

**Last reviewed:** January 2019

**Intervention website:** <https://www.connectedlives.org.uk/cos-p-fidelity-coaching>

# GUIDEBOOK INTERVENTION INFORMATION SHEET

## Circle of Security-Parenting (COS-P)

Please note that in the ‘Intervention Summary’ table below ‘child age’, ‘level of need’, and ‘race and ethnicities information is **as evaluated in studies**. Information in other fields describes the intervention as **offered/supported by the intervention provider**.

Intervention summary	
<b>Description</b>	Circle of Security Parenting (COS-P) is a parenting intervention for caregivers of a child between 4 months and 6 years coping with adversity. It is delivered by a single practitioner to groups of 8 to 15 parents/carers through 8 to 10 two-hour sessions. During these sessions, parents are guided to reflect on their own experiences of parenting and learn strategies for responding sensitively to the needs of their child.
<b>Evidence rating</b>	2+
<b>Cost rating</b>	1
<b>Child outcomes</b>	<ul style="list-style-type: none"><li>• Enhancing school achievement &amp; employment</li><li>- Improved self-regulatory behaviour</li></ul>
<b>Child age</b> (population characteristic)	3 to 5 years
<b>Level of need</b> (population characteristic)	Targeted Selected

## Foundations Guidebook – Intervention information sheet

Visit the Foundations Guidebook | [www.foundations.org.uk/guidebook](http://www.foundations.org.uk/guidebook)

Intervention summary	
<b>Race and ethnicities</b> (population characteristic)	<ul style="list-style-type: none"><li>• African American</li><li>• White.</li></ul>
<b>Type</b> (model characteristic)	Group
<b>Setting</b> (model characteristic)	<ul style="list-style-type: none"><li>• Early years setting</li><li>• Community setting</li><li>• Out-patient health setting.</li></ul>
<b>Workforce</b> (model characteristic)	Practitioners typically have a master's level qualification or higher in a helping profession
<b>UK available?</b>	Yes
<b>UK tested?</b>	No

## Model description

Circle of Security Parenting (COS-P) is one of three interventions currently available through Circle of Security International. COS-P offers group-based support to at-risk parents with a child between 4 months to 6 years. This includes but is not limited to parents (mothers and fathers, sometimes couples together), foster carers and childcare providers. COS-P can also be delivered as a targeted-indicated intervention to parents coping with substance misuse issues or perinatal depression.

COS-P is delivered by a single practitioner to groups of between 8 to 15 parents/carers through 8 to 10 two-hour sessions.

COS-P is based on attachment theory and aims at helping parents reflect on their own attachment experiences and thus reduce their negative mental attributions to the child's normal attachment-seeking behaviours. Parents are then expected to be in a better position to provide a secure base which fosters attachment security.

At each session, core concepts are reinforced through discussions aimed at helping parents consider:

- What they learned from their own parents during their childhoods
- The importance of a secure relationship for children to be able to manage their emotions

## Foundations Guidebook – Intervention information sheet

Visit the Foundations Guidebook | [www.foundations.org.uk/guidebook](http://www.foundations.org.uk/guidebook)

- The reasons why caregivers struggle to meet their children's needs
- Strategies to achieve greater attunement with their child.

The COS-P content is delivered through 'chapters' which begin with a 15-minute video clip that is viewed and discussed in the group during each session. The clips are of child–parent interactions, as well as of previous COS-P participants reflecting on what they learned about their own parenting from COS-P. The video indicates where to pause, what to discuss, and how to help parents consider their own parenting, as does the intervention manual.

- **Chapters 1 and 2** introduce parents to basic concepts of attachment, the use of the COS graphic as a map for parent–child interaction, and children's secure base and safe-haven needs.
- **Chapters 3 and 4** address the concept of being with children emotionally; the core of being with is providing an emotional safe haven by responding to the child's emotional states.
- **Chapter 5** is devoted to helping parents consider the importance of reflecting on their own caregiving struggles. COS employs the user-friendly metaphor of shark music (i.e. the scary soundtrack that colours otherwise safe situations) to give parents a vocabulary for talking about defensive processes outside their conscious awareness that influence parenting.
- **Chapters 6 and 7** consider the importance of rupture and repair in relationships, and how rupture–repair processes support emotion regulation and successful relationships.
- **Chapter 8** includes a summary, discussion of the group's experience, and celebration of parents' completion of the intervention.

## Target population

Age of child	4 months to 6 years
Target population	Parents living in disadvantaged communities

Please note that the information in this section on target population is as **offered/supported by the intervention provider**.



## Theory of change

Why		Who	How	What		
Science-based assumption	Science-based assumption	Science-based assumption	Intervention	Short-term outcomes	Medium-term outcomes	Long-term outcomes
<ul style="list-style-type: none"> <li>Attachment security lays the foundation for children to develop positive expectations of themselves and others</li> <li>Attachment security is thought to support children's emotional development in a way that reduces the risk of future mental health problems.</li> </ul>	<ul style="list-style-type: none"> <li>Sensitive parent–child interactions increase the likelihood of children developing secure attachment relationships</li> <li>Sensitive parenting is supported by their ability to form positive representations of their child.</li> </ul>	<ul style="list-style-type: none"> <li>A parent's attachment history can negatively impact their representations of their child</li> <li>Negative representations of the child increase the risk of an insecure attachment.</li> </ul>	<ul style="list-style-type: none"> <li>Parents are supported to reflect on their attachment history</li> <li>Parents are supported to form positive representations of themselves and their child</li> <li>Parents are coached to respond sensitively to their child's needs.</li> </ul>	<ul style="list-style-type: none"> <li>Parents develop positive representations of their child</li> <li>Parents are less likely to have negative representations of their child</li> <li>Parents become more sensitive and attuned to their child's needs.</li> </ul>	<ul style="list-style-type: none"> <li>Improved parent–infant interaction</li> <li>Reduced risk of the child developing an insecure attachment.</li> </ul>	<ul style="list-style-type: none"> <li>Children develop positive expectations of themselves and others</li> <li>Children are at less risk of future mental health problems</li> <li>Children are at less risk of child maltreatment.</li> </ul>



## Implementation requirements

<b>Who is eligible?</b>	Parents with a child between 4 months and 6 years who is at risk of an insecure attachment. Risk factors include economic disadvantage, parental mental health problems, and parental substance misuse problems.
<b>How is it delivered?</b>	Circle of Security Parenting is delivered in 8 to 10 sessions of 1.5 to 2 hours' duration each to groups of 8 to 15 caregivers.
<b>What happens during the intervention?</b>	<p>Practitioners use video segments to facilitate reflective discussions about caregivers' attachment experiences – more specifically:</p> <ul style="list-style-type: none"> <li>• What they learned from their own parents growing up</li> <li>• Understanding the importance of a secure relationship for children to be able to manage their emotions</li> <li>• Reasons why caregivers struggle to meet their children's needs.</li> </ul> <p>Parents also receive advice on improving their attunement with the infant or child.</p>
<b>Who can deliver it?</b>	COS-P practitioners typically have a master's qualification or higher in a helping profession, such as social work, psychology, or family therapy.
<b>What are the training requirements?</b>	Practitioners complete a four-day intervention training. Booster training of practitioners is not required.
<b>How are practitioners supervised?</b>	Supervision is not required, but opt-in supervision arrangements (known as 'fidelity coaching') are available. In supervision sessions, practitioners reflect on their experiences leading the sessions.
<b>What are the systems for maintaining fidelity?</b>	<p>Intervention fidelity is maintained through the following processes:</p> <ul style="list-style-type: none"> <li>• Training manual</li> <li>• Other printed material</li> <li>• Other online material</li> <li>• Video or DVD training</li> <li>• Face-to-face training</li> <li>• Fidelity monitoring.</li> </ul>
<b>Is there a licensing requirement?</b>	No



## Implementation requirements (cont.)

<b>Contact details</b>	Organisation: Connected Lives  Email address: <a href="mailto:Info@circleofsecurityinternational.com">Info@circleofsecurityinternational.com</a>  Website: <a href="https://www.connectedlives.org.uk/cos-p-fidelity-coaching">https://www.connectedlives.org.uk/cos-p-fidelity-coaching</a> <a href="http://www.circleofsecurity.org">www.circleofsecurity.org</a>
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## Evidence summary

COS-P's most rigorous evidence comes from a single RCT conducted in the United States that is consistent with Foundations' Level 2+ evidence strength criteria.

This study observed statistically significant improvements in independent observations of COS-P children's inhibitory response (a form of self-regulation) during an independent play task compared to children not receiving the intervention. Additionally, COS-P mothers were observed to provide fewer unsupportive responses to their child's distress compared to mothers not receiving the intervention.

## Search and review

	Number of studies
<b>Identified in search</b>	3
<b>Studies reviewed</b>	1
<b>Meeting the L2 threshold</b>	1
<b>Meeting the L3 threshold</b>	0
<b>Contributing to the L4 threshold</b>	0
<b>Ineligible</b>	2



## Individual study summary: Study 1

Study 1	
Study design	RCT
Country	United States
Sample characteristics	164 mothers, with children between 3 and 5 years old, where families were enrolled in a Head Start centre in the US
Race, ethnicities, and nationalities	<ul style="list-style-type: none"> <li>• 75% African American</li> <li>• 12% White</li> <li>• 8% Other</li> </ul>
Population risk factors	<ul style="list-style-type: none"> <li>• The sample consisted of low-income families (at or below the federal poverty line)</li> <li>• The majority (58%) were single-parent households</li> <li>• One-third of parents have not completed high school.</li> </ul>
Timing	<ul style="list-style-type: none"> <li>• Baseline</li> <li>• Post-intervention.</li> </ul>
Child outcomes	Improved inhibitory control (expert observation of behaviour)
Other outcomes	Improved maternal response to child distress (parent report)
Study Rating	2+
Citation	Cassidy, J., Brett, B. E., Gross, J. T., Stern, J. A., Martin, D. R., Mohr, J. J. & Woodhouse, S. S. (2017) Circle of Security–Parenting: A randomized controlled trial in Head Start. <i>Development and Psychopathology</i> . 29 (2), 651–673.

## Brief summary

### Population characteristics

This study involved 164 mothers recruited from four local Head Start centres in the United States, with a child aged 3 to 5 years (mean age 4), living in low socioeconomic status communities. Boys made up 42% of the mother–child dyads. The sample was predominantly African American (75%), with a smaller proportion of White families (12%).



Eligibility criteria required families to be enrolled in a selected Head Start centre, with a custodial mother over 18, proficient in English, without untreated thought disorders (e.g. schizophrenia), available for weekly intervention meetings, and not a previous Circle of Security participant. Children were excluded if they had a severe illness or major developmental disorder (e.g. autism).

Families were low-income (at or below the federal poverty line), with 58% in single-parent households. One-third of parents had not completed high school, and families faced elevated risks of violent crime and arrest.

## **Study design**

91 participants were randomly assigned to receive COS-P and 73 participants were assigned to a wait-list control group. Random assignment was stratified by race. There were some differences in baseline equivalence, with intervention group mothers being younger and more likely to be single than those in the control group. Analyses accounted for these differences by including mothers' age and marital status as covariates.

## **Measurement**

Assessments took place at baseline and post-intervention:

- **Parent report measures** included the Child Behaviour Checklist (CBCL), the Coping with Toddlers' Negative Emotions Scale (CTNES), Experiences in Close Relationships Scale (ECR), and the Center for Epidemiological Studies Depression Scale.
- **Researcher-led assessments** included a modified Strange Situation procedure, Puppet-Says Task, and the Dimensional Change Card Sort task.

## **Study retention**

86% (141) families participated in post-intervention assessment, representing 82% (75) of COS-P participants and 90% (66) of control group participants. There were no significant differences in baseline outcomes or demographic variables between mothers who attended the outcome assessment and mothers who did not attend.

## **Results**

### ***Data-analytic strategy***

Multilevel models were used to assess intervention effects while accounting for the partially nested data structure, with intervention group families clustered within nine COS-P groups and control group families unclustered. Mothers' age and marital status and baseline levels of an outcome were also added as covariates. An intent-to-treat approach was applied, and listwise deletion was used to handle missing data.

### ***Findings***

Families in the intervention group showed statistically significant improvements in child inhibitory control and maternal response to child distress at post-intervention in comparison to the control group.





## Limitations

The conclusions that can be drawn from this study are limited by methodological issues pertaining to concerns that group differences have been introduced by attrition, hence why a higher rating is not achieved.

## Study 1: Outcomes table

Outcome	Measure	Effect size	Statistical significance	Number of participants	Measurement time point
Child outcomes					
Child attachment (Security)	Modified Strange Situation procedure (expert observation of behaviour)	$d = -0.01$	No	137	Post-intervention
Child attachment (Avoidance)	Modified Strange Situation procedure (expert observation of behaviour)	$d = -0.03$	No	137	Post-intervention
Child internalising behaviour	Child Behaviour Checklist (parent report)	$d = 0.11$	No	141	Post-intervention
Child externalising behaviour	Child Behaviour Checklist (parent report)	$d = -0.08$	No	141	Post-intervention
Child cognitive flexibility	Dimensional Change Card Sort (expert observation of behaviour)	$D = -0.21$	No	136	Post-intervention
Child inhibitory control	Puppet-Says Task (expert observation of behaviour)	$d = 0.40$	Yes	135	Post-intervention



Outcome	Measure	Effect size	Statistical significance	Number of participants	Measurement time point
<b>Parent outcomes</b>					
Responses to child distress (Supportive response)	Coping With Toddlers' Negative Emotions Scale (CTNES) (parent report)	d = -20.03	No	141	Post-intervention
Responses to child distress (Unsupportive response)	Coping With Toddlers' Negative Emotions Scale (CTNES) (parent report)	d = 0.37	Yes	141	Post-intervention

## Other studies

The following studies were identified for this intervention but did not count towards the intervention's overall evidence rating. An intervention receives the same rating as its most robust study or studies.

Gray, S. A. (2015) Widening the Circle of Security: A quasi-experimental evaluation of attachment-based professional development for family child care providers. *Infant Mental Health Journal*. 36 (3), 308–319.

Haugaard, K. & De Lopez, K. J. (2015) *Testing the efficacy of Circle of Security–Parenting programme with Danish at-risk career mothers: A pilot randomized controlled trial*. International Attachment Conference.

Horton, E. & Murray, C. (2015) A quantitative exploratory evaluation of the Circle of Security-Parenting Program with mothers in residential substance-abuse treatment. *Infant Mental Health Journal*. 36 (3), 320–336.

Kamal, L., Strand, J., Jutengren, G. & Tidefors, I. (2017) Perceptions and experiences of an attachment-based intervention for parents troubled by intimate partner violence. *Clinical Social Work Journal*. 45 (4), 311–319.

Kohlhoff, J., Stein, M., Ha, M. & Mejaha, K. (2016) The Circle of Security Parenting (COS-P) intervention: Pilot evaluation. *Australian Journal of Child and Family Health Nursing*. 13 (1), 3.



McMahon, C., Huber, A., Kohlhoff, J. & Camberis, A. L. (2017) Does training in the Circle of Security framework increase relational understanding in infant/child and family workers? *Infant Mental Health Journal*. 38 (5), 658–668.

Page, T. & Cain, D. (2010) *A pilot application of the Circle of Security parenting intervention to child welfare-involved mothers*. Poster presentation at the Society for Social Work and Research Fourteenth Annual Conference.

Rennie, K. D. (n.d.) *The effects of the ‘Circle of Security Parentin’” group intervention on a community sample of parents of 1 to 3-year-olds* (Unpublished master’s thesis, New South Wales Institute of Psychiatry, New South Wales, Australia).

Risholm Mothander, P. R., Furmark, C. & Neander, K. (2018) Adding ‘Circle of Security–Parenting’ to treatment as usual in three Swedish infant mental health clinics: Effects on parents’ internal representations and quality of parent-infant interaction. *Scandinavian Journal of Psychology*. 59 (3), 262–272.

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**Note on provider involvement:** This provider has agreed to Foundations’ terms of reference (or the Early Intervention Foundation’s terms of reference), and the assessment has been conducted and published with the full cooperation of the intervention provider.