the floor and the lights are turned low, as well as a goodbye song that incorporates each child's name.

Theoretical Underpinnings of 'Growing with Your Toddler'

There are three main theoretical underpinnings of Chances for Children's 'Growing with Your Toddler' playgroup, which all relate to attachment theory in a fundamental way. Stern's (1995) concept of the "Motherhood Constellation," Fraiberg's (1980) notion of "Ghosts in the Nursery," and Lieberman and Van Horn's (2005) expansion of Child-Parent Psychotherapy make up the theoretical bases for the group. The following sections will explore these four concepts and the ways in which they are utilized in conjunction with attachment theory to make up the framework for Growing with Your Toddler.

Motherhood Constellation

Stern's (1995) concept of the "Motherhood Constellation" is considered a psychic "reorganization" that takes place when a woman becomes pregnant. Stern believes that a mother's sense of self becomes reorganized around her baby during the period of pregnancy, birth, and beyond. In this period, the mother becomes preoccupied with her child and her ability to protect her baby. Additionally, within the activation of the Motherhood Constellation, one's own experience of being mothered comes to the forefront of her mind. Stern argues that in order to cope with this preoccupation of protecting the child and her new psychic reorganization, the mother needs what is known as a "holding environment," in which she can feel supported and encouraged while

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exploring her role as a mother. Many mothers find this environment within the context of their own families or in other women with children. These women strengthen the holding environment by providing the mother with a “maternal matrix,” or, a network of supportive caregivers.

At Chances for Children, the Growing with Your Toddler group is considered to be a type of “holding environment” for mothers, in which they can explore their roles as mothers and gain support from a community of caregivers and child development professionals. The therapeutic relationship that exists between the caregiver and group leader at Growing with Your Toddler is inherently different from that of a typical client-therapist relationship; the role of the facilitator at Growing With Your Toddler is not only to help caregivers explore their roles as new mothers, but to provide them with nurture and encouragement. Stern (1995) calls this role the “good grandmother” role, and explains: “the transference that evolves in this situation involves the elaboration of a desire to be valued, supported, aided, taught, and appreciated by a maternal figure...I call this form of transference ‘the good grandmother transference’” (p. 186). By providing caregivers in the group with a “therapeutic alliance-transference framework,” a supportive maternal matrix is created amongst the group. This matrix allows for caregivers to be validated, supported, and “held” in playroom, allowing them to “liberate,” “discover,” and “facilitate” their maternal functions, (Stern, 2005, p. 188).

Ghosts in the Nursery

Selma Fraiberg’s (1980) concept of “Ghosts in the Nursery” specifically addresses adult representations of attachments and is one that is particularly salient in all child-parent work. Slade et. al. (2005) explains: “Essential to the infant-parent

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psychotherapy model is the notion that in a disrupted mother-baby relationship there is some basic distortion of the mother's capacity to represent the baby in a coherent and positive way," (p. 79). She highlights how in troubled dyads, the mother's representation of the baby is distorted by "unmetabolized" and "unintegrated" feelings that originate from her own early attachment experiences (Slade et. al., 2005, p.79). Thus, the goal of infant-parent work is to help the mother separate these feelings from her relationship with her baby, and explore with her their impact on her parenting and attitude towards her child. By helping the mother explore these feelings and shift her internal representations, the baby can be freed from the caregiver's own projections. Thus, at Growing with Your Toddler, while promoting optimal child development and a strong attachment bond are the primary goals of the group, the group also aims to critically help parents explore links between unconscious psychological conflicts and misattuned parenting practices.

Child-Parent Psychotherapy

The treatment model Chances for Children uses is based off Lieberman and Van Horn's (2005) Child-Parent Psychotherapy (CPP) framework, which is a unique combination of attachment theory and psychotherapy. From a theoretical standpoint, the CPP model is described as, "an integration of psychoanalysis and attachment theory...and includes behavior-based techniques derived from developmental theory, cognitive-behavior approaches, and social learning theory" (Lieberman and Van Horn, 2005, p. 9). The overarching goal of the intervention is to change mutually reinforcing negative interactional patterns between the parent and child, and to increase their age-appropriate capacities to be emotionally attuned to one another's needs, thoughts, and motivations (Lieberman and Van Horn, 2005). The intervention specifically aims to

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address parent's and children's mental representations of each other, and foster age-appropriate understanding and respect of each other's internal worlds (Lieberman and Silverman, 1999). It does so by supporting and reinforcing reciprocal play, joint exploration of the world, age-appropriate discipline, constructive conflict resolution, and perceptions, attitudes, and behaviors that convey positive affect amongst dyads (Lieberman and Van Horn, 2005).

CPP Guiding Principles

A fundamental principle of child-parent psychotherapy is that enhancing the emotional quality of the dyadic relationship is a crucial means to promoting healthy child development. Bowlby has helped to explain that infants instinctually keep their attachment figure close as a means to survive, and as they grow, they instinctually keep them close as a means to help them understand danger and safety in the world (Karen, 1998). Thus, during this period of critical developmental, children look to their parents to help them develop their sense of safety in the world, as well as their sense of self and trust in others, particularly by observing and imitating them. As previously discussed, the child's sense of self develops in the context of their relationship with their primary caregiver, and therefore, enhancing the emotional quality of that relationship is considered to be one of the most effective tools for promoting healthy development. As Lieberman and Van Horn (2005) explain:

Healthy development in the early years is based on the child's ability to engage in trusting relationships, explore and learn, contain overwhelming affect, clarify feelings, and correct misperceptions. Sensitive responsiveness to the child's signals, safe and supportive physical contact, age-appropriate play, and the use of

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language to explain reality and put feelings into words are basic competence-building strategies to promote these capacities (p.19).

Therefore, while CPP focuses on helping the child build these competencies, it specifically does so in the context of the caregiver-child relationship as a means to support optimal child development.

In addition to enhancing the emotional quality of the dyadic relationship, another guiding principle of CPP focuses on psychotherapeutic concepts, particularly as they relate to the caregiver's mental state. This aspect of the model is based on psychoanalytic theory and seeks to improve the caregiver's psychological functioning, coping skills, and parenting by helping parents explore their "ghosts" and understand the ways in which their internal representations impact their dyadic relationship and child-rearing practices. As previously mentioned, helping parents link their unconscious feelings about attachments to their relationship with their child is considered to be a fundamental principle in child-parent psychotherapy, and is what allows for an the dyad to increase their capacity to be emotionally attuned to one another's needs, thoughts, and motivations.

Finally, because of the crucial role reflective functioning plays in developing the context for secure attachments, an additional guiding principle of parent-child work revolves around the parent's capacity to mentalize; as Slade (2000) explains:

We work to modify, temper, expand, or contextualize the parent's representation of the child, his biological rhythms, his moods, his intentions, and his desires (Slade, 1999). Addressing such representations in a direct way allows the parent

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to respond to the child more freely and sensitively, and allows the child an enhanced experience of the parent as a present, mentalizing, secure base.

Working with the parent to explore their internal representations allows for an increased capacity of reflective functioning and a subsequent secure-base experience for the child. Additionally, “maternal sensitivity, responsiveness to distress, moderate appropriate stimulation, interactional synchrony and warmth, [and] involvement and responsiveness” (Fonagy, 2004, p. 26) have all been cited as additional determinants that impact one’s attachment security. Thus, in tandem to working with caregivers on their reflective functioning capabilities, working with them on these additional determinants of attachment security is considered a crucial piece of child-parent psychotherapy work.

CPP Primary Interventions

There are five primary interventions utilized in the CPP model to help dyads achieve the goals of strengthening their attachment bond, increasing affect attunement, and promoting healthy child development: (1) “Promoting Developmental Progress Through Play, Physical Contact, and Language,” (2) “Offering Unstructured Reflective Developmental Guidance,” (3) “Modeling Appropriate Protective Behavior,” (4) “Interpreting Feelings and Actions,” and (5) “Providing Emotional Support/ Empathic Communication,” (Lieberman and Van Horn, 2005, p. 19-24).

The first intervention, ‘promoting developmental progress through play, physical contact, and language,’ encompasses a child-centered play framework in which the child uses play in the context of the dyadic relationship to explore his feelings. By allowing the child to lead sessions with his play, caregivers learn how to explore their child’s symbolic expressions and internal world. Additionally, language is an important piece of the

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‘promoting development progress,’ intervention. As Lieberman and Van Horn (2005) explain, “Play and language are used as vehicles to explore themes of danger and safety and to build a vocabulary for feelings that can replace the child’s use of destructive action to express anger, fear, and anxiety,” (p. 20). The use of play and language to explain reality and put feelings into words are essential tools in helping children healthily develop. Thus, in child-parent psychotherapy work, by teaching caregivers to “narrate,” or, describe the child’s actions, feelings, and surroundings in as much detail as possible, the child’s gains the opportunity to develop his language through the play interaction and subsequently learns to understand and express himself in a safe, supported way.

The second intervention, ‘unstructured reflective developmental guidance,’ emphasizes the importance in providing caregivers with developmental guidance but specifically doing so in a way that helps them to reflect on their own attachment representations and related child-rearing practices. Fonagy’s (2008) principle of reflective functioning, or mentalizing, which encourages “parents to attend to their own internal experiences as well as to how their children are likely to understand and respond to a particular situation,” (Lieberman and Van Horn, 2005, p.20) is of particular relevance in this intervention. Fonagy has explained that the caregiver’s reflective functioning capacity is essential to the child’s affect modulation and regulation. Furthermore, he’s emphasized that having experiences known by one’s caregiver, understood without defensive distortion, and held in their mind is what allows infant’s feelings and sense of self to be integrated and contained in an organized way. Thus, by providing parents with developmental guidance in a way that encourages them to be reflective, caregivers learn that their children’s mental states are separate and unique

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from their own, and are affected by their environment and circumstances (Allen and Fonagy, 2008). It is an intervention that not only helps parents understand their children better, but also encourages them to be reflective of their own thoughts and motivations as well, particularly as they relate to attachments.

In this intervention, the therapist links the child's behaviors and needs to his experiences as well as provides the caregiver with guidance around developmental processes, empathy, and appropriate limit setting. Psychoeducation around developmental processes such as separation anxiety and tantrums help caregivers to understand the child's intentions behind these behaviors. For example, parents learn that separation anxiety is an expression of love and fear of loss for their caregiver rather than misconduct, and that tantrums are an expression of children's normal experience of intensely feeling emotions without having the appropriate language or means to express or regulate them. Psychoeducation around these processes encourages caregivers to be reflective and thoughtful about the minds of their babies and of themselves.

This reflection is only achieved once a safe space has been created in the therapeutic relationship; by providing the caregiver with consistency, humanity, and support, as well as the safety of being known and understood, the clinician helps to create an atmosphere of reflection. In this intervention, the clinician will use their knowledge of the parent's history and circumstance to imagine and wonder what she might be thinking and feeling, as well as what the child might be thinking and feeling, in efforts to help scaffold her emerging capacity to reflect. By wondering together, the clinician helps to normalize and frame frightening and overwhelming feelings; as Lieberman (2005) explains: "In learning how their children interpret the world, parents often find new

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meaning in their childhood memories, and in this process they can acquire a richer and more compassionate understanding of themselves,” (p.22). Whereas in the past these feelings may have been too painful to tolerate, the experience helps bring them to life in a safe and supportive way. Furthermore, by modeling for the caregiver support and mentalizing skills, their defenses against previously intolerable feelings are slowly able to be minimized, eventually creating the capacity for caregivers to soon wonder and think about feelings and thoughts (both of themselves and of their baby) on their own.

The third intervention, ‘modeling appropriate protective behavior,’ involves taking action when the child is playing in a dangerous way or is at risk for hurting other children. Modeling protection is always followed by an explanation for the parent of the protective action, as well as an opportunity to reflect with the caregiver about what happened. Psychoeducation around limit setting in this intervention helps parents to understand the ways in which rules about safety help children feel loved and protected by their caregivers. Furthermore, by helping parents to understand the importance of appropriate protective behavior, parents are able to reflect on their own experiences with limits as a child, as well as how those experiences might impact their child-rearing practices.

The fourth intervention used in CPP, ‘interpreting feelings and actions,’ uses interpretations both of the caregiver’s unconscious thoughts, as well interpretations of the child’s unconscious feelings as displayed in their play, to help the dyad understand each other better and subsequently form a stronger attachment bond. The intervention aims to link unconscious perceptions of the caregiver’s life experiences with her feelings towards parenting practices, and feelings for her child. This intervention is rooted in

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psychoanalytic theory and Fraiberg's (1980) "Ghosts in the Nursery" concept, and requires careful timing of interpretation, much like it does in individual psychotherapy (Lieberman and Van Horn, 2005).

Interpreting feelings and actions also plays a role between the dyad: often times in child-parent psychotherapy, parents share emotionally laden topics while the child is present in the room. CPP emphasizes that when the child is present and a parent is discussing a difficult topic, interpreting for the child what is happening, such as by saying, "You see Mommy crying right now. Mommy is feeling sad right now. It's not your fault Mommy is sad, she will feel better soon," helps the child understand that feelings can be talked about in a healthy way instead of being ignored or invalidated. It also helps the child learn what feelings are (by putting words to the emotion), as well as helps the child understand they are not the cause of parental distress (an assumption that children inherently make). In CPP, interpretation at its best "allows the parent and the child to experience an increased sense of inner and interpersonal coherence by giving meaning to disorganized feelings and inexplicable responses and behaviors," (Lieberman and Van Horn, 2005, p. 22).

The fifth intervention, 'providing emotional support/ empathic communication,' is what allows for the dyad to feel safe, supported, and motivated in treatment. In thinking about Stern's (1995) "Motherhood Constellation", emotional support and conveyed empathy is particularly crucial in ensuring the caregiver can experience the "good grandmother transference" in the clinician as she explores her role as a mother. This support is what allows for the reflective functioning capacity to emerge and the eventual strengthening of the attachment bond. As Lieberman and Pawl (1990) highlight: "As the

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therapist supports and understands the parent, weaving connections between the individual experience and her perceptions of and feelings toward the child, shifts in the mother's own working models of attachment begin to take place, and these are in turn manifested in changes in her interaction with her child" (p. 376).

THE INTERVENTION PROGRAM

Chances for Children incorporates each of Lieberman and Van Horn's (2005) five child-parent psychotherapy interventions— promoting developmental progress through play, physical contact, and language, offering unstructured reflective developmental guidance, modeling appropriate protective behavior, interpreting feelings and actions, and providing emotional support and empathic communication— into the Growing with Your Toddler playgroup in specific and unique ways. The group is structured to utilize each of these interventions throughout its routine, while resting on the theoretical underpinnings of the Motherhood Constellation, Ghosts in the Nursery, and a combination of attachment theory, psychotherapy, and reflective functioning, as described in the Child-Parent Psychotherapy framework. The following section highlights the specific ways Growing with Your Toddler uses each of the CPP interventions and the ways in which they provide caregivers with the opportunity to strengthen their attachment bond as their child moves towards healthy development.

Promoting developmental progress through play, physical contact, and language

The first intervention, 'promoting developmental progress through play, physical contact, and language,' is facilitated by teaching caregivers about Greenspan's (2006) Floortime technique and about the importance of following their child's lead. Caregivers learn that Floortime is about making an emotional connection with their child and affords them the opportunity to show respect and acceptance of the child's emotions and ideas. They learn that the play is secondary, where as the affect portrayed is the primary piece of the intervention. Floortime includes five basic steps (How to read your baby, 2002):

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1. Observation—which involves “tuning” in to the child, noticing their state of awareness and general mood, and observing what the child is interested in.
2. Approach— which involves the caregiver adapting their approach to fit the child’s level of energy, opening the “communication circle” by letting the child choose what to play, and asking to join.
3. Follow the Child’s Lead— which incorporates joining the child in his play, imitating the child, taking turns, helping the child be successful, and conveying positive affect while supporting the child in their play.
4. Extend and Expand the Play— which involves extending the play by staying with what the child is interested in but taking the idea and imagination one step further, such as by trying something new with the same toy and waiting for the child to imitate the action while supporting his attempts to do so.
5. Close the Communication Circle— which incorporates observing when the child has had enough, letting the child be in charge and change the activity if he desires, and joining him in the next play he chooses (Greenspan, 2006).

Many caregivers did not necessarily have the experience of playing as a child, and thus, many of them lack basic play skills. By helping them understand Floortime techniques, they come to realize the importance of validating and understanding their child’s ideas and feelings, specifically through play. By physically playing on their child’s level (on the floor), and by playing whatever their child plays in whichever way they choose to do so (even if it takes an unconventional form), the child comes to learn that their parent is interested in and cares about their ideas and exploration (Slade, 1999).

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Caregivers and group leaders are on the floor with the children for the entire ninety minutes. Leaders model the five steps of Floortime for caregivers and encourage them to become “baby watchers” with the leaders in efforts to observe their children’s mood, affect, thoughts, and motivations. Group leaders also model compassion, acceptance, and engagement while scaffolding play for the dyad. An example of Floortime can be found from one of my process recordings between 15-month-old V and his mother, E:

V is concentrating hard on putting blocks together. E observes him and allows him to continue working on his structure. She then builds a structure out of extra blocks that has a hole you can look through.

E: Look V! Smile, it’s a camera!

V looks up at her then back down at his blocks.

E: Cheese! *She takes a pretend photo and then gives the structure to him. V immediately begins to pull it apart.*

E: Oh my! What happened?! *She says this in an exaggerated but playful tone.*

V smiles, then continues putting his own blocks together. It looks like he feels proud of himself for eliciting such a dramatic response from his mother.

E builds the same structure again with the hole in the middle.

E: V, here it comes! *She gives him the structure. He takes it and starts to pull it apart right away. E makes a dramatic sound and V starts laughing. E laughs with him.*

E builds the structure again and gets ready to give it to him.

Me: I wonder what he’ll do with it when you give it to him...

E: Take it apart!

She gives it to him and he starts taking it apart.

E: What happened?!

V gives her a big smile

Me: He’s created quite a fun game for you guys, hasn’t he?

E: Yes, he has!

This Floortime moment highlights how the mother is able to “follow his lead” and joins him in making a game out of pulling apart the “camera” she makes for him. The mother does not get frustrated or upset that V doesn’t want to play with the blocks as if it’s a camera, but rather, facilitates joy, affect, and interaction by playing with it the way he wants to play. By wondering out loud with this mother (“I wonder what he’ll do with it

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when you give it to him,”) this Floortime moment also affords the mother to reflectively think about her baby’s thoughts, feelings, and intentions.

Additional ways the ‘promoting developmental progress through play, physical contact, and language’ intervention is incorporated into Growing with Your Toddler is through the choice of toys that are carefully selected for the group; by providing age-appropriate toys, parents learn about their children’s developmental capacity, as well as what is optimal for them to play with in order to help promote their development. Additionally, with regards to physical contact, children physically sit in their caregivers’ laps during song singing and participate in hand and body motions together that complement each song. Over time, the children learn (and love) to sing the words to the songs and participate in the hand and body motions on their own, which highlights one of the many ways their developmental growth is promoted through physical contact and language.

Offering unstructured reflective developmental guidance

This intervention is used by the leaders throughout the 90-minute group. Beginning almost immediately upon arrival, leaders “check in” with caregivers and ask them to rank where they are feeling on a scale of one to ten (ten being the highest), as well as where they think their child falls on a scale of one to ten. The check-in promotes routine, which is a helpful developmental strategy for parents, and also promotes reflective functioning by allowing parents to explore that their child has feelings and states of mind that are unique to them and are not necessarily congruent with their caregivers.

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Unstructured developmental guidance also takes place throughout the Floortime component of the group. Leaders continuously ask caregivers to reflect on what their child might be thinking by observing their play and affect, what their child might be feeling, and what their behaviors might be signifying. Additionally, this intervention is formally used during the ten-minute parent discussion where developmental themes such as separation, turn taking, regulating feelings, limit setting, secure base, and circle of security are explored. For example, psychoeducation around the circle of security— in which children require encouragement from caregivers as they explore their surroundings, as well as comfort from caregivers as they “check back” to ensure their mothers are still present— helps parents to understand their role of offering both reassurance and support as children build a sense of competence and self-esteem through this developmental process.

The following process recording between the caregiver (K) and leader (L) highlights the this intervention in practice:

K: You know, I'm just starting to wonder where she learned to tantrum. She doesn't see anything like that on TV and she's only around other kids in this group. So I just don't get it! How does she know that when she doesn't get her way, she should fall out or throw herself on the floor?

L: It's a great question! So you're wondering how she knows to tantrum when she doesn't get her way. Well what usually happens when she does that?

K: We just ignore her. We don't want to teach her that when she does that she'll get attention, because we don't want her to keep doing it.

L: So it's something that you would like her not to do. But she continues to do it, even if she's ignored. I wonder why that is.

K: I don't know!

L: Well what do you think?

K: I guess maybe she knows that it's a way to express herself? Her anger.

L: That's totally right! You know kids who don't have language really have to figure out other ways to express themselves! They can't say, “It makes me mad when I have to give you my toothbrush!” Instead, they show how they feel with their bodies a lot of the times. Because that's really where they feel a lot of their feelings!

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K: Well, yea actually that makes a lot of sense! She doesn't have the words to express how she's feeling, so she just has to figure out another way to do it.

L: That's right.

By providing parents with developmental guidance in a reflective way, such as encouraging the caregiver in this example to think about the child's behaviors in the context of her development, parents are not only able to learn about their children's developmental processes, but are able to share thoughts, feelings and wishes, in a safe and supportive context.

Group leaders in *Growing With Your Toddler* thus not only function as child development guides, but additionally act as “secure bases” from which the parents can explore their own thoughts and feelings. By allowing caregivers the space to express their emotions and thoughts and reflect for parents how they might be feeling, the leaders model optimal secure base interactions. As Fonagy (1998) explains:

The ultimate goal is to help mothers acknowledge that the baby has a body and a mind of his own, and to learn— as a function of this awareness— to tolerate and regulate the child's internal states. The work almost always begins in the therapeutic relationship, with the clinician holding the mother in mind so that she can begin to know herself, only then slowly coming to know the child. We have found that is our clinicians' willingness to witness the mother's world, to witness her emotions and her body, to hold these in a safe way in the here and now, that makes the mother feel heard and ready to know the baby in all his complexity (p. 83).

As the leaders explore thoughts and feelings together with the caregivers— “holding” the caregivers in their minds— parents come to understand how it feels to be mentalized and

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what it feels like to have their affect contained, tolerated, and regulated, which encourages them to do the same with their children.

Modeling appropriate protective behavior

This intervention is most commonly used during the play portion of the group. The children often take toys from one another, as they are only beginning to learn about turn-taking and sharing. Often leaders will model appropriate protective behavior by intervening in these moments before one of the children is tempted to hit or push the other. Other times children may engage in potentially harmful behaviors, such as exploring the outlets and trying to take the covers out of them. In these moments, the leaders will firmly set the limit (“we can’t touch the outlets”), will provide an explanation for the limit (“the outlets are dangerous and can hurt us”), and will redirect by providing an alternative choice (“we can play with these blocks instead”). By modeling and explaining to caregivers the limit-setting approach, parents come to understand the importance of protective behavior, as well as how to conduct it in an appropriate, effective way.

The following process recording highlights this intervention, specifically in the context of turn-taking:

Child1 (J) was playing with a handful of the little cars and with the bus. He had been putting the cars inside the bus, but after a few minutes began just concentrating on the bus and seemingly forgot about the cars. Child2 (D) came over, picked up one of the cars and began to walk away. As soon as J realized, he reached up and snatched the car out of D’s hand. D looked upset and appeared as if he might start crying.

Me: J, there are many other cars for you to play with here and you put that one down already. We’re going give it back to D so he can play with it.

J: No!!! no!!! *He takes the car out of my hand and continues to play. This aggravates D even more.*

Me: J, look: You can have these cars, and D will have this car. Okay? *He protests initially and then sees the many cars he still has. He seems to understand the situation and is okay with it. He continues to play with the other cars while letting D take one.*

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In this vignette, D's mother was close-by and watching the interaction and thus, by modeling for her this intervention, she was able to observe an appropriate way to keep the children safe and protected.

Interpreting feelings and actions

One way group leaders use the technique of interpretation at Growing with Your Toddler is through the use of “talking for the baby” as a means to interpret for caregivers what their child might be signifying. For example, if a child begins to cry because someone else takes his toy, the leader might say, “I’m feeling so sad right now, Mom. I just want a hug to make it all better.” This helps model for the parents affect regulation, allows parents to mentalize, and helps them make the connection between the baby’s behavior and emotions. It also helps the child by labeling the emotion and helping them to understand what’s going on internally for them.

Me: A has a really big smile on her face! What do you think she’s thinking?

Mom: She loves all the toys. She’s checking out everything.

Me: So A is really enjoying exploring, huh? She’s looking at the dolls, and the blocks, and the animals. She’s interested in it all it seems.

Mom: Oh yea, she is definitely interested in it all. Even at home she doesn’t have one favorite toy. She goes from toy to toy, she likes all of it. Isn’t that right A? *It’s nice the way Mom incorporates her daughter here. It seems like she is almost checking in with her about what she’s saying, even though A can’t tell her mom that she’s right.*

Me: And it seems like the same goes for here too, she doesn’t seem to have a favorite toy. You really know that about her exploration style. It’s interesting that she keeps leaving you to explore and then coming back to you to check in—have you noticed that?

Mom: Ya! That’s right, she does.

Me: It’s almost like she’s saying, “I’m gonna check out the toys but I want to make sure you haven’t gone anywhere Mom!”

Mom: *(She laughs)*. Yea, she definitely wants to make sure I haven’t gone anywhere.

Me: I wonder why that is.

Mom: I think she just feels better checking things out when she knows I’m here.

Me: I think you’re right! She feels comforted and safe knowing you’re here, which helps her to feel comfortable exploring her surroundings.

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In this example, by “speaking for the baby,” the mother is better able to mentalize and think about what her child might be thinking and feeling within the context of her exploration.

Other interpretation interventions include, in the more classic sense, helping caregivers link their unconscious feelings about their pasts to their present behaviors and child rearing practices, as per Fraiberg’s (1980) “ghosts in the nursery” concept. This intervention at its best helps “parents become aware of the unconscious repetition of their past in the present, correct their distorted perceptions of the child, and free them to learn developmentally appropriate child-rearing practices,” (Lieberman and Van Hour, 2005, p. 23). By helping parents uncover their unconscious feelings through interpretations, they are provided with the opportunity to reflect on their attachment representations and their affects on their parenting.

A final form of interpretation at Growing with Your Toddler takes place by utilizing a concept known as “translating for the baby.” The experience of interpretation can cause caregivers to explore emotionally laden topics, which will often cause an intense reaction among group members. Leaders will use the intervention of “translating for the baby” to help children make sense of the emotional reaction they observe in their caregivers. For example, a caregiver might share that she was physically abused as a child and that at times she finds it difficult not to use the same type of corporal punishment with her child. The caregiver’s tone, demeanor, and face may change, likely resulting in tears. By translating for the baby that “Mom is feeling sad right now. It’s not your fault that mom is feeling sad, she’s talking about some difficult feelings,” the child is able to learn about their mother’s affect and it’s separateness from the baby.

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Providing emotional support and empathic communication

The final CPP intervention, providing emotional support and empathic communication, is crucial in helping dyads achieve their overall goals. Because one of the goals of the group is to achieve a sense of community and help mothers find a “maternal matrix” as per Stern’s (1995) Motherhood Constellation, creating an environment filled with support, empathy, and nonjudgment is necessary. This happens in both subtle and more formal ways. For example, by providing snack and water for the parents, just as we do for their children, we communicate empathy to the caregivers and convey their importance to us. We also take two minutes during the ending of the group for a brief lay-down meditation. We often reiterate to the parents to close their eyes and think of a relaxing place, conveying empathy for the stress we know permeates their lives.

The following process recording between Mom1 (F), Mom2 (B), and B’s son (J) highlights the sense of community and support created amongst the group:

F: Why is J crying?

B: He’s crying because he saw F leave early so now he wants to leave too.

F: Ohhh. J, it’s okay. Only ten more minutes left, then you can go home. It’s okay.

B: See J? It’s okay. Only ten more minutes left. You feel sad because you want to go home too. We’ll leave soon, after group is over.

F: That’s right, very soon. Look J, let’s play with the balls until it’s time to leave!

F’s engagement in B’s struggle with J at this moment highlights the caregiver-to-caregiver support in the group, and the ways in which parents can use their empathetic understanding of parenting challenges to help encourage one another.

Other ways we utilize this intervention is by using Ormont’s (2001) technique of “bridging,” in which a caregiver will share a struggle, such as “my child has tantrums when we’re in public,” and a group leader will respond by exploring the feeling

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associated with this struggle, as well as by asking other group members if they experience similar difficulties. By “bridging” between members, caregivers are able to feel supported and comforted. Other interventions that help to communicate empathy are the leaders’ use of reframing— such as by helping to provide names of feelings for the experience the caregivers describe, the use of normalizing, such as by helping parents understand that their child-rearing difficulties are a normal part of the parenting process, and empowering group members, such as by having a yearly “Celebrate Moms” day, in which caregivers reflect on what it’s like to be a mom, are given extra support, as well as a mug and tea-bag gift to encourage self-care (Goldstein and Noonan, 1999).

METHOD FOR ASSESSMENT OF THE PROGRAM

As Chances for Children is a grant-funded program, pre and post data are collected every year before and after the Growing with Your Toddler intervention takes place in efforts to assess it’s efficacy. The data is collected by leaders who record each dyad playing together for ten minutes at a time before they begin the group intervention, as well after they have participated in it. The program utilizes an evidence-based tool for assessing and coding the videos known as the KIPS analysis (Keys to Interactive Parenting Scale), as described in the scale below. This scale evaluates 12 key parenting behaviors, which have consistently and empirically shown to be important contributors to healthy child development by promoting responsive parenting. These behaviors are encouraged at Growing with Your Toddler as means to achieve the overall goals of moving children towards healthy development through a relationship-based approach. Thus in the yearly analysis it is expected that caregiver members will display improvements overall in these domains.

The ten-minute videos of dyads are coded anonymously by Chances for Children clinicians who did not work with the dyads. The following is an outline highlighting the 12 key parenting behaviors that promote healthy child development and the specific behaviors that are looked for in the coding process:

Promoting Responsive Parenting using KIPS (“Comfort Consults,” n.d.)

| | |
|--|---|
| <p>1. Sensitivity of Response</p> <ul style="list-style-type: none">a. Read child’s cuesb. React in tune with the baby’s cuesc. Put yourself in child’s placed. Be responsive to child’s cuese. Respond to baby’s cues with empathy | <p>2. Supportive Response to Emotions</p> <ul style="list-style-type: none">a. Model appropriate emotional responsesb. Talk about emotions—parents and child’sc. Help them handle their emotionsd. Respect their feelings |
|--|---|

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| | |
|--|---|
| | <ul style="list-style-type: none"> e. Console the child f. Celebrate with the child g. Modulate child's emotions |
| <p>3. Physical Interaction</p> <ul style="list-style-type: none"> a. Move in synchrony with child b. Eye contact c. Cuddle and stroke d. Be on same eye level e. Be in proximity f. Gentle touch g. Avoid intrusion | <p>4. Involvement in Child's Activities</p> <ul style="list-style-type: none"> a. Tune in to what child is doing b. Show interest in child's activities c. Participate in child's play d. Talk with child about what she is doing e. Get on floor with child f. Engage in turn taking play |
| <p>5. Openness to Child's Agenda</p> <ul style="list-style-type: none"> a. Follow child's lead b. Let them pursue their own interests c. Support their choices d. Offer new options of things to do with a toy e. Let them turn pages, skip pages of books | <p>6. Engagement in Language Experiences</p> <ul style="list-style-type: none"> a. Have conversations with child b. Elaborate on their speech c. Use complete sentences d. Respond verbally to child's cues e. Label things in their environment f. Ask the child questions |
| <p>7. Reasonable Expectations</p> <ul style="list-style-type: none"> a. Know age appropriate development b. Match request to development ability c. Offer slight challenges d. Stretch timing or complexity a little e. Help them with parts they forget | <p>8. Adapts Strategies to Child's Interests and Behavior</p> <ul style="list-style-type: none"> a. Engage child in chosen toy in a different way b. Match activities to child's interests c. Place toy just out of reach to encourage d. Improve odds of success by positioning e. Extend play |
| <p>9. Appropriateness of Limits and Consequences</p> <ul style="list-style-type: none"> a. Provide clear and firm limits b. Provide reasonable consequences c. Follow through on clear and firm limits d. Help the child learn appropriate behavior e. Ease behavior using transitions f. Use of redirection or distraction | <p>10. Supportive Directions</p> <ul style="list-style-type: none"> a. Encourage to think on their own b. Give choices c. Demonstrate technique d. Clear words and actions e. Match child's pace f. Suggest rather than demand g. Help them think about options |

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| | |
|---|--|
| <p>11. Encouraging Words and Actions</p> <ul style="list-style-type: none">a. Show interest in what child says and doesb. Praise, clapc. Motivated. Build confidencee. Use positive wordsf. Encourage child to try new activities | <p>12. Promotion of Exploration/Curiosity</p> <ul style="list-style-type: none">a. Ask questions to help child predictb. Ask questions to help child solve problemsc. Create surprise sounds or movementsd. Model curiosity and exploratione. Follow child's leadf. Let child explore on their owng. Set up safe place for child to explore |
|---|--|

The coding process entails a 1 to 5 quality rating of the above-mentioned behavioral anchors. For example: when assessing the 5th parenting behavior, “Openness to Child’s Agenda,” the anonymous coder will rank the observed parenting behavior in the pre and post ten-minute videos on a scale from 1 to 5, where 1 is identified as: “caregiver usually chooses the activities, or shows little flexibility whether or not child cooperates,” 3 is identified as: “caregiver sometimes chooses activities and child sometimes chooses activities,” and 5 is identified as: “caregiver often follows child’s choice of activities and supports child in making and pursuing his/her own choices of activities,” as shown in the scale in Appendix A. Coders thus give each parenting behavior a number between 1 and 5 to determine the quality of each of the 12 parenting behaviors. The 12 numbers are then averaged for the pretest and the posttest in order to assess the overall level of parenting responsiveness and the changes in responsiveness as a result of the intervention.

RESULTS

Each of the 12 key parenting behaviors highlights the importance of parental responsiveness and sensitivity in the context of the dyadic relationship. Just as attachment theorists have emphasized for decades, it is these behaviors, in the context of the relationship, that impact attachment security and a child’s opportunity for developmental growth. The following data describe the effects of the Growing with Your Toddler intervention as per the conducted KIPS analysis, as well as anecdotal observations of parent-child interactions in the group to highlight the parenting behaviors in practice.

Group Data

The Chances for Children KIPS analysis conducted on the eight dyads, as observed in Appendix B, helps us to understand the ways in which each parenting behavior was impacted by the Growing with Your Toddler intervention. Though each dyad did not participate in the group for the full nine months, the data analysis lends itself to insight regarding the efficacy of the intervention. The data reveals that within each individual behavior, some dyads improved in the quality of the specific parenting behavior, some decreased in the quality of the behavior, some stayed the same, and some behaviors were not observed, as described in the graph below:

| Dyad | Improved Behaviors | Decreased Behaviors | No Change | Behavior Not Observed |
|------|--------------------|---------------------|-----------|-----------------------|
| 1 | 7 | 0 | 4 | 1 |
| 2 | 7 | 2 | 3 | 1 |
| 3 | 6 | 5 | 0 | 1 |
| 4 | 5 | 1 | 5 | 1 |
| 5 | 2 | 3 | 6 | 1 |
| 6 | 9 | 0 | 3 | 0 |
| 7 | 10 | 1 | 0 | 1 |
| 8 | 3 | 1 | 7 | 1 |

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As this graph highlights, relative to the number of improved behaviors, on average there were significantly fewer decreases in quality of behaviors, as well as significantly fewer ‘no change’ or observations of behaviors. Furthermore, the mean scores of the 12 behaviors were averaged for each of the pre and post videos, as the analysis in Appendix B shows, and the results indicate there was an overall improvement in responsive parenting behavior for seven out of the eight dyads, while one dyad decreased in their overall responsive parenting behavior. Though the data does not reveal the reasons why certain parental behaviors improved with the group intervention while others did not, nor does it reveal why seven of the eight dyads improved overall while one did not, the results do indicate a significant improvement in responsive parental behavior for almost all dyads, highlighting the general effectiveness of the Growing with Your Toddler group intervention.

Anecdotal Data

The following brief process recordings from my own documentation of the 2014-2015 Growing with Your Toddler group bring to light some of the key parenting behaviors in the context of their interactions with their children:

Involvement in Child’s Activities

Mom (J) and her daughter (F) are playing together with all of the doll clothes, food, and baby dolls on the floor.

J: You’re feeding the baby, F?

F: Yea.

J: Mmm, what’s the baby eating?

F: Mmm.

J: That’s delicious! Mmm. Is the baby cold? You wanna wrap the baby up?

F: Ya. Cold.

They start wrapping up the baby doll together. J helps to wrap the baby and then F holds the baby and rocks her once the baby is all wrapped up. Then F puts the baby down and takes off the blanket. She attempts to start taking the baby’s clothes off.

J: What are you doing. You taking her clothes off?

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F: Yea! *She starts looking up the baby's pant leg.*

J: (speaking to the group) I don't know why they all wanna take off their clothes! (*She laughs*). They all wanna take of the baby dolls' clothes. It's too funny. They wanna see what's underneath there! Okay, okay—you want to take off her outfit? I'll help you. See we unbutton it here.

In this vignette, the mother's interaction with her daughter highlights all of the components of the parenting behavior, "involvement in child's activities." She "tunes in" to what her child is doing by observing her interest and actions, she shows interest in the child's activities by asking her questions about her play, she participates in the play with her daughter while talking about what they are doing, and they play on the floor while engaging in turn taking of "caring" for the baby doll. Additionally, even when this mother becomes slightly embarrassed that her daughter is curious about the baby doll's body, she does not shame or try to redirect her daughter, but rather, supports her in her exploration and facilitates her interest.

Sensitivity of Response

Mom (G) and her daughter (K) are playing on the floor together with the dolls.

G: (in Spanish) Ohh the baby's hungry- I see you feeding her! Let's feed the baby K. *K holds the bottle up to baby dolls mouth. She is sitting very close to G. They look like they are really having a moment together where they are both taking joy in the play and in each other.*

Leader1: Oh G, K is focusing on feeding that baby isn't she? She looks like she's concentrating hard on it.

G: Yes she loves it!

Leader1: Mmm, does the baby like it, K? *She doesn't answer but she looks at me. There is some action going on with pretend phone calls from across the room and K happens to be sitting next to a toy phone.*

Mom2: Ring, ring! G! K! Someone is calling you on the phone!

G looks happy to participate in this pretend play.

G: K, someone's on the phone for you! Who is calling?

K looks at her, then looks back at the baby. G tries again:

G: K, the telephone! Ring, ring!

K makes a motion with her body as in "I'm not interested" and keeps feeding the baby. G looks up at me, laughs, and shrugs her shoulders.

G: Ok ok let's feed the baby.

Leaader1: She really wants to feed that baby, huh G?

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G: Yes!

In this vignette, G responds and reacts in tune with her baby's cues throughout the play; she seems to know that the baby will not be interested in the phone, as she is playing with the doll. She offers to engage her in the phone activity but does not push her into this play. Instead, she follows her cues and supports her interest in the baby doll. G does not feel rejected or upset that K does not respond to her when G invites her to the telephone play, but rather, seems to know, understand, and appreciate that K has her own ideas about what she wants to play.

Supportive Response to Emotions

Child1 (G) and Child2 (F) were both playing with separate buses. G drove his bus into F's bus, which made a loud crashing sound. The noise startled F. She left her bus where it was and ran over to her mom (J).

F: G...Bus...G

J: G drove his bus into yours? That was a little scary, you got startled! It's okay. You're okay.

F: Come...come...bus...

J: You want me to come with you to get the bus? It's okay, you're okay. You can get it. You can do it.

F: Come...Bus...Come

J: Okay, you want me to come with you. Okay, you're okay.

J hold's F's hand and F does not let go as they stand up and move towards the bus to get it. She brings it over back to where her mom was sitting, holding her mother's hand the whole time. F sits down close to her mother and observes G from across the room.

This vignette highlights J's supportive response in reaction to F's emotional state. J was able to talk about the frightening feeling F was experiencing, which helped modulate the feeling and helped F to feel comforted. J respected her feeling, as opposed to shying away from it, and supported her through it by comforting her. In doing so, J was able to model an appropriate emotional response to F's feeling, allowing F to understand her emotion, as well as feel like her "secure base" was present and available during a stressful time.

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Promotion of Exploration/ Curiosity

Child (F) is throwing the ball while sitting in between her mom's (J) legs. F is laughing and looks like she is having fun. She throws the ball in my direction.

Me: Oh! Are we playing catch? 1..2..3.. *I throw the ball back to her*
F starts laughing. She throws the ball back to me

Me: Ready?

J: Do you think she's going to throw it to you? Get your hands up!

Me: 1...2..3... Catch!

She tries to catch it. She misses and starts laughing.

F: Catch! 1...2...3... *She throws it back to me. I catch it and get ready to throw it back to her.*

Me: Ready? 1...2..3... *I throw the ball and she catches it.*

Me and J: Yayy!!! *We both clap and F joins in, clapping for herself. We do this back and forth many times. She gets distracted by something and picks it up to play with. I turn around to see what another child is doing. Then I hear from behind me "Catch!" out of F's mouth.*

J: Ooh Anna, F wants to play catch with you again!

Me: Ready? Okay, here we go! 1...2..3...

This vignette showcases the way in which J follows her child's lead and encourages her curiosity and exploration. J does so in an excited way, which helps to encourage F to explore. F was engaging with me in play—a person who at the time was still new to her. J helped to support her daughter's exploration by signifying that I was a safe person for her to explore the play with. Additionally, J asked questions to help promote her daughter's exploration ("Do you think she's going to throw it to you?"), as well as supported her daughter while she explored the game of "catch."

As these vignettes highlight, and as the KIPS data reveals, caregivers within the Growing with Your Toddler intervention learn successful tools for responsive parenting. Though the data reveals some inconsistencies regarding improvements in some parenting behaviors but not others, the average of the 12 parenting behaviors improved for each dyad, and thus, the intervention is considered to be effective. Future research may consider focusing on understanding why certain parenting behaviors improved while

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others did not as a means to make the intervention even more successful than it already is, however, the average growth in overall parenting is key support for the efficacy of the intervention as it stands.

CONCLUDING REMARKS

This thesis has shed light on the importance of utilizing a relationship-based approach to helping children develop in healthy ways. Attachment theorists dating back to Bowlby have helped us to understand that secure attachments in children lead to optimal development in infancy and higher functioning through adulthood. Critically, these theorists have shed light onto the importance of the caregiver-child relationship in the development of secure attachments. This thesis has helped to explain how it is within the context of the dyadic relationship, and specifically in the caregiver's sensitive responsiveness and reflective capacity, that children are afforded the opportunity to build secure attachments and successfully explore their world. *Growing with Your Toddler* utilizes this understanding— as well as the theoretical understandings of the Motherhood Constellation, *Ghosts in the Nursery*, and child-parent psychotherapy— to create a safe and supportive space for children and caregivers to learn about themselves and each other as they strengthen their relationship.

It is important to note that new research in attachment is shifting focus from parental representations of their own attachment figures (i.e. their parents) to parental representations of their own children. This body of research is specifically looking at the ways intergenerational attachment transmission occurs. While we know, based on the work of Main and Fonagy and more specifically from the Adult Attachment Interview, that the quality and organization of parental representations of their own attachment figures is intrinsically related to how attachment security is transmitted to children, newer research is looking at how parental representations of their own children— which begin

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long before conception and are crystalized during pregnancy— may play a secondary role in the transmission of attachment styles (Slade, 2000).

While continuing research will inevitably play a role in the future of understanding relationship-based approaches to healthy child development, the results of the KIPS analysis conducted by Chances for Children highlight the effectiveness of the current Growing with Your Toddler group intervention for improving responsive parenting behaviors. While we are not able to draw any conclusive results about the quality of attachments between dyads in the group, the 12 identified behaviors in the KIPS analysis, which have been empirically demonstrated to promote healthy development in children, show an overall increase in seven out of the eight dyads who participated in the intervention. Thus, we are able to say that the Growing with Your Toddler intervention generally helps to improve responsive parenting, allowing parents to gain an increased sense of empathy, sensitivity, and reflectiveness in their interactions with their children as a means to promote healthy child development, and that it is these relationship-based interactions that are crucial to creating the context for secure-base establishment.

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APPENDIX A: KIPS Qualitative Coding Scale

How Open Is the Caregiver to the Child's Agenda?

NOB

① 2 ③ 4 ⑤

| | | |
|---|---|---|
| <p>CG:</p> <ul style="list-style-type: none">• usually chooses the activities, or• shows little flexibility whether or not C cooperates. | <p>CG sometimes chooses activities, and C sometimes chooses activities.</p> | <p>CG often:</p> <ul style="list-style-type: none">• follows C's choice of activities, and• supports C in making and pursuing his/her own choices of activities. |
|---|---|---|

Note: Give examples of the strengths and needs that you observed.

APPENDIX B: Chances for Children Pre and Post Data Results

| dyad | pre/post | sensitiv of respon | supp emot | phys interact | involve in | | lang- uage |
|------|----------|-----------------------|--------------|------------------|-----------------|---------------------|---------------|
| | | | | | c's activity | open to c agenda | |
| 1 | pre | 2 | 3 | 3 | 4 | 2 | 3 |
| | post | 4 | 3 | 5 | 5 | 4 | 4 |
| 2 | pre | 3 | 3 | 5 | 3 | 2 | 4 |
| | post | 4 | 5 | 4 | 4 | 3 | 4 |
| 3 | pre | 4 | 4 | 4 | 4 | 4 | 4 |
| | post | 4 | 5 | 5 | 5 | 5 | 4 |
| 4 | pre | 2 | 3 | 3 | 3 | 2 | 3 |
| | post | 3 | 2 | 3 | 3 | 3 | 3 |
| 5 | pre | 4 | 4 | 5 | 5 | 4 | 3 |
| | post | 4 | 4 | 5 | 5 | 3 | 3 |
| 6 | pre | 3 | 3 | 3 | 3 | 2 | 1 |
| | post | 4 | 4 | 3 | 5 | 4 | 4 |
| 7 | pre | 2 | 1 | 2 | 3 | 2 | 3 |
| | post | 4 | 4 | 4 | 4 | 4 | 3 |
| 8 | pre | 3 | 3 | 3 | 4 | 2 | 4 |
| | post | 3 | 3 | 4 | 4 | 2 | 3 |

| dyad | pre/post | reas expect | adapts strategy to child | limits + consequ | sup direc | encourage | promotes explore + curiosity | MEAN |
|------|----------|----------------|--------------------------------|---------------------|-----------|-----------|------------------------------------|------|
| | | | | | | | | |
| | post | 3 | 3 | NOB | 3 | 3 | 3 | 3.64 |
| 2 | pre | 4 | 3 | NOB | 2 | 4 | 2 | 3.18 |
| | post | 4 | 4 | 4 | 4 | 4 | 4 | 4.00 |
| 3 | pre | 4 | 4 | 3 | 4 | 5 | 4 | 4.00 |
| | post | 4 | 4 | NOB | 5 | 5 | 5 | 4.64 |
| 4 | pre | 3 | 2 | 4 | 3 | 3 | 2 | 2.75 |
| | post | 4 | 3 | NOB | 3 | 3 | 3 | 3.00 |
| 5 | pre | 5 | 4 | 4 | 5 | 5 | 4 | 4.33 |
| | post | 5 | 5 | nob | 3 | 4 | 3 | 4.00 |
| 6 | pre | 2 | 2 | 3 | 3 | 3 | 2 | 2.50 |
| | post | 3 | 3 | 3 | 4 | 3 | 4 | 3.67 |
| 7 | pre | 2 | 1 | 2 | 1 | 2 | 1 | 1.83 |
| | post | 3 | 4 | NOB | 4 | 4 | 4 | 3.82 |
| 8 | pre | 3 | 2 | NOB | 2 | 4 | 3 | 3.00 |
| | post | 3 | 3 | NA | 4 | 4 | 3 | 3.27 |