**Field** | May include requirements, recommendations, minimum standards, variations, ratios & other considerations
---|---

**Treatment/Product Description** | **Description**: Attachment and Biobehavioral Catch-up (ABC) targets several key issues that have been identified as problematic among children who have experienced early maltreatment and/or disruptions in care. These young children often behave in ways that push caregivers away. The first intervention component helps caregivers to re-interpret children’s behavioral signals so that they provide nurturance even when it is not elicited. Nurturance does not come naturally to many caregivers, but children who have experienced early adversity especially need nurturing care. Thus, the intervention helps caregivers provide nurturing care even if it does not come naturally. Second, many children who have experienced early adversity are dysregulated behaviorally and biologically. The second intervention component helps caregivers provide a responsive, predictable environment that enhances young children’s behavioral and regulatory capabilities. The intervention helps caregivers follow their children’s lead with delight. The third intervention component helps caregivers decrease behaviors that could be overwhelming or frightening to a young child.

**NCTSN Fact Sheet Available**: Yes

**Culturally–Specific Information Available**: No

**Goals**: The program goals of Attachment and Biobehavioral Catch-up (ABC) are the following:
- Increase caregiver nurturance, following the lead, and delight
- Decrease caregiver frightening behaviors
- Increase child attachment security and decrease disorganized attachment
- Increase child behavioral and biological regulation

**Target Population**: Caregivers of infants 6 months to 2 years old who have experienced early adversity.

**Essential Components**: Targets three key issues:
- Child behaves in ways that push caregiver away: The caregiver is helped to override tendencies to respond “in kind” and to provide nurturance regardless.
- Child is dysregulated at behavioral and biological levels: Caregiver is helped to provide environment that helps child develop regulatory capabilities. This includes parent following the child’s lead and showing delight in child.
- Caregiver is helped to decrease behaviors that may be frightening or overwhelming to the child.

While ABC is a manualized intervention that incorporates video-feedback and homework, the most crucial aspect of the intervention is the parent coach’s use of
| Treatment/Product Description cont’d | “In the Moment Commenting” that target the caregiver behaviors of nurturance, following the lead, delight, and non-frightening behaviors. These are used throughout the home visiting session while working with the parent. |
|                                   | Other considerations: |
|                                   | Recommended Duration and Intensity: 10 weekly one-hour sessions |
|                                   | Delivery Settings and Space: Must be conducted at caregiver home (can include shelter or temporary living situation); typically conducted in these settings: |
|                                   | • Adoptive Home |
|                                   | • Birth Family Home |
|                                   | • Foster/Kinship Care Home |
|                                   | Homework: Parents make observations over the week and record observations. For most weeks, daily activities are suggested. |
|                                   | Languages: Supervision is available for parent coaches of English-speaking and Spanish-speaking families. Parent manuals are available in English and Spanish. At this point, parent coach initial training is conducted in English-only, so parent coaches must speak English in addition to Spanish. |
|                                   | Resources Needed to Run Program A/V: |
|                                   | • Laptop computer |
|                                   | • Video camera |
|                                   | • Webcam for supervision |
|                                   | Personnel: Clinician with excellent interpersonal skills |

### MINIMALLY ACCEPTABLE TRAINING

All training requirements are the same. There is no minimally acceptable training.

**Mode of Training:** Face-to-Face

**Content:** Trainees receive a general overview of ABC, including research support for its efficacy, followed by review of content of the 10 sessions in ABC. Additionally, trainers introduce trainees to making “In-The-Moment Commenting” and coding these comments via didactic and experiential approaches.

**Number of Days/Hours Total/Minimum:** Two days of training to become a Parent Coach followed by 1 year of supervision (1.5 hours weekly, including group supervision and individual supervision in “In the Moment Commenting”) to become a Certified Parent Coach.

**Options for Make-up:** N/A

**Training Cost:** $5,000 per trainee
### Training cont’d

**Developer Information:**
Mary Dozier, PhD  
mdozier@psych.udel.edu

**Training Contact Information:**
Caroline Roben, PhD  
croben@psych.udel.edu

### Selection

**Minimum Education Level:** There is no educational level requirement for parent coaches. Potential parent coaches participate in a short screening prior to training. If they pass, coaches attend a 2-day training and a year of supervision.

**Licensure/Certification:** No

**Experience:** No. Understanding of or openness to attachment theory is helpful.

**Match/Fit:** Caregivers of infants 6 months to 2 years old who have experienced early adversity. There are no contraindications for ABC; however, there are some situations in which we do not recommend its regular use. Please email Caroline Roben (croben@psych.udel.edu) with specific questions.

### Preparation for Training and Implementation

**Clinician Readiness Assessment Available?** No.

**Agency Readiness Assessment Available?** No.

**Typical Prerequisites for Training:** A half-hour screening is used to predict which potential parent coaches (i.e., home visitors) are likely to be most successful. This screening can be conducted remotely through video conferencing with potential coaches. After the screening, program staff informs the parent coach as to his or her suitability for training. This step is conducted before training.

**Pre-reading/Other:** Two manuals have been developed for ABC implementation:

- The first manual provides the content of the intervention, describing in detail the material to cover in each of the 10 sessions. Content includes sample language that parent coaches may use with the parent. The manual also includes lists of materials needed for each session and a summary of the critical adherence items for each session.

- The second manual details procedures and rules for coding “In the Moment Commenting.” The manual helps coaches better understand the targets for commenting and the process for coding selected segments of their own sessions.

- Implementation materials are supplemental to the intensive supervision provided over a year of training.
### Consultation

**Type/Mode/Ratio:** Supervision is conducted for one year via video conferencing using WebEx, Adobe Connect, or Skype. Parent coach trainees have 2 supervision meetings per week, Group-Clinical Supervision, and “In the Moment Commenting” Supervision:

- Group-Clinical supervision is 1-hour per week supervision conducted in groups of 2 or 3 with an advanced-degree supervisor. Supervision includes video review each week.
- “In the Moment Commenting” supervision is a 30-minute session per week conducted by trained staff members at the University of Delaware. A 5-minute segment from the parent coach’s case is assigned to the parent coach and staff member for coding prior to the supervision session. The supervision is directed at enhancing coding reliability (so that parent coaches will learn to identify triggers for comments and components of comments) and at enhancing comment quality and frequency.

**Frequency:** See above; parent coaches meet weekly for both Group-Clinical supervision and “In the Moment Commenting” supervision.

**Participation:**

- Group-clinical supervision: Parent coaches must attend weekly group supervision to review their own and their peers’ sessions. Parent coach must submit video of weekly sessions prior to supervision.
- “In the Moment Commenting” supervision: Coaches must attend weekly, “In the Moment Commenting” supervision as described above. Parent coaches are required to submit their session video prior to the meeting and code a 5-minute segment.

**General/Expected Duration of Consultation:** After one year of supervision, parent coaches’ adherence and fidelity are evaluated for certification. If they pass, coaches are certified for 2 years, after which time adherence and fidelity are reevaluated.

**Demonstrated Proficiency/Mastery/Competence:** Parent coaches are reviewed for both their adherence and their fidelity to the model. Parent coaches are measured on their adherence to manual content and general clinical issues. For treatment adherence, there is a short list of specific issues from each session that are to be covered from manual content. For treatment fidelity, a parent coach’s frequency and quality of “In the Moment Commenting” is monitored and tracked each week, in addition to a qualitative review for meeting specific qualifications.

**Other Parameters of Consultation:** None.

### Case Completion Requirements

**Case Selection Criteria:** Children must be between the ages of 6 months to 24 years of age and have a primary caregiver who can participate in all 10 sessions. Sessions must take place in the family’s residence (e.g., home, shelter).
### Case Completion Requirements cont’d

**Case Completion:** Parent coaches need to complete at least three cases during the supervision year, although some coaches carry many more.

**Fidelity:** For treatment fidelity, a parent coach’s frequency and quality of “In the Moment Commenting” is monitored and tracked each week. Specifically, coaches are tracked in respect to their percentage of on-target comments, number of comments per minute, percentage of missed opportunities for comments, and qualitative level of comments. Supervisors provide feedback weekly and expect coaches to reach certain standards by the end of the training year.

**Mode of Review (e.g., Video/Audio/Test):** Fidelity is tracked through review and coding of session video.

### Maintenance

**Booster:** None.

**Advanced:** None.

**Maintenance Plan/Continuing Education:** It is strongly recommended that coaches continue to code their own sessions after completion of the year of supervision. Supervisors work with coaches to create continued coding plans with on-site supervisors and/or peer coaches. Coaches are certified for 2 years, after which time adherence and fidelity are reevaluated.

### To Supervise Providers of the Treatment/Product

**Prerequisites needed to supervise use of the Treatment/Product:** Only parent coaches who have been certified in ABC and have been approved through the University of Delaware may train as Group-Clinical supervisors.

**# of Cases Completed in Treatment/Product:** At least three cases.

**# of Years Practiced:** There is no length requirement for total number of years practiced. ABC supervisors in training must successfully complete the ABC certification year.

**# of Year Providing Supervision:** There is no length requirement for total number of years providing supervision. Supervisors are trained for one year in Group-Clinical supervision for ABC.

**# of Supervisees:** N/A

### To Train Providers in the Treatment/Product

**Prerequisites needed to train providers in the Treatment/Product:** Currently treatment developer (Mary Dozier, PhD) and dissemination staff at the University of Delaware deliver all ABC training.

**Levels:** N/A

**# of Cases Completed in Treatment/Product:** N/A

**# of Years Practiced:** N/A
## Endorsement or Certification Options

**For Clinician:** ABC parent coaches must successfully meet adherence and fidelity criteria after one year of Group-Clinical and “In the Moment Commenting” supervision.

**For Supervisor:** Supervisors-in-training must have successfully completed the certification year and be trained in delivering ABC supervision by staff members at the University of Delaware.

**For Trainer:** Currently treatment developer (Mary Dozier, PhD) and dissemination staff at the University of Delaware deliver all ABC training.

**Decision-making process/body:** Treatment developer (Mary Dozier, PhD) and dissemination staff at the University of Delaware monitor certification and training of ABC General Clinical supervisors.

**Roster of Trainers:** Find a list of trainers and certified parent coaches at the Infant Caregiver Project website at: [www.infantcaregiverproject.com](http://www.infantcaregiverproject.com).

## Additional Resources

Find additional information regarding ABC, including a list of articles and resources for parent coaches at the Infant Caregiver Project website at: [www.infantcaregiverproject.com](http://www.infantcaregiverproject.com).