

Early Intervention for Families Exposed to Chronic Stress and Trauma

The Attachment Vitamins Program

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Abstract

This article describes the Attachment Vitamins program, a trauma-informed parent group intervention for families with young children. Attachment Vitamins is a relational psychoeducational intervention based on the principles of Child-Parent Psychotherapy (CPP). Its goal is to repair the impact of chronic stress and trauma through strengthening the child-parent relationship. The authors discuss the history, development, and implementation of the intervention, made possible through a collaborative research and development platform. Two vignettes are presented to highlight unique aspects of the program. Attachment Vitamins is a promising new intervention with the potential to improve outcomes for vulnerable young children and their families on a large scale.

Life with a young child is an enriching and rewarding experience. Babies and young children live in the moment, sharing joy and a sense of wonder about everyday things that adults often take for granted. Nevertheless, becoming a parent marks an enormous shift in the adult's life. A new baby means new responsibilities and priorities—putting the infant's needs and wants over one's own. And as children move from infancy into toddlerhood, new parenting challenges emerge. Toddlers develop personal will alongside of a budding desire for independence. They are often driven by impulse, curiosity, and the need for instant gratification (Lieberman, 1993). These tendencies result in behaviors that parents can find difficult to manage. Parents and caregivers¹ commonly struggle with

setting limits and may find themselves at a loss for why their child is upset and how to resolve the problem.

Raising a young child is therefore challenging for any parent, even with a stable life situation including support from a parenting partner or other family members. Consider the additional effects of chronic stress and trauma. Such experiences amplify the challenge of raising a well-adjusted child. In addition, when a young child experiences frequent and prolonged activation of the stress response system as a result of trauma and adversity it can result in a "toxic stress response" (Shonkoff et al., 2012), particularly when parents are physically or emotionally unavailable to provide adequate support. The

¹ The terms parents and caregivers will be used interchangeably in this article, and refer to the primary caretakers of the child.



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toxic stress response disrupts a child's developing nervous system and physiological functioning, resulting in lifelong consequences. Intervention and support for families following identification of early life stress and trauma are therefore critical. In the following vignette, we describe Sara and James (names changed for privacy), the parents of three young children who were referred for family support services because of chronic stress and trauma.

Sara, 25, and her fiancé James, 26, were referred to the Attachment Vitamins Program by their Children's Administration social worker. Sara's children, who at the time were 18 months, 4 years, and 6 years old, were transitioning out of foster care and back home. Although James is not the children's biological father, he was committed to co-parenting the children with Sara. Sara and James were completing outpatient drug treatment, starting new jobs, searching for housing, and trying to recover from significant family trauma. Sara's 6-year-old daughter had been molested by the father of Sara's 18-month-old son, something Sara continued to feel painful guilt about; she herself had been abused in childhood. Sara and James were busy, stressed, and exhausted. Despite wanting to do everything they could to help their children, they felt overwhelmed.

This article will discuss the development and implementation of Attachment Vitamins, a group intervention program for families with children under 6 years old. Sara and James were participants in Attachment Vitamins, and we will use their story throughout the article to illustrate how the intervention was helpful for them. Attachment Vitamins is based on the principles of Child-Parent Psychotherapy (CPP; Lieberman, Ghosh Ippen, & Van Horn, 2015; Lieberman & Van Horn, 2005, 2008), an empirically supported therapy for young children who are experiencing or are at risk for mental health problems following exposure to trauma and other adversities. The overarching goal of Attachment Vitamins is to address and repair the impact of chronic stress and trauma on the family unit, through

strengthening the child-parent relationship. The program builds parental emotional attunement to the ways that stress and trauma have affected the child's feelings and behaviors. At the same time, it helps parents become aware of how stress and trauma have affected their own perceptions, feelings, and responses to the child.

The development of the Attachment Vitamins program came about as the result of a collaborative opportunity facilitated by the Frontiers of Innovation (FOI) initiative at the Harvard Center on the Developing Child. In addition to discussing the intervention, this article will describe the partnership with FOI in order to share insights about a unique research and development (R&D) platform for promising new interventions.

Partnerships Leading to the Development of Attachment Vitamins

In 2011, Washington State partnered with the Harvard Center on the Developing Child to seek ways to translate the growing science of early childhood development into effective policies and practices for the state's most vulnerable children and families. Through the Center's FOI initiative, researchers, early childhood practitioners, policymakers, and philanthropists were invited to work together to identify unmet needs and foster science-based strategies to transform outcomes for this population. Since then, several interventions including Attachment Vitamins have been generated and tested through FOI's R&D platform involving multiple, fast-cycle microtrials. The fast-cycle process of testing and re-testing on a small scale allows for continuous feedback to strengthen interventions.

The University of California, San Francisco (UCSF) Child Trauma Research Program joined FOI due to its expertise in trauma. The Child Trauma Research Program is nationally recognized for CPP (Lieberman et al., 2015; Lieberman & Van Horn, 2005, 2008), a dyadic trauma therapy that includes the caregiver in treatment with the young child. CPP is a relationship-based approach with theoretical underpinnings in attachment theory. Attachment is the close emotional bond between parent and child that promotes protection and survival of the child (Ainsworth, Blehar, Waters, & Wall, 1978; Bowlby, 1969, 1982). CPP is based on the premise that healthy emotional, social, and cognitive functioning in the child is supported through the relationship with the child's primary attachment figures. In the presence of stress and trauma, the child's sense of security is shaken, which increases risk for mental health problems such as posttraumatic stress disorder and anxiety. Parental well-being can be equally affected, undermining the parent's availability to provide emotional support to the child at a difficult time. One of the major goals of CPP is to support and strengthen the child-parent relationship in order to restore the child's sense of safety and improve mental health functioning. An important task of CPP is to help the parent and child process the traumatic experience through the creation of a trauma narrative. Using play as a medium, the dyad gives voice to the trauma. This therapeutic technique helps them identify

overwhelming emotions such as fear, grief, and anger, and learn how to experience and modulate them appropriately. The experience of trauma can be shameful and difficult to talk about. By speaking about what seems unspeakable, CPP allows for healing to take place.

CPP has extensive empirical support, demonstrating its effectiveness in helping families of young children overcome the effects of trauma. Samples of high-risk dyads have included toddlers of depressed mothers, anxiously attached toddlers of impoverished Latina mothers with trauma exposure, maltreated preschoolers in the child protection system, and preschoolers exposed to domestic violence (Cicchetti, Rogosch, & Toth, 2006; Cicchetti, Toth, & Rogosch, 1999; Lieberman, Ghosh Ippen, & Marans, 2009; Lieberman, Ghosh Ippen, & Van Horn, 2006; Lieberman, Van Horn, & Ghosh Ippen, 2005; Lieberman, Weston, & Pawl, 1991; Toth, Maughan, Manly, Spagnola, & Cicchetti, 2002; Toth, Rogosch, Manly, & Cicchetti, 2006). Across studies, findings have consistently shown that CPP results in reduced child and maternal symptoms; more positive child attributions of parents, themselves, and their relationships; improvements in attachment security; and improvements in child cognitive functioning.

Although CPP is an effective treatment for young children who have been exposed to chronic stress and trauma, the UCSF Child Trauma Research Program was interested in developing a complementary, less resource-intensive model that could improve outcomes for vulnerable children and families on a larger scale. By making CPP strategies more accessible, they also hoped that families who required more intensive intervention would be motivated to enroll in CPP or other needed mental health services.

At the same time, Children's Home Society of Washington (CHSW), another FOI partner, was interested in finding new ways to support vulnerable families. CHSW is Washington's largest and oldest nonprofit organization for families, providing services such as home visiting, mental and behavioral health, and early learning. The population CHSW serves is highly diverse and primarily low-income, with significant histories of adversity and trauma. A series of discussions between the UCSF team and CHSW led to an idea for a curriculum delivered by home visitors that would emphasize ways to strengthen the child-parent attachment relationship while raising awareness of the effects of chronic stress and trauma and encouraging engagement in therapeutic services. The central idea—that healthy attachment serves as a protective influence just as vitamins promote healthy development—inspired the name "Attachment Vitamins."

Attachment Vitamins was introduced as a curriculum composed of short 20-minute modules to be incorporated into the existing 90-minute home visiting sessions. Although the modules were meant to promote interactive discussions between home visitor and parent, the short amount of time in which home visitors implemented the intervention (in the context of other home visiting requirements) had the unintentional consequence of a delivery that was didactic in nature.



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The UCSF team believed that a parent group setting would be a more optimal environment for Attachment Vitamins. Centralia College, another FOI partner based in Centralia, WA, agreed to have the UCSF team adapt Attachment Vitamins as a group model for their parent education program. This proved to be a successful delivery method; parents benefited from the social support they found within the Attachment Vitamins groups and were able to engage with the material in a much more interactive, reflective way. Following this pilot, Attachment Vitamins returned to CHSW, finding a home within its Vancouver, WA, site, where Sara and James receive services.

The Attachment Vitamins Group Intervention Model

The first time the Attachment Vitamins facilitators met Sara and James, it was clear that they did not want to be in the class. They did their best to avoid eye contact with the facilitators and other parents. When welcomed, they responded politely, but coldly. It was evident that this was not their first service referral and that they were completely prepared for another professional to tell them everything they were doing wrong.

The facilitators wanted to set a tone that would help parents feel safe to share and learn. The first question asked of parents is, "Tell me what you love most about your child." It is an instant wall dropper, and for the facilitators it is the first glimpse of the magic they witness during the Attachment Vitamins group. There is intentionality in this question. By asking parents what they love most about their child, the facilitators tell parents that they assume they are in fact loving parents and that the love they have for their child has dimensions and layers. It is a strength-based approach that places the focus on the parent's primary motivation for the class—the relationship with the child.



Healthy attachment serves as a protective influence just as vitamins promote healthy development.

As Sara and James shared what they love about each of their three children, their body language entirely changed. They completely lit up. They transitioned from being slumped in their chairs, arms crossed, legs extended, eyes down, to sitting up, legs unfolded, smiling, and making eye contact. In the first session, Sara and James learned about attachment and how to strengthen their relationships with their children through developing mindfulness about small daily moments of connection. Facilitators also normalized the challenges of parenting a young child, which helped them feel comfortable to share about what was difficult as well. At the end of the first session, Sara approached the facilitator and said, "I won't lie, I didn't want to be here today—but I can tell this is going to help us so much." Sara and James attended every Attachment Vitamins session but one, showing up even on days that they were recovering from terrible colds.

Attachment Vitamins is a 10-week psychoeducation group, designed for parents of children from birth to 5 years old. It provides a supportive environment in which caregivers can learn about early childhood development and the effects of chronic stress and trauma in order to help them attune to their child's needs, set parenting goals, strengthen the attachment relationship, and understand and respond to challenging behaviors. The group is highly interactive, and it encourages parents to engage in a process of active reflection on their relationship with their children and on their own experiences while growing up.

The curriculum aims to increase a number of caregiver skills and capacities:

- **Trauma-Informed Parenting Knowledge.** Attachment Vitamins contains general information about early childhood emotional development, including what to expect

during the infancy, toddlerhood, and preschool years. The curriculum is trauma-informed and specifically addresses the effects of chronic stress and trauma on young children and their parents. By building awareness about how stress and trauma affect the child's feelings and behaviors as well as the parent's own perceptions, feelings, and responses to the child, the program helps parents reframe their understanding of challenging child behaviors. Parents find new ways to interact with their children.

- **Emotional Attunement.** One of the main goals of the program is to increase parental awareness of and attunement to the emotional needs of the child. Emotional attunement to the child's traumatic stress responses as manifested in dysregulated behavior is a core focus of the intervention. Parents learn to respond in empathic, sensitive ways when their children express distress or frustration, and they become knowledgeable about the possible roots of these emotional expressions in the child's experience of stress and trauma. They also become more mindful of positive interactions with the child and develop ways to enhance the quality of the attachment relationship.
- **Mindfulness.** The program emphasizes a mindful awareness of the present moment, particularly with regard to positive parent-child interactions. One way this is done is through a weekly exercise in which parents share "moments of connection" with the child. This exercise is designed to help caregivers better attend to the strengths of the child-parent relationship. The curriculum also includes exercises such as mindful breathing and guided imagery to assist participants in bringing awareness to their inner states.
- **Executive Functioning.** The program provides parents with emotion monitoring and regulation skills, including cognitive reframing, relaxation techniques for stress management, and strategies for managing anxiety and frustration in the child.
- **Reflective Functioning.** In addition to teaching specific parenting strategies and skills, the program is designed to provide a space for caregivers to reflect deeply on their parenting experiences. By increasing reflective functioning, parents can become more intentional in their exploration and setting of parenting goals.

Topics discussed within the program include: normative developmental milestones, temperament, understanding and responding to fears that emerge in early childhood (e.g., separation anxiety, the toddler's fear of losing parent love), the impact of chronic stress and trauma on individual functioning as well as the child-parent relationship, developmentally informed parenting strategies for challenging behaviors, and ways to strengthen the relationship—particularly when facing adversity. The curriculum incorporates reflective discussions, handouts, worksheets, video, and an early literacy activity with children's books that emphasize weekly themes.

The curriculum moves in chronological order, starting with infant development then moving to the toddler/preschool years. Whether a participant has a baby or a 4-year-old, the

group model allows for parents to learn from one another's experiences, sharing both successes and concerns. As parents develop comfort and cohesion with each other, more deeply reflective sessions on trauma, toxic stress, and a consideration of their own childhoods are introduced.

Attachment Vitamins is designed to be led by two facilitators (i.e., lead/assistant facilitator or joint co-facilitators). Facilitators for Attachment Vitamins groups to date have been either licensed mental health clinicians or otherwise highly skilled in leading parent psychoeducational groups. Because Attachment Vitamins is a trauma-informed curriculum with a major emphasis on self-reflection, parents often share experiences that require delicate handling and support. For those sites with facilitators who are not clinicians, a licensed mental health clinician has provided regular on-site consultation.

Program Highlight: Moments of Connection

Every week, parents are asked to share a "moment of connection" with the child. It is notable that at the start of Attachment Vitamins, many parents make broad statements about the child's abilities such as, "It was fun to watch my daughter play soccer, she was really good at it." Facilitators help scaffold parents to think of specific times they felt emotionally connected to their child and ask them to describe those feelings, moving them toward such statements as, "Yesterday, my baby looked at me and smiled when she stood up; she wanted me to see it! I felt so proud and connected to her." This exercise helps parents to develop a mindful awareness of the strength of their existing relationship with the child while also encouraging them to develop additional opportunities for connection.

After a discussion of the effects of trauma on the family, Sara shared a powerful moment of connection. She spoke about a moment in which she and her 6-year-old daughter were sitting on their couch at home talking about their day. Her daughter paused and said "Mom, you know how we have pictures of Charlie up in the house? I know that he's Brian's dad... but... he really hurt me and I don't like seeing his pictures. Can we take them down?" Sara told the group how proud she was of her daughter for being willing to ask for this support, and she shared her embarrassment that she didn't realize to take the pictures down on her own.

Sara then recalled a specific memory of her own mother not being capable of support when she was being hurt as a child, and the feelings of loneliness, isolation, and fear that followed. Sara cried with the group as she talked about how proud she was for being able to be present with her daughter in that moment. She recognized her daughter's willingness to seek connection with her, trusting that she

would be supportive, as a triumph. She said "I haven't had that with her in a really long time... I didn't know that I'd ever be able to have that with her again."

The next week, Sara shared another powerful moment of connection. She had left her daughters' room after putting them to bed and heard the younger one ask the older one if she had a flashlight. The older one recognized the tone in her sister's voice and the need for a flashlight as a sign that she was feeling nervous. Sara paused, about to re-enter the room, when she heard her older daughter say to her younger sister, "It's okay now. We don't have to be afraid anymore. Mom will keep us safe."

Sara attributed this shift in her children's ability and willingness to trust her to the skills she learned in Attachment Vitamins. At the end of the group session, parents are asked through a written exercise to reflect on their childhoods and consider what aspects they appreciated and what aspects they wish were different, and how they might parent their own children with this in mind. Sara chose to share her hope that she would be different from her own mother. She would be a mother who nurtured, cared, and was emotionally present for her children as they continued healing from trauma.

As Sara and James found, the Attachment Vitamins group offers an opportunity for parents to connect with other parents who are facing similar challenges, with supportive facilitators sharing in their journey. The experience of trauma is often isolating; families do not wish to acknowledge its presence. Discussing chronic stress and trauma in a parent group normalizes the experience

and reduces the fear of talking about it. Parents who were previously hesitant to pursue therapy services such as CPP often feel encouraged to do so as the next step in a longer-term change process.

Program Highlight: Promoting Engagement in Therapeutic Services

Nora, 22 years old, is a single mother of a 3-year-old girl, Emma. When Emma was 18 months old, Nora was beaten so severely by Emma's father that she was hospitalized. The father left the family following this incident but recently decided to seek visitation privileges through the court. As a result, Emma's Guardian Ad Litem (a court-appointed individual who represents the best interests of a child) told Nora she needed to take a parenting class. Nora contacted CHSW and was placed in the Attachment Vitamins program.

When Nora first introduced herself, she told the group that her daughter had no problems nor did she in parenting her child. It was apparent to the facilitators that Nora thought her parenting was being questioned as a result of her ex wanting visitation with their daughter; she felt that

she needed to prove that she was a good and better parent than he was. In order to gain Nora's trust, the facilitators knew they would need to validate her relationship and connection with her daughter by highlighting her strengths and insights. Through exercises such as discussing weekly moments of connection and normalizing challenging child behaviors, they were able to engage Nora and bring down her defenses of trying to protect herself from scrutiny about her parenting.

The major turning point for Nora occurred during the sessions on chronic stress and trauma. Nora told the group that she had not previously considered the impact of these on her daughter and realized that her daughter was indeed showing signs of being affected by the domestic violence. Nora told the group about an incident in which Nora and her mother had a loud and angry argument. When the argument ended, they stepped toward one another for a hug, but Emma came between them, yelling, "Don't touch my mommy!" Nora now understood that the argument had reminded Emma of the violence she'd seen. As sessions progressed, Nora began to put other pieces of the puzzle together. She revisited earlier information from the Attachment Vitamins program with a different, trauma-informed, perspective. Although previously she had not recognized it as such, Nora shared that her daughter did struggle with separation anxiety, connecting it to their experience of violence and her child's desire to make sure Nora was safe.

Nora approached the facilitators after group to discuss how therapy could help them process the trauma as well as the recent visitations that had begun with the child's father. Nora told the facilitators that she had previously been afraid to talk about the domestic violence with her daughter—she thought she might make things worse or that she would get in trouble with the court for "talking about something I shouldn't." But, based on the information presented in

Attachment Vitamins, Nora understood that pursuing therapy would be beneficial and no longer feared it as a sign of parenting weakness. Nora went on to access CPP services. She and her daughter are thriving.

Conclusions

The Attachment Vitamins program is an exciting new intervention for families of young children. It incorporates many of the elements that make CPP so effective. Just as in CPP, Attachment Vitamins directly addresses the impact of chronic stress and trauma on the family. It allows parents to "speak the unspeakable"—with one another and with their children. This is an enlightening experience for many caregivers who were otherwise afraid to revisit their experiences with trauma.

Although Attachment Vitamins is a psychoeducational group, it does not simply provide education about parenting strategies. Rather, it promotes increased emotional attunement, mindfulness, and executive functioning within a highly reflective setting. Without the capacity to reflect on one's thoughts, feelings, and actions, change is difficult to achieve. Attachment Vitamins enables the space for parents to reflect on their parenting to determine what and how they would like to change about their relationships with their children.

Attachment Vitamins is inexpensive to implement and attractive to a variety of audiences, increasing its sustainability as a program. Research through FOI's R&D platform is currently ongoing to determine its effectiveness and capacity for large-scale replication. Initial results seem promising not only for achieving significant outcomes among participants, but also for stimulating motivation for engagement in ongoing therapeutic services such as CPP. The Attachment Vitamins program has great potential for improving the lives of vulnerable children and families within Washington State and beyond.

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