

TTAC Webinar: Enhancing Attachment Quality and Developmental Outcomes for Vulnerable Young Children Through a Brief Home Visiting Program

Transcript Disclaimer: This transcript is provided for convenience and accessibility purposes only. It was created using an automated speech-to-text service, and while efforts have been made to ensure accuracy, we cannot guarantee that the transcript is error-free.

TTACNY Info: Good afternoon, and welcome to today's TTAC webinar, Enhancing Attachment Quality and Developmental Outcomes for Vulnerable Young Children Through a Brief Home Visiting Program with Dr. Mary Dozier. My name is Marcela Gomez, I'm a Senior Program Coordinator for TTAC, and I'm so happy to be joined by our presenter and by you all today. A few logistics about today's session before we begin. Captions are available, and you may turn them on or off using the toolbar at the bottom of your Zoom screen. LMSWs, LCSWs, LMHCs, LMFTs, LPs, and psychologists are eligible to receive 1.5 CEs for attending this webinar. In order to be eligible for CEs, you must participate in the full duration of the webinar using your personalized Zoom link tied to your registration. If you're using a colleague's Zoom link or a link that doesn't match the email you registered with, please leave the session and rejoin using a correct Zoom link. If you experienced issues registering for the session, or need help finding the right link, please message the host in the chat or email us at ttac.info@nyu.edu. You'll request your CEs within the same system you used to register for the event, and you'll receive instructions on how to proceed via email. We'll be taking questions throughout the webinar via the chat, and have reserved time at the end to address them. Also toward the end of the session, we'll be sending out a feedback survey in the chat box for you to complete. We really appreciate you filling this out, as it allows us to understand your experience and enhance our future TTAC offerings. With that, I want to thank you again for joining us, and I'll hand it over to Evelyn Blanck, Executive Director at the New York Center for Child Development and Director of TTAC. She's gonna walk us through a brief introduction before our presenter begins.

Evelyn Blanck: Thank you so much, Marcela, and if we go to the next slide, I just wanted to briefly let people know who we are. The New York City Perinatal and Early Childhood Mental Health Training and Technical Assistance Center, otherwise known as TTAC, is funded by the New York City Health Department. TTAC is a partnership between the New York Center for Child Development and the McSilver Institute for Poverty Policy and Research. New York Center for Child Development has been a major provider of early childhood mental health services in New York, and we have expertise in informing policy and supporting the field of early childhood mental health. Which we do both through training and direct practice. Our partner, NYU McSilver Institute for Poverty Policy and Research, houses the Community and Managed Care Technical Assistance Centers and the Center for Workforce Excellence. These TA centers offer clinic, business, and system transformation support statewide to all behavioral health care providers across New York State. TTAC is tasked with building the capacity and the competencies of mental health professionals and early childhood professionals in family-serving

systems, both to identify and address the social-emotional needs of young children and their families. So, if we go to the next slide, it's a screenshot of our website, and I would like to direct people there to the link. If you go to our website, you will find a host of resources, including recordings of all of our previous webinars. with both the recordings as well as the PowerPoints there. So, we encourage everybody to really sign up for our listserv, and also go and peruse the website, where you'll find a lot of rich resources in terms of ongoing work. So it's now my pleasure to turn it over to Dr. Susan Chinitz, the clinical co-director of TTAC, who will introduce our speaker today. Thank you.

Susan Chinitz: Thanks, Evelyn. Okay, well, it really is a great pleasure to introduce our speaker today, Dr. Mary Dozier. Dr. Mary Dozier is the Amy E. DuPont Chair and Professor of Psychological and Brain Sciences at the University of Delaware. She has studied the development of young children in foster care and young children living with neglecting birth parents, examining challenges in their attachment and regulatory capabilities. Along with her research team, she developed a home visiting program, attachment and biobehavioral catch-up, also known as ABC, for parents of vulnerable infants. Through randomized control trials, ABC has been demonstrated to be effective in enhancing parental sensitivity. And children's behavioral and biological functioning. In 2016, she was named the Francis Allison Professor, the university's highest faculty honor. In 2018, she received the International Society for Infancy Studies Translational Research Award. And she was the 2019 recipient of the American Psychological Association Yuri Bromfenbrenner Award for Lifetime Contribution in Developmental Psychology in the Service Of science and society. Before I turn it over to Mary, I'll just say that I've been a fan of ABC for many years, and like others, have been extremely impressed by the lifelong changes that accrue from a relatively brief intervention. It's a great pleasure to have you with us today, Mary. Thank you so much.

Mary Dozier: Thank you so much, Susan, and it's just a delight to be with all of you all today. Thanks for joining, and the work of TTAC is so very impressive, I'm just delighted to have been invited. Let me say, too, I'll be describing to you... I'll be talking about some of the challenges that face children who experience adversity, the importance of parental nurturance and responsive care. And then telling you about the program that we've developed that helps parents provide nurturance and responsive care, and then the outcomes of that. But I also want to say that, because I know a number of people are here in New York City, that we work closely with Power of Two in New York City and Forestdale, and just want to... want to... bring attention to them. They implement ABC throughout New York City, which is just probably the best example of successful implementation of a brief program. So, thanks so much to all of you for being here. So... Humans are a quite altricial species, and by altricial, what I mean is a species in which the infants are almost fully dependent upon caregivers for survival. And the human infant's dependent on the parent for protection and nurturance, and that's what I'm going to be focusing on first, and then we'll go on to responsiveness later. But one of the aspects of being an altricial species is that the young develop an attachment to the parent. And this is something that is biologically conserved across species, and this is... what that means is that There are

functions that are remarkably similar, all the way from things like mice and rats to monkeys and apes to humans, in terms of the... how essential this attachment is for survival, and therefore critical to our well-being. And we see attachment in humans under all except the very most extreme circumstances. Babies become attached to maltreated parents. They become attached to parents that they don't see that often. But the only extreme circumstances are places where babies just don't have a caregiver available, sometimes in institutional care. And one of the things that I find really interesting, and that you can see how this fits with evolution, is that a baby's attachment to their parent develops before their capacity to move away from the parent. So they're going to develop an attachment, the desire to be with a parent when they're worried, when there's a threat in the environment, before they're capable of crawling away from the parent. And you can see why that would be important, is that under conditions of threat, the baby's going to move toward the parent rather than away from the parent. Therefore, be safer in terms of, again, of our evolutionary history. So, by attachment, and everybody, you know, the term is used so widely in... in... in the literature and in the... so, internet, that I think there are a lot of... maybe not misconceptions, but things that are not necessarily consistent with the way in which we mean it in developmental psychology. And what we're referring to is attachment quality, which I'm going to go into in some depth. Not whether a child is attached, because it's not how much a child is attached, or whether a child is attached to their parent, because they will be attached, but rather the quality, the security, the insecurity. And attachment is specific to a particular caregiver. So a child can have a secure attachment to their father and not to their mother, or vice versa, or to a, you know, some... a grandmother or somebody else close to them. And a secure attachment is going to strengthen a child, even if there are other insecure attachments. It's best to have secure attachments to those primary attachment figures, but, it... Still, children are protected if they have at least a secure attachment to one. So, what leads to a secure attachment? The... the primary thing is the parent behaving in a nurturing way, and in... And as you'll see, I'm going to go into this in some depth, the child then develops the expectation that a parent will be available to them when they are distressed. And Nurturing parenting, and again, I'm going to show you examples of non-nurturing parenting, but nurturing parenting would be a parent who's... who... the child cries and the parent picks them up, or the child cries and the parent says, oh, honey, are you okay? Or, I know that hurt. So a response that's verbal or physical that responds directly to the child's distress, doesn't turn the child away, doesn't nor the child. And so, under these conditions, then, the child develops what's known as a secure attachment, and I've got in parentheses here the letters that we use that, and this is a B attachment, but just... that's not important unless you just happen to care about that. And the child with a secure attachment to their parent is confident that the parent will be available when they're distressed. Because of that, then, they seek the parent out very directly for whatever reassurance is needed, and for however long it's needed. So, you're going to see in a moment a child who has goes to their parent, isn't terribly distressed, but is... gets what they need. Some children are going to take longer. They're going to go to the parent and just need to be cuddled and snuggled for a full minute or so. But they get what they need, and they insist upon getting what they need, and they're soothed by their parent. So we assess attachment through what's known as the strange situation, and this is the

reason it's called that is because we want this to be in a strange environment. A child's not familiar with it, so it's a little threatening just in and of itself. But then the parent leaves twice, and then they are reunited. And what you care about is looking as a coder, is you care about coding the behavior when the child is reunited with the parent. And what this tells you about is Can this child depend upon their parent to reassure them when they are distressed? This is an example of a child who isn't terribly upset by the... by the.

Audio shared by Mary Dozier: separation. But when his mom comes in, he's playing kind of listlessly. Because I'm not really engaged with the toys. Hey, V! What you doing? Hey, let's do it, Momo! Good job. That's...

Mary Dozier: That's a great example.

Audio shared by Mary Dozier: Not ready. prototype.

Mary Dozier: Of a secure attachment, but another one could be a child screaming, and then taking a while to settle in their parents being able to settle. And so, as I've said, nurturance predicts secure attachment, but underlying that is the parent's state of mind with regard to attachment. And this is... assess through something known as the Adult Attachment Interview, or the AAI. This is about a 60-minute interview, and we code it through discourse analysis. And you may have seen a lot of adult attachment, inventories online, and they don't really correlate very well with this attachment state of mind. close to a no correlation, but those are interesting in and of themselves, but it doesn't really tell you about this. This, assesses how we think of this from a developmental psychology standpoint. So, the parent of an infant with a secure attachment is said to have an autonomous state of mind, and it's autonomous because they're free to evaluate attachment experiences. And when you... I'm going to show you an example of this, but these folks are coherent. and consistent in their presentation. So, it's really important to know that it's not that they're saying, I had a great relationship with my mother, I... she was wonderful, she was available. that could be there, but if they say that, they can instantiate it. They can provide examples that are episodic memories that support the mother being available to them, or being, you know, loving, or whatever. So that's the... that's the key part of... part of this, and I... I keep... clear valuing of attachment. What you're going to see in this next, example, and these are previous grad students from some 30 years ago of mine that were acting this out, but they were acting it out from real transcripts, so, just want to make that clear.

Audio shared by Mary Dozier: Your early experiences with your parents. How do you think these experiences have affected you as an adult, your adult personality? I guess the biggest thing would be that I think my parents really instilled in me a real valuing of family. family. I think... That, for me, is a big priority, and that's largely because of the way that my parents raised me. a priority for valuing. Would you consider any aspects of your early experiences setbacks? New development? Yeah, I think that there were some. I think, The biggest one would probably be My mom had some trouble expressing herself, I think. Mostly negative feelings.

Anger and bad. while I was growing up, and I think sometimes... That my interactions with her, or watching her. Made me have some of those same difficulties as an adult. Expressing negative.

Mary Dozier: What's striking here, I think, is that she's not saying things were perfect, she's able to acknowledge the challenges, and I think that that's really the hallmark of an autonomous state of mind. And what you can see there, the link that one might make, is that if you're able to think about your own challenges that you've experienced. It makes you... more able, then, to be able to acknowledge your child's distress. It's not that you have to push it away. So that... that's... the link there. So, going on to insecure attachment, there's two types, avoidant and resistant, and I'm going to go take you through each of those. But non-nurturing care, or a parent who Who doesn't respond with with nurturance to a child's distress is what you're going to see for either of those. It's a different blend, but, for either of those.

Audio shared by Mary Dozier: Doesn't hurt. It didn't hurt. Dinner. It's okay! It's gonna be okay, you're fine! Fine, you can handle it. You're good. You could do, you're fine!

Mary Dozier: So what you see there is a parent who is rejecting of her child's bids for reassurance. She is saying... she's essentially saying, you don't need me to help you with this. And this is... this is what you see with the parent of an... of a child with an avoidant attachment. And you can imagine, then, that that child then is gonna be insecure about a parent's availability when they're distressed, because if I take it to her, she's gonna tell me I'm okay. She's gonna tell me that, I... you know, I don't need her. And so these children, in the strange situation, they don't show their need for reassurance directly. And sometimes, you'll see it in two videos that I'm going to show you. One which, a child that just doesn't look like he needs his mom at all, and you'll hear what she says, but the other is the child that goes toward the mom and then turns away. Sometimes children make that active, move to the parent and then move to their toys.

Audio shared by Mary Dozier: And that's the... what you'll see here is the child that goes for Mom. But then I'm sorry.

Mary Dozier: Oops. Oh, no, I didn't. And so what, what you see, I'll show you that other video in just a moment, is that the parent of an infant with an avoidant attachment is said to have a dismissing state of mind, and these parents. dismiss the importance of attachment. They're often idealizing of their parents. They're likely to say something like. they were perfect, they were wonderful, they were always there, and then when asked to give examples, they just... they can't. They, they either say, I can't remember, or, you know, it's just all the time, but you don't see episodic memories. And lots of time, a lack of memory. And that's what you'll see in this example.

Audio shared by Mary Dozier: Okay, what I'd like you to do next is tell me 5 adjectives that describe your relationship with your mom when you were a small child, and I'm gonna write them down, and then I'll ask you about them and why you chose them. That's really hard, five adjectives. I guess rubbing... Caring. supportive. Yes, she was... Fun, and giving. You said that she

was loving. Think of an experience from your childhood where you remember your mom being loving. God, so long ago, I don't really remember. Well, you know, she was caring, and she was always there, and she... you know, Got us to school, and bought us clothes, and stuff like that. I don't know, she was just, you know, it was just kind of a general kind of thing. You need a specific incident where you remember your mom being loving? No, not really. I really don't remember.

Mary Dozier: And you can see with somebody like that how it could be difficult for her to deal with a child who is showing, negative emotions. They're going to want to push it away. The other kind of insecure attachment is resistant attachment. And, these... whereas with avoidant, it's most likely sort of consistent rejection of bids for reassurance. What it is with resistant attachment is more inconsistent. In terms of parents' response. And so these children are insecure about their parents' availability, and so they ask for it a lot. They're just... they're fussy and resistant, and not readily soothed. And so. You can... the more I ask for it, the more likely I am to get it, in this case, whereas an avoidant, it's, I better not ask for it, because she's gonna push me away. And here's an example of a resistant.

Audio shared by Mary Dozier: There's no time! with a resistant attached to it. Oh, I can't... Right... Okay...

Mary Dozier: And he just continues to fuss the entire... the entire time. And the parent of this baby is likely to have a preoccupied state of mind, and these... these parents are caught up or enmeshed in their attachment experiences, and so what you see is rambling off-track speech and or angry involved. And the example I'm going to show you has both. It doesn't need to have both, but she will have both in this example.

Audio shared by Mary Dozier: Okay, now I know some about your childhood experiences. Can you tell me how you think these experiences have affected your adult life, your adult personality? totally affected everything about me. From the day I was born until now. She constantly wants to be in my business. She needs to know everything that's going on with me. It's just on and on and on and on about, what am I doing, where did I go last night, who am I dating? All this stuff in... You know, she needs to realize that I'm an adult now, and I've dealt with my issues, and she needs help. I mean, she needs serious help. From the day I was born, she's just... been nuts. I mean, she... she just... She's just a blood-sucking vampire. I mean, she's like a border... complete borderline. She's nuts. So, what would you consider setbacks? My whole... my whole life has been a setback. I mean, she's... all my experiences as a child, I'd be such a different person if I was parented by somebody that was halfway decent, and she was just horrible. She was just nuts the whole time I was growing up. And just the other day, she came over and she was like, you know, Katrina, what... why do you have this, you know, dish? I had this certain, you know, dishes that I had gotten, and she just went on and on about how awful they were, and how she just couldn't look at them, and I had just made such a horrible choice. I said, Mom, look, you come over to my...

Mary Dozier: I'm skipping because you can hear that it goes on for a while. So, so these, And you can hear there how that might be difficult for this mom to be responsive consistently, because she's got so much going on internally, it's hard for her to be responsive to her infant consistently. So these avoidant, secure, and resistant are considered organized strategies versus a disorganized strategy. And the question is, so why? What are they organized to do? Well, they're organized to To keep maximal proximity to the parent. So... If you think about the child with an avoidant attachment, not going to the parent, turning away from the parent, is still a way to not be rejected by the parent, to stay as close as they can without being rejected. The child who shows a resistant attachment, who's fussy and hard to soothe, is still going to get what they need. It's a way to get as much from that parent as you can. It's most efficient, certainly, to have a secure attachment, but it only makes sense if that parent's going to be responsive to your bids for reassurance. So a disorganized attachment, though, is most problematic, and that is a breakdown in the strategy when distressed and with the parent. And the... the... the... the parents of these children are likely to have an unresolved attachment, and unresolved... they're unresolved with regard to either a loss or a trauma. And so, you see a lapse in either their discourse or their reasoning. So, something like. A lapse in the discourse is I died when my father was 10, sometimes getting caught up in the detail, like he was coming up the stairs, bam, bam, bam, bam. You can hear that sort of enmeshed in that experience. And he never abused me after having just referred to an abuse earlier. Referring to the dead person as if living. All of these are... are, really the prototypical kind of lapse in discourse or reasoning. And, what we know is that then, is that These parents have things that get in their way, and what's most likely to happen with parents with unresolved attachment is that they behave in ways that are either frightening to the child. or... or that... where they behave... they act as if they're frightened of the child. And either of those two types of behaviors is indeed frightening to a child. It's frightening to a child for a parent to act as if the child is frightening. And so this... This leads to a child's breakdown in a strategy, which is most problematic. And so what we know is that early adversity Things like maltreatment, things like placement into foster care. Place children at risk with real problems with regulating their attachment, and being at high risk for a disorganized attachment, but also challenges in regulating emotions and physiology. And, what happens then is that children often behave in ways that are avoidant, resistant, or disorganized. This is not from our lab, this is a child who's been separated at the border back in the previous time that we did this at a high rate, and it's really a difficult thing to watch, so I apologize, but what you see here is a child being reunited with his mother. And this is just... Typical of what happens when a child has experienced an extended separation from their parent, or when a child who has experienced challenging behaviors from their parent. And I just ask you here, and I won't open up the room to this, but just think about what your own experience would be of that, of you're looking forward, you know, you're so excited about being reunited, and your child, turns away from you. And so that... that sense of just being... being hurt, being... what in the world's wrong? I... have I lost my child? Often for children. parents whose children have been in foster care, they'll think, what in the world has that foster parent done to my child to turn them away? And it's... or even a divorcing parent can think, what has my wife done so that my child turns away? And instead, it's important to see that this is just a child's way of dealing

with with the separation in this case, but, also a child's way of dealing with parents who can be scary. It can be that... Sorry. And here what you... you're going to hear here a parent responding, she's coming back in in the strange situations, being reunited, and the child does not come to her, and you listen to what she says.

Audio shared by Mary Dozier: You don't care. What's... Alright, you don't care about moms.

Mary Dozier: So she... she articulates that. You don't... you don't care about mommy. And so, what happens then, when... when children act in a way as if they don't need their parents, or... or are this fussy, irritable? And what we found, we studied this, Many years ago, when we first started looking at children in foster care, and what we found is that even parents who would otherwise be nurturing, that is, parents with autonomous states of mind, That when children behaved in this avoidant way, the pushing away, acting as if they didn't need them. After a while, parents started behaving in-kind. Parents started, not providing nurture, saying, he doesn't need me. Or if the child was fussy and irritable, the parent would Let's, act fussy, say, stop, you know, what are you doing? I don't... what's... what's up with this? So, so, it was a very, A contingent response on the parents. part. And this is troubling, because you've got the beginning of a self-perpetuating Cycle here, where the child is... essentially leading the dance. The child is... if the child is, coming into a home, and the parent responds as if the child doesn't need them, then after a while, the child is going to have their expectations confirmed, and you've got this... this cycle started. So, really concerning to us. And this is basically, then, the first... the first the beginning of our parenting program is this realization. We know nurturance is key to the development of an organized attachment. to a secure attachment. And what we know is it's really critical for young children who have experienced adversity But there's two things that can get in the way. One that I've made the point of is that children can push their parent away, but the other that I mentioned, too. Related to attachment state of mind, is that nurturance just doesn't come naturally to some parents. But what we need is that we need We need parents to provide nurturance, even when the child doesn't elicit it, and even when it doesn't come naturally to them. And that's our first, first intervention target for attachment and biobehavioral catch-up, or ABC. And this is the program I'll be filling you in on. This ABC has 3 targets. I'm going to take you first through this nurturance target, and then following the lead, and then avoiding frightening behaviors. ABC has 10 sessions, and these sessions are implemented in the home through home visitors. We also, can do it remote, remotely, virtually. The effect size is smaller, but it is doable through, Through... A... a cell phone, essentially. And it's implemented in two ways. One is we have manualized content, meaning a manual, and the second, and this is what we consider our active ingredient, is making in-the-moment comments. And this is probably the most, The rare, whether it's unique, but it's a rare part of our program. And what these comments are, is they comment, Each mo- each minute. We're expecting one of these comments, so we want the parent coach to support the parent in behaving in a nurturing and following the lead way. And here, what you see is a fussy baby and a mom who's probably very tempted to put the baby down, or to say, stop fussing, and you just see the parent coach Supporting her holdings. And you didn't hear all of that, but these comments are... we not only

expect them once a minute, which is incredibly active, as many of you know who are clinicians. But we want one of these three components. It can be all three of them, but it can... we want at least one. We want the parent coach to describe the behavior. Here, he's crying and you're holding him. And the reason we want this is that we want the parent to know exactly what we're talking about. When we first started this, we said things like, that's great, and parents didn't know what we meant, that was great, and so they'd go off in a different direction, doing something different. So... Sometimes describing the behavior. Link it to the target. We're talking about nurturance in the session, and so this, again, instantiates it. It brings that... To bear right here. And then linking it to the child outcome. That lets him know you're there for him. And these are evidence-based outcomes, it could be something like, that helps him develop a secure attachment to you. That helps... that's gonna help him when he gets to be in school age, that's gonna help him be able to make better, better friends. Things like that, that are evidence-based. So... so I've taken you on the... we're... the protector-nurturer part now, and now we're gonna go on to... Why parents are so critical, and why children so need a responsive partner, a co-regulator. And the parent serves as this co-regulator early, back to this evolutionarily based. We've got this attachment system that's built into... that helps the infant want to stay close. We've got things in the mom that lead the mom want to take care of, and this is crit... this is... We have evolved such that we are dependent upon this for things like neuroendocrine regulation, or regulation of hormones, protection from danger, regulation of emotions, regulation of behaviors. And we'll be talking about outcomes with regard to some of these later. So what happens when the parent fails to serve as an effective co-regulator? Well, what we see then is biological dysregulation. And what we know is that, from a lot of non-human studies and human studies, is that the early experience has an effect on what's known as the HPA axis. The HPA axis is the hypothalamus-pituitary-adrenal axis, and Cortisol is an end product of that, and is sensitive to the effects of early experience. There's two... two functions that are independent of one another, or orthogonal. One is stress-reactive function, and if you know a little bit about cortisol, but not a lot, this is the one you probably know about, that we... when we're stressed. we mount a cortisol response, a stress response, and this has to be really stressed. It's not... it's not just a little thing, but really stressed. And we mount a cortisol response. It's this other one that I'm going to be focusing on, because this is what we see as is more plastic or more changeable in young children, and that is the cortisol in its role as helping us be diurnal creatures, or in the... the reason I say, or nocturnal is for foxes and nocturnal animals. They have this. And again, you can hear, when I say foxes, you know then it's... this is, again, biologically conserved, system here. So, for most of us, You wake up and you have a high level of cortisol. It peaks about 30 minutes after you wake up, and then it comes down to a near-zero level at night. It is not the case that you're more stressed in the morning. This is not stress. This is... this is just reflecting the metabolism of glucose. This helps us be alert and awake in the morning. It helps us be sleepy at night. And you can imagine, then, that if you were to work a night shift, it gets messed up. Or if you were to go across multiple time zones, it gets messed up. And it gets... it takes a couple of days To regulate to the new sleep-wake cycle. So, what we see among low-risk children is a nice high morning value of cortisol and a low evening level of cortisol. What we see with foster children is a flatter pattern. So they're showing a lower morning level of cortisol.

And then what we see with children living with or neglecting birth parents is the flattest pattern of all. Flat across the day. So... what you can imagine here is that we... first, I'll just say this, we have perturbed a basic biological function through something that is treatable. That could be changed, and that is, you know, parents having more resources, more support. And, so we got evidence of this biological dysregulation, but we also know that children who've experienced adversity have behavior dysregulation. They shape behavior problems, and problems with what I would call inhibitory control, or the ability to inhibit the behavior that you're not supposed to engage in. So, the not jumping up and looking out the window. So we know that adversity interferes with these abilities. So, our target... Is how do you help children develop better regulatory capabilities? And, in a way, that first target was... easier to think about. How do you help a child, have a more nurturing caregiver? How do you help them with their regulated attachment? That was very straightforward. This one took a little more thinking. How do you help a child develop better regulatory capabilities? But it's now quite clear to us from the literature, and we figured it out as we went on, but that When parents are very responsive to their children, children have better self-regulation. And we... we came to think of this, operationalize this, as following the child's lead. was a really good way, a practical, down-to-earth way to think of this. And so, I want to show you a dad following the child's lead. And just notice, and then I'm going to show you the mom not following the lead. And notice, how different the child is in the two situations.

Audio shared by Mary Dozier: What are you gonna do? Yeah! What do you got in your hand? You got 2 blocks!

Mary Dozier: And what you see there is, I say following the lead, but he's just verbally following his lead. Her lead, he's commenting on what she's doing, he's asking questions about what she's doing, he's showing delight in that. And... And the child is enjoying the interaction, as you can see. Here is the mom, same child, not following the lead.

Audio shared by Mary Dozier: We do blocks? Blah! Look, green! Let's see what blocks, come on! It says 2... 2, can you count 2?

Mary Dozier: And, you know, it's almost surprising, because that child almost doesn't look like the same child in those two cases. The child's not interested in what the mom's saying, the mom is clearly not following, she is, has her own agenda there, and attention. It's... you know, when we first started this, we did not anticipate that we would see effects of our... of ABC on language, or on cognitive outcomes. But when you see these examples, you can imagine why we were wrong about that. First, the child's paying a lot more attention to the dad's language in the first... he's not trying to teach her. But he's... she's paying attention to the language. And... Second, the child is attentive, and attention is one of those building blocks for later cognitive... cognitive skills, so... You know, we should have expected it, but we didn't. Following the lead can be powerful, and here's how we do this in session.

Audio shared by Mary Dozier: Thank you. You want it back? There you go! And that's perfect! Every, like, little things like that, you know, we're talking about responding to baby signals, and even just reaching out for something, and you giving it to her, that's gonna make her feel important, and, like, she can have an effect on things around her.

Mary Dozier: And so, again, you can hear these comments are very conversational, they seem natural, but she's bringing... she's describing exactly what she did, and then talking about the effect on... on, the child. And our third target is avoiding frightening behavior. This is an example of frightening behavior. Sometimes parents yell at other kids when thinking it won't bother the baby, and it, you know, you see... we see babies sort of jump.

Audio shared by Mary Dozier: I told you kids to shut up!

Mary Dozier: And what we know is that frightening behavior really undermines a child's ability to regulate behavior and biology. And what worried us about this? We added this. This was the third thing that we added, because Well, what we had seen is that parents were working so hard to follow the child's lead and to nurture, but then they would... they might behave in frightening ways, unaware of what it was doing to the child. And what our concern was is this is just going to undermine all of their... the progress that they were making. And what we know is this is associated with disorganized attachment, as I had mentioned before. So this is our model of intervention effects, that making these comments with regard to nurturance and following the lead in particular, we don't make comments in the moment regarding frightening behaviors, because that's That's more challenging. We do that within a session. We expected this to affect attachment and early self-regulation, and you'll see that we go beyond early attachment and regulation. And we assess this through what's known as a randomized controlled trial, and in this, what you do is you take the same families, and you randomize one to ABC and one to what we call DEF, or Developmental Education for Families. And parents are not aware of which one they're getting. They're both in the home with somebody there. The parent coaches believe in their programs both times, in both situations. Most of what I'll be talking about is from, Philadelphia child welfare-involved families, most of the outcomes. And this control intervention focused on cognitive and motor development. So... Our active ingredient are making these in-the-moment comments, and this is our model of change, that in order to see change, you've got to be making these comments. That then should lead to changes in what's known as the intervention mechanism, and that's the... this, what is it that you've... that is proximal, that's closest to what it is that you're doing? And that's, for us, sensitivity and nurturance. And then that should then lead to changes in child outcomes, in this case, attachment, cortisol, and other things. And so, in terms of this first question of do we... do we see changes in this active ingredient affecting the mechanism, we see that Parents who make more in-the-moment comments that leads... I mean, parent coaches, I'm sorry, that leads to greater changes in the parents following the lead, and decreases in intrusiveness. And so the... making more of them and including more of those three components leads to more change. And then, how does sensitivity change? Well, we find that when you've received ABC, you're more sensitive and less

intrusive, and that you see these gains sustained 3 years later. So, it... this is, a... Keep in mind, it's a 10-session program, and you're seeing gains at least for 3 years after that. And then, in terms of parents' attachment narratives, we have parents that... we ask them to make up a story using these words in roughly this order. And given that adult attachment interview, you can imagine that people are going to vary. Some people are going to be comfortable making up a story in which a child was hurt, they needed their mom, their mom was able to help them, and so forth, and other people are not going to be as comfortable in that, or maybe chaotic in their response. And so, what we indeed find is that ABC parents, parents, this is 8 years after the program, they're making up More coherent, secure stories. again, 8 years later, then are the DEF. The DEF is the blue, and so the mean is higher for ABC than the control. And this low risk is a group of families that were not involved with child welfare. They're not significantly higher than the ABC, but they are, of course, significantly higher than the DEF. So, so, and we've got other parent outcomes, things like depression, things like the way in which they process, infant cues in terms of their brain activity. I'm not going to go into those in the interest of time, I'm going to go on to, to child outcomes. So what we know is that adversity places children at risk for disorganized attachment. And the question is, can ABC change that? So we're looking at this in a strange situation, as I've already told you about. So we're looking at the child's reunion behavior, and we're having other people code this. We don't code this. And what you find is that more of the children at ABC 52% show a secure attachment, compared to 33% in the DEF group. Now, let me just say that among low-risk children, you only see about 60% showing a secure attachment. So we are delighted by the 52%. You'll never see 100%, and that's just not going to happen. You would love, you know, the higher the better, but we're really delighted by this 52% showing secure attachment. And this is using the same... this next graph show... is using the same children, so it's somewhat redundant, but it's fewer children in ABC showing disorganized attachments than in the DEF group. 32% in ABC, 57% in DEF. Keep in mind, you really don't want to see a disorganized attachment. That's... that's a... a concerning level. So then we asked children at age 9. We follow these children, now they're... now they're, we follow them through age 15, from... which is just a wonderful following the randomized controlled trial when they were babies. This is at age 9, and we present them with what's known as the Kearns Attachment Measure, and they're asked, okay, which one of these things is true of you? Some kids find it easy to trust their mom, but others aren't so sure. So they choose one or the other of those, and then, how true is that? Is it a little or a lot? And so you get a score from 1 to 4, On each of these questions, and there's a number of questions that they're asked. And what you see is that the ABC kids say they can trust their mom more than the children in the DEF program. And again, this is... I just want to remind you, because it's so striking, 8 years after the program. And then when we ask them when they're 14, how much do you trust your parent? And this is on a network of relationships inventory, and there are a number of measures of subscales, but we see it on... across all the subscales, is that the ABC kids still say They're... they can get more emotional support from their mother than the kids in the control intervention. it's, you know, it... I think I would invite you to try to think of, why does this happen? How does... how does a 10-session program lead to changes 13 years after the program? In... in a very challenging, Under very challenging conditions. And then we see... we look at children in a scanner, we look

in a magnetic resonance imaging, and what we want to look at is when we... do we see changes in the brain that mirror what we see behaviorally? And Certainly one would expect that you do, because the brain and behaviors go together. But they see pictures of one by one. I'm showing you all four of these, but they see them one by one in the scanner, and it's a happy target, which is their mom, a neutral target, a stranger, neutral mom, happy. So it's either happy or neutral, and mom or not mom. what we tell them to push a button when they see the happy face, but that's not what we care about. We just want to know that they're awake and paying attention, because you've got teenagers or, you know, young kids that can fall asleep in the scanner. We want them to pay attention. And then... What we want to see, though, is what's the difference between mom and stranger in terms of their brain activity? And what we see is we see changes in... or differences for the ABC in this... these are... are midline structures that are involved in complex social reasoning that we see changes. So we see, essentially, advantages for ABC In brain development, in structures that support It's complex social reasoning. So, I think this is what I... yeah, so, Really exciting, and again, it makes sense given that you see it behaviorally. Now... As you know, adversity places children at risk for dysregulated physiology, and so can ABC change this? I want to show this just to remind you, we wanted this group. This is a group we're working with. We want that to become a steeper slope. Higher morning, steeper slope. So what we see one month after the program is you see higher mornings cortisol for these children. For ABC, you see that flat slope for the control children, for the DEF children. So this is exactly what you would hope to see. And the question, do you see this 3 years later? Again, I would have never thought you would. You do. You see as big a fact. Three years later, as you see right after the program. And then when we look at age 9, you still see the effect. It's the same kind of effect, but it's mediated. There, ABC affects sensitivity, which then affects the slope. So, executive functioning is this ability to, it's kind of the boss of the brain. Being able to make decisions, to... to... adapt when new rules come into place, to pay attention to rules, and so forth. And so, the question is, can ABC enhance this executive functioning? And our first way of looking at this is through inhibitory control. This, as I mentioned before, this is the ability to sit quietly in school, I would argue it's more important to have good inhibitory control when you're a kindergartner, or even a 4-year-old in preschool, more important than knowing your numbers and letters. The kids that are getting kicked out of preschool are the ones that have poor inhibitory control. So you're... this is a child who's With good inhibitory control is doing what you're supposed to do, and not doing that thing that you aren't supposed to do. What we do here, as you'll see, is we present a wonderful array of toys and tell a child not.

Audio shared by Mary Dozier: Now remember, when I'm doing my work, don't touch any of these toys, okay?

Mary Dozier: So we demonstrate all the cool toys, and then give them something very boring to play with relative to that, and that's crayons and paper. And what you see with this child is just beautiful...

Audio shared by Mary Dozier: We control. He can go on forever. He has just beautiful inhibitors.

Mary Dozier: And that's certainly not true of everybody. I've got another example I'm not going to show you of a child who turns the table upside down in response to the demand. So, what I like about this is this is what I would call a good ecologically valid, or something that resembles the kind of task that a child experiences in their own classroom. And what we see here is that fewer of the children touched the toys in ABC. 34% of them touch the toys, as contrasted with children in the control group. They take longer to touch the toys, they touch it less of the time. So, really exciting finding with a very important real-world kind of outcome. Another executive function task is, Shifting sets, being able... you think of shifting sets as being like knowing a rule that dad has versus mom has, or that recess versus in class. And this is... this is with foster children, but what we found is we asked children to sort with regard to one dimension. Put the blue with the blue. And then we're going to ask them to change, and put the boats with the boats, the bunnies with the bunnies. And what we know about this is 3-year-olds cannot shift. They cannot shift. They can't do it. Can't shift sets. They can learn the first rule, but they can't shift. Four-year-olds, that's where you see the difference, the spreading of children, where 4-year-olds who aren't good at this are just not going to be able to shift, whereas other children are. So, pre-shift, everybody can do it. Everybody can... these are 4-year-olds. Everybody can sort correctly. 7 is the... no, this is a 6, so everybody's just write it... write it perfect here. And then, look what happens when they are asked to shift. They're gonna change now. Now, instead of color... okay, now I want you to shift to sort by shape. And what you see here is post-shift. We've got low risk doing pretty good, 5 out of 6. ABC doing just as well, 5 out of 6. The control children, way down here. They are not... they do not have this. And so, again, we didn't... think about what the program did. The program helped parents with responsiveness and nurturance, and yet we're seeing these effects on children's executive function, their ability to shift sets. So, so really exciting in terms of the power of parents, I think. And one more, MRI task. And here, what we're asking children to do is push the button when you see the butterfly, but we're really interested in the effect of the faces, the impact of the faces on children, the emotional faces. And... Well, I'm going to give you just the overview here, but we see ABC children showing more... mostly pre... prefrontal cortex, this boss of the brain, the control of the brain, plus Plus, the right insula is also connected, involved with the limbic system as well. But, so that they're showing more control in terms of their brain. than the children in the control group. And what... what is happening here, the why of that, is that they're... the boss of their brain is essentially controlling the emotional center of their brain. It's controlling the amygdala. And this is... This is an adult, or a mature kind of a pattern that you see here, and it's very unlike the children in the DEF intervention. And so, what we would say is the ABC seems to build a brain that supports strong emotion regulation. So, that you think of a 2-year-old who just feels things, and the limbic system dominates, and the child has no control over it. The amygdala dominates, And then the children gradually become more capable of controlling that, and what we see here is success for the ABC children. So these are the effects across... across development here. I've gone over many of them. Cortisol production, DNA methylation in infancy, I haven't mentioned that. I alluded to a lot of these, language development. We've gotten, in several studies better language development for ABC. autonomic nervous system regulation here, and then we get effects here in adolescence. We're still... analyzing those data now. I'm sure this list will be as

long as other lists, but it's exciting to see these effects all the way into adolescence. And so you've got an effective parenting program, and then the question is, well then, how do you implement this other places? How do you... How do you, implement this in New York City with Power of Two, for example? And... as a field, what has happened, not with ABC, but in general with evidence-based programs, is that you implement things, and the results just become negligible, or small. And the reason for that There are multiple reasons, but one of the big reasons is that You develop a program, and you implement it with fidelity, and you do it according to your... the way you want to implement it, and then it goes out in the community, and it may or may not be implemented as intended, because it's difficult. That's not... it's a very difficult thing to make sure that other people, other places, are implementing things. For example, you may hear some of the things, and you say, oh, I'm gonna use part of that, and it's... and sometimes we train people, and they may want to use part of it, but it's the whole program that's effective. It's not... it's not pieces of it that are effective. And so, programs have to be implemented in... with fidelity, or else you're not going to see the same results that you saw initially. And so, our fidelity for us is making these in-the-moment comments. This is the thing that We... it was very difficult for folks, and we know that it's linked to success. We know that this is the key thing. And lots of parent coaches, and I remember training folks who worried about all kinds of things. I'm going to interrupt the parent and the child. I don't want to do that. I don't want to be condescending to the parent. I don't want to be repetitive. I'm not used to being this active. There's many, many reasons, and you probably are thinking some of them as you hear this. But... but what we know is that this is a key part of ABC, or this is the active ingredient of ABC, so we want people to do it even though it's difficult. And so, when we were... and this was a year... several years process, this isn't two weeks process that I'm going to tell you about, but we asked We were having real trouble doing... getting people to do this, and so we asked parent coaches to make more comments, and they... they didn't. It didn't increase in frequency. You can think of your own experience. And then we developed a system for quantifying this, and I remember giving feedback to folks that said, you're still not making comments, look, we've coded it, and you're not making comments, and it still didn't increase. And then we had parent coaches code themselves and meet with supervisors, and that... that was the key for us. That's... that's... then we found parent coaches were able... and we did studies, of course, because we're sort of research nerds, so we're not just gonna look at this, we're gonna... we're gonna look at this very systematically. And what we found is that parent coaches who went from Not coding themselves to coding themselves, you'd see the steep Steep. gradient uphill. So... So that's the key, and you can think about why that is. My own thought is, but this is speculative, is that when you code yourself, you become your own self-critic. You become, you start thinking, oh, I could have made a comment there. You start doing this all the time. You start coding your brother-in-law, or coding your people in the grocery store, so this becomes Sort of second nature in a way, so that it's much easier in the session. But I invite you to think of other reasons why it may be so powerful, but we know it's powerful. So we have parent coaches code a 5-minute segment every week. It's at a microanalytic code, takes about a half an hour to code. They then meet with a supervisor. Who goes over that same 5-minute clip with them and helps them think of more variety they could include in comments,

how to make comments when it was difficult, and so forth. And what's exciting for us is that we see effects in the... in the community. This is, as you can see, 194 coaches, 8 countries, 73 sites. We see effects that are as big in the community as we see in the laboratory, which is just almost unheard of. If you think of this, I think of a 3 on sensitivity as adequate sensitivity. This is... if somebody comes in at a 3.2, I say, you don't really need ABC, so this is what I consider adequate. Before ABC, this is pre, they're well below this adequate sensitivity. After ABC, they're well above this. And that's the mean, of course, but that's a big... this is a large effect size, and I'm just very, very proud of this. You see a decrease in intrusiveness. High... At... at the beginning, and then decreasing, during... as a result of ABC. Now, the last thing I want to show you is a video of a mom this... This is, a bunch of researchers, staff, colleagues that I've worked with over time, and, thank them for all their hard work on this, grad students, undergraduates. And we've been supported by the National Institute of Health across time, and we have a number of donors that have generously supported our work. This is, a book on this coaching parents of vulnerable Infants that Kristen Bernard from Stony Brook and I wrote, and here's our website in case you would... you'd like. that, and I just want to acknowledge once again, in New York City, Power of Two is implementing ABC very widely, and we're... again, it's just the best example really, of being able to implement an evidence-based intervention broadly, widely, and with fidelity. So, it's been a delight to work with those folks. And I'm gonna open it up for questions at this point. Thank you so, so very much.

Susan Chinitz: Okay, well, thank you so much, Mary. That was a fantastic and very comprehensive, presentation. We do, I'm going to start by asking a question. Because I just had the, wonderful experience just on Wednesday night, night before last, to go out, with some people from Power of Two in New York, and among the people I had dinner with was a mother who had completed the project. She had such an overwhelmingly positive response to participating in ABC, to completing it. And it just made me wonder, because I know, I know your research pretty well, I know all of the impacts on the children, and I do know that the intervention affects parental sensitivity, but the impact on this mother seemed so much bigger than just parental sensitivity. It seemed... I didn't know her before, so I don't have any before or after observations of her, but she was really so, positive, you know, her mood seemed good, her enthusiasm, her feelings about her child seemed really, really strong. I'm just wondering, have you measured things like parental mood and parental feelings about their child? post-intervention, because, you know, it was just a sample of one, but she could, she showed insight, she talked about how what she learned in ABC was very different than how she was raised, and she obviously gave that a lot of thought. She said she was raised in a very, very loving way, but not with following the child's lead or anything. She said that her... her family style was for children to be very compliant, you know, it was very compliant and cooperation-driven, and then she saw the benefit of letting her child be less inhibited, and, you know, in his... I don't... I don't mean that in a technical way, but, you know, did the child have more freedom in his play? And she just spoke about so many benefits. I was just wondering if you've expanded any...
Research on impact on parents.

Mary Dozier: Well, thank you so much for that... that comment and question, Susan, and it gives me chills. I'm... I am delighted to hear that. We... we... I can't provide those citations right now, but we have... there's two studies that have found ABC's effects on parental depression, which is consistent with what you're talking about, self-reported depression, and self-esteem. And so, I think that Again, this isn't what we expected. When we started out, we were only looking at child outcomes. We weren't focused that much on parents. We have, and the National Institute of Health has really changed their focus to look more at more proximal, like, closer in things on parents. And so, our current study, we're looking with moms with... that use opioids. And what I would say about moms that use opioids, or any substances. I have never, even using... looking at parents involved in the child welfare system in Philly, I've never worked with a group that felt more guilty, more like, everybody thinks I'm the worst parent in the world, why in the world are you having a child? And have had... our income of most is below \$10,000 a year. I mean, it's just... And... and so, that, that hearing over and over and over again, 60 times in an hour. that they're doing something right, and it's specific what they're doing right. You know, we're making positive comments. We're not saying you should be doing this. I mean, those are allowed at some point, of maybe this is a time when you could pick them up, but not... those have to be... very infrequent. They can't occur until after session 3. In any case, I think hearing those positive comments about things you're really doing. I think is probably the thing that leads to parents feeling better about themselves. It... it's taken me by surprise. It's not where we started, as you... but, you know, you're... I think that's... I think, in a way, you're... you're speaking to... when I say I'm so puzzled. Been so puzzled that these effects go on and on. I think you've... you've probably described the why of it, is that something changes in parents and, allows that. Yes?

Susan Chinitz: Yeah, I mean, not for sure. I have to say, you know, I'm sure that the affirmations about what she was doing went a long way, but I felt like her whole worldview had changed. Like, she was exposed to very different Possibilities in parenting that made her just feel...

Mary Dozier: Right.

Susan Chinitz: Good.

Mary Dozier: Yeah, and I'm sorry if I did not mean to say... because I don't think saying, oh, your house is really pretty, or your... I like how you've arranged your flowers. What I mean is exactly what... it's affirmations with regard to following the lead and nurturance that... that then... then you do it again. You get something back from your child, then, that you... Hadn't... I mean, you... you know, those of us who... who... are fortunate, we're able to embrace parenting with this awe and excitement, but so many of the parents we work with just, you know, it's just drudgery and it's not fun, and we want to flip that so that when we're not there, you're getting something from your child. You're getting this enthusiastic response. So I think it's a... I think... so I totally agree with you, and sorry if I, I... it is not simply hearing positive things about yourself.

Susan Chinitz: internet is a little unstable, I don't know.

Mary Dozier: Oh, mine is?

Susan Chinitz: Well, she was a great... she was a great salesperson for her experience. Okay, what, Okay, let me see the other questions. I think this person, put this question in when you were describing avoidant attachment, and I just wanted to give you that context so that, you know, you have the context for the question. She says, can this be seen in families impacted by domestic violence? Where the offending parent is controlling and makes the other parent inadequate and sabotages the relationship between the mother and the child. you know, again, I think the person was responding to your description of avoidant detachment.

Mary Dozier: Yes, so let me just, we're parents... Yeah, absolutely. I mean, the things, you know, parent... what... In a way, that's a separate issue, but, I think And it does make it complicated. You know, if parents are indeed saying, you can't count on that other parent, it will... perhaps undermine a child's ability, So, yeah, that's a complicated question, and an interesting question, and probably goes beyond what the things that I am addressing, so I apologize for not... not addressing that fully.

Susan Chinitz: Okay, the whole, the whole, The whole scenario involved in domestic violence is a complicated one for young children.

Mary Dozier: Let me also say, I, you know, I've raised Forestdale at the very beginning, and I didn't at the end, but I just want to say we've worked closely with Forestdale for many years, and it's another organization in New York City that we've worked with so successfully and appreciate.

Susan Chinitz: I'm glad you mentioned that. They were real innovators in taking ABC on so many years ago.

Mary Dozier: Absolutely, and have been... persistent, have... have been continuously implementing ABC through all of those years. So, I know I... Ruth, I said that early on, but I hope... hope you were there when I mentioned that.

Susan Chinitz: Okay.

Mary Dozier: Can I address the best way to take steps toward getting trained? Would that be okay, Susan? Okay, so we provide training, we can do it remotely, we can do it in person if you've got enough folks that are interested, and then we supervise across for... typically for... for 6 months, we do... we provide 2 types of supervision, a clinical supervision, and an in-the-moment coding supervision. So we provide two types of supervision. And so we would be happy to work with you. They... I said that abcparenting.org, you can get on that website and make a request, or you can write directly to me. I think I had my email on that last slide, but it's mdozier@udel.edu. And if you don't hear, just, you know, remind, you know, in case it gets buried right again.

Susan Chinitz: Okay, thank you. There's a question from Julia Vogel, who's been a partner and a presenter for TTAC, and she's asking, I'm wondering about applications when children have developmental disabilities. Seems to be addressed indirectly in some of your writing, but I wonder about your thoughts.

Mary Dozier: Yeah, no, when we first started this, I was fairly adamant that this was not intended for children, for autistic children, and I have since changed my opinion. People used it. Catherine Wright in Minnesota, for example, is implementing ABC throughout the state, and had other really smart people implementing it, and finding it to be effective. And we have just a little bit of... and I know folks at Power of Two are implementing with autistic children. So we've got... we haven't done this... you know, we're so careful about randomized controlled trials. We haven't conducted randomized controlled trials with autistic children, but the data that I've got gives me some confidence that... that it's... it makes sense. And let me just say that one reason I said no originally is because I knew that there's effective treatments out there for children with autism, and so I sort of thought it wasn't necessary, but what I know since then is that there are a lot of parents who just don't want a strictly behavioral approach. They don't want just a... they want something that's... more relationship-oriented, and I think it's very well suited. So, I know that's not the only type of developmental issue, but I... but... In terms of children who are... who have delays, I think it's quite applicable. It's... you know, when we have a... I haven't talked at all about our early childhood model, which is a 2 to 4. I've really focused on the birth to 2 model, the infant model. But our early childhood model helps parents deal with children's meltdowns, children's... when they get out of control, and The, so it's got an additional component to it. And so, one might want to adjust the timing depending upon the delay. Like, if you've had a 3-year-old that's really more functioning like a 1-year-old, might want to adjust that. But what I would say in response to Juliette's question is, generally, yes, I think we work well with children with developmental disabilities or developmental delays.

Susan Chinitz: And there's an element of the intervention in common, you know, our leadership team, promotes the DIR, Type of intervention, which also has a very strong, component of following, you know, following children's lead in play, so I can see the bridge, between the two fields with that particular intervention.

Mary Dozier: Yes.

Susan Chinitz: Are home... are the home visits billable or reimbursable?

Mary Dozier: And that is, yes, depending on what you're able to work at. That's what I would say, is this is... This is really not under our, we can kind of help. We can help you with other people who've been successful in billing these, so... so yes. Probably, but that would be something that, at best, we could help you work on, rather than that we have the expertise in that.

Susan Chinitz: Thank you. How can parents address the misbehavior of toddler-aged children when they have infants... wait, I didn't see that part before. How can parents address the misbehavior of toddler children when they have infants without being frightening?

Mary Dozier: It's a great question, and I think being frightening is one of those, and by frightening, what I mean is... is yelling, glaring, saying, I'm gonna smack you when she goes, things like that. And what I would say is those are so seductive for parents, because they work so well to stop a child from being bad right at that moment in time. So it's... this is a challenge for us, because we have to convince parents that it's worth it for you to learn other strategies, because what we know about frightening behavior is it actually worsens things in the long run. Frightening parents lead to children who can't regulate well. And so we do our best to talk about the challenges, but then provide them with other means of And I... again, I'll just give you the thumbnail sketch of our 2- to 4-year-old, which is the more toddler, early childhood, but what we do there is we have the parent remain psychologically and physically available when the child is absolutely a wreck, a mess. You know, the times where they'd be in timeout with most interventions. We don't... we don't give in to the challenge. We don't say, okay, here you can have the candy, you can have the whatever, but we stay available. I say, I know, I know how hard this is. I know... I know how frustrating this is. So staying available. My own sense is that, especially for children who have experienced adversity, they especially need help with somebody being available to them when they are dysregulated. And so, I don't believe in parents Leaving a child to their own devices when the child is totally dysregulated.

Susan Chinitz: Thank you. Somebody's also asking about training, and is there information on the website about the cost of the training?

Mary Dozier: Yes, the cost for the infant model that I've talked about is \$7,000, which sounds expensive, but that just covers our cost because we do a lot of supervision. Cost, if you combine things and so forth, I won't go into it, but it's on our... I'm happy to, you know, email me or get in touch with our website. And I'd be happy to provide you with that information. We would love, love to implement more broadly.

Susan Chinitz: Thank you. Are there any populations that are contraindicated for ABC?

Mary Dozier: I don't know of any. I shouldn't say that, because I... but I don't know of any for whom it's contraindicated. You know, people have... have wondered whether it's not as useful for people who have more high risk factors, but that's not what we've been finding. What we found is the biggest effects, the more risk there is. So... I'm not finding... And it's not that it works with 100% of people, but We haven't found a demographic, or a group of people, or a group of children for whom it's not... it doesn't work.

Susan Chinitz: Well, given the origins in your study of children in foster care, it seems like you developed this in response to some of the higher risk.

Mary Dozier: Parents and family situations.

Susan Chinitz: Yes. Okay... Does ABC work well as a standalone? Can it work in conjunction with child parent psychotherapy?

Mary Dozier: That's an interesting question. It's, you know, child-parent psychotherapy has... similar long-term goals. I don't think it would be at... it wouldn't be at odds at all. It might feel to the parent coach, you know, redundant or whatever, but, you know, we're now going to start a trial with something, Family Connects is very, very different from child parent psychotherapy, but that's a universal, nurse-based screening kind of thing, and we're going to start a trial looking at ABC in the context of that. I think it could work with parents as teachers. I think it's, you know, interventions that do different things, I think it's a great compliment to, and I just... I think it... I'd be all in favor of looking at it in conjunction with child-parent psychotherapy, but I... I do wonder whether, if parents are really gonna I don't know. It's a great question, and I would... I'd love to talk with you if you want to consider this.

Susan Chinitz: For answering, I was, yeah, I was thinking, you know, sometimes parents are not really ready for CPP, and I was thinking, as you were responding, that maybe this would be good preparation or, you know, a way to assess parental readiness. I could see it coming before CPP in some cases, possibly.

Mary Dozier: No, that's a great point. And you've... you've probably all gotten this sense already, but it... what we focus on only is changing parents' behavior. And Susan's already mentioned, well, you change some other things too, but we are only change... trying to change That's our objective. Change parents' nurturance and following the lead because babies can't wait, in the words of 0 to 3. And, that is... quite different from child-parent psychotherapy, where you're changing a lot of other things along the way that are related to nurturance and following the lead, but are, are, sort of building towards that. So... so I agree with you, Susan.

Susan Chinitz: Okay, some... oh, somebody asks, I work with high-risk and high-need substance-using population, would this be appropriate?

Mary Dozier: Absolutely, and we have tested there. We have tested with, both high-risk and substance-using moms. I talk about moms a lot, but this is really family-based. It's, It's moms, dads, grandmoms, whoever's there.

Susan Chinitz: Okay. Okay, and Juliet, who asked the question about children with, disabilities, is commenting. Some of the coaching elements seem to me to overlap with the coaching. of parent-child care. Okay... Yeah, there are a couple of more comments, but I think we went through the questions. There was a question about the video that you showed of the little boy who colored, and showed good inhibitory control. I just want to make sure I, am co... you know, getting into what the question... what the person is asking. What negative factors might be concerning with such compliance in children?

Mary Dozier: Yeah, that's a... that's a great question. I... I guess I think this is what we ask of children in school. This is, you know, to be able to... Even as four-year-olds, think of children in a circle in the classroom with all the toys around the room. And maybe they're, you know, being able to sit and pay attention and not go to the toys is what allows you to be successful in that classroom. So, I would say this this... that... that compliance, that ability to inhibit is really got... got, mostly positive effects. you know, you'd... anyway, I hear you that you would worry if a child is complying out of fear or something, but developing their own internal control to inhibit is... It's associated with a whole lot of long-term positive effects.

Susan Chinitz: Certainly school... school readiness and school performance, for sure. I think that's pretty much it in terms of the questions. There are some comments we'll send along for you to look at.

Evelyn Blanck: Yeah, and I just wanted to say thank you. This is Evelyn Blank, and really encourage people also to fill out the evaluation in the chat box. We very much want your feedback, and this was really just so informative, so thank you for joining us today.

Susan Chinitz: A million thanks, Mary.

Mary Dozier: It was a delight, and I put my email in the chat in case anybody wants to get in touch directly, but...

Evelyn Blanck: Thank you.

Mary Dozier: Mike, thanks, everybody.

Evelyn Blanck: Bye-bye.

TTACNY Info: Thank you so much, by the way.

Mary Dozier: Thank you.