

Intervention Name: Attachment and Biobehavioral Catch-up

1. **Brief Description of the Intervention:** The Attachment and Biobehavioral Catch-up (ABC) intervention was developed to help caregivers provide nurturing care and to follow their children's lead. Young children who have experienced early maltreatment and/or disruptions in care can often behave in ways that push caregivers away. ABC helps caregivers re-interpret children's behavioral signals so that they provide nurturance even when it is not elicited. Nurturance does not come naturally to many caregivers, but children who have experienced early adversity especially need nurturing care. Additionally, many children who have experienced early adversity are dysregulated behaviorally and biologically. ABC helps caregivers provide a responsive, predictable environment that enhances young children's behavioral and regulatory capabilities. Parent coaches encourage caregivers to follow their children's lead with delight.

Sessions are implemented by parent coaches who provide parenting training in the caregiver's home for weekly one-hour sessions over a period of 10 weeks. Caregivers and the identified child (between ages 6 months and 2 years) must be at all sessions. Other family members, partners, and children are welcome to attend. Although session content is guided by a manual, the parent coach's primary role is to provide "in the moment" feedback about the parent's interactions with his or her child. Throughout all sessions, the parent coach observes the parent's behavior and makes comments on behaviors that relate to the intervention targets. This frequent "in the moment" feedback focuses attention on the target behaviors, which is expected to enhance the parent's understanding of the content and support the parent in practicing the target behaviors. Along with "in the moment" comments, parent coaches provide video feedback to highlight parents' strengths, challenge weaknesses, and celebrate changes in behaviors.

2. **Please select the primary categories that relate to the intervention:** (Please highlight applicable categories)
- Academic performance/functioning and achievement
 - Adult behavior problems (violence/aggression)
 - Adult mental health
 - Alcohol and drug use
 - Assessment and Measurement Instruments for Target Populations
 - Attachment Interventions
 - Basic Needs
 - Behavioral Management and Treatment
 - Child Mental Health – externalizing
 - Child Mental Health - internalizing
 - Child Mentoring Programs
 - Child Supports and community connections
 - Child Welfare Practice and Service Models

- Crisis Intervention
- Delinquency and Criminal Behavior
- Educational Support Interventions
- Family Functioning (communication, bonding, interactions and relationships)
- Family Support and Placement Stabilization Programs
- Independent living and career readiness
- Marriage and Relationship Support
- Parental Mentoring Programs
- Parent Engagement
- Parental Supports and community connections
- Parenting Skills - Training and Enhancement
- Peer associations/relationships
- Resource Parent Training Programs
- Sexual Behavior Problems in Adolescents and Children
- Social/emotional functioning (social competence/prosocial behaviors, conflict management, problem solving, coping-stress management, decision making and self-esteem)
- Trauma Treatment

3. Describe the intervention's current use with one or both of the QIC-AG's target population:

ABC is used with infants between the ages of 6 months and 2 years who have been exposed to early adversity. We have conducted and are conducting randomized control trials with children who fit the QIC-AG target populations. The first trial of ABC was conducted with infants in foster care. These children were in a foster care placement but were not in a finalized placement at the time of enrollment. Our second trial of ABC was conducted with infants in their birth parents' homes. All parents in this trial were enrolled in an in-home services program that was intended to prevent foster care placement among children who had identified needs and/or concerns that placed them at risk. Domestic violence, parental substance use, homelessness, and child neglect were the most common referral conditions. Both trials have results demonstrating intervention efficacy (see below). We are currently conducting an additional trial for children who have been adopted internationally with promising preliminary results.

- Children with challenging mental health, emotional or behavioral issues who are awaiting an adoptive or guardianship placement as well as children in an identified adoptive or guardianship home but the placement has not resulted in finalization for a significant period of time.
- Children and families who have already finalized the adoption or guardianship. This group includes children who have obtained permanency through private guardianship and domestic private or international adoptions.

4. If currently not being used with one or both of the QIC-AG's target population, describe how the intervention could be adapted to respond to the needs of the QIC-AG's target population:

- Children with challenging mental health, emotional or behavioral issues who are awaiting an adoptive or guardianship placement as well as children in an identified adoptive or guardianship home but the placement has not resulted in finalization for a significant period of time.
- Children and families who have already finalized the adoption or guardianship. This group includes children who have obtained permanency through private guardianship and domestic private or international adoptions.

4. **Intervention goals/outcomes:** In our first randomized clinical trial, we intervened with foster parents and the young children in their care. Families were randomly assigned to receive ABC or a control intervention. Foster parents who received ABC demonstrated a larger improvement in sensitivity from pre- to post-intervention than foster parents in the control intervention (Bick & Dozier, 2013). At the age of 5 years (about 3 years after the intervention), foster children who received the ABC intervention had stronger executive functioning and theory of mind skills than foster children in the control group and did not look different from the comparison group (Lewis-Morrarty, Dozier, Bernard, Terraciano, & Moore, 2012).

In our second randomized clinical trial with children of at-risk birth parents families were randomly assigned to receive ABC or a control intervention as with the previous trial. Following the

intervention, more of the children who received the ABC intervention had secure attachments and fewer had disorganized attachments than the children in the control group (Bernard et al., 2012). Children who received the ABC intervention also had a more normative diurnal pattern of cortisol production (steeper slopes and higher wake-up values of cortisol) than children who received the control intervention (Bernard, Dozier, Bick, & Gordon, 2014). When assessed approximately three years after the intervention was completed, these patterns of diurnal cortisol production findings maintained (Bernard, Hostinar, & Dozier, 2014). Moreover, we found that children who were in the ABC group showed less anger during a challenging task than children in the control group approximately three years after the intervention (Lind, Bernard, Ross, & Dozier, 2014).

6. Please name the sites and contact information where the intervention has been replicated/ implemented:

ABC has been replicated or implemented across 12 states in the US and several sites internationally. Contact information is below:

University of Delaware (implementing in Delaware, Maryland, and the city of Philadelphia): Caroline Roben; croben@psych.udel.edu

Germany: Ina Bovenschen ina.bovenschen@psy.phil.uni-erlangen.de

Australia: Sally Watson; monte@ace.net.au

Hawaii: Patria Weston-Lee; pwestonlee@consuelo.org

Kansas (Kansas University, Early Head Start): Kaela Byers; kaela@ku.edu

Idaho (Mountain State Early Head Start): Beth Geesey; bgeesey@msehs.org

Louisiana (Tulane Infant Team): Julie Larrieu; jlarrie@tulane.edu

Ohio (Cuyahoga County): Lauren Woods; Lauren.Woods@jfs.ohio.gov

Oklahoma (Oklahoma State University): Amanda Morris; amanda.morris@okstate.edu

Maryland (University of Maryland School of Social Work): Lisa Berlin; LBERLIN@ssw.umaryland.edu

Minnesota (University of Minnesota): Betty Carlson; carls032@umn.edu

New York (Forestdale, Inc.): Belinda Plowell; BPlowell@forestdaleinc.org

North Carolina (Duke Learning Collaborative): Karen Appleyard Carmody; karen.appleyard@duke.edu

Please provide contact Information below:

Contact Person/Purveyor: Caroline Roben

Agency/Affiliation: University of Delaware

Contact Email: croben@psych.udel.edu

Contact Phone: 302-319-1229

Intervention Web Site/URL: www.infantcaregiverproject.com