

GENERAL INFORMATION

<p>Treatment Description</p>	<p>Acronym (abbreviation) for intervention: ABC</p> <p>Average length/number of sessions: 10 sessions of 60-90 minutes per session</p> <p>Aspects of culture or group experiences that are addressed (e.g., faith/spiritual component, transportation barriers): ABC was developed primarily for use with low-income African-American, Hispanic, and non-Hispanic White families. A version of the intervention was also developed specifically for young children in foster care.</p> <p>Trauma type (primary): Neglect</p> <p>Trauma type (secondary): Abuse, domestic violence, placement instability</p>
<p>Target Population</p>	<p>Age range: Birth to 24 months</p> <p>Gender: <input type="checkbox"/> Males <input type="checkbox"/> Females <input checked="" type="checkbox"/> Both</p> <p>Ethnic/Racial Group (include acculturation level/immigration/refugee history—e.g., multinational sample of Latinos, recent immigrant Cambodians, multigeneration African Americans): ABC was developed and adapted for African-American, Hispanic, and non-Hispanic White families. It has been used with single parent families, as well as two parent and multigenerational families.</p> <p>Language(s): ABC has been implemented in English, Spanish, and Norwegian, but manual only exists in English at this time.</p> <p>Region (e.g., rural, urban): ABC has been implemented primarily in urban settings, but could be implemented in rural settings as well.</p>
<p>Essential Components</p>	<p>Theoretical basis: ABC is based in attachment theory, as well as in stress neurobiology.</p> <p>Key components:</p> <ol style="list-style-type: none"> 1. Children who have experienced early adversity especially need nurturing care. ABC helps parents provide nurturing care even if children fail to elicit it and/or it does not come naturally to parents. 2. Children who have experienced early adversity are often dysregulated behaviorally and biologically. ABC helps parents behave in synchronous ways that help children develop optimal regulatory strategies. 3. Parents often behave in frightening ways that serve to dysregulate children's behavior. ABC helps parents reduce frightening behaviors.
<p>Clinical & Anecdotal Evidence</p>	<p>Are you aware of any suggestion/evidence that this treatment may be harmful? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Uncertain</p> <p>Extent to which cultural issues have been described in writings about this intervention (scale of 1-5 where 1=not at all to 5=all the time). 3</p>

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<p>Clinical & Anecdotal Evidence continued</p>	<p>This intervention is being used on the basis of anecdotes and personal communications only (no writings) that suggest its value with this group. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Are there any anecdotes describing satisfaction with treatment, drop-out rates (e.g., quarterly/annual reports)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Has this intervention been presented at scientific meetings? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, please include citation(s) from last five presentations: Conference presentations have been published in the scientific literature and are cited below.</p> <p>Are there any general writings which describe the components of the intervention or how to administer it? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, please include citation: Please see list below.</p> <p>Has the intervention been replicated anywhere? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>Research Evidence</p>	<p>Sample Size (N) and Breakdown <i>(by gender, ethnicity, other cultural factors)</i></p>	<p>Citation</p>
<p>Published Case Studies</p>	<p>Included in papers cited below</p>	
<p>Randomized Controlled Trials</p>	<p>1 RCT with foster children N=150</p> <p>1 RCT with neglected children N=150</p> <p>50% boys; 75% African-American, 10% Hispanic</p>	<p>Bernard et al., in press; Dozier et al., 2009; Dozier et al., 2008; Dozier et al., 2006</p>
<p>Outcomes</p>	<p>What assessments or measures are used as part of the intervention or for research purposes, if any? Attachment assessed in Strange Situation; Cortisol production assessed through salivary samples (diurnal and in Strange Situation); Problem behaviors assessed through DB/DOS; Theory of mind assessed through range of tasks</p>	

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<p>Outcomes continued</p>	<p>If research studies have been conducted, what were the outcomes?</p> <p>Fewer children in the ABC intervention developed disorganized attachment than children randomly assigned to an alternate intervention (32 vs. 58%), as reported by Bernard et al. (in press). Children in the ABC intervention also showed more normative levels of cortisol production as measured across the day and in response to stress (Dozier et al., 2006, 2008). Several additional findings have emerged that are as yet unpublished, including better outcomes for ABC children in regulating anger in a frustrating task, developing better inhibitory control, and showing more mature theory of mind, relative to children in the control condition.</p>
<p>Implementation Requirements & Readiness</p>	<p>Space, materials or equipment requirements? Intervention conducted in families' homes. Computer, videocamera, and toys needed.</p> <p>Supervision requirements (e.g., review of taped sessions)? Review of taped sessions</p> <p>To ensure successful implementation, support should be obtained from: Mary Dozier</p>
<p>Training Materials & Requirements</p>	<p>List citations for manuals or protocol descriptions and/or where manuals or protocol descriptions can be obtained.</p> <p>Dozier, M. (2010). Attachment and Biobehavioral Catch-up. University of Delaware: Unpublished document.</p> <p>Manuals are available to those receiving training and supervision.</p> <p>How/where is training obtained? Mary Dozier, University of Delaware</p> <p>What is the cost of training? Training plus year of weekly supervision: \$5,000</p> <p>Are intervention materials (handouts) available in other languages?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Other training materials &/or requirements (not included above):</p>
<p>Pros & Cons/ Qualitative Impressions</p>	<p>What are the pros of this intervention over others for this specific group (e.g., addresses stigma re. treatment, addresses transportation barriers)?</p> <p>The intervention has powerful effects on attachment and on physiology, especially given that it is relatively brief. Given that it is implemented in the home, families are reached who would not be reached otherwise and skills are more easily generalized than if implemented in an office.</p> <p>What are the cons of this intervention over others for this specific group (e.g., length of treatment, difficult to get reimbursement)?</p> <p>This intervention requires rather extensive supervision. Combined with the fact that it is implemented in the home, it is rather expensive to implement.</p>

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<p>References</p>	<p>Results of randomized clinical trials:</p> <p>Bernard, K., Dozier, M., Bick, J., Lewis Morrarty, E., Lindhiem, O., & Carlson, E. (In press). Enhancing attachment organization among maltreated infants: Results of a randomized clinical trial. <i>Child Development</i>.</p> <p>Dozier, M., Lindhiem, O., Lewis, E., Bick, J., Bernard, K., & Peloso, E. (2009). Effects of a foster parent training program on children's attachment behaviors: Preliminary evidence from a randomized clinical trial. <i>Child and Adolescent Social Work Journal</i>, 26, 321-332.</p> <p>Dozier, M., Peloso, E., Lewis, E., Laurenceau, J., & Levine, S. (2008). Effects of an attachment-based intervention on the cortisol production of infants and toddlers in foster care. <i>Development and Psychopathology</i>, 20, 845-859.</p> <p>Dozier, M., Peloso, E., Lindhiem, O., Gordon, M. K., Manni, M., Sepulveda, S., Ackerman, J., Bernier, A. & Levine, S. (2006). Preliminary evidence from a randomized clinical trial: Intervention effects on foster children's behavioral and biological regulation. <i>Journal of Social Issues</i>, 62, 767-785.</p> <p>Descriptions of intervention:</p> <p>Dozier, M. (2002). Gehechtheid aan pleegouders: Bevindingen en vooruitzichten (Attachment to foster parents; Findings and prospects.) In C. Schuengel, N. W. Slot, & R. A. R. Bullens (Eds.), <i>Gehechtheid en kindbescherming</i> (Attachment and child protection). Amsterdam: SWP</p> <p>Dozier, M. (2003). Attachment-based treatment for vulnerable children. <i>Attachment and Human Development</i>, 5, 253-257.</p> <p>Dozier, M., Bernard, K., & Bick, J. (In press). Intervening with foster parents to enhance biobehavioral outcomes among infants and toddlers. <i>Zero to Three Bulletin</i>.</p> <p>Dozier, M., Bernard, K., & Bick, J. (In press). In N. E. Suchman, M. Pajulo, & L. C. Mayes (Eds), <i>Attachment-based intervention for substance using mothers of infants. Parenting and substance addiction: Developmental approaches to intervention</i>.</p> <p>Dozier, M., Bick, J., & Bernard, K. (In press). Attachment-based treatment for young, vulnerable children. In J. Osofsky (Ed.), <i>Young children and trauma: Intervention and treatment</i>. New York: Guilford.</p> <p>Dozier, M., Dozier, D. & Manni, M. (2002). Recognizing the special needs of infants' and toddlers' foster parents: Development of a relational intervention. <i>Zero to Three Bulletin</i>, 22, 7-13.</p> <p>Dozier, M., Higley, E., Albus, K. E., & Nutter, A. (2002). Intervening with foster infants' caregivers: Targeting three critical needs. <i>Infant Mental Health Journal</i>, 25, 541-554</p> <p>Dozier, M., Higley, E., Albus, K.E., & Nutter, A. (2002). Intervenir aupres de parents d'accueil: Trois spheres essentielles. (French translation of: Intervening with foster infants' caregivers: Targeting three critical needs). <i>Prisme</i>.</p> <p>Dozier, M., Lindhiem, O., & Ackerman, J. (2005). Attachment and biobehavioral catch-up. In L. Berlin, Y. Ziv, L. Amaya-Jackson, & M. T. Greenberg (Eds.), <i>Enhancing Early Attachments</i>. New York: Guilford (pp. 178-194).</p>

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References continued

- Dozier, M., Stovall, K. C., & Albus, K. (1999). A transactional intervention for foster infants' caregivers. In D. Cicchetti & S. L. Toth (Eds.), *Rochester Symposium on Developmental Psychopathology: Developmental approaches to prevention and intervention (195-219)*. Rochester, NY: University of Rochester Press.
- Fisher, P., Gunnar, M. R., Dozier, M., Bruce, J., & Pears, K. (2006). Effects of therapeutic interventions for foster children on behavior problems, caregiver attachment, and stress regulatory neural systems. *Annals of the New York Academy of Sciences, 1094*, 215-225.
- Gunnar, M. R., Fisher, P. A., and the Early Experience Network. (2006). Bringing basic research on early experience and stress neurobiology to bear on preventive interventions for neglected and maltreated children. *Development and Psychopathology, 18*, 651-677.
- Lewis, E., Dozier, M., Knights, M., & Maier, M. (2008). Intervening with foster infants' foster parents: Attachment and biobehavioral catch-up. In R. E. Lee & J. Whiting (Eds.), *Handbook of relational therapy for foster children and their families*. Washington, DC: Child Welfare League of America. 269-292.