

2011

Caregiver attitude, as expressed verbally in a group setting, and its association with children's attachment security

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CAREGIVER ATTITUDE, AS EXPRESSED VERBALLY IN A GROUP SETTING,
AND ITS ASSOCIATION WITH CHILDREN'S ATTACHMENT SECURITY

A Thesis

Submitted to the Graduate Faculty of the
Louisiana State University and
Agricultural and Mechanical College
in partial fulfillment of the
requirements for the degree of
Master of Social Work

in

The School of Social Work

by
Erin Wallace Lovett
B.S., University of Louisiana at Lafayette
May, 2011

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Abstract

The purpose of this study was to explore whether or not mothers' attitudes, as expressed verbally in a group setting, were associated with the attachment style of the child and the insightfulness of the mother. The Circle of Security (CoS) was used as a 27 week group intervention for mothers who had become clients of a child welfare agency. Pre- and post test ratings were obtained for children's attachment security and mothers' insightful understanding of their children, using the Strange Situation Procedure (SSP) and the Insightfulness Assessment (IA), respectively. This study created scales for both Warmth/Empathy and Concern/Worry to rate attitudes of the mothers toward their children as expressed in group sessions over the course of the intervention. This study used a multiple case study design (n=8). Both qualitative and quantitative data were analyzed. There did appear to be an association between mothers' attitudes, attachment security and insightfulness. However, many limitations were noted, principally due to the small sample size.

Chapter 1:

Introduction

In 2009, 6 million children were reported to Child Protective Services (CPS) in the U.S. with allegations of maltreatment. Of these 6 million children, 61% were investigated by CPS and one fourth of those children were found to be victims of child maltreatment (Children's Bureau, 2009). More than 75% of the perpetrators were the biological parents of the victims. Mothers were found to be the perpetrator 53% of the time with fathers perpetrating 44 % of the time (Children's Bureau, 2009).

Neglect, physical abuse, sexual abuse and emotional abuse comprise four major categories of child maltreatment. Definitions for these categories vary by state. The Louisiana Children's Code per the Children's Bureau (2009) provides the following definitions for Louisiana:

- "Abuse" means any of the following acts which seriously endanger the physical, mental, or emotional health and safety of the child:
- The infliction, attempted infliction, or as a result of inadequate supervision, the allowance of the infliction or attempted infliction of physical or mental injury upon the child by a parent or any other person.
- The exploitation or overwork of a child by a parent or any other person.
- The involvement of the child in any sexual act with a parent or any other person, or the aiding or toleration by the parent or the caretaker of the child's sexual involvement with any other person or of the child's involvement in pornographic displays, or any other involvement of a child in sexual activity constituting a crime under the laws of this state.
- "Neglect" means the unreasonable refusal or failure of a parent or caretaker to supply the child with necessary food, clothing, shelter, care, treatment, or counseling for injury, illness, or condition of the child, as a result of which the child's physical, mental, or emotional health and safety is substantially threatened or impaired. (Department of Children and Family Services, 2011)

Nationally, more than 75% of child maltreatment victims are victims of neglect (Children's Bureau, 2009). Physical abuse comprises more than 15% of all child maltreatment victims. Sexual abuse comprises approximately 8% and emotional abuse comprises 2% of child maltreatment victims (Children's Bureau, 2009).

The national statistics reported both by the U. S. Department of Health and Human Services and state CPS are only the numbers of reported cases. Many more children are believed to have experienced maltreatment (Cicchetti & Toth, 2005). Lack of available funds and the lack of adequate staff leave time to investigate only the most serious of cases and leave many children vulnerable (Cicchetti & Toth, 2005).

Effects of Child Maltreatment

Child maltreatment disrupts the normal, healthy and essential growth and development of a child. According to Cicchetti and Toth (2005) a maltreated child is deprived of the skills he or she needs to successfully meet the challenges of life. He or she instead is likely to create maladaptive ways of coping, although not all maltreated children have problems later in life. According to Cicchetti and Toth (2005), the environment as a whole contributes to the developmental outcomes of maltreated children. As risk in more areas of the environment are present, the higher the likelihood of maladaptive coping of the child and other deleterious outcomes. As risk decreases, the more likely the child is to have a positive outcome (Cicchetti & Toth, 2005).

Of particular importance, child maltreatment is likely to inhibit capacities for emotion regulation, as evidenced by studies of young boys. Hennessey, Rabideau, Cicchetti and Cummings (1994) showed young boys a scene of adults in a hostile situation. Maltreated boys reported being more upset than boys who were not maltreated. Other research by Cummings,

Hennessey, Rabdeau and Cicchetti (1994) also reported findings of emotional dysregulation in preschool boys with histories of physical abuse. These boys experienced a greater need to tend to their mothers after seeing someone angry with her and became more aggressive than boys who had not been physically abused. The achievement of emotional regulation carries important implications for development across the life span. Deficits in emotion regulation have been linked developmentally with areas such as interpersonal behavior problems, attentional deficiencies, and affective disorders (Cicchetti & Toth, 2005).

Attachment and Maltreatment

Child maltreatment, thus, places a child at greater risk for later problems in behavior and social relationships. According to Marvin, Cooper, Hoffman and Powell (2002), children learn essential social skills in interaction with an attachment figure. Children with insecure attachment may continue a cycle of problematic social interaction throughout life (Marvin et al., 2002).

Secure attachment is thought to be associated with caregivers who are emotionally available to their infants, while also allowing them time to explore with supervision (Karen, 1998). The caregiver is the *secure base* from which the infant knows he or she will find comfort and security (Marvin et al., 2002). As the child finds comfort and security to be stable, the child learns that his or her needs are usually met. This security allows the child to grow feeling secure about life and its challenges (Karen, 1998).

Disorganized attachment and its effects on the victim are consistent with Cicchetti and Toth's (2005) description of the effects of child abuse. Children with abusive or neglectful parents are not taught appropriate ways of relating to others. The concept of love or relationships is skewed for these children. Those with disorganized attachment were taught at

an early age that the people they love hurt, or frighten them, which for many leads to an inability later in life to relate to others or have successful relationships (Cicchetti & Toth, 2005).

According to attachment theory, an internal working model is developed and integrated into a child's mind through interaction with the caregiver (Norwood, 2007). It is the internal concept the child holds of the caregiver and the type of relationship they share. The internal working model allows the child to remember experiences shared with the caregiver, and this forms a model for other relationships to come. These models may be positive, where a secure relationship with the caregiver will allow the child to expect other relationships or interactions to be positive. For example, if a child has come to expect that his caregiver comes when he cries and feeds him when he is hungry; he is likely to come to believe others are dependable because his past experience tells him people are dependable. Similarly, if a child has a caregiver who is inconsistent, and does not meet his needs when they arise, the child may come to expect that most people are also likely to be unresponsive to his expressed need. The child may interact with others the way he has learned to interact with his caregiver (Norwood, 2007).

Parents may carry distortions in their perceptions of their children, possibly caused by trauma or maltreatment, into their relationships with their children (Hodnett & Page, 2011). For example, there may be an error in perception by the parent toward his or her child's behavior, believing that the child has the capability to be hostile and manipulative. Parents may then retaliate with actions such as: ignoring, inappropriately punishing or lashing out at the child, or believing that the child is being bad. Inappropriate responses, or attitudes toward the child and what the child actually needs may cause insecure or disorganized attachment (Hodnett & Page, 2011).

The Circle of Security

The goal of the Circle of Security (CoS) intervention is to strengthen the attachment security of children by teaching caregivers to respond more effectively and appropriately to them. This program uses the parent/child dyad as a means to form the treatment plan as each dyad has different needs. The CoS is being provided in Louisiana as a parent training program through DCFS, although these group interventions are limited. According to Hodnett and Page (2011), parenting intervention research has not been as prevalent as other studies regarding children; however, parent training programs are the most commonly used element in a case plan.

The Purpose of the Study

The purpose of this study is to investigate the possibility that the attitudes of mothers, as expressed through verbal comments in a CoS group setting, may be related to the attachment style of their child. This study refers to mothers only because there were only mothers in this particular CoS intervention. It may be that important qualities of mothers' internal working model of their children will be observable in the verbal comments they make in group therapy sessions. Mothers who express greater frequencies of empathic, warm, caring and protective attitudes toward their children are expected to have a higher rate of securely attached children. Mothers who express greater frequencies of hostility, aggressiveness, rigidity and inflexibility toward their children are expected to have a higher rate of insecurely attached children. Changes in the attachment style over the period of intervention will also be considered with the idea that as the mother changes from a negative attitude to a positive attitude, the child's insecure or disorganized attachment style should become more secure.

Research on the statements of mothers about their children within an intervention group setting is rare. It is anticipated that empirical evidence on the importance of attitudes, as

expressed verbally in group settings will have an impact on the way caregivers experience treatment and how treatment is presented. Attitudes are more than overt behavior and may be communicated from the caregiver to the child in seemingly insignificant ways. Exploring implications of verbal communication may present opportunities for further research on this topic. An obligation exists toward children and their care. Social work research regarding children and attachment security is imperative to educate other professionals as well as the caregivers so that high levels of functioning from children may be achieved. Looking at the verbal comments of caregivers may shed new light on the significant impact attitudes have on children.

Chapter 2:

Literature Review

Early History of Attachment Theory

Attachment theory, formed by John Bowlby, was built upon a foundation laid by earlier scientists who noticed infants and young children faring poorly in orphanages even after receiving excellent medical treatment and nutrition (Karen, 1998). Doctors and other professionals preceding Bowlby were in agreement that a sterile environment, lacking touch and interaction with infants was the safest way to handle children in institutions without spreading disease. This common belief, however, produced infants in orphanages and other homes for parentless children who were developmentally delayed, and oftentimes underweight or emaciated. These children were also found to have problems with delinquency and an inability to emotionally connect to other human beings later in life (Karen, 1998).

Many professional people during the early part of the twentieth century believed that it was important to keep children who were up for adoption isolated. It was common to keep these children in orphanages until they were old enough to provide information such as IQ, hair color or eye color to potential adoptive parents (Karen, 1998). The adoptive parents would benefit from this information and the child would be safe in an orphanage with food and medical attention until adoption. Lack of consideration for the child and his or her emotional welfare during this time of isolation was not thought of as damaging. (Karen, 1998).

Rene Spitz (1952) had different ideas regarding the needs of infants and floored professionals with his short film, *Emotional Deprivation in Infancy*. This film shows infants who were separated from their mothers for extended periods of time and without any type of physical or emotional contact (Karen, 1998). In the first moments after the mother leaves the

child, these infants seem to function normally. As time progresses, however, and the child is deprived of any type of emotional comfort, these infants seem to become almost desperate for their mothers and actually enter what appears to be a deep depression. One of the children in the film has her mother return before the 3-month period and comes alive with the attention and touch her mother gives her. Other children were not as fortunate and went on to have gross handicaps in mental functioning, strange hand movements, an inability to grow physically or maintain weight and many eventually died. This information proved that children need to be nurtured, touched, loved and stimulated in order to flourish (Karen, 1998).

Konrad Lorenz and his research regarding ducklings impressed Bowlby (Bowlby, 1969). Lorenz was interested in the peculiar affiliation birds seemed to have toward their mothers. Imprinting was the name Lorenz used to label the response a duckling has of attaching itself and imitating the first moving object it notices after hatching. These imprints were thought to be innate and similar in most animals. Previous thinking inspired by Freudian theory held that children formed attachments to caregivers as a result of feeding; however, the research by Lorenz on ducklings appeared to show different methods of how attachment is obtained (Bowlby, 1969).

Bowlby was impressed by many Darwinian beliefs. Bowlby was intrigued by the belief that animals have a sensitive period allowing them to learn how to survive by hunting or communicating, but that when that period ends, so does the capacity for learning (Bowlby, 1969). Bowlby felt that if other species were built with an innate mapping system, responsible for orienting to a protective figure, humans would also have an innate natural system that would, at birth, be responsible for ensuring protection and safety. The findings by Lorenz and Darwin

led to Bowlby's passionate desire to overturn what were considered during his early career as relevant and appropriate forms of childrearing (Bowlby, 1969).

Bowlby felt that questions about human development could be answered by studying species closely related to humans. He felt that since humans were anatomically similar to other animals, we must also be behaviorally similar (Bowlby, 1982). Bowlby believed that, like ducklings, human babies were programmed with certain capabilities to facilitate bonding to caregivers (Bowlby, 1969). Bowlby believed that an infant is born with an innate quality to grow, thrive and to become attached to other humans. To have a mother figure or an attachment figure is imperative to growth, development and ultimately survival. Children must create an attachment with an attachment figure. Physical health, food, and medical attention are not sufficient in and of themselves. Attachment is the key to unlock interconnectedness to others and an ability to thrive. Without attachment in the early months of life, the child is unlikely to survive. If the child does survive, his or her development could be threatened (Karen, 1998).

The Formation of Attachment Theory

Attachment became the name for what Bowlby considered the ongoing love affair between an infant and his or her mother (Karen, 1998). Attachment is a process that begins at birth and continues throughout the first years of life, has many developmental stages and happens in every child (Bowlby, 1969). Bowlby (1969) clearly stated that there is a difference between attachment and attachment behavior. Attachment is the internal bond a child has with his or her attachment figure. Attachment behavior is the action a child takes to be physically close to his or her attachment figure. It is most apparent during times when the child is in need, such as in being tired, hungry or upset (Bowlby, 1969). Ainsworth, Blehar, Waters and Wall (1978) later clarified Bowlby's assertion that the display of attachment behavior is not the same

as having an attachment. It is possible, for example, for a child not to display attachment behavior but still have an attachment.

The first years of life are imperative to growth and development. Traits like smiling, cooing or staying close to the mother were what Bowlby believed to be inherent characteristics that had evolved over time to ensure survival of the species (Karen, 1998). These *cues* from the child were to ensure that the mother would fall in love with the child and be more willing to care for her infant. Other developmental processes include stages such as stranger anxiety and mimicking, which were also thought by Bowlby to be programmed in each person from birth. The formation of attachments, Bowlby felt, ensures that the child would survive, and that he or she would be capable of building relationships later in life (Karen, 1998). Bowlby discovered linkages between early attachment and relationships in later life through his study of delinquents who had had little or no early attachment figure. Bowlby never believed that a child could not love others but he did believe there was one ultimate caregiver, usually the mother, and the others came after her in terms of centrality of attachment (Karen, 1998).

Bowlby also noticed patterns of criminality in some of his patients who had lacked attachment in their early years (Karen, 1998). Through research with young delinquents, Bowlby found a common thread that he thought to be the cause of their inability to feel for others (Karen, 1998). Along with random crimes such as stealing, these delinquents were also found to have a strange inability to develop love for or a connection to other human beings. Bowlby's research regarding the families and pasts of these youngsters unveiled a separation occurring for a significant period of time during infancy or young childhood. Bowlby thought that this period in a child's life may be the sensitive period for attachment (Karen, 1998).

Bowlby stressed the importance of the attachment figure possessing the ability to provide security and safety for his or her children (Marvin et al., 2002). Exploration is essential for proper development of a child along with necessary hands-off supervision. At some point, the child returns to the caregiver and when he or she does, the caregiver must be prepared to soothe his or her child when scared, to comfort him or her when distressed, and to help the child feel confident that he or she would have what they need, such as food, shelter and emotional security (Marvin et al., 2002).

Bowlby believed that in order for a child to have a secure attachment to an attachment figure, the figure must be consistently present to care for the child. This presence of an attachment figure ensures survival of the child (Cassidy, 2008, 1). Secure attachment is the ideal relationship between the child and his or her attachment figure. Insecure attachments also allow for physical survival of the child. However, later in life, the child with insecure attachments would likely grow up to have problems with relationships and with coping (Cassidy, 2008, 1).

Bowlby suggested that when children experience distress they are innately predisposed to seek proximity to their attachment figure (Norwood, 2007). The action of moving closer physically to the attachment figure gradually becomes organized, sometime in the second half of the first year, into the attachment behavioral system, an organized thought and behavioral pattern. The attachment behavioral system is thought to function simultaneously with the exploratory behavioral system. At the times when the child is exploring, the exploratory system is activated, and when the child seeks proximity to the caregiver, the attachment system is activated. Each system is mutually exclusive and operates reciprocally with the other (Norwood, 2007).

Beginning in the 1960s, Mary Ainsworth brought a new scientific approach to the study of basic ideas that children need to be loved, touched, and nurtured, and that babies and young children are affected by the nature of their relationships (Karen, 1998). The three major attachment styles, originally discovered by Ainsworth, were labeled securely attached, avoidantly attached, and ambivalently attached (Ainsworth et al., 1978).

Mothers who are emotionally available to their infants, and also supervise exploration from afar are associated with having children with secure attachment (Karen, 1998). The mother is the *secure base* and the child learns that over time, he or she may depend on the mother to provide in times of need. The dependable mother becomes built into the belief system of the child and the child comes to understand that in life, needs are usually met. As the child finds comfort and security to be stable, the child learns that needs are usually met. This security allows the child to grow up feeling secure about life and its challenges (Karen, 1998).

Disorganized attachment was the fourth attachment style added by Mary Main (Karen, 1998) and was typically found in abused or neglected children. This style of attachment was found by attachment theorists to likely be perpetuated by those who had been abused or neglected themselves, or otherwise traumatized earlier in life (Karen, 1998). The disorganized attachment style is formed when a child is not guided by the caregiver to regulate emotion (Marvin et al., 2002). The caregiver communicates to the child a message of unpredictability and lacks consistency with regards to nurturing or supportive interaction (Marvin et al., 2002). It is likely these caregivers were unable to develop reliable coping skills and emotional regulation due to dysfunctional interaction with their own caregivers. These caregivers never learned what they needed or what their child needs from them. This causes them to misunderstand or feel angry or afraid of the needs of their child.

The needs of the child may be misinterpreted or ignored and the caregiver is unable to provide a *safe haven* or allow exploration with any consistency, thus, creating an environment of instability (Norwood, 2007). The child may take on the role of the parent because he or she has no one reliable to watch over him or her while exploring, or comfort him or her when in need of a safe haven. The child may be terrified or terrifying. The child must cope with life but does not know how, and it seems to the child that he or she is on his or her own (Norwood, 2007).

Secure attachment of a child has been associated with having an attachment figure that is available to the child emotionally and physically and has the ability to soothe the child when the child experiences distress (Karen, 1998). Insecure attachment of a child, however, has been associated with an attachment figure that is distant or smothering, that is not available emotionally or physically, and that is unable to soothe the child during periods of distress (Karen, 1998). This inability to soothe the child by the attachment figure leaves the child in a state of anxiety (Karen, 1998). Without someone to calm the child, the child does not learn to calm himself or herself and may grow to use maladaptive means of coping (Karen, 1998).

Circle of Security

The ability to give the child certain and necessary emotional security brought about the idea of the Circle of Security (CoS) parenting intervention. Ainsworth et al. (1978) discussed the idea of an attachment figure being a secure base and a haven of safety for the child. Marvin et al. (2002) took this information and transformed it into a visual model that could be easily understood, accessed, and used as a tool during parent training group sessions.

The CoS has several important concepts that are used to describe the interaction between attachment figure and child, starting with the idea of the secure base (Marvin et al., 2002). The idea behind the secure base is that the child needs to be supervised when exploring and when

attachment behavior is not activated. The child needs to know during exploration that the parent is there watching over him or her. Ainsworth and Bowlby (1991) stressed that the attachment figure needs to be the safe haven to which the child can return without worry. In each instance, the attachment figure ideally needs to be present to provide comfort. Picturing the CoS as an actual circle (see Appendix A), attachment behavior is activated when the child is on the bottom of the circle, wanting to be close to the caregiver, needing emotional support, love, attention and security (Marvin et al., 2002). The bottom of the circle is also the place where the child needs the caregiver to help him or her organize his or her feelings when overwhelmed, anxious or overly stimulated. The exploratory behavioral system is activated when the child is at the top of the circle. The child wants to explore his surroundings and needs to be watched over and protected by his or her caregiver. If the child is at the top of the circle, the child wants to explore but also wants the caregiver to play with him or her, provide structure and assist him or her in exploration as needed (Marvin et al., 2002).

The purpose of the CoS is to provide high risk parents with information and direction about how to gain a better understanding of their child, their child's actions and how to most effectively react to the needs of their child (Marvin et al., 2002). There has been a lack of effective and available parenting interventions dealing directly with strengthening attachment. CoS is a notable exception, yet it has limited empirical support to date.

According to Marvin et al. (2002), the attachment figure must be *bigger, stronger, wiser and kind* (BSIJ) in order to ensure secure attachment. This reflects the concept of authoritative parenting (Baumrind, 1994), where there is consistency of the parent being nurturing and in charge. Diversion from BSIJ may cause miscues by children. An example may be that the child is at the bottom of the circle but is not getting his or her needs met. He or she may learn that he

or she is not to need too much from the attachment figure. He or she may go off and explore rather than asking for what is really needed. This causes the miscue and miscommunication between parent and child. The goal is to have parents integrate BSIJ into their daily lives. By the parents becoming more authoritative rather than authoritarian or permissive indulgent/neglectful, the child should become more securely attached (Marvin et al., 2002).

The CoS teaches caregivers that children are giving cues or miscues regarding their needs (Marvin et al. 2002). The child learns from the parent how to communicate with them, sometimes through miscommunication. A cue is what the child will do, which tells the parent what the child actually needs. A miscue is what the child does or says because he or she has learned not to ask for what he or she truly needs. These miscommunications may build on one another, propelling negative interaction and eventually negative attachment styles (Marvin et al., 2002). During the group sessions, the parents gain an ability to read their children so that they may provide the best care possible. The parents are also taught that there will always be times when the relationship with their child will not run smoothly and that this is normal. Marvin et al. (2002) called this *rupture and repair*. The relationship will be ruptured at times, but the parent should, with help from the CoS training, be prepared to repair the relationship at home. This repair will assist children in feeling secure with their caregiver and with future relationships (Marvin et al., 2002).

An example of a relationship that includes miscues might be a child who feels left out because her new baby sister has been brought home from the hospital. In the past, the mother encouraged independence and discouraged closeness. The child learned through interaction with the mother that instead of directly asking or communicating the need for love and comfort, she might miscue to the top of the circle, indicating to the mother that she does not need emotional or

physical closeness but instead needs time to explore and is doing well on her own. The mother might believe that her child is doing well although her daughter is sending her a miscue. Behavior problems could potentially become a part of this story if the hostility of the child becomes overwhelming and is not addressed by the mother. Some behaviors of the child creating distance between she and the mother could potentially cause conflict between the mother and child.

The CoS group is designed to point out these miscues to the caregiver, and to educate them on the messages they send to the child (Marvin et al., 2002). Caregivers may be repeating patterns that they lived with as children, interpreting their children's actions as their actions were interpreted by their parents. In order to teach these parents how to better understand their child, CoS is designed to assist by showing these parents videos of themselves in interactions with their children (Marvin et al., 2002). The videos are produced from the Strange Situation Procedure, an observational assessment created by Mary Ainsworth and that will be discussed in further detail later in this paper (Marvin et al., 2002). The CoS group sessions consist of each parent individually observing the videotapes of her child and discussing what is happening with the child in the video. During the sessions, the caregivers thus learn to watch for cues and miscues and how to respond appropriately to both. Repairing a ruptured relationship with the child is also discussed along with how to better handle those signals that may create an internal alarm, which is what the child does that triggers fear, worry or anger in the parent. Parents may normally deal with the internal alarm in an inappropriate or harmful way, but are taught how to recognize the internal alarm and react appropriately as to remain BSIJ for the child (Marvin et al., 2002).

In general, there is evidence supporting the idea that developmental reflection is an important component of parental intervention (Hodnett & Page, 2011). Developmental reflection is applied in the CoS to the understanding of how current parenting reflects early experiences (Hodnett & Page, 2011). *Shark music* is the term used to present the idea of developmental reflection to mothers in the CoS session (Marvin et al., 2002). During the CoS sessions, caregivers are given the opportunity to observe a beach scene, first with relaxing music and later with music from *Jaws* (hence the reference to shark music). Parents can thus see how differently the same situation may be interpreted, depending on whether it is accompanied by pleasant or threatening music, and begin to learn how to apply this idea the way they perceive and respond to their children (Marvin et al., 2002).

An internal warning signal, an anxious response, is activated in the attachment figure when the child expresses particular needs of her at some point on the circle. For example, the attachment figure may have grown up with parents who lacked the ability to allow them to explore and act independently. Now, the attachment figure hears shark music any time the child is on the top of the circle and ventures out to try accomplishing something on his or her own. This may cause the child to *miscue* and act as if he needs to be protected. This will cause an unhealthy cycle of miscues from the child and the attachment figure (Marvin et al., 2002).

A CoS study by Marvin et al. (2002) was conducted with groups of primary caregivers and their children. This study revealed that parents were less likely to be labeled with the severe forms of insecure attachment, and there was a greater likelihood of a move from insecure to more secure attachment by children after the CoS intervention. Marvin et al. (2002) believe that additional CoS intervention research will prove that the CoS is effective while maintaining low cost to the community.

The Strange Situation

The Strange Situation Procedure (SSP) is a standardized observational assessment method of children's attachment security. The SSP is filmed prior to the CoS group sessions and then excerpts are viewed during the sessions to examine and discuss the strengths and weaknesses of the parent's parenting style (Ainsworth et al., 1978)

The Strange Situation has seven 3-minute segments. The first segment includes the child and the mother in a room with a box of toys (Karen, 1998). The child may explore and play with the mother and after a period of time a stranger enters the room. During this time the child is observed to see how he or she reacts to the stranger with the mother in the room. During the third segment the mother leaves the child with the stranger. The child's reaction to the situation is again observed and finally the mother reenters the room. In the fifth segment the child is left totally alone. The stranger reenters in the sixth segment. The mother returns in the final segment, and the stranger leaves. The child's reaction to his or her mother after the mother returns to the room is typically the most potent indicator of the child's attachment security to the mother (Karen, 1998).

Ainsworth introduced the SSP as a way to reliably assess attachment styles of children (Ainsworth et al., 1978; Marvin et al., 2002). Ainsworth called the three major types of attachment *anxious-avoidant*, *secure*, and *anxious-resistant* and later labeled each attachment style pattern in her research as A, B, and C, respectively (Ainsworth et al., 1978). The Strange Situation allowed Ainsworth to measure attachment behavior and maternal care (Cassidy, 2008, 1).

The basic premise for these attachment styles came from the idea that when children are frightened or otherwise distressed they look to their attachment figure for security (Ainsworth et

al., 1978). If this attachment figure is consistently available during the times the child is distressed, the child begins to learn that the caregiver is dependable (Ainsworth et al., 1978). If the attachment figure is unavailable or emotionally inaccessible, the child learns that he or she is unable to depend on the one person he or she puts so much trust in, which may contribute to an insecure attachment style (Ainsworth et al., 1978).

Bowlby's Theory of Attachment focused on the effects of separation on the infant from the attachment figure (Cassidy, 2008, 1). Ainsworth expanded on Bowlby's theory of attachment, looking at type of care given from the attachment figure and its impact on the child (Cassidy, 2008, 1). Ainsworth found that secure attachment came from the constant ability of the caregiver to be sensitive and responsive to the child and his or her needs. It is most important that the child consistently feels safe and that needs are met more or less as soon as they arise. The child must have a caregiver who will, most of the time, provide comfort when the child is distressed and assist in helping the child to organize his or her feelings when distraught (Cassidy, 2008, 1). People with secure attachments tend to produce well balanced and secure children who believe they have the ability to get what they need when they go out into the world (Cassidy, 2008, 1).

Studies by Ainsworth et al. (1978) found that the parent of the securely attached child touches the child, picks the child up as soon as the child shows signs of being distraught and shows love by hugging or kissing the child often (Ainsworth et al., 1978; Russel & Ainsworth, 1981). Attachment figures that have infants that are securely attached also fed them as soon as they were hungry and did not force them to continue eating when they stopped (Ainsworth et al., 1978). They also interacted with their infant by acting genuinely interested in them, playing with them and talking to them in a happy voice (Karen, 2002). The outcome of such actions is having

a child whose parents are able to be sensitive to the child's cues and respond appropriately to the child (Karen, 1998).

The anxious-ambivalent child may not explore as he or she wants to but rather stays close to the caregiver because exploration is discouraged. This child may display anxiety in many different situations and when the attachment figure is present (Ainsworth et al., 1978). The anxious-resistant or anxious-ambivalent child, as labeled by Ainsworth, is usually very focused on being overly dependent on the attachment figure. This provides him or her with little time for exploration (Marvin et al., 2002). The attachment figure is likely to be discouraging of exploration and autonomy and the child-parent dyad is likely to be enmeshed. Marvin et al. (2002) report that the strange situation evoked anger in these children along with extreme emotional tantrums when reunited with the parent after being left alone.

Anxious-resistant attachment results from caregivers who are overly anxious, controlling or overbearing, and who discourage autonomy (Cassidy, 2008, 1). These mothers may be unable to distance themselves from their children both physically and psychologically. Although these mothers sometimes are able to look at the positive qualities of their children more than those mothers with avoidant-ambivalent children, the inability to allow their children to explore without controlling the situation can create problems. These mothers not only create children with a negative attachment style, but they also suffer themselves with insecurity about the relationship between her and her child (Cassidy, 2008, 1).

The anxious (insecure)-avoidant pattern may have trouble with meeting the need for intimacy because the child is encouraged to explore and discouraged to display emotion or feelings (Marvin et al., 2002). The child assumes that the way to please the parent is to act uninterested in closeness and more interested in playing although this is not the accurate feeling,

thus called a misecue (Marvin et al., 2002). Marvin et al. (2002) report that avoidant children during the SSP act disinterested in the parent when the parent returns.

Mothers who have children with avoidant attachment may be distant both emotionally and physically (Cassidy, 2008, 1). These mothers may be unable to concentrate on the positive aspects of the child but rather focus on what they believe to be negative qualities. This negative focus allows the mother to keep emotional distance. Physical affection is not given in abundance to the child nor is it something that is encouraged from the child (Cassidy, 2008, 1).

Secure attachment allows children to grow and have positive relationships, problem solve, function in society and make positive choices for themselves (Karen, 1998). Avoidant-ambivalent and anxious-resistant attachments can create problems with children and the way they cope with life as adults, but these attachments are still considered organized attachment styles (Karen, 1998). Negative attachment, which causes significant distress during childhood and problems during adulthood, is disorganized attachment.

Disorganized attachment was discovered later by Mary Main who was a student of Ainsworth's (Karen, 1998). Children who grow up to have disorganized attachment have been in homes with severe neglect or abuse in most instances. These children are those most likely to grow up with psychopathology and with no organized attachment strategy. Disorganized children have been observed trying to take on the role of the parent (Karen, 1998). These children seem to want to be in charge, dominating the parent or trying to embarrass him or her. Disorganized attachment may cause these children to carry these dysfunctional behaviors into their relationships throughout life (Karen, 1998). While secure attachment allows the child to spend time at both the top and bottom of the circle, and insecure attachments may find the child spending more time at either the top or the bottom of the circle, disorganized children may not be

on the circle at all due to an inability to predict the behavior of the caregiver (Marvin et al., 2002).

Parenting Attitudes and Perception of Children

Parental behavior, as evidenced by research on attachment styles, has a significant impact on the perception and behavior of a child (Norwood, 2007). It is reasonable to assume that parental attitudes toward children are likely to play an important role in the life of a child as well. Children incorporate the way they are treated and received into their *internal working model*, or mental representation, and carry expectations of their environment as they do their caregiver. This has happened through experience with the parent through his or her behavior and attitude. The impact of the behavior of the caregiver is so great that the mental representation is likely to follow the child throughout life and influence his or her interaction with the world (Norwood, 2007).

As children have internal working models of their caregiver, the caregiver has an internal working model of the child. These mental representations may be distorted by past negative experience or trauma (Norwood, 2007). The inaccurate mental representations, or attitude, of the caregiver may result in harmful behavior toward the child.

Attachment theory explains that a child interprets the world and the people around him or her through an internal working model. Cognitive theory also explains that the perception of the world and the people around him are seen through cognitive *schemas*. Internal working model and schema are terms used to describe similar representational models of the world and its events (Page, personal communication).

The Working Model of the Child Interview (WMCI: Zeanah & Anders, 1987; Zeanah & Benoit, 1995 as cited in Norwood, 2007) measure the perceptions of the caregiver toward their

child and have found that the child's behavior toward a caregiver is associated with the internal working model, or attitude of the caregiver (Zeanah, Benoit, Hirshberg, Barton & Regan, 1994 as cited in Norwood, 2007). It is likely that caregiver behavior is explained through the internal working models they hold and learned as children (Zeanah, Benoit, Hirshberg, Barton & Regan, 1994; as cited in Norwood, 2007). If these are negative, frightening or mistrustful, the caregiver will act in ways that reflect these negative models. The child is the recipient of these behaviors and verbal communication and is molded by interaction with the caregiver, thus forming his attachment security (Norwood, 2007). If the child has a caregiver who is loving, supportive and consistent, he or she will see the world as such. If the child has a caregiver who yells at him or her, or makes negative comments, threats or is derogatory, he or she will perceive the world as such. Just as behavior influences the child, verbal comments are likely to have the same influence. The internal working model should remain consistent when the caregiver is with the child, or when he or she is elsewhere and this perception is likely to be verbalized at some point (Norwood, 2007).

Internal working models remain more or less consistent over time and tend to endure for some time even after a child is removed from an abusive caregiver's custody. The This is My Baby Interview (TIMB: Bates & Dozier, 2002) measures the commitment of foster parents to the child. This research found foster parents who show high levels of commitment and acceptance and who have attached to the child have children with higher levels of self-esteem (Ackerman & Dozier, 2005). This suggests that the attitude and the outlook of a caregiver have significant impact on a child, and his or her internal working model of himself or herself and others.

Caregivers' attitudes, as expressed in group therapy sessions, may reflect representational models of their children and may have the ability to change, thus changing the internal working

model of the child. The study of parents' expressed attitudes of their children, and the significance of these, are the focus of this study. The study of verbal expression in group therapy sessions is very limited. An example of this sort of research is a qualitative study by Bloomfield and her colleagues (2005) who used transcripts from focus groups to obtain the overall theme of each group, looking deeper into what is important to caregivers and those who work closely with them. The study found that sometimes different goals of parenting are thought to be more important to some groups than others. For example, mothers felt that helping their children to feel good about themselves was more important than what healthcare workers thought to be most important, which was discipline (Bloomfield et al., 2005).

The purpose of the research by Bloomfield et al. (2005) was to gain a deeper understanding of the perception caregivers and health care workers have of the needs of children. It is likely the mothers and health care workers may have interpreted and answered the questions of the focus group from their own personal, internal working models. Research regarding verbalization in group settings may assist in a better understanding of the way internal working models dictate behavior. The goal of the proposed research is that by learning about the ways in which parents express attitudes about their children in group sessions, new insights may be gained concerning important indicators of relationship qualities and the way treatment is perceived and presented.

Chapter 3:

Methodology

The purpose of this research is to examine associations between caregiver attitudes as expressed verbally in therapy group sessions and indicators of qualities of the parent-child relationship, as assessed with the following instruments: Insightfulness Assessment (IA; Oppenheim & Koren-Karie, 2009) and the Strange Situation Procedure (SSP; Cassidy & Marvin, 1992). Warm, caring, understanding, empathic, and supportive attitudes of caregivers are expected to be associated with positive relationship indicators, including secure attachment, insightfulness, absence of behavior problems, and low parenting stress. Hostile, negative, frustrated and less supportive attitudes of caregivers are expected to be associated with negative relationship indicators, including insecure or disorganized attachment, lack of insight, behavioral problems and high parenting stress. The research employs a multiple case study design, using qualitative and quantitative data analysis. This study refers to mothers rather than caregivers as mothers were the participants of this particular intervention. Neither attachment theory, nor this study, discriminates with regards to an attachment figure.

Sample

The sample consists of eight mothers and their eight children referred by the Louisiana DCFS to the Circle of Security Project, conducted by the Louisiana State University School of Social Work, for parenting services. The referral was due to the mothers being involved with inadequate supervision/protection (4 mothers), substance abuse or dependence (3 mothers), domestic violence (3 mothers) and physical abuse (2 mothers). Of the 8 children, 5 had previously been placed with foster parents or family members.

This sample consisted of seven Caucasian mothers and one Hispanic mother all with a mean age of 25 years. Half of the mothers in the group did not graduate from high school, half struggled with substance abuse and 6 of the mothers annual income was less than \$15,000. All mothers had children between the ages of 1 and 5 years, with a mean age of 48 months.

Procedure

This CoS intervention was implemented weekly over a period of 27 weeks with the goal of changing negative patterns of interaction to positive patterns of interaction between mother/child dyads. The CoS intervention devoted four sessions to didactic interaction between the mothers with the remainder devoted to individually focused group sessions targeting the specific relationship problems of each mother-child dyad. Each participant, thus, received 2 ½ sessions throughout the intervention to focus on her relationship with her child. Individual tape reviews were split up into three phases, with all parents completing each phase prior to moving to the next. Selected vignettes taken from the pre-test and SSP are used in the tape reviews to illustrate and discuss strengths and the major problems of the dyad. The first tape review phase focuses primarily on relationship strengths and provides an introduction to the central relationship problems. The second tape review looks again at the major problems of the dyad and focuses on solutions to the problem along with obstacles and linkages between mothers' developmental histories and current relationship problems. The last tape review is a review of what had been learned and preparation for the future.

Treatment plans were developed using interviews conducted with the mothers and the SSP taped prior to the intervention. Relationship problems are conceptualized and presented in terms of the interplay of exploration and attachment systems as illustrated in the CoS graphic (see Appendix A).

Measurements

The data acquired from two of the instruments used in CoS pre- and post-test assessments will be used as comparison data to the data from this study and are explained below:

Insightfulness Assessment (IA)

The IA was used to measure empathic awareness the parent has of the needs of the child. This tool has demonstrated reliability and validity and has been shown to be significantly associated with the classifications of attachment in the SSP, except with the disengaged classification (Koren-Karie, Oppenheim, Dolev, Sher, & Etzion-Carasso, 2002). The IA is an interview, based on attachment theory and was given to the mothers separately, while they watched three video vignettes. The interview is structured and takes place during the video review in order to determine the capacity of the mother to understand the depth of need, or “insightfulness” of the child’s internal experience. A series of general questions about her child start the interview and move into more specific questions about her child in everyday life. This process is meant to grasp the mothers understanding of her child’s thinking and feeling states.

Several ratio-level scales rate the caregiver’s richness and complexity of description, acceptance and warmth, focus on the child, coherence of descriptions, and insightful attributions of the child’s experience. On the basis of the profile obtained with the continuous scales, caregivers are placed in one of four categories of insightfulness: Positively Insightful, the optimal form, which corresponds to demonstrated abilities for perspective-taking, clear affection and engagement, and non-judgmental acceptance; One-Sided, which reflects lack of complexity, rigid preconceptions of the child, and inability to fully apprehend the complexity of the child’s inner experience; Disengaged, where caregivers display very limited emotional connection with their children, inaccessibility to feelings, superficial answers to questions about their children’s

experience, or appear to be uninvolved or uninterested; and Mixed, when two of the other three types are present, and the caregiver cannot be classified with any one of the other dimensions (Oppenheim & Koren-Karie, 2009). IA's were coded by the authors (Oppenheim & Koren-Karie, 2009; T. Page, personal communication).

Strange Situation Procedure

The SSP has been regarded as the “gold standard” for attachment classification and has been used many times for many years with an abundance of validity and reliability data. Reliability is assured by mandatory training requirements of researchers who must match observations in the laboratory to a multidimensional template. Inter-rater reliability tends to be very high for coders who have extensive training. Validity is determined by attachment security being a great predictor of other developmental facets, remaining stable over time, and can be seen cross-culturally. The SSP is an observational, laboratory-based method that yields four classifications of attachment security and is a tool used to observe the attachment security of the child. The Cassidy and Marvin (1992) preschool version (for children approximately 24-60 months) was used for this research with Robert Marvin, one of the authors, and his associates coding the assessments of the children.

Group Session Coding

The data for this study were collected from the transcripts of 26 of the 27 CoS group intervention sessions. There was no knowledge of any other previous data results. Comments mothers made about their children or referring to their children were extracted from the transcripts leaving out all other dialogue. Comments that did not pertain to someone's child were retained only when they would provide the context about her child or children. These extra comments were not rated on the scale of mother's attitudes. An example of this would be when

the mother is asked, “What is that about, what does he want to go with you for?” and the mother responded, “He doesn’t want to be alone in the room.” Both comments in this instance would be kept, as the response may not make sense without the preceding question. Only the mother’s comment would be rated, however. If comments were not included that provided the context of the comment, notes were made as to what or who the mother was referring. For example, if a mother reported, “He doesn’t want to be alone in the room,” a note may have been made to say, in response to being asked why the child did not want to stay in the room.

Each comment was rated on a seven point Warmth/Empathy (W/E) scale, and a seven point Concern/Worry (C/W) scale. The seven point Warmth/Empathy scale ratings include: 1- the mother was negative by being hostile or aggressive with words and with action or she was describing her child acting in an aggressive or hostile manner, 2 - the mother was negative in her comment by being frustrated, hostile or aggressive with her words about her child, 3 - the mother was negative with her comment by having a lack of empathy, a lack of understanding or saying something negative about their child (in so many words) this comment may have a slightly positive tone but the underlying message is negative, 4 - neutral comment or comment that cannot be read into, 5- a positive and/or an intuitive comment and there may be a slightly negative tone but the underlying message is positive, 6 - a comment that is warm, caring, understanding, empathic, or supportive, 7 - a comment that is warm, caring, understanding, empathic and/or being supportive with an action taken with the child. Specific examples of the seven point scale are available in Appendix B. Mothers comments will be averaged to obtain their overall attitude score and the range will also be a pertinent information source as it is possible to obtain a broad range of comments.

The IA manual by Oppenheim and Koren-Karie (2009) contributed to the C/W scale as a meaningful construct from which this C/W scale was modeled. The scale by Oppenheim and Koren-Karie (2009), has a range from one to a nine, and consists solely of odd numbers. The C/W scale used here began with a range from one to seven, and also included only odd numbers. Over the course of coding for C/W, the range remained the same but numbers two and six were added in to differentiate a one from a three and a five from a six. In order to keep it somewhat similar to the W/E scale, the number four is not included in the C/W scale although the mother may have a rating of four as the average of her scores for concern/worry.

Unlike the W/E scale, where a rating of 1 represents a negative characteristic, the C/W scale starts with the rating of 1- representing the highest level of confidence in the ability of the child and in the mothers own parenting style, there is essentially no worry with a rating of one; 2- denotes the utmost confidence in both she and her child's ability but maintains a rational concern for the child; 3- the mother is concerned about the child and for a valid reason, and the mother believes that her child will have the ability to cope with the problem; 5- the mother may have a valid reason to be concerned or worried, however she verbalizes the doubt she has for the child to cope with, or overcome the problem; 6- the mother has an irrational worry or concern and she may discuss, at length, the fear about the outcome or the current situation; 7- an irrational worry or concern and believes that she or her child has no appropriate coping skills and/or she lacks the ability to be a good mother. She might be trying to control her child to reduce her own anxiety. She may interrupt group sessions to discuss her worry and/or is delusional about the worry.

Data Analytic Strategy

The Warmth/Empathy and Concern/Worry scales will be used to develop graphs displaying data results of the 8 individual profiles of mothers in the multiple case study. The ratings for each week will be presented and determined by three or more participation ratings for W/E and two or more participation ratings for C/W. Tables will be created in order to display the average rating of W/E and C/W as well as the range for each rating. Tables are used to make a more simple comparison of W/E and C/W ratings and ranges to the pre- and post SSP and IA ratings. These individual graphs and tables for each mother will also be used to display changes in the parenting attitudes over the period of the 27 week sessions. This graph will show the data point for every session over the period of intervention for W/E and C/W.

Chapter 4:

Results

Introduction

This study's results are presented in conjunction with data gathered on the same subjects as part of a larger demonstration project conducted by the Louisiana State University School of Social Work (Page & Cain, 2009). The Warmth/Empathy (W/E) and Concern/Worry (C/W) scales created for this study will be analyzed and compared to children's attachment security as assessed in the Strange Situation procedure (Cassidy & Marvin, 1992), and mothers' insightfulness into their children's internal motivations, as assessed with the Insightfulness Assessment (Oppenheim & Koren-Karie, 2009). Graphs are included which display the scores of Warmth/Empathy and Concern/Worry for each mother who commented during the sessions with three or more verbal expressions about their child for W/E and two or more comments for C/W. SSP and IA scores pre- and post intervention are also reported within each discussion. Summaries of findings for each mother are presented. The transcripts of the 26 sessions of the CoS intervention were coded and group participants are treated as eight separate case studies.

Original SSP and IA Results

Findings for the original Circle of Security demonstration project's SSP and IA assessments are presented in Table 1.

Table 4.1 SSP and IA Time 1 and Time 2 Assessments

Subject #	Time 1	Time 2
Mother One-AB	IA: MX: De2/OS1 SSP: Child: Disorganized Parent: Disorganized	IA: PI 3 SSP: Child: B1 Parent: Beta

Table 4.1 Continued

Mother Two-CD	IA: MX/ OS3/PI SSP: Child: Disorganized Parent: Disorganized	IA: OS 1 SSP: Child: Disorganized Parent: Disorganized
Mother Three-EF	IA: OS 2 SSP: Child: Disorganized Parent: Disorganized	IA: PI 3 SSP: Child: B/Secure Parent: Beta/Secure
Mother Four-GH	IA: MX/ De/Os SSP: Child: B4 Parent: Gamma	IA: OS 3 SSP: Child: B1 Parent: Beta
Mother Five-IJ	IA: DE 2 SSP: Child: D (alt A2) Parent:A2 (D)	IA: DE 2 SSP: Child: A2 Parent: A2
Mother Six-KL	IA: DE 3 SSP: Child: Disorganized Parent: Disorganized	IA: DE 1 SSP: Child: Disorganized Parent: Disorganized
Mother Seven-MN	IA: DE SSP: Child: Disorganized Parent: Disorganized	IA: DE SSP: Child: Disorganized or A2 Parent: Disorganized
Mother Eight-OP	IA: PI SSP: Child: B Parent: B	IA: PI 3 SSP: Child: B Parent: B

Inter-rater Reliability

Inter-rater reliability was assessed by comparing this author's ratings with a second coder, trained by the author, who independently coded 9 of the 26 transcripts (35%), randomly selected. Weighted kappas were obtained for the W/E and C/W scales of .91 and .79, respectively.

Mother's W/E and C/W Ratings as Compared to SSP and IA Ratings

Eight results sections are provided for the quantitative and qualitative data for each mother. Each section includes the SSP and IA ratings discussed prior to the summaries for each group participant, examples of comments each mother made within group sessions, two tables, and one figure. Results include pre- and post- SSP and IA ratings along with a summary of the results of this study for each mother. Examples of the comments mothers verbalized in group sessions are displayed after each summary. The rating for the comment will be displayed in parenthesis and bold at the end of the comment. The overall ratings and ranges of W/E are tracked in the first table, and the overall ratings and ranges for the C/W scales for each mother are tracked in the second table. The third figure displays the comparison of W/E and C/W over the course of the intervention. W/E and C/W are differentiated by a small diamond for W/E at each point and a larger square for C/W at each point. Lines in the figure may not connect if the mother was present at the session, but was not rated for either scale.

Mother One- AB

The child of AB obtained a pre-intervention assessment SSP rating of disorganized attachment. AB was rated, at pre-intervention on the IA scale, as having mixed insightfulness, being rated as both disengaged and one sided. At post-intervention, the child of AB was rated with the SSP as having secure attachment and AB was rated as being positively insightful on the IA.

AB varied in range on the W/E scale. She is rated as a seven each week, except at week 23 at a five. AB also verbalized very hostile comments, four of the seven weeks she participated. The mean ratings for each week are consistently neutral to positive ratings, indicating that AB received more positive ratings than negative ratings.

AB varied very little in ratings on the C/W scale, maintaining neutral to mostly high ratings of concern or worry with few verbalizations regarding the competence of herself or her child.

AB reported from session two,

“...You know working nights and 16 hours a day, I get pretty tired. When I am home I have two things to do. I take care of him and try to get sleep. When I try to get some sleep I say, you can lay in bed while mama goes to sleep but then he has this whole boogey man thing. He was in bed with me and coming and going to the closet and seeing if boogey man was there and then back to mom and to the closet and back to mom and back and forth. Okay, so I was like let me do something with him because he was screaming out “do this with me mama”. So finally I was like “let’s do something” so we sat there and played with his cars and he stopped with the boogey man stuff. Before I would have been like you go in your room right now and watch a movie.” (7)

Table 4.2 Warmth/Empathy Ratings for Mother One- AB

Mother One- AB W/E	Average	Range of Scores
Week 1	4	2-7
Week 2	7	6-7
Week 3	4	2-7
Week 7	4	1-7
Week 20	5	2-7
Week 23	4	3-5
Week 24	4	1-7

Table 4.3 Concern/Worry Ratings for Mother One- AB

Mother One- AB C/W	Average	Range of Scores
Week 1	6	6
Week 2	6	5-6
Week 3	4	1-5
Week 6	6	5-6
Week 20	5	3-6

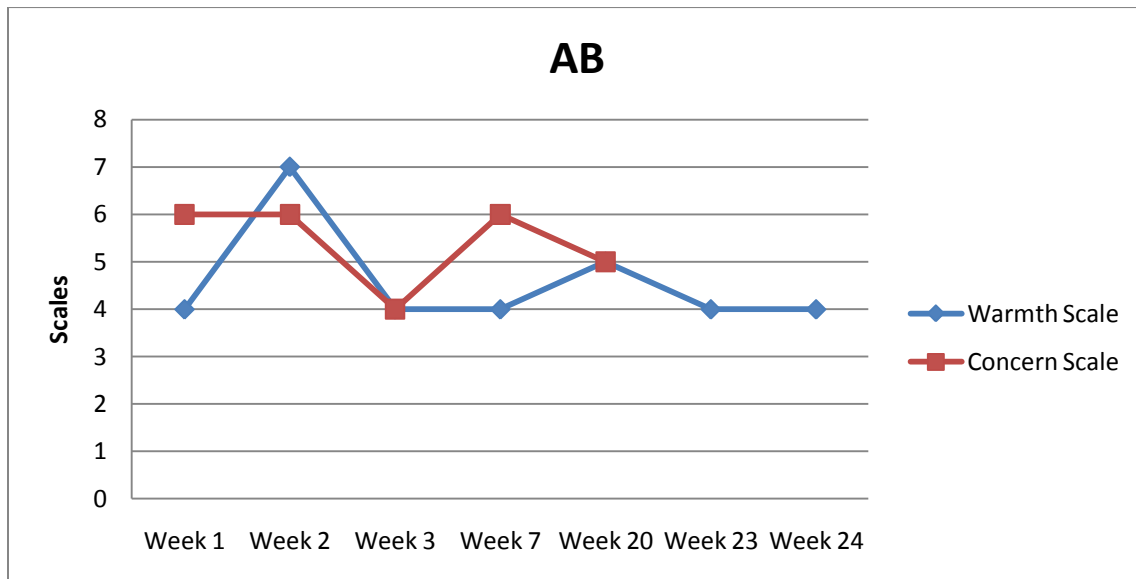


Figure 4.1 W/E and C/W Ratings for Mother One- AB

Mother Two- CD

The child of CD obtained a pre-intervention assessment SSP rating of disorganized attachment. CD was rated, at pre-intervention on the IA scale, as having mixed insightfulness, being rated as both positively insightful and one sided. At post-intervention, the child of CD was rated with the SSP as having disorganized attachment and CD was rated as being one sided on the IA.

CD obtained a wide range of scores for W/E throughout the intervention. Ratings of two and seven are fairly consistent for CD as both ratings are displayed four of the six weeks she participated. CD also displays inconsistent ratings on the C/W scale throughout the intervention, although the inconsistency is clustered around the center of the scale, between three and five, rather than across the span of the scale as in the W/E scale.

CD was asked by the group leader (GL) what her son needed in the tape:
 CD replied, “He needed me” (5)
 GL, “What was he feeling?”
 CD replied, “Feeling of being left or abandoned”(5)
 Another group member at the same time said, “Scared” in response to the same question
 CD responded, “I don’t think he was scared”(3)

The last comment was rated as a three because it lacked insight into the child’s needs. CD contradicted herself from her previous statement. Another example of this is during a conversation with a group leader (GL):

The GL reported, “We established that this was a moment when you could have taken charge of the situation, but what was he needing?”

CD replied, “Comfort.”(5)

GL, “He was needing comfort. We see how anxious he is.... And?”

CD responded, “Not too much organized.”

The GL responded, “You don’t think so?”

CD answered, “He knew what he wanted, so he was not unorganized. He wanted not to be left and he wanted to be protected.”(3)

This was rated as a three due to AB lacking insight into the child’s needs.

Table 4.4 Warmth/Empathy Ratings for Mother Two- CD

Mother Two- CD W/E	Average	Range of Scores
Week 1	4	2-7

Table 4.4 Continued

Week 2	6	3-7
Week 6	3	2-5
Week 11	4	2-7
Week 16	4	2-6
Week 26	6	3-7

Table 4.5 Concern/Worry Ratings for Mother Two-CD

Mother Two- CD C/W	Average	Range
Week 6	5	5
Week 16	3	1-6
Week 26	4	2-5

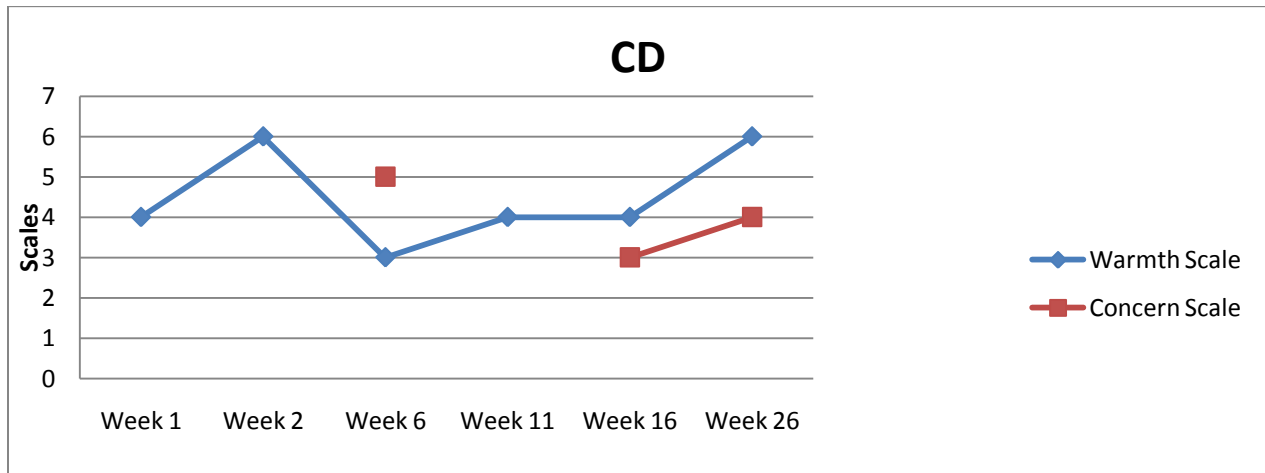


Figure 4.2 W/E and C/W Ratings for Mother Two- CD

Mother Three - EF

The child of EF obtained a pre-intervention assessment SSP rating of disorganized attachment. EF was rated, at pre-intervention on the IA scale, as having an insightfulness rating

of one sided. At post-intervention, the child of EF was rated with the SSP as having secure attachment and EF was rated as being positively insightful on the IA.

EF rated as having a positive mean in the initial session on the W/E scale. However, she did obtain at least one rating of two. For the five weeks after the initial session, EF was rated as having an overall rating of negative to neutral. Toward the end of the intervention, and for the remaining four weeks, EF began to increase her overall ratings and stopped verbalizing comments that would have been rated as hostile. The overall ratings for the C/W scale decreased somewhat over the course of the intervention.

EF reported in session 19,

“One of the things I did with him was, when we did the taping and there was this thing that hung up above the wall with different feelings, sad, happy, I am sure that you had all seen that up there. I taught him the meanings of the facial expressions of it, so he knows the difference now. It helps a lot with trying to figure out what is wrong with him.” and also, “Oh, yeah. There are a lot of new things that we do. We will sit down and I will just ask him what do you feel like, what is wrong, don’t cry just tell me. Then I will tell you how I feel and he will tell me. Sometimes it is not exactly what it should be, but, most of the time it is. Most of the time he will let me know. He still has his days, but not near as many and we can control it a lot.” (7)

This comment was rated as a seven because EF is describing an action taken that shows high levels of warmth and understanding.

Table 4.6 Warmth/Empathy Ratings for Mother Three- EF

Mother Three-EF	Average	Range of Scores
Week 2	5	2-7
Week 5	3	2-6
Week 6	3	3
Week 7	4	2-7

Table 4.6 Continued

Week 12	3	2-6
Week 14	3	1-6
Week 16	4	2-6
Week 17	4	2-7
Week 19	6	1-7
Week 22	5	3-7
Week 24	5	3-6
Week 25	7	6-7

Table 4.7 Concern/Worry Ratings for Mother Three- EF

Mother Three- EF	Average	Range of Scores
Week 2	7	7
Week 5	5	3-6
Week 7	4	1-6
Week 9	4	1-6
Week 11	6	5-6
Week 14	3	2-6
Week 17	3	2-3
Week 22	4	2-6

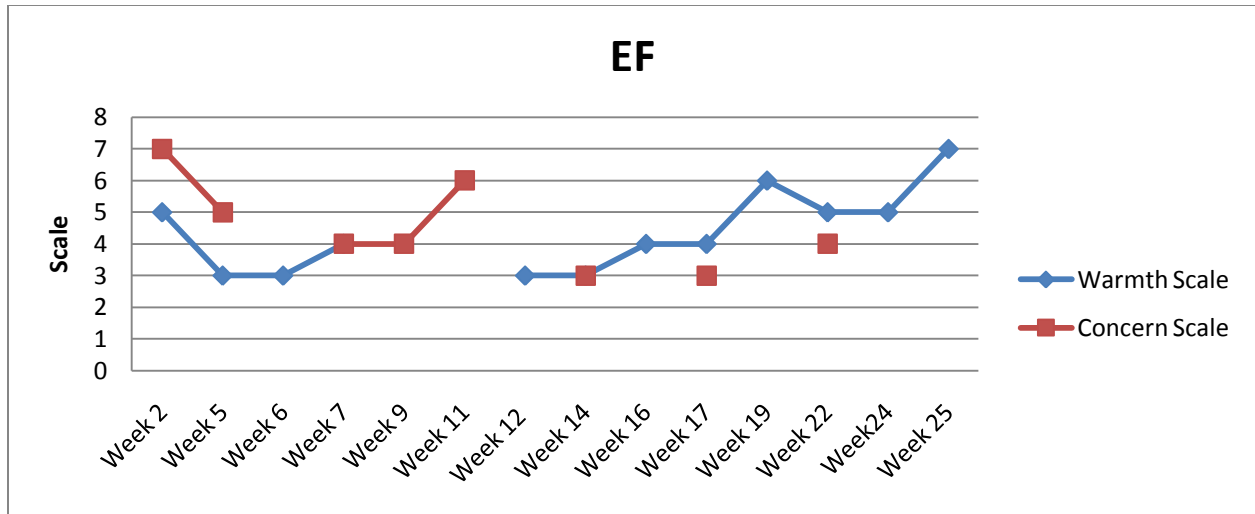


Figure 4.3 W/E and C/W for Mother Three- EF

Mother Four-GH

The child of GH obtained a pre-intervention assessment SSP rating of secure attachment. GH was rated, at pre-intervention on the IA scale, as having an insightfulness rating of mixed including both disengaged and one sided. At post-intervention, the child of GH was rated with the SSP as having secure attachment and EF was rated as being one sided on the IA.

GH maintained a relatively neutral to positive range of scores for W/E with an increase in warmth, understanding and empathic action being discussed by GH during the last three sessions she participated. GH also increased in ratings on the C/W scale.

An example of a comment made by GH is during session 21. GH is being asked how her son feels when he is not being paid attention and GH responds with:

“Awful, and I did that to him. Awful, it is very frustrating. It is anxious and frustrating. Every body language that he had was like, hello, over here. I don’t know what you are doing over there and I just want to cook for you and you are not doing it. At the time I didn’t realize it, I wanted to do something for him, but he wanted to do something for me.” (5) C/W

Table 4.8 Warmth/Empathy Ratings for Mother Four-GH

Mother Four	Average Score	Range of Scores
Week 1	5	5
Week 4	4	2-5
Week 9	4	3-6
Week 10	5	3-6
Week 11	6	3-6
Week 12	4	2-5
Week 21	5	3-7
Week 23	5	3-7
Week 25	4	3-7

Table 4.9 Concern/Worry Ratings for Mother Four-GH

Mother Four- GH	Average	Range of Scores
Week 4	3	2-3
Week 10	5	3-5
Week 21	4	1-7
Week 25	5	3-6
Week 26	5	3-6

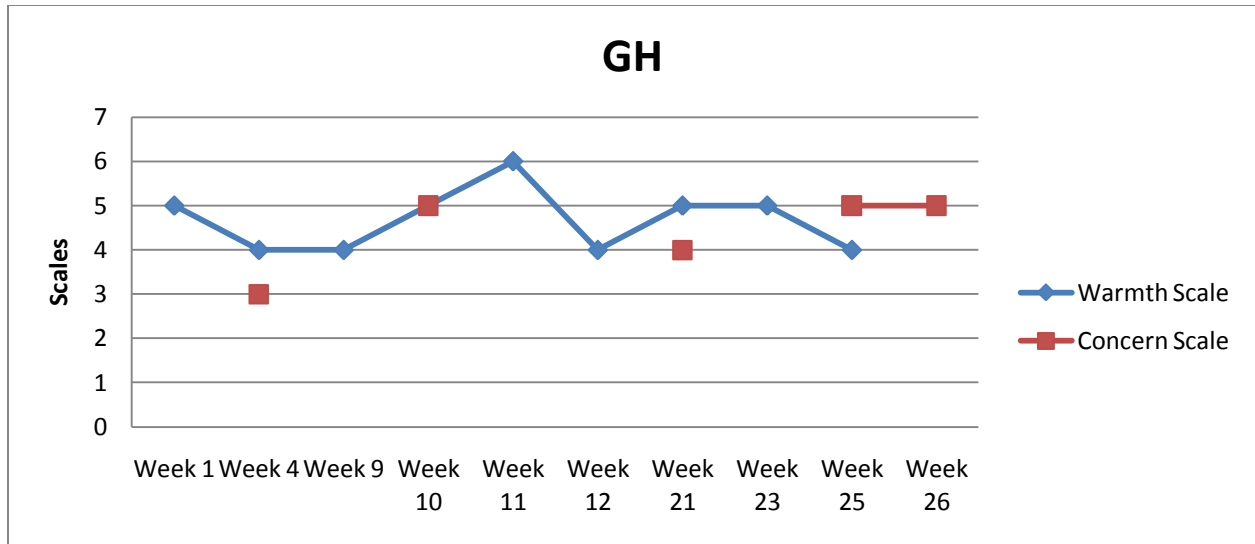


Figure 4.4 W/E and C/W Ratings for Mother Four- GH

Mother Five-IJ

The SSP pre-intervention rating for the child of IJ was disorganized with a tendency toward avoidant. The IA pre-intervention rating for IJ was disengaged. The SSP post-intervention rating for the child of IJ was rated as having avoidant attachment and the IA post-intervention rating for IJ remained disengaged.

The ratings for IJ on the W/E scale remained fairly consistent over the five weeks that she participated. IJ was rated for C/W on week 13 and had an inconsistent range of scores.

Comments presented here were made by IJ, are from session 15, and are rated as a three:

IJ reports, “I find with mine a lot of times, they don’t know what to expect if they come to you when they are angry. Even with my older two, they will go around the bush, they are like I don’t want you, I want to go live with my dad. It is a lot to do with the closeness, not knowing what to expect if they got close...Even with her, she will swat you and hit you, but if you pick her up and make a game out of it, then she is alright, she will go off and play. You can tell they are sure that they are not quite sure how to approach you.”

Table 4.10 Warmth/Empathy Ratings for Mother Five- IJ

Mother Five	Average	Range of Scores
Week 4	5	3-5
Week 13	5	3-7
Week 15	5	3-7
Week 16	6	5-7
Week 23	4	3-6

Table 4.11 Concern/Worry Ratings for Mother Five- IJ

Mother Five	Average	Range of Scores
Week 13	4	1-6

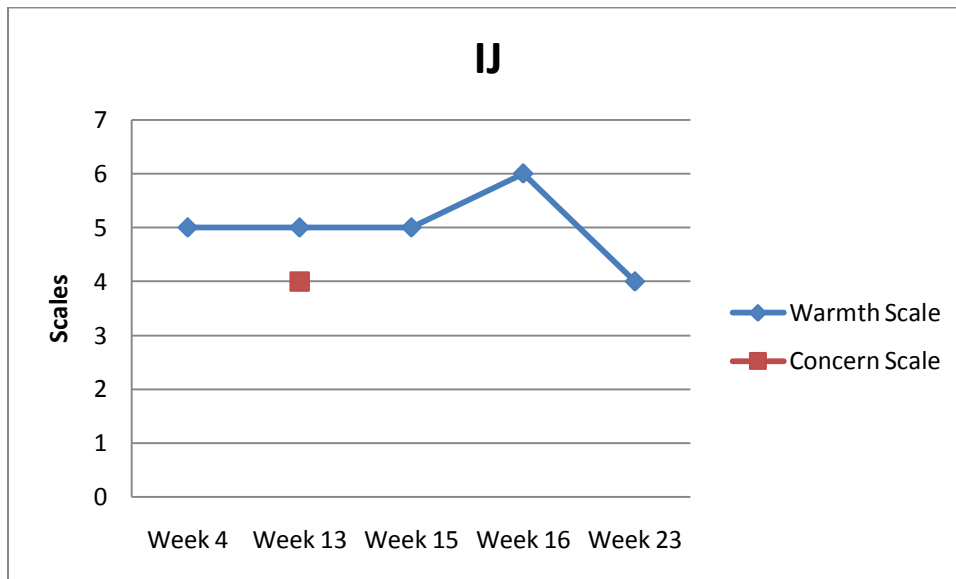


Figure 4.5 W/E and C/W Ratings for Mother Four- IJ

Mother Six-KL

The pre-intervention score for the child of KL was disorganized attachment and the rating for KL on the IA scale was disengaged. The post-intervention SSP rating for the child of KL was disorganized attachment style. The IA rating post-intervention was disengaged for KL.

KL maintained an seemingly inconsistent, bi-polar range for W/E throughout the intervention. Looking closely at the range, KL increased her W/E ratings for approximately three weeks during weeks three through five and then dropped back down to a two through six on week seven. There is a slight pattern, with the range, of increased warmth and empathy with decreased levels of hostility and it is consistent throughout the intervention. However, KL dropped from having neutral to high means for the first half of the intervention to having a mixture of very negative to slightly positive ratings for the last part of the intervention. KL maintained fairly high ratings of C/W throughout the intervention.

KL reported during session 12:

“And then when you try to talk nice to him, he looks at me like I am stupid or crazy. When I say Mommy loves you, he just looks at me like I am stupid or crazy, he is like whatever. He is hurting my feelings.” (2)

“It is like this movie I watched, Open Water. I kind of feel like I am stranded in the middle of the ocean and sharks and whatnot, like our kids, are taking bits and pieces of us, nibbling at us, and finally, you are like, are they going to finish me off like they did in the movie or what. Am I going to drown like happened in the movie. It is like what is going to happen to me, man?” (1)

Table 4.12 Warmth/Empathy Ratings for Mother Six- KL

Mother Six	Average	Range of Scores
Week 3	4	2-5
Week 4	4	2-6

Table 4.12 Continued

Week 5	6	3-7
Week 7	4	2-6
Week 8	5	3-7
Week 11	4	3-5
Week 12	3	1-6
Week 18	3	2-6
Week 21	5	3-6
Week 24	2	1-3
Week 26	5	3-7

Table 4.13 Concern/Worry Ratings for Mother Six- KL

Mother Six- C/W	Average	Range of Scores
Week 8	6	5-6
Week 9	4	3-5
Week 12	6	6
Week 18	5	3-6

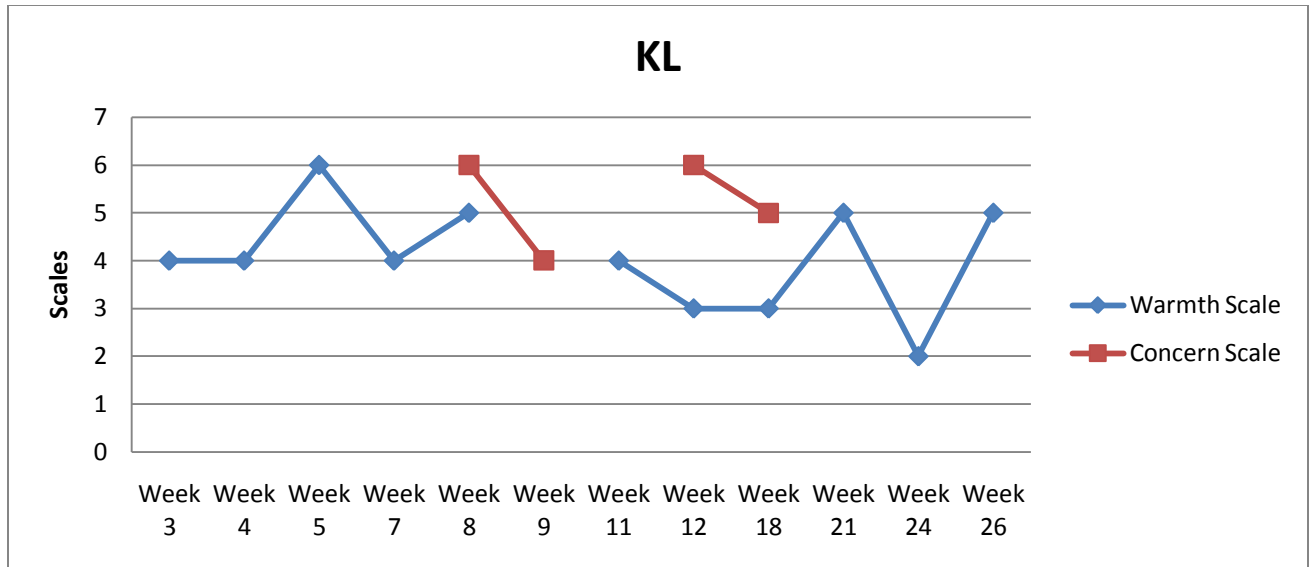


Figure 4.6 W/E and C/W Ratings for Mother Six- KL

Mother Seven- MN

The pre-intervention SSP rating for the child of MN was disorganized attachment style. The pre-intervention IA rating was disengaged. The post-intervention SSP rating for the child of MN was disorganized attachment style. The IA rating post-intervention was disengaged for mother seven.

The average W/E rating for MN over the course of the intervention was negative, at either a two or three. There were two overall ratings of four for the W/E scale out of 12 weeks of participation and this was her highest overall rating. The ranges were fairly consistent and less broad as many of the other mothers in the group session. MN maintained fairly high ratings of C/W throughout the intervention.

The dialogue presented here comes from session 19 and is a conversation between MN and the group leader (GL).

MN- I would like her to be happy again, to be out there, not screaming and crying. (3)

GL- You want her to feel better. How is it for you for her to need the moment with you?

MN- It makes me feel good like she wants me and that I make her feel a lot better (6)... As much as she loves me, she just, why does she always have to be mean? I mean, she will turn. She will be all nice to me and then the devil comes out. She will be like, no, screaming and throwing things. Beating up the cat, choking the cat, sitting on the cat. (1)

GL- The question is where does the aggression come from. Can we learn anything about the aggression based on what we are seeing here?

MN- When we did this taping, she wasn't aggressive at all. Back then, six months ago.

GL- Just hang in with me. Let's think about whether the aggression has to do with times when she needs you a lot and you would rather be paying attention to something else. It is possible that that could have something to do with her getting frustrated.

MN- See, when one is always coming to me because she is scared, the other is going to hit her and pick on her and stuff, when I go and pick up one, the other will scream and cry. It is hard (3)... When they both come on me, one is pushing her off and the other is pushing her off....I get kind of frustrated whenever they start fighting on me and it is just like they all have to share me. You know, it is hard. One will be screaming and crying and the other will push her and they will be like no, pulling hair.(3)

GL- What we are getting at here is there are times when children will be distressed and they need you to be able to comfort them. It seems simple, but it is not.

M/k- The oldest will be crying, because, my next door neighbor, her daughter is kind of grown up, and they gave her one of those play doll house things with all the rugs and they fight like cats and dogs. It is like I am about to throw that out (2)... When she starts playing with something, the younger will go over and take it from her because she wants to start playing with it.

GL- So you have to be referee and disciplinarian.

MN- What I do is I take the toy away from them. (3)

GL- You are being the bigger, stronger, now we are factoring in the wiser and kind part.

MN- I am thinking of taking all the toys out and putting them up.

GL- The toys can be a situation where children start fighting.

MN- Most of the time, they really don't play with the toys, a new toy they got, they fight over it. Most of the time they don't play with the toys, they just get into things they are not supposed to get into and one day I am just going to take it away and see what they do when they are no toys in the room.

GL- Let's focus on the stuff between you and Alexis. Does it seem to you when you are close that that is difficult for you?

MN- *nods*

GL- Can you talk about that?

MN- I don't know what it is, I don't know if it is because her dad is never home because when daddy is home, she is always with him. I wish I knew what was wrong with her, I don't know why she acts like that, I don't know why she doesn't listen, she just keeps on doing it, keeps on screaming at me. (1)

An example of a comment made by MN is during session ten and was rated as a two.

This comment was made during a discussion the mothers were having about their children being difficult:

"I do that a lot when I get to the point where I am just saying to myself that I don't want to be here and I don't want this, this is not what I wanted. I find myself saying that. I am done with these kids, I am leaving, knowing in the back of my mind that I would never do that, but I really felt like that. Last night, I felt like that. I am just done, you can have these kids, I am leaving."

Table 4.14 Warmth/Empathy Ratings for Mother Seven-MN

Mother Seven-MN	Average	Range of Scores
Week 4	3	2-3
Week 5	3	2-5
Week 6	3	2-6
Week 7	3	1-6
Week 8	3	2-7
Week 10	4	3-6
Week 11	3	2-6
Week 12	3	2-6
Week 13	3	2-3

Table 4.14 Continued

Week 14	2	1-3
Week 19	3	1-7
Week 23	4	2-6

Table 4.15 Concern/Worry Ratings for Mother Seven- MN

Mother Seven-MN	Average	Range of Scores
Week 4	5	3-7
Week 9	4	3-5
Week 12	6	5-6
Week 13	5	3-6
Week 19	6	6-7

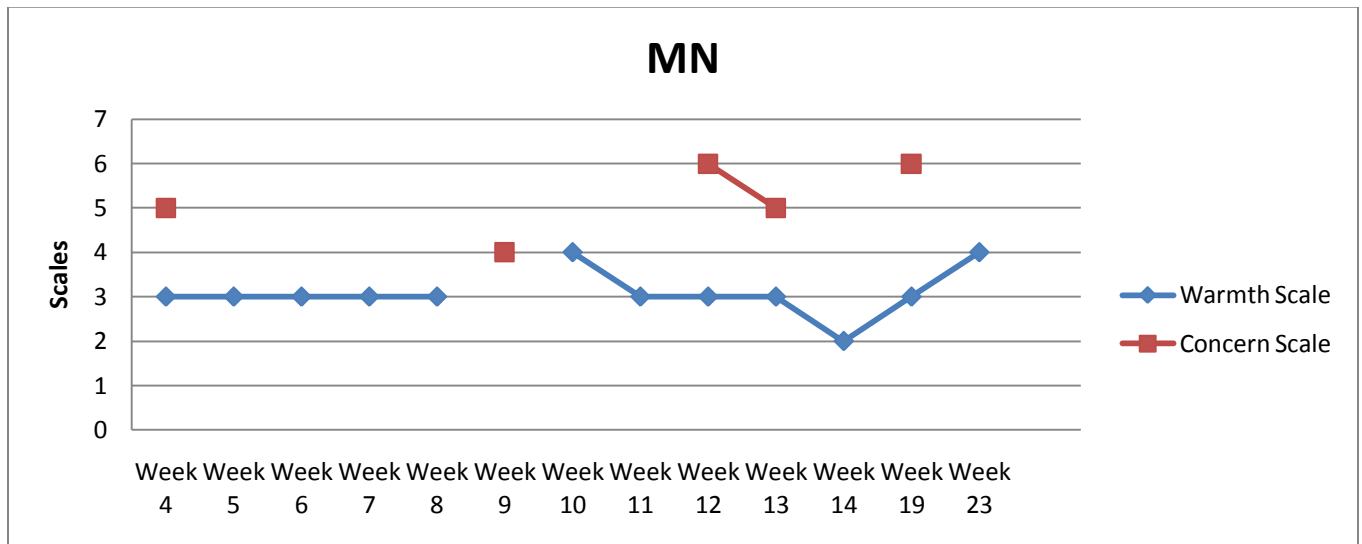


Figure 4.7 W/E and C/W Ratings for Mother Seven-MN

Mother Eight-OP

The pre- and post-intervention SSP ratings for the child of OP was secure attachment.

The pre-and post-intervention IA ratings for OP were positively insightful.

OP received a variation of ratings throughout the intervention from very hostile to acting upon feelings of warmth, empathy or understanding. The overall ratings for the W/E scale were neutral to high W/E. This indicates more comments reflecting warmth than those that were hostile, although the hostile comments do appear throughout the intervention. OP maintained moderate levels of C/W throughout the intervention.

OP responds to another group member who spoke about her child being manipulative in session eight:

“And if I say something one time he will use it against me because one time I told him, I can’t believe I did this, it is so wrong, but I said, do you want them to take you away from me? ...But he is mad that I just did. He doesn’t want me to take charge.” (2)

OP expressed remorse in the comment, but because she made a threat to the child, this comment was rated as a two. OP discusses, in session 22, the need of her child to be close to her.

OP reported, “He likes laptime. I always call it laptime, because he won’t just sit on the couch, he is like on my lap, which is good.” (7)

OP reported at session three, “I thought it was a meaningless toy and I wanted to buy him something else, something bigger. So I put it in the bottom of the cart and when he wasn’t looking I shoved it out. I paid for it though, oh I paid. He was screaming and he said he wanted his fireball. I don’t know why he called it that, I guess like fire and it was a ball. He started in the next morning and I told him that I had it in the car so when I picked him up he could have it, so I went straight to the store and bought it. He did not forget.” (3)

Table 4.16 Warmth/Empathy Ratings for Mother Eight- OP

Mother Eight-OP	Average	Range of Scores
Week 2	6	5-6
Week 3	4	2-6
Week 5	6	3-7
Week 6	5	5-6
Week 8	3	2-3
Week 12	4	3-5
Week 15	4	2-7
Week 22	6	6-7
Week 25	5	2-7

Table 4.17 Concern/Worry Ratings for Mother Eight- OP

Mother Eight-OP	Average	Range of Scores
Week 2	2	3-6
Week 3	5	5
Week 5	4	2-6
Week 13	5	3-6
Week 15	6	3-7
Week 17	6	5-6
Week 22	2	2
Week 25	4	2-6

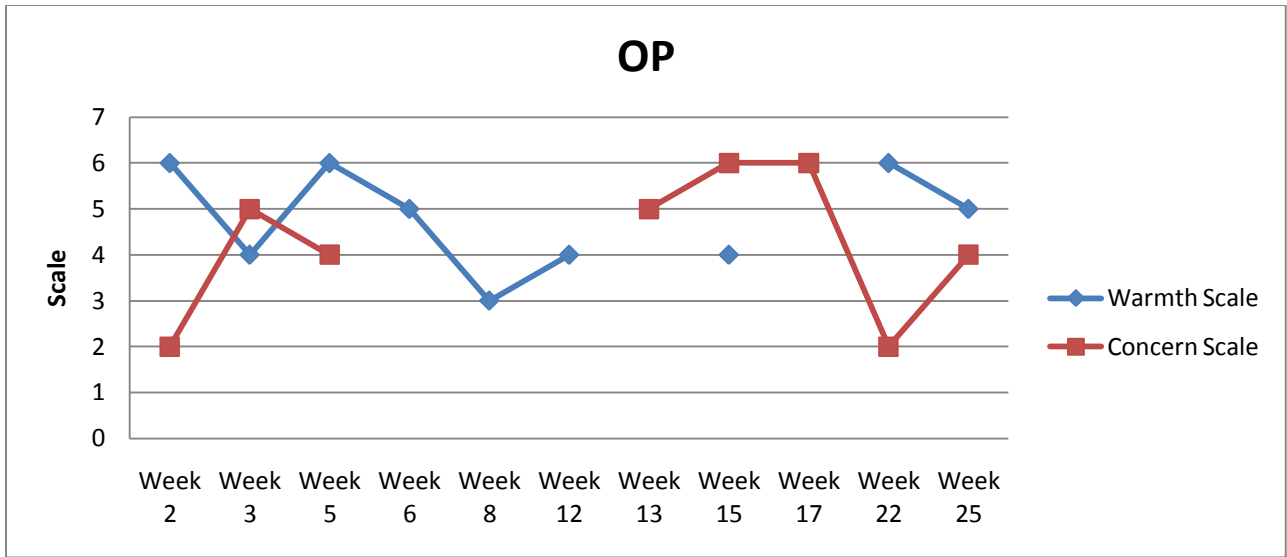


Figure 4.8 W/E and C/W Ratings for Mother Eight- OP

Chapter 5:

Discussion and Conclusion

This study examined mothers' attitudes, as expressed verbally in group sessions, their associations with the attachment security of their children, and their insight into their children's motivations. The 8 mothers of this case study had different outcomes following the intervention, some whose children gained a more positive attachment security while others remained the same. According to the study directors, (Page, personal communication), the mothers with children whose attachment ratings were disorganized at both time points had been exposed to traumatic circumstances in their past. These circumstances might be considered as one potential deterrent, which could prevent these specific mothers from internalizing the intervention, thus continuing to verbalizing negative comments about their child.

This author separated the mothers into descriptive *profiles* based on the observed findings for the warmth/empathy and concern/worry scales to gain a clearer understanding of the data. The first category was labeled as *Upward Positive* for the W/E scale. *Upward Positive* included the mother EF. EF had a downward trend on the C/W scale. The second profile was labeled as *Consistently Neutral/Positive* for W/E which included mothers WD and AB who had high ratings for C/W, and GH who had mixed C/W ratings; *Somewhat Mixed* included the mothers CD who was also mixed for the C/W scale, KL who had a consistent neutral high for C/W, and OP who displayed a slightly upward trend for C/W. Finally *Consistently Negative* included the mother MN. MN displayed an upward trend for C/W.

Each mother and child's pre- and post- intervention scores will be discussed in conjunction with the discussion of the mothers.

Mother One- AB

AB was rated at the IA pre-test as mixed including both one sided and disengaged, and a post-test rating of positively insightful. The child of AB received an SSP pre-test rating of having disorganized attachment and a post-test rating of secure attachment. AB is inconsistent with the comments she makes about her child throughout the intervention. AB did receive neutral to positive overall warmth ratings throughout the intervention. However, the ranges for these sessions indicate a high level of inconsistency in the comments AB made over the course of each session. High levels of inconsistency in the comments of the mothers about their child could indicate an inconsistency with parenting/interaction with the child. However, AB made both hostile comments and warm, understanding comments and at both extremes of the spectrum over the course of the intervention. More research would be required to determine the level of inconsistency and its association with attachment and insightfulness. It is also possible that inconsistency in these scores reflects a change process that ultimately could be moving in a positive direction, although this is not possible to conclude from these data.

The IA rating of mixed between one sided and disengaged may play a part in the ability of AB to attend to her child's needs over the course of the intervention because of the focus on behavior change. AB did make internal changes over the course of the intervention and the inconsistent or mixed ratings may be attributed to the change in her outlook and attitude toward her child. The mixed ratings displayed could potentially be exhibiting a change in perception over time, and the growth of a mother who once only saw her child in a negative light. AB was working with child welfare prior to her involvement with the CoS intervention. Possible pre-tests of SSP and IA scores and monitoring attitudes from the beginning of any intervention may display much more significant change than is shown here.

The case for AB was ready to be closed by the DCFS as AB had completed her case plan. However, AB felt that she needed ongoing support from the agency and requested that DCFS continue to supervise both her and her son.

Mother Two-CD

CD was rated on the pre-test IA mixed having both positive insightfulness and being one sided, and a post-test rating of one sided. The child of CD received a pre-test rating of having disorganized attachment on the SSP and had a post-test rating of disorganized attachment.

CD remained fairly consistent with neutral scores on both the W/E and C/W scales with her participation throughout the intervention. The range remained fairly consistent from two to seven which indicates an inconsistency on the warmth and empathy scale. Broad ranges were also seen on the C/W scale that points toward inconsistency with concern and worry. In some instances it seems as though CD may feel confident in her child's ability and her parenting ability but quite the opposite in other comments.

Many of the negative ratings CD received were due to a lack of insight into the needs or behaviors of her child. For example, during the tape review sessions, CD disagreed with the suggestions made by the group leaders as to what her child needed during the SSP and other recorded interactions. Examples of this may be found in the Results chapter.

Lack of insight on the part of CD did result in lower ratings on the W/E scale even though in some instances it did not seem as though CD intended to be negative about her child but rather she believed that she understood her child and was doing a good job as a parent. CD may have had a harder time than the average parent for internalizing the CoS intervention if she was cognitively delayed or using drugs.

Toward the end of the intervention, CD had moved to another parish and was working as an exotic dancer in a men's club. After the intervention, CD had her rights to her child terminated and was found to be non-compliant and failed a drug screen although she denied drug use. Ongoing drug use could have had an influence on this mother's ability to fully participate in this group intervention and could potentially have a profound effect on the integration of the intervention into daily life.

Mother Three-EF

EF was assessed pre- CoS intervention with an IA rating of one sided and a post intervention rating of positive insightfulness. The child of EF was rated pre-intervention on the SSP as having disorganized attachment and at post intervention, secure attachment. EF was rated as having an overall rating of five, or a positive W/E rating at the initial session in which she participated. The range, however, for this initial session indicated that she made hostile comments about her child. EF was inconsistent with her comments of warmth and empathy through the initial and core sessions of the intervention. These inconsistent ratings may be associated with the disorganized attachment style of the child due to a lack of, or an inconsistency with warmth and empathy toward the child.

During the last four sessions, EF did not make any hostile comments, which would warrant a rating of two. The attitude of the mother toward her child shifted, even if just slightly for ratings of W/E. Referring back to the quotes of EF in the last chapter, EF begins to express insight and understanding and begins to verbalize warm and understanding actions she takes with her child. This was a significant change from the lack of understanding and hostility EF had expressed previously. It is possible to assume that the comments EF made about her child became more positive over time due to the intervention and that her child was able to create a

secure attachment with the mother due to her change in attitude. The ratings of C/W for EF decreased over time, indicating that this mother became increasingly confident in her ability as her mother and in the ability of her child as well.

One interesting question presented in these data is, why did EF rate as a five in her first session but drop to such negative ratings for the majority of the first sessions? It may be that EF was presenting herself as loving and tolerant of her child, but her actions did not match that of her comments in the group. EF was regarded by the CoS group leaders as possessing a narcissistic defensive style which could be exhibited in a desire to present herself in a positive light (T. Page, personal communication). EF and her verbal comment ratings throughout the intervention were consistent with the ratings from the SSP and IA. The rating of one sided makes sense in that the mother did not want to be seen in a negative light and used distorted verbalizations in order to look good. This insightfulness rating did change over the course of the intervention to positively insightful.

EF was moving toward termination of state supervision of her and her child at the end of the intervention and had completed all of her case plan. Prior to the CoS intervention, EF had experienced behavioral problems with her son that included being banned from the school bus and getting poor marks in school. After the intervention, he had dramatic positive behavior changes that included doing well in school and having no more behavior problems at school.

Mother Four-GH

GH was assessed with a pre-test IA rating of mixed having both one sided and disengaged ratings of insightfulness and a post-test rating of one sided. The child of GH was rated as having secure attachment at pre and post-intervention. GH maintained neutral to positive W/E scores throughout the intervention which may be consistent with having a child

with secure attachment. GH was verbalizing in group sessions that she was taking action that was warm and empathic. GH discussed how she related with her child outside of the sessions, for the last three sessions. GH began to have less negative comments; especially those which were hostile decreased and were eliminated by the last three sessions. It might be assumed that as GH became more educated about the true emotional needs of her child, her behavior toward her child became more positive, thus her comments about her child in the CoS group setting became warmer, more positive, understanding and empathic.

The C/W ratings for GH slightly increased over the course of the CoS intervention. GH tended to blame herself for lack of insight into the needs of her child, thus becoming overly concerned with her past behavior as a mother. GH made a point by saying that, in the past, she had not been attentive to the needs of her son and wanted to change. However, she tended to lean toward feeling guilty, as evidenced by comments made in group sessions. Examples of these are presented in the results chapter. Her C/W rating did increase over the course of the intervention and although she had negative feelings toward her past self, she became capable of understanding the needs of her son and this becomes very evident through her comments during the group sessions.

GH was progressing toward reunification with her child who had been placed with relatives. However, GH was arrested for a felony crime shortly after the intervention concluded and was facing prison time.

Mother Five-IJ

The child of IJ had an SSP rating of disorganized with a tendency toward avoidant attachment and a post intervention rating of avoidant attachment. The disengaged IA ratings both pre- and post-intervention are consistent with the avoidant, rather than secure, SSP rating

post-intervention. If the first session is compared to the later sessions, it might be assumed that IJ increased her ratings of W/E and the slight increase in warmth and understanding lead this mother to increase self awareness. This may have given IJ an ability to take action in response to the needs of the child. The IA post test rating of disengaged could possibly be explained in that the mother was taking the actions that she had been taught to take with her child, however, she may not have had enough time to internalize the meaning behind the actions. At the time of the intervention, IJ was experiencing high levels of stress due to her abusive husband being incarcerated and possibly sending someone to harm her or her children. She could have used the group to vent but used authoritative parenting at home. The comments reported in the results section by IJ reflect the avoidant/emotional distance between her and her children.

IJ was only rated on the C/W scale during session 13. IJ has some faith in herself as a parent and in her child's ability to cope but she also has some elevated concerns. Due to the high levels of stress IJ was experiencing, this may have lead to high ratings on the C/W scale. By the end of the group intervention, IJ had completed all requirements of her child welfare case plan, and was moving toward release from state supervision.

Mother Six- KL

The child of KL was rated as having disorganized attachment pre and post intervention, while KL was rated as having an IA rating of disengaged for both pre- and post intervention. Comments made by KL during sessions would convey a level of warmth at times with other comments that were hostile and angry. This variation indicates a level of inconsistency of W/E and C/W by KL.

KL became involved with the child welfare agency due to allegations of abuse by her husband on the family. By the end of the group, KL was progressing toward release from state

supervision, primarily because the major source of stress in the family's life, KL's husband, who was responsible for years of violence in the family, had been re-incarcerated for parole violation. KL discussed in group sessions the fear she struggled with in regards to her husband possibly being released or escaping from prison. High stress may have contributed to the ratings of KL and the high levels of low warmth/empathy and high concern/worry, three of the four weeks that she participated. Might the stress KL experienced in one area of her life be displaced onto her children? High levels of concern and worry have the potential to be placed on the child, possibly leaving them without an understanding of how to self-soothe, especially if they believe something is always wrong. It is possible that if KL conveyed these same mixed messages to the child, and did not provide access to herself as a safe haven or secure base, the child may have formed disorganized attachment. According to the leaders of the group, KL expressed the most troubling accounts of her own history of traumatic abuse as a child (Page, personal communication). This traumatic abuse may have contributed to the inability of KL to provide security for her child.

Mother Seven- MN

MN was rated as disengaged at the IA pre-test and disengaged at the IA post-test. The child of MN was rated as having disorganized attachment at both pre and post intervention. It is possible that the attitude MN presented throughout the intervention was also communicated to her child and may explain the rating of disorganized attachment. MN also had high ratings for C/W which indicates that she does not see herself as a mother who is capable of controlling or parenting her children or that she has faith in her child's abilities.

The comments reported by MN, rated on the W/E scale and that are presented in the Results section paints a picture of a mother who is so frustrated, she feels that the only way out is

to leave. MN reports that the interactions between she and her two children are strained, but seems unable to internalize the idea that she has, within herself, the ability to be authoritative with her children. In fact, MN changes the subject, placing blame on the children or on the children's father, and makes excuses that their toys are the problem or that they are out of control and smothering. MN also makes statements that would lead us to believe that she favors one child over the other. MN had the most consistent and negative comments about her children out of all of the mothers. The disorganized attachment rating seems appropriate in comparison to the comments made by MN and the parenting style she describes. The constant negative interactions MN describes between her and her children along with the consistent attitude she takes concerning her children might be potential tell-tale indicators of disorganized attachment, although more thorough research should be to be done to determine this.

MN was either unwilling or unable to integrate the CoS into her life with her children. This lack of insight may have caused MN to feel hopeless and ultimately make the choice to abandon her family shortly after the intervention concluded. Her whereabouts are unknown.

Mother Eight- OP

OP was rated as having IA pre- and post- intervention ratings of positively insightful and SSP pre- and post- ratings of secure attachment of her child. OP varied in her comments of warmth and empathy. OP expressed hostility toward her child but she also expressed high levels of warmth, understanding and empathy. OP had variations in her overall scores for C/W also. OP is a mother who was rated as having irrational fears about herself as a mother and in her child's ability to navigate the world.

OP struggled with maintaining high levels of supervision over her child who would constantly disappear by wandering away. The child would voluntarily leave the home and hide;

he was found in various places including a culvert near the home. The high level of stress this caused for OP could account for the extremely negative ratings for W/E and the variation in ratings for C/W. The group session may have been a place for her to vent the latent hostility she experienced for her child. A cycle of maladaptive behavior may have been created and driven by substance abuse. According to case reports, OP may have used drugs or alcohol, thus, she may not have been capable of coping with the child's disappearances (T. Page, personal communication). The child may have run away due to lack of stability, causing OP to become overly anxious and again use drugs. OP is unable to place her child's needs first and the cycle continues.

The comments made by OP and that are reported in the results section seem to indicate a mother who truly loves her child. Although there were negative ratings, OP verbalized an incident that happened where she threatened her child. This comment was discussed and processed with the group. OP expressed remorse and an understanding that she should not have made that comment to her child. OP provides insight throughout the intervention which may set her apart from some of the other mothers who rate with lower scores.

OP had a difficult time maintaining control of her child. She had a history of drug use and by the end of the group intervention; OP's child was temporarily placed in the care of her mother. Drug use may be a factor that could affect mood, behavior and attitude with her child and in a group setting. If OP was not attending certain group sessions sober, her ratings may have been affected.

Conclusion

How do we know when negative, hostile comments are simply venting frustration, or when it is reflecting a more deeply held harmful or hostile attitude? Some of the mothers seem to have acquired a balance, having an ability to understand the appropriate time and place to express frustration while others are not able to turn off the negative aspects of themselves in their relationships with their children.

The purpose of this study was to explore whether mothers' attitudes, as expressed verbally, in group sessions were associated with the attachment security of their children and their insight into their children's motivations. Qualitative and quantitative data were analyzed. The warmth/empathy and concern/worry scales provided quantitative data indicating that attitudes of mothers, as expressed verbally in the group sessions, did appear to be associated with attachment security, though the clarity of this association varied. As mothers maintained consistently neutral to high ratings of warmth/empathy, the attachment security of the children, post-intervention, was either secure (for four children) or avoidant (for one child). Mothers who consistently expressed comments that were rated as negative had children with disorganized attachment (for three children).

The transcripts of the CoS 27 week intervention, provided an abundance of verbal expression by the mothers about the children. Sufficient time was provided by the group setting to observe and rate the mother's comments, the context of the expression, and the opportunity to obtain a variation of emotions, thoughts and behaviors. Qualitative data allowed insight into the lives of each mother and the possible sources of the expressions of negativity. For example, IJ was experiencing an abundance of fear due to the possibility that her abusive husband might escape from jail and harm her or her children. Although the child of IJ was rated as having

avoidant attachment security post-intervention, the story behind the rating creates insight. This insight allows future researchers to ask questions, and to possibly develop new research techniques.

Limitations

The mothers who participated in this study, were currently clients of the child welfare system, and possibly were especially motivated to present positively in group sessions. As clients of the child welfare system, they may have learned something already from having Family Services in place in the home that affected the early comments more positively and ultimately the ratings of the mothers. Research may need to begin with mothers without previous intervention. Larger samples will be needed to further validate the scales use in this study.

The C/W scale was added late in the study. This scale was not as carefully developed as the W/E scale. Limitations also include the subjectivity of the vocabulary by the mothers. For example, when a mother uses the words *shut up*, she may not feel angry or frustrated, but through transcripts those words will be coded as a one or two when it may not actually require such a low rating. Mothers participated significantly more during group sessions when video review sessions were viewed of themselves and their child. During these tape reviews, the mothers were asked questions about the video review. These are comments that would not have normally been said had they not been asked and may contribute to higher ratings for a portion of the mothers' comments due to sometimes being prodded by the group leaders.

Future Research

Further research may need to include IQ testing or testing to determine levels of competence of parents considered for the CoS intervention. Mothers with cognitive delays or

with substance abuse may not be capable of internalizing the intervention and implementing it into daily life. Measuring levels of warmth, empathy, concern or worry may not be measuring the true attitude of this type of caregiver, if he or she is at a disadvantage to mothers of average intelligence or whose minds are clear and coherent. Caregivers who can understand the intervention, and are capable of developing appropriate self-awareness may be those best suited for the intervention and the measure of W/E and C/W. Other techniques may be developed later to include caregivers who have a difficult time learning.

Two of the mothers included in this intervention discussed in group sessions, at length, high levels of stress due to outside circumstances. These high stress situations may be distractions for these mothers and may have prevented these mothers from internalizing the information from the intervention. The relationship between the mother and child may remain the same if mothers are unable to concentrate fully on the intervention. Looking at these mothers from the perspective of Maslow's Hierarchy of Needs (1943), we might assume that had these extraneous circumstances been non-existent, these mothers may have been able to participate more fully, and ultimately have a better outcome with their child.

The mothers who rated as consistently negative on the W/E scale and the outcomes of disorganized attachment should be researched further. There may be red flags to look for, for example, the comment by MN and her wish to leave her family. If professionals understand what to look for and how to help, families could be greatly helped. Agencies like child welfare or infant mental health would benefit tremendously from understanding what to look for and possibly how to intervene and assist parents with this attitude toward their children.

Half of the mothers attending the CoS intervention were referred due to drug use. Drug use, especially if the mother attends the group session under the influence, has the potential to

alter true attitudes of the mothers toward their child and affect ratings. Although monitoring drug use and sobriety may not be feasible in every study, it should be taken into consideration.

Mothers' conversational expressions of warmth, empathy, concern and worry appear to be important indicators of larger, enduring relationship qualities. Although this study cannot generalize its findings, a beginning has been made in attempting to explore connections among verbal expression, attitudes, and children's well-being. These statements may be reflections of a deeply held relationship reality. This research is a first step in uncovering what may be considered important communication processes with implications for intervention and more general understanding of family interaction.

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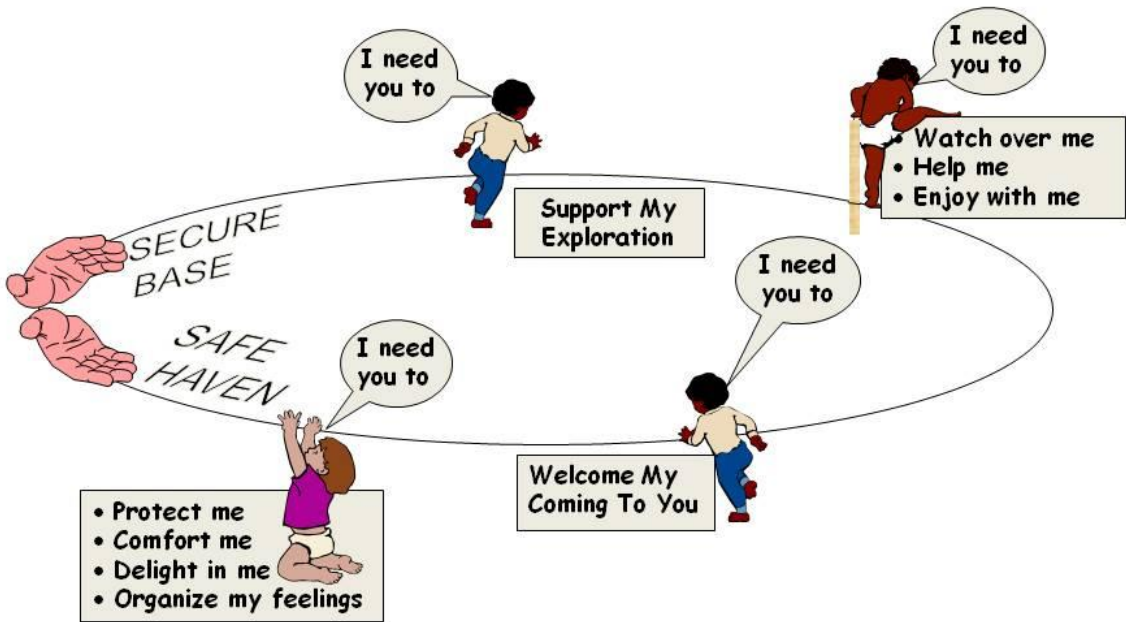
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Appendix A:
Circle of Security

Circle of Security

Parent Attending to the Child's Needs



Appendix B:

Warmth/Empathy Scale

- 1- the mother was negative by being hostile or aggressive with words and with action

Example: This comment was in response to a discussion about children who tell their mothers that they hate them in session 24. KL reported, “My son tells me that all the time and I tell him I hate you too, get away from me.” (1)

- 2- the mother is negative in her comment by being overly frustrated, hostile or aggressive with her words

Example by EF from session

“Not me, this week, with them being sick and everything, they were actually easier, calm and laid back. They weren’t screaming and crying.” (2)

- 3- the mother was negative with her comment by having a lack of empathy, a lack of understanding or saying something negative about their child (in so many words) this comment may have a slightly positive tone but the underlying message is negative

Example: AB from session one:

“It is very hard to figure out what the child needs or wants. Just like yesterday, he wanted milk in the bathtub. Why did he want milk in the bathtub, there is not a reason to want milk in the bathtub? And he would go on and on about having his milk in the bathtub.” (3)

- 4- neutral comment or comment that cannot be read into

Example: AB- He is looking at the camera.

- 5- a positive and/or an intuitive comment and there may be a slightly negative tone but the underlying message is positive

6- a comment that is warm, caring, understanding, empathic, or supportive

EF- It is hard to tell your kid that, no matter what they know, my mom is not here. You can't tell them no matter what they can lean on you, because you have already left before, why would you be there the next time. I know my kid felt that. I know he did even though he was even two, three. He felt that. (6) (intuitive/caring/empathic)

7- a comment that is warm, caring, understanding, empathic and/or being supportive with an action taken.

Example taken from session 25 from MN: "I am like why don't you just come up here by mommy and mommy will rub your head and we will talk about it. That is the biggest thing in the world for him. I mean immediately he feels better, immediately we will talk and he will tell me everything. I guess that is the most special time to him... Like the other day, I said you can come in here and sleep with me ... We just broke him in, it has been a month, we had been trying to get him to sleep in his own room, but then he felt so special because he got to get in the bed and sleep on my side." (7)

Appendix C:

Concern/Worry Scale

1- Is the highest level of confidence in the ability of the child and in the mothers own parenting style, there is essentially no worry with this rating

2- Denotes the mother has the utmost confidence in both she and her child's ability but maintains a rational concern for the child.

Example from IJ from session one and refers to her daughters concern over the father who is in jail: "Mine is to be a secure base because a lot has went on. Where she has that security to go back into the house and in her own room. And knowing that she is safe and that she can come to me and with my older ones also." (2)

3- The mother is concerned about the child and for a valid reason, and the mother believes that her child will have the ability to cope with the problem

Example from GH during session one:

"It is part of my case plan to try to get my son back and he is with my mom. I don't have the most wonderful relationship with her because we are quite different and I have never been able to go to my mom for anything and I want to break that pattern. He comes to me for some things, but I am divorced, and it is just me and if he decides not to come to me I don't know who he will go to. So I want to figure out a way to have good communication. (3)

4- Neutral rating and is never used

5- The mother may have a valid reason to be concerned or worried, however she verbalizes the doubt she has for she or the child to cope with, or overcome the problem

Example: IJ from session 13: “That is my biggest thing (*refers to the fear of her huOPand who is in jail*). I don’t even like them to go explore, even around the house, especially M, because she loves to go on our front porch. My older ones like to go on the back porch. Living in the country, there are houses on the side, but the back is open. There is the thing of how am I going to get them all together if he comes out here. I got to get over that because they are oblivious to it now. They are comfortable and they know he is and he is not supposed to get out, but they don’t have any concept of if he escapes or if he gets let out and they don’t call. Even the computer system, it scans every fifteen minutes and then they call you. Well, in fifteen minutes he escapes and he could be at the front door already.” (5)

- 6- 6- The mother has an irrational worry or concern and she may discuss, at length, the fear about the outcome or the current situation; There may be little confidence in she or the child’s ability to cope with life stressors or problems

Example from session 20 by AB “I was always afraid that being a single mom and not really having a real male influence, because my brother-in-law is kind of feminine, that he was going to be queer, to be honest with you. Because he didn’t have a father there to do all of the wrestling and the playing and rough stuff, me and him would wrestle and roll on the ground. So when we get together he would be loving, and then he would growl at me and I would growl at him and then we would start wrestling.” (6)

- 7- An irrational worry or concern and/or believes that she or her child has no appropriate coping skills and/or she lacks the ability to be a good mother. She might be trying to control her child to reduce her own anxiety. She may interrupt group sessions to discuss her worry and/or is delusional about the worry.

Example from session four by MN referring to the trouble she has when bringing her children to daycare: “I have to bring them every day at the same time because there is an activity that distracts him. It is breakfast time because they get to stay at the table and then they are okay. My baby freaks out, starts shaking. My baby bad freaks out so I have to make sure I be there on time. If we start with that routine it is okay. If we are starting with something different it is not okay. I have had to take him home.” (7)

Vita

Erin Wallace Lovett was born in Atlanta, Georgia, to Charlie and Denise Wallace. Erin grew up in the suburbs of Atlanta and moved to Lafayette, Louisiana in 2001. Life experiences gave Erin the drive to pursue a degree in psychology and she completed her bachelor's degree at the University of Louisiana at Lafayette. After college, Erin worked for the Louisiana Spirit Hurricane Recovery grant program. Erin began to make home visits to people in her community, and during this time she learned that poverty affected many people in the Acadiana area. Erin's interest began to include not only the individual but also the environment and she decided to pursue her master's degree in social work. Working with people in poverty, taking social work courses and interning with the local child welfare agency caused Erin to become interested in research that would increase positive outcomes of children and families in Louisiana. Erin hopes to continue to work for the betterment of Louisiana's families.