Parents’ Subjective Experience of an Attachment-focused Group-based Intervention: An Exploratory Study

Katie Creighton

PhD in Clinical Psychology

April 2019

Supervisor: Dr Barry Coughlan

Thesis submitted to the University of Limerick in fulfilment of the requirements for the Doctoral Programme in Clinical Psychology (Ph.D.)
Declaration

I hereby declare that this thesis is entirely my own work, other than the counsel of my supervisors, is an accurate reflection of work, and has not been submitted as part of another degree at the University of Limerick or any other academic institution.

______________________________  _____________
Katie Creighton             Date
Acknowledgements

Firstly, I would like to extend my gratitude to the commitment and generosity of the parents who shared their experiences with me. My heartfelt thanks for demonstrating such emotional courage in discussing the wonderful trials and tribulations of raising the next generation.

I would like to thank my supervisor, Dr Barry Coughlan, for the support and guidance he provided throughout the completion of this piece of work. Special thanks to Dr. Rosaleen McElvaney for her guidance.

I would also like to give a special thank you to the host organisation for supporting and facilitating this piece of research. In particular a special thanks to Hazel Murphy who has been invaluable in supporting the recruitment and organisation of this project. I wish to sincerely thank each of the COS-P facilitators for the valuable work they do and their contributions to this research. I hope that the study provides interesting insight into the experiences of the parents you support.

Thank you to all on the UL Clinical Psychology course team: Tom Kennedy, Dr. Patrick Ryan, Dr. Anne O'Connor, and Dr. Sharon Houghton for your help and support over the course of clinical training. I would like to thank my lovely classmates, who have been wonderful individuals to train with over the past three years.

I would especially like to thank my family for their continued and unwavering love, support and encouragement throughout my journey towards becoming a Clinical Psychologist. And finally, I need to thank Paul, who never fails to make me laugh! Thanks for your constant patience, generosity and understanding throughout this whole process.
Abstract

Introduction: Research has highlighted the increasing need for prevention and early intervention approaches for children who experience adversity. There is growing support for attachment-focussed interventions targeting the parent-child relationship in supporting optimal child development. In 2017, an area-based initiative aimed at improving outcomes for children experiencing disadvantage commenced the delivery of the Circle of Security-Parenting intervention to parents in the community. The current study aimed to explore the subjective experience of parents’ engaging in the COS-P programme.

Method: A qualitative design was utilised involving the completion of semi-structured interviews with participants. The researcher interviewed ten parents who participated in the COS-P intervention. Interviews were audio recorded and transcribed verbatim for analysis.

Results: Analysis using Interpretative Phenomenological Analysis (IPA) generated three phases of a journey within participant narratives. These were: Group as safe base for self-discovery; Understanding my child in a new way; and New beginnings; reaching our potential together.

Discussion: This study provided a comprehensive account of the phases of a journey that parents move through in their participation in the COS-P intervention. The findings are discussed in context of existing literature. Implications for policy, education, clinical practice and future research are discussed and outlined.
# Table of Contents

Declarations ................................................................. i

Acknowledgements......................................................... ii

Abstract ........................................................................... iii

Table of Contents ........................................................... iv

List of Abbreviations ......................................................... viii

Chapter 1: Introduction ...................................................... 1

1.1 Overview of Present Study ............................................. 1

1.2. Circle of Security ....................................................... 3

1.3 Thesis Structure ........................................................ 6

1.3.1 Chapter Two: Literature Review .............................. 6

1.3.2 Chapter Three: Methodology ................................... 6

1.3.3 Chapter Four: Findings ........................................... 6

1.3.4 Chapter Five: Discussion ....................................... 6

Chapter 2: Literature Review ............................................. 7

2.1 Literature Search Strategy ........................................... 7

2.2 Early Development ..................................................... 7

2.2.1 Mental Health Needs of Children ......................... 8

2.2.2 Early Childhood Experience .................................. 9

2.2.3 Family Socio-economic Status ............................ 9

2.2.4 Relational Trauma .............................................. 10

2.3 Attachment Theory .................................................. 11

2.3.1 Attachment History ............................................ 12

2.3.2 Sensitive Parenting ............................................ 14

2.3.3 Reflective Functioning ....................................... 15

2.3.4 Emotional Regulation ...................................... 16

2.4 Parenting Programmes ............................................. 17

2.4.1 Behaviour-Based Parenting Interventions .............. 18

2.4.2 Attachment-focused Parenting Interventions .......... 18

2.5 Circle of Security – Intervention ............................... 20

2.5.1 Circle of Security Parenting (COS-P) Intervention .... 22
Chapter 3: Methodology ................................................................. 31
  3.1 Chapter Overview ................................................................. 31
  3.2 Rationale for Research Methodology ..................................... 31
  3.3 Interpretative Phenomenological Analysis (IPA) ..................... 32
    3.3.1 Semi-Structured Interviews ............................................. 34
  3.4 Sampling .............................................................................. 35
    3.4.1 Method of Sampling ....................................................... 35
    3.4.2 Sample Size .................................................................. 35
    3.4.3 Inclusion Criteria ......................................................... 35
  3.5 Participants .......................................................................... 36
    3.5.1 Recruitment ................................................................. 36
    3.5.2 Sample Characteristics ................................................. 36
  3.6 The Circle of Security-Parenting Programme (COS-P) ............. 38
    3.6.1 Intervention Outline ...................................................... 38
    3.6.2 Intervention Delivery Procedure .................................... 38
  3.7 Procedure ............................................................................ 39
    3.7.1 Data Collection ............................................................ 39
    3.7.2 Interview Schedule ...................................................... 39
  3.8 Data Analysis ....................................................................... 40
  3.9 Ethical Considerations .......................................................... 43
    3.9.1 Informed Consent .......................................................... 43
    3.9.2 Confidentiality and Anonymity ...................................... 43
    3.9.3 Potential Distress .......................................................... 44
  3.10 Quality and Validity Considerations ...................................... 44
    3.10.1 Intervention Fidelity ...................................................... 45
  3.11 Researcher Reflexivity .......................................................... 45
  3.12 Conclusion .......................................................................... 46
Chapter 4: Results ........................................................................ 47
4.1 Introduction ........................................................................................................................................47
4.2 Overview of Findings .........................................................................................................................47
4.3 Phase One: Group as a Safe Base for Self-Discovery .......................................................................49
   4.3.1 Experiencing Barriers in Parenting ..........................................................................................50
   4.3.2 Feeling Understood .................................................................................................................51
   4.3.2 Building Reflective Practice: Understanding and Empathy .......................................................52
   4.3.3 Making Sense of my Past: Noticing, Drawing Links, and Making Changes .........................54
4.4 Phase Two: Understanding My Child’s Needs in a New Way ..........................................................56
   4.4.1 Seeing my Child’s Needs More Clearly ....................................................................................56
   4.4.2 Mindful Communication ..........................................................................................................58
   4.4.3 Changing the Lens .................................................................................................................59
   4.4.4 Experiencing Connection in ‘Being With’ my Child ................................................................61
4.5 Phase Three: New Beginnings: Reaching our Potential Together ..................................................63
   4.5.1 Opportunity to be a Better Parent ............................................................................................63
   4.5.2 Noticing Changes in Me ...........................................................................................................65
   4.5.3 Noticing Changes in my Child ..................................................................................................66
   4.5.4 Building our Relationship .......................................................................................................69

Chapter 5: Discussion ..............................................................................................................................73
5.1 Chapter Introduction ...........................................................................................................................73
5.2 Review of the Research Question ......................................................................................................73
5.3 Summary of Findings ........................................................................................................................73
5.4 Findings in the Context of Previous Literature ..................................................................................74
   5.4.1 Phase One – Group as safe base for self-discovery .................................................................74
   5.4.2 Phase Two – Understanding My Child in a New Way ...............................................................76
   5.4.3 Phase Three – New Beginnings: reaching our potential together ............................................77
5.5 Strengths and Limitations .................................................................................................................79
5.6 Critical Reflection ..............................................................................................................................81
5.7 Implications for Clinical Practice ....................................................................................................84
5.8 Implications for Education ..............................................................................................................85
5.9 Implications for Policy .....................................................................................................................86
5.10 Implications for Future Research ..................................................................................................87
5.11 Conclusion ..................................................................................................................................................87
References ..........................................................................................................................................................89
Appendices .......................................................................................................................................................98
  Appendix A: Participant Recruitment Letter .................................................................................................98
  Appendix B: Information and Consent Form ....................................................................................................99
  Appendix C: Debriefing Form ..........................................................................................................................101
  Appendix D: Interview Guide ............................................................................................................................102
  Appendix E: Circle of Security-Parenting Protocol ..........................................................................................104
  Appendix F: Extracts from Research Log and Reflective Notes .................................................................105
  Appendix G: Example of IPA Analytic Process ................................................................................................106
  Appendix H: Ethics Letter of Approval ........................................................................................................110
  Appendix I: COS Graphic ...............................................................................................................................111

List of Tables and Figures

Table 3.1: Participant Demographic Information .........................................................................................34
Table 3.2: Summary of Circle of Security Aims ............................................................................................35
Figure 3.1: IPA approach to data analysis .....................................................................................................39
Figure 4.1: Key findings .................................................................................................................................45
## List of Abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>COS</td>
<td>Circle of Security</td>
</tr>
<tr>
<td>COS-P</td>
<td>Circle of Security Parenting</td>
</tr>
<tr>
<td>PT</td>
<td>Parent Training</td>
</tr>
<tr>
<td>RF</td>
<td>Reflective Functioning</td>
</tr>
<tr>
<td>PRF</td>
<td>Parental Reflective Functioning</td>
</tr>
<tr>
<td>ER</td>
<td>Emotional Regulation</td>
</tr>
<tr>
<td>ASD</td>
<td>Autism Spectrum Disorder</td>
</tr>
<tr>
<td>ODD</td>
<td>Oppositional Defiant Disorder</td>
</tr>
</tbody>
</table>
Chapter 1: Introduction

“If a community values its children it must cherish their parents”

(Bowlby, 1951, p. 84)

1.1 Overview of Present Study

In March 2019, Irish newspapers published report findings from the state’s Child and Family Agency – TUSLA stating more emergency care orders for babies under 12 months old were received than for any other age category in 2017. Children under five years accounted for 55% of emergency care orders made in 2017 (TUSLA, 2017). Children enter state care when families are unable to provide adequate care and protection for the child for a variety of reasons i.e. substance misuse, mental health issues or when the child has been exposed to neglect and abuse. Fundamentally, the relationship is central to children’s experience whether the parent cannot provide adequate care, fails to protect the child from harm or is the perpetrator of neglect or abuse. In Ireland, mental health services for children and adolescents are failing to meet the increasing need for services. In October 2018, 2,250 children were waiting for initial appointment with Child and Adolescent Mental Health Services (CAMHS), with 286 children waiting over one year (Children’s Right Alliance, 2019).

It is well established the lasting impact of adverse developmental life experiences in early childhood on social, emotional, and physical functioning in adult life (Mersky, Topitzes, & Reynolds, 2013). Increasing evidence suggests Adverse Childhood Experiences (ACEs) alters brain structure by producing toxic stress or cortisol disrupting the development of normal neural pathways and producing negative consequences i.e. ischemic heart disease, alcoholism, drug addiction and mental illness (Felitti et al., 1998). ACEs are divided into three categories: neglect, abuse and household challenges and the higher the number of adverse experiences experienced, the more deleterious the impact will be on the individual (Felitti et al., 1999). There is a growing recognition of the importance of a sensitive, and responsive caregiver to support children’s development but also to buffer against the impact of early adverse childhood experiences. Siegel (1999) proposed that it is the presence of a nurturing caregiver who makes sense of the experience than the experience itself that has significant implications for child development. The quality of the relationship between the
primary caregiver and infant has been identified as one of the most important influences on children’s’ development (Schore, 1997).

The progressive and emerging field of infant mental health and the ACEs study (Felitti et al., 1998) have demonstrated the value of prevention and early intervention in safeguarding children’s emotional and social development. Given the significance of the primary caregiver – infant relationship, a relational approach informed by attachment theory is essential for such early interventions (Zeanah & Zeanah, 2009).

There is increasing evidence reporting the impact of low socio-economic status and poverty on children’s later outcomes (Piccolo & Noble, 2019). The Area Based Childhood (ABC) programme is a prevention and early intervention programme that aims to improve outcomes for children and families living in areas of disadvantage. Programmes are aimed to promote the social and emotional development of young children through supporting parents in nurturing positive relationships with their children. As part of this initiative, one of the lead organisations started delivering the Circle of Security Parenting (COS-P), an attachment based parenting group intervention to support and enhance the infant-caregiver relationship (Powell et al., 2016). Community workers were trained in the intervention and it is delivered to small groups of parents within community services i.e. family resource centres, crèches and Montessori’s. The intervention is available to all parents within the catchment area.

Based on an extensive literature search, there is a significant dearth of evidence evaluating the COS-P model particularly with regard to qualitative methodologies. In light of the overburdened child mental health services and the accessibility of this intervention within a community services aimed to improve child outcomes, an evaluation is warranted. Furthermore, in consideration of the significance of the parent as the positive vehicle for change in their child’s development and the target audience for the COS-P intervention. It would be valuable to represent qualitatively parents’ experience of the COS-P programme and its subsequent influence on their experience of parenting post-intervention.

Aims of the Current Study

The current research question was to gain insight into the lived experience of parents’ engaging with the COS-P intervention and how they make sense of that experience. The findings are hoped to provide valuable insights and themes on the experience of attending the group and its impact thereafter. A qualitative design will be utilised. The exploratory focus of
qualitative designs are particularly helpful when there is little known, or a dearth of evidence on particular phenomena (Schonfeld & Dreyer, 2008).

1.2. Circle of Security

Psychotherapists Glen Cooper, Kent Hoffman, and Bert Powell with extensive experience in family, systems, object relations and attachment theory founded Circle of Security International in the US in 1998 (https://www.circleofsecurityinternational.com/). The three founders have worked together in clinical practice since 1985, and collectively endorse attachment research in highlighting the role of secure attachment across a range of child wellbeing and developmental outcomes (Powell, Cooper, Hoffman & Marvin, 2016). Bowlby’s attachment theory (1969) and Ainsworth’s (1978) strange situation paradigm of infant-parent attachment are the underlying principles informing the Circle of Security (COS) interventions. The developers’ ultimate aim was to bridge the gap between attachment research and clinical practice in their interventions (Powell et al., 2016).

The model intends to make attachment theory accessible to parents and this is evidenced by the one page COS graphic (see Appendix I) illuminating the needs for secure attachment. The graphic is a comprehensible representation of Bowlby’s attachment system (1969). The COS graphic is a learning aid for parents to identify, understand and support their child’s attachment needs while fulfilling their role as secure base, safe haven and hands on the circle (Powell et al., 2016). The secure base caregiving function is characterised by the parent’s role in supporting the child’s need for exploration, autonomy and mastery. The safe haven caregiving function is characterised by the parent’s role in providing closeness, connection and organising the child’s experience. ‘Hands on the circle’ refer to parent’s fulfilment of secure base and safe haven roles whilst upholding the COS ‘bigger, stronger, wiser and kind’ values. These values guide parents to ‘follow child’s needs whenever possible and take charge wherever necessary’ (Coyne, Powell, Hoffman & Cooper, 2019). The model acknowledges the challenges in balancing these caregiving roles and highlights the struggles which can occur i.e. becoming harsh, ineffective and psychologically absent referred to as ‘mean, weak or gone’ in COS. The model invites parents to reflect on these caregiving functions in relation to their child and their own childhood experience. COS recognises the role of unconscious representations for parents based on their own experience of being parented which is enacted in their relationship and interactions with their child (Powell et al.,
In line with attachment theory, the model proposes that the difficulties parents face in meeting their child’s needs are defenses developed from their early experience (Coyne et al., 2019). The intervention invites parents to reflect on self, their experience of being parented and consider any traumas that impact on their parenting. Through supporting reflection and awareness of this process, parents have the ability to respond differently to their child, thus shifting problematic attachment patterns and preventing intergenerational transmission (Powell et al., 2016).

The original and intensive 20-week group COS-Intervention (COS-I) developed in 1998 provided 75 minute weekly sessions for up to six parents. The intervention combined psychodynamic informed psychotherapy with psychoeducation. A comprehensive assessment was conducted for each parent to identify the specific strengths and struggles they possessed in meeting their child’s needs on the circle prior to commencing the programme (Powell et al., 2016). Firstly, each parent-child dyad were videotaped engaging in an adapted version of the strange situation protocol. The Circle of Security Interview (COSI) a parent perception interview informed by object relations theory was conducted to ascertain parent’s defensive structure and state of mind. Based on the information yielded from the interview, particular video clips were selected from each parent and presented during the group (Powell et al., 2016). The intervention begins by asking parents to reflect on their child’s needs before progressing to inviting parents to reflect more deeply on their own experience. Facilitators provide parents with a secure base and safe haven from which to explore their experience. The core values guiding the facilitators work in COS are summarised by acronym: R-A-R – relationship, affect regulation and reflection (Coyne et al., 2019).

The 20-week COS-intervention was first piloted with Head Start – a US based programme providing early childhood services to low-income children and families aimed at improving child outcomes. The outcome of the pilot study identified a significant decrease in both disorganised and insecure attachment statuses (Hoffman, Marvin, Cooper & Powell, 2006). The 20-week COS intervention though effective is considered resource, time and labour intensive (Cassidy, Jones & Shaver, 2013). In response to these issues, the COS founders developed a more accessible eight-session group intervention – Circle of Security-Parenting (COS-P) in 2007. The underlying theoretical and therapeutic principles remain the same however instead of individualised parent-child video recordings, standardised DVD footage is utilised (Powell et al., 2016). Furthermore, COS-P does not include the comprehensive
assessment utilised in COS-I assessing attachment quality in the parent-child dyad, parent’s state of mind and defensive structure. The aim of the intervention is to increase parent’s observational and inferential skills through inviting a position of reflection in relation to both strengths and challenges in their parenting. Similar to COS-I, the COS-P intervention commences with education regarding secure attachments and children’s needs prior to progressing to reflection on parenting styles and behaviours perpetuating insecure and disorganised attachments. Over three years, the COS-P programme was piloted in six countries and 30 various sites and the feedback was integrated into the completed manualised DVD version released in 2010. The COS-P training is delivered worldwide to clinicians and parent educators by the COS founders in a four day workshop. There has been significant uptake of the COS-P intervention with over 15,000 trained in the model and has been translated to a number of languages (Powell et al., 2016). The intervention was initially developed to target ‘high-risk’ and ‘low-income’ families however more recently has been acknowledged for its universal application (Mothander, Furmark & Neander., 2018).

The COS founders have received a number of awards for their development of the intervention – Washington Governor’s Award for Innovation in Child Abuse Prevention, the Bowlby-Ainsworth Award from the New York Attachment Consortium for the development and implementation of the COS Intervention, the Community Service Award by the SPO-CAN Counsel for the Prevention of Child Abuse, and the Department of Health and Human Services Regional Award of Honor for contribution to Head Start children and families (Powell et al., 2016).
1.3 Thesis Structure

1.3.1 Chapter Two: Literature Review

This chapter consists of a review of the relevant literature, theoretical foundations of the intervention: Attachment theory followed by a review of the COS evidence base.

1.3.2 Chapter Three: Methodology

The rationale for the chosen research design and method will be outlined and discussed. Participant recruitment, participant characteristics, procedure, data collection and analysis will be discussed. Quality, validity and ethical issues will also be discussed.

1.3.3 Chapter Four: Findings

This chapter will present the findings from the ten participant interviews. The findings were conceptualised as three phases of a journey which parents embarked on as they progressed through the COS-P intervention. The phases will be presented with illustrative quotes and exploratory and interpretative comments.

1.3.4 Chapter Five: Discussion

The findings will be summarised and discussed within context of the existing literature. A critical reflection as well as the strengths and limitations of the current study will be presented. This will be followed by clinical practice, education and policy implications. Future research will be considered. The chapter will conclude with a summary of the study.
Chapter 2: Literature Review

2.1 Literature Search Strategy

A systematic review of all relevant literature was conducted via a comprehensive search of the following databases: PsychInfo, Embase, Web of Science, CINAHL Plus with First Text, Cochrane Database, ProQuest Dissertations and Theses A&I and Google Scholar. The search items used consisted of numerous combinations: ‘circle of security’, ‘circle of security-parenting’ ‘COS’, ‘COS-P’, ‘lived experience’, ‘subjective experience’, ‘parenting intervention’, and ‘parenting programmes’. Inclusion criteria involved the following: COS or COS-P had to be delivered in its full and entire version and within a group context; COS-P and COS-I that were adapted, modified or integrated with other therapeutic approaches and applied on an individual basis were excluded from the current investigation. Exceptions to this were individual interventions utilising qualitative designs.

2.2 Early Development

Early experience provides a critical window of opportunity for the future health and wellbeing of the child. Extensive and compelling evidence documenting the significance of the early years on social, emotional and cognitive development and future wellbeing and outcomes is now widespread (Zeanah & Zeanah, 2019). Since the primary attachment relationship is fundamental to the growth and development of the child, the quality of that relationship is deemed one of the most important influences (Schore, 1997). Zeanah (2019) suggests reconsidering the sensitive and critical period of infant mental health years from 0-3 years, to the prenatal period to five years. The relatively new field of infant mental health advocates for preventative interventions for children, particularly those at risk, to reduce or eliminate difficulties through promoting healthy outcomes and resilience by supporting positive and nurturing sensitive and responsive parenting (IMH-NG, 2015).
2.2.1 Mental Health Needs of Children

Mental health issues for middle and late childhood are on the rise, and child and adolescent mental health services are struggling to meet the demand. A national survey conducted by the NHS in England found that one in eight 5-19 year olds and one in eighteen 2-4 year olds experienced one mental health disorder, most prevalently, emotional and behavioural disorders (NHS, 2018). Another UK national study exploring trends in the mental health problems of children and young people found the amount of individuals aged 4-24 years with a mental health condition had increased six fold between 1995 and 2014 (Pitchforth et al., 2014). An epidemiological study conducted on the mental health needs of 11-13 year olds in Ireland identified that one in three adolescents have experienced a mental health disorder, with anxiety and mood disorders again the most common. The prevalence of self-harming behaviour and suicidal ideation was reported to affect one in fifteen 11-13 year olds. The study further revealed that many adolescents expressed reluctance to seek help (Cannon et al., 2013).

Community and psychology support services were identified as having 7,206 children on their waiting lists in 2019 (Children’s Rights Alliance, 2019), while CAMHS recorded a waiting list for initial appointment of 2,453 in 2018 (HSE, 2018). This increased demand for specialised services has been attributed to difficulty accessing lower level services such as primary care services within an appropriate timeframe, resulting in escalating difficulties (HSE, 2018). A qualitative study exploring parents’ and adolescent’s experience of CAMHS was critical of the waiting time for initial appointments and forcing many to resort to private services (Coyne et al., 2015).

Given the significance of early years on future development and outcomes, and the increasing prevalence rates of mental health conditions in child and adolescents as well as overburdened services, interventions to promote early intervention and prevention in the early years are clearly essential. Furthermore, services providing community-level population-based approaches delivered by non-specialist professionals to promote early development through parenting intervention are necessary, particularly for children experiencing disadvantage (Patel & Rahman, 2015).
2.2.2 Early Childhood Experience

Increasing evidence suggests the risk of cumulative factors of adversity faced in early childhood on poor outcomes persisting throughout adult life (Cyr et al., 2010). The Adverse Childhood Experiences Study (ACEs) monitored the health outcomes of a cohort of middle-class individuals and the role of risk factors on the health and wellbeing of adults (Felitti et al., 1998). The study demonstrated that adverse experiences were both common and resulted in persistent health outcomes throughout life. The ACE study measured early adverse experiences across three categories; neglect, abuse, and household challenges and found significant correlations between the number of early child factors and a wide range of health and wellbeing outcomes. Over two thirds were exposed to one adverse experience, with an 80 per cent likelihood of exposure to another. Poor mental and physical health, educational difficulties, alcohol and substance misuse, interpersonal difficulties, and unemployment were risk factors for children exposed to regular or persistent adversity (Felitti et al., 1998). ACEs influence the production of toxic stress in children resulting in permanent changes in the function and structure of the brain and impacting on learning, behaviour, and health (Shonkoff et al., 2012). Children living under high risk conditions such as the ACEs are at risk of developing insecure and disorganised attachments (Cyr et al., 2010).

2.2.3 Family Socio-economic Status

A recent report in Ireland elucidated the escalating housing crisis identifying 3,811 homeless children in 2018 compared to 2015, wherein child homelessness was reported at 1,616 (Children’s Rights Alliance, 2019). Family socio-economic status (SES) also has a very significant impact on the trajectory of a child’s development (Duncan et al., 2017). Children from disadvantage experience poorer health outcomes and are less likely to achieve optimal development (WHO, 2011). Neighbourhood deprivation also places children at a greater risk of poor outcomes than those in a mixed SES neighbourhood (Hertzman & Boyce, 2010). Socio-economic status is sociological and economic measure of: 1) a persons’ capitol - income, resources, assets; 2) human capital – education; and 3) cultural capital - social status attained by educational and occupational opportunities (Bradley & Corwyn, 2002). Poverty is just one risk factor that contributes to socio-economic status (Piccolo & Noble, 2019). It is well established that children from low SES families will experience more risk factors in
relation to their development. Furthermore, poorer short-term and long-term outcomes for children from low-income households have been identified across health, cognitive, social, behavioural development, and adult attainment (Burrell & Roosa, 2009; Cooper & Stewart, 2013; Dickerson & Popli, 2015; Duncan 2010; Holmes & Kiernan, 2013; Murray et al., 2019). Socioeconomic inequalities are apparent with regard to cognitive development within the first two years of life (Fernhald, Marchman & Weisleder, 2013). Children aged 5-19 years residing in low income households were identified as having higher incidence of a mental health disorder (9%) compared to those who resided in the highest income household (4.1%) (NHS, 2018). An Irish longitudinal study on aging (TILDA) identified that adults aged 50 years and older who grew up in poorer households had an increased risk of cardiovascular disease, lung disease and mental health issues (McCorry et al., 2015). Moreover, low SES is a risk factor for attachment insecurity and disorganisation as external stresses impact on the ability to parent effectively (Cyr et al., 2010). In light of this, it is essential that interventions which address and reduce the SES disparities are made available to improve child outcomes.

2.2.4 Relational Trauma

Optimal social and emotional development occurs when babies and young children receive sensitive, responsive, and stable care from their primary caregiver (Barlow et al., 2016). A secure and nurturing relationship with the primary caregiver is an important protective factor in mitigating the impact of a child’s exposure to adversity and/or low socio-economic status (Shonkoff, 2012; Chen et al., 2011). As such, the importance of nurturing a close child-parent relationship for children from low socio-economic status families (SES) cannot be overstated (Flouri et al., 2015).

While the parent-child relationship is significant in protecting and fostering development, trauma can also occur within the relationship where the primary caregiver, for a wide range of reasons, cannot be a sensitive and responsive presence in the child’s life leading to poor developmental outcomes (Norman et al., 2012). As illustrated by the ACE study, relational trauma can range from physical and emotional neglect to emotional, physical, and sexual abuse (Felitti et al., 1998), while interpersonal trauma places the child at risk of adverse effects on neurodevelopment and psychosocial functioning (D’Andrea et al., 2012). Significant relational trauma such as abuse and neglect or lower level consistent mis-
attunement or emotional unresponsiveness from the parent to the child will result in toxic stress which compromises brain development, particularly in infants (Schore, 1994). While trauma and adversity can occur within the relationship, the relationship can also uphold the greatest source of opportunity and hope. In fact, Van Der Kolk asserts the parent-child connection is the best therapy for the child’s mental wellbeing (Van der Kolk, 2015).

Becoming a parent is a significant life transition provoking both intra- and interpersonal development (Stern, 1995). As such, parental mental health, psychosocial functioning, and positive parenting behaviour is integral to facilitating optimal development of their child. As unresolved parental mental health issues can manifest in developmental difficulties in early childhood and diminish ability to support their child and prevent the development of secure attachment (Goodman et al., 2011). Research suggests depression in parents is linked with less positive mother-infant interactions and reduced maternal sensitivity (Bernard et al., 2018).

2.3 Attachment Theory

The seminal work of Bowlby’s attachment theory provided evidence for the significant role of early relationship experience on the child’s social and emotional development (1969). Bowlby proposed the development of attachment with the primary caregiver based on the infants need for security, protection, and safety was a basic need (Bowlby, 1982). The theory suggested a secure attachment develops when the primary caregiver sensitively attunes and responds to the child’s need for safety. The infant will use their secure base from which to explore their world, to grow and learn, and as a safe haven when in need of comfort and care. Bowlby further postulated that a securely attached child will explore their world and separate from their caregiver in an adaptive manner whereas an insecurely attached child will avoid play, learning, and social interaction. An ‘internal working model’ or internal representations will ultimately develop within this repeated attachment experience to formulate the blue-print for the child experience of future relationships in what they expect from relationships and how they make sense of the world around them (Bowlby, 1969).

Ainsworth further expanded on Bowlby’s theory by developing the attachment classification system and purporting that maternal sensitivity was significant in the development of secure attachment (Ainsworth, 1978). The attachment classification system derived from substantial
observation work using the ‘strange situation’ procedure was developed by Ainsworth and colleagues (1978).

Infant responses to separation as well as attachment strategy were observed to explore their perception of their caregiver’s availability. Three main types of attachment types emerged: secure; avoidant; and anxious/ambivalent. These categories were further developed by Main and Solomon’s addition of a fourth classification type; namely, disorganized attachment (Main & Solomon, 1986). Ainsworth observed that securely attached infants were easily soothed and keen to explore. Moreover, they had parents who were sensitive to identifying and responding to their infant’s needs. Warmth, sensitive-responsiveness, emotionally-regulating, reflection and attunement characterise parents who provide secure attachments. Insecure attachment classifications are typified by insensitive or unresponsive parenting, or parents who are overly controlling or permissive (Marvin et al., 2002). Children with insecure attachments rarely feel safe. This inhibits their ability to explore and subsequently to learn (Howe, 2005). Children with insecure attachments are observed to either minimise or maximise attachment behaviours in order to maintain connection with the caregiver. A range of short- and long-term psychosocial and cognitive implications have been associated for children with insecure attachment styles, including neurodevelopmental issues and psychopathology (Cyr et al., 2010; Fearon et al., 2010; Yaholkoski, 2016). Recent work has further expanded on attachment theory to support the role of early secure attachment experience on the development of structure and function of the brain (Siegel, 1999; Sigman & Siegel, 1992), as the process has been found to strengthen the infant’s brain architecture and engender a relationship wherein the infant’s experiences are affirmed and new learning encouraged (Siegal, 1999).

While debates are ongoing with regard to the key predictors of child-parent attachment, the efficacy of parent attachment and sensitive parenting have been consistently supported by research (Van IJzendoorn & Bakermans-Kranenburg, 2018). Another process, known as parental mentalization, has also been examined in predicting attachment security (Zeegers et al., 2017).

2.3.1 Attachment History

Attachment theory postulates that early attachment experiences influence later emotional wellbeing, adult attachment, and parenting capacity. As such, it is held that internal working
models based on early attachment experience profoundly influence parental caregiving styles, 
behaviour, and attachment relationships with their children (Main & Hesse, 1990; Van 

It is established that emotional and behavioural regulation are influenced by attachment 
histories. To this end, Fraiberg and colleagues (1975) formulated the ‘ghosts in the nursery’ 
concept to refer to parent’s unresolved adversity and the attachment history which they 
unconsciously rehearse in their relationship with their child (Fraiberg et al., 1975). In fact, the 
unconscious transmission of adverse relational experiences is often outside the parent’s 
awareness and thus enacted inadvertently. The parents fearful feeling associated with the 
early experience of an unresponsive caregiver can be reactivated when the child expresses 
fear. Such ‘ghosts’ act as barriers, interfering with the ability to develop close, loving 
relationships. The adult with a history of insecure attachment in the context of an 
unresponsive or unavailable parent learns that their emotional need goes unmet, leading the 
individual to use an alternative way of regulation by either hyper-activating or deactivating 
the attachment system (Mikulincer & Shaver, 2008). A parent with a difficult attachment 
history who has not developed skills in self-regulation is likely to become fearful or angry 
when faced with their child’s difficult emotional experience (Fraiberg et al., 1975).

A study by Fonagy et al (1993) concluded that attachment security for infants at 12 and 18 
months could be predicted by expectant parent’s qualitative narratives of their own 
childhoods. This supports the repetition and activation of transgenerational unresolved 
childhood conflict. Main et al (1985) also found parents’ level of coherence in their 
narratives of their attachment representations in the structured interview correlated with their 
attachment classification arising from the strange situation protocol with their child. Main 
and colleagues identified three categories for responders: secure-autonomous; dismissing; 
and preoccupied. While the secure-autonomous responses were considered coherent and 
objective in their making sense of their relationships, the dismissing category consisted of 
inconsistent appraisals of early relational experience, i.e. stating positive experience whilst 
providing contradictory evidence by speaking about adverse experiences or denying the 
influence of their experience. The permissive category was categorised by either confusion or 
strong negative feelings of anxiety or anger. Building on this work, the Adult Attachment 
Interview (AAI) was developed and used to assess participant’s attachment history and the 
influence on their development (George, Kaplan & Main, 1994).
Lieberman and colleagues (2005) provide the antidote of ‘angels in the nursery’ in response to Fraiberg’s ‘ghosts’. This is epitomised by parents recalling experiences in any relationship in which they felt secure, unconditional love and support that can be drawn upon and used in their relationship with their child. Using these memories as a guide for what they want for their child and how they want to be with their children, affords the chance of connection and empathic resonance. ‘Angels’ provide an opportunity to remediate difficult childhoods and prevent the intergenerational transmission of adverse attachment experiences. Lieberman and colleagues further suggest understanding their experiences may also provide parents with a new sense of compassion for the parents who were unable to meet their childhood emotional needs (Lieberman et al., 2005).

Calls to support parents to identify their own struggles, internal working models, and states of mind, providing space to heal all in the presence of sensitive, empathetic, attuned other (Fonagy, 1998), merely underscores the need for early interventions to identify and disrupt unresolved relational conflicts acting out past events and to stop the cycle of intergenerational trauma (Powell et al., 2016). As such, interventions which adopt a curious and compassionate approach to a parent’s life story rather than a blaming, pejorative stance are necessary.

### 2.3.2 Sensitive Parenting

A sensitive and responsive caregiver is essential in the development of secure attachment (Ainsworth, 1979; Fearon & Belsky, 2016). Ainsworth’s identification of maternal sensitivity supported the role of individual differences in the quality of attachment relationships between infant and parent. A sensitive, responsive caregiver is defined as having the capacity to notice the child’s attachment signals, adequately make sense of them, and respond promptly (Ainsworth, 1979; Powel et al., 2014). A secure and responsive caregiver is characterised by availability, warmth, acceptance, engagement, appropriate interaction, enjoyment in the infant, and support of autonomy (Fearon and Belsky, 2016). While some inconsistency obtains to research examining the variance to which maternal sensitivity predicts secure attachment, it is likely differences in the assessment protocols utilised contribute to the lack of consensus (Behrens, Parker & Halligan, 2011). Winnicott (1965) described the ‘holding environment’ wherein the infant experiences the consistent presence of the caregiver who
provides understanding, comfort and soothing. Attachment based interventions aim to target parental sensitivity and responsivity to their children’s needs (Barlow et al., 2016).

### 2.3.3 Reflective Functioning

Reflective functioning is the ability to view the self and others as separate, each with their own mind, feelings, beliefs, thoughts, and wishes (Fonagy, Steele & Steele, 1991). The process has been referred to by a diversity of names according to different theorists in attachment research, and include; mentalisation (Fonagy, Gergely, Jurist & Target, 2002), mind-sight (Siegel, 1999), and mind-mindedness (Meins et al., 2002). Irrespective of the denotation, all share the common thread of a parent’s capacity to reflect on both their child and their own mental state and attune appropriately to achieve shared regulation (Coyne, 2013). Parental Reflective Functioning (PRF) is considered prerequisite to sensitive caregiving as it reduces the risk of parental maltreatment (Slade, 2005). By following the child’s cues and checking their interpretation with the child, the parent and child experience deep connection. Increased awareness of the underlying child’s state of mind helps the parent mediate their child’s behaviour in a more meaningful and predictable way (Rosenblum, Dayton & Muzik, 2019). High reflective functioning is characterised by a recognition of own attachment history, emotional experience, and a curiosity to understand one’s own and others’ states of mind (Slade, Grienenberger, Bernbach, Levy & Locker, 2005). Low reflective functioning is characterised by a lack of recognition of feelings of one’s own and others mindsets and difficulty in making sense of the child’s experience and behaviour (Camoirano, 2017). High parental reflective functioning contributes to the development of secure attachment and has been identified as particularly important in the context of adversity (Fonagy et al., 1994). A meta-analysis evaluating the role of reflective functioning on child development found that higher parental reflective functioning was associated with attachment security, caregiver sensitivity, emotional regulation skills, and mentalising skills in children. Lower parental reflective functioning was associated with emotional dysregulation, anxiety, and externalising behaviours. Moreover, the study revealed that higher reflective functioning reduces the risk of child maltreatment (Camoirano, 2017).

Although theory has emphasised reflective functioning as a significant mechanism of change for parent sensitivity and attachment security, surprising few studies have directly reported
improvements in reflective functioning following attachment-based interventions (Huber, McMahon & Sweller, 2016; Kohlhoff et al., 2016; Suchman et al., 2010). Kohlhoff and colleagues (2016) attributed difficulties with measuring and interpreting reflective functioning to the use of self-report measures, often used immediately after interventions. Their paper further observed that moderate RF would be an appropriate objective, and stating that too much certainty or overestimating RF at baseline could arise from the lack of understanding in the complexity of the child’s internal states. In other words, the more aware you become, the less you know.

2.3.4 Emotional Regulation

Emotional regulation is the ability to manage and modify positive and negative emotional responses whilst retaining organised, adaptive behaviour (Siegel, 1999). Attachment theory proposes that co-regulation from the caregiver supports the development of secure attachment (Bowlby, 1969). Within the context of the relationship, the infant learns to manage their emotions through co-regulation with the caregiver, and eventually masters self-regulation (Powell et al., 2016). Identifying and responding to an infant’s distress can be an overwhelming experience for new parents. Additionally, new parents are often met by societal judgements of their ability to manage their child’s distress (Leerkes et al., 2004).

Emotional resonance between parent and child is reciprocally regulating, whilst mis-attuning is dysregulating and necessitates repair in order to re-establish regulation (Siegel, 1999). Difficult emotional experiences for young children are supported by parents through co-regulation, thus strengthening the child’s ability to learn self-regulation skills (Schore, 2003). Siegel (1999) describes the process of shared emotional exchanges between parent and child as ‘feeling felt’ to be essential in the development of secure attachments. Repeated experiences of the integration of emotional experiences are encoded in implicit memories and then as mental representations of security (Siegel, 1999). Feeling understood in emotional experience is essential in the development of healthy, adaptive relationships. When a parent attunes to the child’s emotional experience, the child and parent experience connection. Research has supported the role of the parent’s emotional regulation on the parent-child attachment (Osbuth et al., 2014). Securely attached parents are more attuned to their children than insecurely attached parents. Parents with secure attachments have the capacity to attune to the wide range of emotional experiences of the child whereas insecure parents could attune to some emotions and not others. Securely attached children were open in expressing
negative emotions with their parents (Haft & Slade, 1989; Waters et al., 2010). Family dynamics and culture can provide children with unconscious rules regarding the expression of emotions (Harter et al., 1997).

The caregiver’s ability to support their child’s emotional experience is dependent upon their own experience (Field et al., 1990). A parent’s diminished capacity to co-regulate their child’s emotions likely result in difficulties in self-regulation and adaptive coping for the child (Cassidy & Berlin, 1994). Emotional dysregulation can be considered a core feature in a number of psychological disorders (Schore, 1997). Dysregulation can also be rooted in insecure attachment experiences where individuals either minimize or maximise their emotional experience (Fonagy et al., 1996). Attachment-based interventions which aim to improve parental emotional regulation capacities are therefore essential (Hoffman et al., 2006).

### 2.4 Parenting Programmes

In recent times, parenting programmes have become a popular aspect of child services as a growing body of evidence demonstrates positive outcomes for both children and families. Parenting programmes have particularly demonstrated usefulness for families living in disadvantaged areas (McAvoy et al., 2013) and have been endorsed by NICE for children with conduct problems (NICE, 2013). A meta-analysis exploring parenting programmes and parent psychosocial functioning utilising 49 studies consisting of 22 behavioural based, 19 Cognitive Behavioural based and eight other parenting group interventions was conducted. Significant short-term improvements were found on depression, anxiety, stress, guilt, anger, and confidence, and measurable improvements in terms of stress and confidence maintained at six months. However, no significant improvements were identified at 12 months (Bennett et al., 2013). A Cochrane review examining 22 parenting group interventions on emotional and behavioural adjustment identified improvements for emotional and behavioural difficulties for children of under three years, 11 months. The studies were based on behavioural or cognitive-behavioural approaches and there was limited follow up data available to examine whether effects were maintained (Barlow et al., 2016).

Parenting programmes comprise a number of approaches, such as education and support regarding positive parenting behaviours, relationship-based intervention, and building
parenting capacity and are grounded by a range of theoretical models from behavioural, cognitive-behavioural to attachment-focused (Barlow et al., 2014).

2.4.1 Behaviour-Based Parenting Interventions

Behaviour approaches in parenting interventions have dominated the field for many years and behavioural management principles continue to be applied in numerous child care facilities (Coyne, 2013; Scott & Gardner, 2015). A meta-analysis examining the effectiveness of The Incredible Years programme consisting of 50 studies and 4745 participants indicated increases in child prosocial behaviour and reduced disruptive behaviour (Menting & Matthys, 2013). One reason suggested for its significant body of evidence is its relatively straightforward measurement of behaviours, as opposed to the internal representations and underlying psychological processes which underpin attachment theory (Powell et al., 2016). However, behavioural approaches risk addressing symptoms as independent, and thereby dismissing the underlying processes and needs which are driving such symptoms. Without identifying the underlying issues, interventions may be futile as other symptoms merely replace previous symptoms and accessing services become circular and repetitive.

Behavioural management parenting interventions have been criticised for an overt emphasis on behaviour management and compliance rather than facilitating the social and emotional development of the child (Grille, 2005; Kohn, 2006). Such traditionalist parenting training programmes arguably fail to address the role of developmental and relational history on children’s behaviour (Coyne, 2013). Furthermore, interventions integrating attachment, neuroscience, and parent-child relationships are better equipped to address entrenched relational and cultural difficulties (Hughes & Baylin, 2012; Siegel, 2012).

2.4.2 Attachment-focused Parenting Interventions

Given the evidence for child development occurring within in the context of the primary relationship and the risks associated with insecure attachment, it is evident that the child-parent relationship should be the primary focus of interventions supporting child development and outcomes (Zeanah & Zeanah, 2009).
Nonetheless, it has taken considerable time for the robust theories and concepts within the attachment field to be translated into applied clinical interventions. Fortunately, attachment-focused interventions can address some of the gaps that behavioural focused interventions fail to breach. Attachment-focused interventions purport that managing child behaviour should take place only after the child’s fundamental emotional and relational needs have been met (Powell et al., 2016; Allely et al., 2004). The ‘Mellow Dads’ study which evaluated fathers’ experiences of completing an attachment-based intervention, discussed the challenges of behavioural-focused intervention in targeting hard to reach, high risk families. Engaging with such interventions requires commitment to behavioural principles which may not be realistic in the context of parent’s own issues and the external stressors typical for families experiencing disadvantage. Conversely, attachment-focused interventions provide nurturing and empathetic environments where the parent can reflect on their own experiences (Scourfield et al., 2016). Coyne (2013) suggests a paradigm shift from an outside-in approach where the focus moves away from behaviour management to an inside-out approach which privileges an understanding of the child’s mind and relational needs. Attachment-based interventions provide opportunities to work with intergenerational histories influencing child development (Hughes & Baylin, 2012; Siegel, 1999).

Over the last twenty years, concerted efforts have been made to develop attachment-based approaches as a means to prevent or reduce insecure attachment and have shown promising but small-scale results, with little replication (Cassidy, Jones & Shaver 2013). The majority of these interventions are conducted on an individual basis or in the form of home visits using dyadic parent-child psychotherapy or individual video (Cassidy et al., 2013; Zeanah, Berlin & Borris, 2011). While a review of interventions conducted on the attachment outcomes for preschool children consisting of 10 RCTs and six systematic reviews identified small-medium effect sizes for improvements in attachment security, parental sensitivity, and reflective functioning (Barlow et al., 2016) these encouraging efforts though are not made routinely available in the UK. Significant variation in intervention protocols regarding type (i.e. parent-infant psychotherapy and infant massage) and intensity and no group-based intervention were reviewed. There have been significant delays in the development of group-based attachment-focused parenting interventions (Horton & Murray, 2015).

Attachment-based interventions have been developed primarily with a focus on parents and children at risk of attachment insecurity as a result of various adverse experiences, i.e.
parent’s early childhood experience, parent’s current wellbeing, social disadvantage, and poverty. However, studies suggest that attachment-based interventions can improve parental caregiving representations to those parents who have not been exposed to significant parenting stress and those from mixed SES backgrounds (Benoit, Zaenah, Parker, Nicholson, & Coolbear, 1997; Mothander et al., 2018).

While it is clear that children’s need for sensitive, emotionally-regulated, reflective caregivers in the development of secure attachments are universal, a considerable dearth of attachment-based interventions and accompanying empirical support remains. Furthermore, longitudinal research is required to ascertain whether attachment-focused interventions prevent difficulties given that insecure attachment difficulties emerge later in development (Cassidy et al., 2013). The robust and comprehensive theoretical developments however, cannot be dismissed. Criticism of many attachment-based interventions include issues of costs and feasibility. For instance, videotaping individualised parent feedback is expensive and requires extensive training and supervision, rendering them prohibitively unaffordable and impractical (Cassidy, Jones, & Shaver, 2013).

2.5 Circle of Security – Intervention

In a review of attachment-based parenting programmes, the Circle of Security was deemed the most closely rooted in attachment-theory and research (Berlin, Zeanah & Lieberman, 2008). The Circle of Security (COS) developed in the late 90’s is an intensive and individualised 20-week parenting group-based intervention devised to support attachment security within the child-parent relationship (Powell et al., 2016). It aims to increase parent’s ability to reflect on their own and their child’s behaviour, as well as their own attachment experiences which impact on their current caregiving patterns (Hoffman et al., 2006). The intervention conducted video-taped assessments of the parent and infant engaging in the strange situation protocol pre- and post-intervention. These are utilised throughout the intervention to assist parents in understanding their own attachment quality and how to either improve or sustain attachment security. Research conducted by programme developers on COS found the intervention to be effective at reducing attachment insecurity and disorganisation in low income families, and a sample of 75 parent-child dyads reported a 35 per cent change from disordered to ordered attachment (Marvin et al., 2002). The subsequent
pre-post intervention study corroborated those results demonstrating 69 per cent of 65 parents conformed a shift from disordered to ordered attachment with their 11 to 58 month-old children (Hoffman et al., 2006). A weakness of the study was its lack of randomised design and control group.

A three-part evaluation of the COS intervention was conducted for 83 families of children aged 1-7 years receiving services from a community clinical services. All families recruited experienced a range of adverse issues, including; mental health issues, substance misuse, child abuse, and neglect. They identified parent reflective functioning, caregiving representations, and attachment security improved post-intervention (Huber, McMahon & Sweller, 2015). Further analyses identified significant improvements in externalising and internalising behaviours (Huber et al., 2015) A key finding across all studies demonstrated that parent-child dyads with the least optimal scores pre-intervention made the most significant improvements (Huber et al., 2015).

A meta-analysis of 10 studies utilising all versions of the COS intervention (20 week COS intervention, COS-P, Home visit-COS) identified medium effect sizes across three areas: namely, a shift from insecure to secure attachment; improved quality of caregiving and decrease in caregiver depressive symptoms; and a significant large effect in self-efficacy (Yaholkoski et al., 2016). However, this study was arguably limited by its small number of studies included, the variation amongst COS interventions included, and lack of control groups in many of the studies.

Page and Koren-Karie (2013) presented a pilot case study of ‘Jill’, a child-welfare involved mother of a three-year-old boy who participated in a 27 week COS group intervention. In her case, a range of clinical assessments comprising strange situation procedure (Cassidy & Marvin, 1992), insightfulness assessment (Koren-Karie & Oppenheim, 2004), and self-reported measures were utilised. The study analysed the discourse Jill uses about her son from pre-intervention to post-intervention as taken from clinical interviews and group sessions. Prior to the COS review, Jill described experiencing a range of issues in her relationship with her son, such as reduced insight, negative attributions, inflexible expectations, and conflicting feelings of anxiety regarding closeness and separation. Reflective functioning was observed to increase as Jill started speaking about her son’s point of view and understanding the needs subsumed beneath his behaviour. Jill’s discourse post-
intervention recounted her capacity to sensitively and empathically respond to her son’s needs.

The authors reported the shift in discourse quality was consistent with changes in attachment security post-intervention. While the study offered some interesting insights of a mother’s engagement with COS, a number of significant issues are notable: Jill only attended 51 per cent of the intervention sessions and the study omits the method of analysis utilised, thereby raising questions on both the replicability and reliability of the study.

Fardoulys and Coyne (2016) conducted an evaluation of the COS intervention for parents of children with Autism Spectrum Disorder (ASD). As the group included two mothers the intervention was reduced in length. The findings indicated that one parent-child dyad changed from avoidant to secure whilst the other remained secure, as well as observing improvements across parenting competence and parental sensitivity. While the study suggests the suitability of the intervention for parents of children with ASD, the results cannot be generalised due to its small sample size.

At the time of writing, a randomised control trial (RCT) of the COS intervention including 80 mothers with post-partum mental illness and their infants is in progress (Ramsauer et al. 2014). The Circle of Security Intervention Project in Hamburg aims to conduct follow up evaluations at 9-12 months. Empirical support by an independent RCT is warranted.

The current status of research for the COS intensive intervention is undoubtedly limited with regard to a lack of RCT designs, control groups, follow-up data, and the significant participation of COS founders in the research (Caruana, 2016). Furthermore, the COS intervention is an acknowledged burden on resources, time, and cost (Maupin et al., 2017). COS also requires 10 days of professional training and ongoing supervision along with the skills to record and/or edit parent-child video footage.

2.5.1 Circle of Security Parenting (COS-P) Intervention

The COS parenting (COS-P) eight-week, education focused, manualised video based group programme was adapted from the original COS intervention and is based on same theoretical principles (Cooper et al., 2009). The intervention diverges from the original in that it uses generic DVD footage instead of individualised reviews, focuses on the parent, and does not
measure attachment quality. The model was developed to offset the resourcing and implementation issues characteristic of the COS intensive intervention while still providing a personalised approach to meet parents’ individual needs (Kim, Woodhouse & Dai, 2018). The COS-P programme is less intensive, more accessible, and can be facilitated by a range of professional’s working with children in primary care and community contexts. The focus of the COS-P intervention is preventive rather than addressing attachment difficulties (Powell et al., 2016).

COS-P addresses the value of parental sensitivity through the attachment and exploratory systems. The intervention proposes that a parent can preferably support both systems whilst acknowledging they are often better at supporting one system over the other based on their own attachment experience. The intervention employs two overarching user-friendly themes: 1) COS graphic; and 2) Shark music. The COS graphic provides a pictorial representation of Bowlby’s (1969) attachment system in which the two key parent objectives to act as a secure base and safe haven, are represented by hands. The graphic acts as a map to categorise the child’s needs by observing where they are on the circle and consider their own roles in relation to this. By reading the child’s cues, and considering their need, parent’s capacity to respond in a way that adequately meets the need is enhanced (Cooper et al., 2009). ‘Shark music’ refers to the discomfort experienced by the parent when the infant is eliciting a need that is not well supported by the parents own internal working model (Powell et al., 2016).

The main objectives of the COS-P parenting approach are: to shift caregiver focus from behaviour management to enhancing the quality of the relationship; to build self-reflection; increase empathy; emotional regulation; and promote secure attachments (Powell et al., 2016). The intervention was developed for ‘high risk’ parents and families experiencing adversities such as low income and parental mental illness. However, there is increasing recognition of the universal application of the model (Mothander et al., 2018), particularly as the COS approach affords both facilitators and participants the opportunity to reflect upon their own attachment history (Coyne et al., 2019). As such, the realisation of empathy and understanding in attachment struggles unites human experience to foster a non-stigmatising and non-pathologising environment.
2.5.2 Circle of Security-Parenting: A review of the Evidence Base

As there has been significant international uptake of the COS intervention, clinical applications are now advancing faster than research opportunities.

Whilst the evidence supporting its effectiveness is promising, a number of shortcomings remain which will be explored as the evidence base is reviewed.

The first RCT evaluating COS-P was conducted on a sample of 141 low-incomes mothers of children aged 3-5 years receiving services from the Headstart programme (Cassidy et al., 2017). All participants completed baseline assessments and were then randomly assigned to the intervention group (COS-P) or wait-list control group. While no significant difference was observed on measures of attachment security categories between the intervention and control group, a significant difference was found on unsupportive responses to children’s distress, with the intervention group showing a decrease in unsupportive responses compared to the wait-list group. A further finding suggested that inhibitory control was better in the intervention group when marital status and maternal age was controlled (Cassidy et al., 2017).

A number of possible explanations for the lack of main effect of intervention for child attachment were considered, including participant suitability to intervention, and the immediacy of post-intervention assessment completed resulting in lack of time for learning to consolidate and identifying potential shifts in attachment (Cassidy et al. 2017). A follow-up assessment could have garnered more clarity on mixed results from the study. It is likely that change could take place over time given the reflective nature of the intervention.

The Copenhagen Circle of Security: Parenting Study, an RCT examining COS-P in relation to maternal sensitivity and attachment security in 314 families at risk of postnatal depression and/or infant social withdrawal is to be completed later in 2019. Another randomised control trial is warranted and welcome due to the mixed evidence in the previous RCT (Væver, Smith-Nielsen1 & Lange, 2016).

More recently, a small-scale RCT examining COS-P in relation to parent’s internal representations and quality of infant-parent interactions was conducted in three infant mental health clinics in Sweden, including one outpatient psychiatry clinic and two child psychiatry and community-based outpatient clinics. Parents consisting of 47 mothers and 5 fathers with children between ages 1-4 years were randomly assigned to COS-P or treatment as usual.
(TAU) groups, and evaluations taken at baseline and at six- and twelve-month post-intervention. The results demonstrated that parents in the COS-P group made significant improvements in internal representations and parent-infant interactions compared to the TAU group.

The study further noted the pre-existing TAU involved a comprehensive treatment plan but did not provide precise detail. The research reaffirms the valuable addition of COS-P on an already comprehensive treatment plan for parents and their children and demonstrated the potential applicability of COS-P to non-high risk sample. While the study was drawn from a clinical sample, participants represented a range of SES backgrounds, the majority were not experiencing financial stress, and over half had attained postgraduate education (Mothander, Furmark & Neander, 2018). Strengths of this study were its randomised design, good inter-rater reliability, and follow up assessment at 6 and 12 months. Limitations were its sample size and associated statistical power and dropout rate, though an unavoidable reality in naturalistic studies.

A study evaluating COS-P using a quasi-experimental design examining 34 US family childcare providers identified a significant increase in self-efficacy in managing children’s behaviours and improved stress levels and relationships with children in their care. The study found no significant change for reflective functioning post-intervention (Gray, 2015). A further study examining a COS-P programme in a sample of 15 Australian mothers of children under 2 years attending an early intervention service, reported reduced levels of helplessness, stress, feelings of fear, rejection, or anger towards the child and increased reflective functioning (Kohlhoff et al., 2016). The determination whether improvements could be attributed to the intervention was compromised by the lack of control group. Small sample size and a lack of follow up data were additional limitations to the study.

In light of increasing evidence for attachment security and child development and the risks factors amongst high risk families, there is a drive to build capacity amongst community service providers in attachment-based interventions (Maupin et al., 2017). A study exploring the viability of COS-P within a community-based service providing maternal and child support for disadvantaged families was utilised. A multisite (12 community based providers) delivered COS-P to 131 mothers of children between ages 0-6 years. Results indicated improvements for mother’s depressive symptoms but not for child-parent relationship or parental reflective functioning. Possible reasons for lack of change in reflective functioning
were low levels of pre-mentalising combined with high levels of curiosity at pre-intervention demonstrating high reflective functioning at pre-intervention which provided little space for improvement post-intervention. Additionally, it is likely that reliance on self-report measures overestimated reflective functioning at baseline (Maupin et al., 2017; Gray, 2015). Significant obstacles at service provider level prevent consumers drawing acceptable conclusions on the research. Substantial issues involved staff challenges in obtaining data and inability to embed the programme into service delivery. Resourcing issues also resulted in only 50 per cent of data being completed for all participants. Amongst the data obtained there was significant variability amongst battery of assessment completed. Positive feedback from families and staff reported by authors were also not reflective of the results. Small sample size, missing data, and lack of control, among a number of other methodological limitations, make this study difficult to interpret accurately (Maupin et al., 2017).

Fifteen mothers of children under 12 years who were engaged in a US residential substance abuse treatment programme completed the COS-P programme. Though they did not reach statistical significance, the results nonetheless found that mothers (n=9) who attended over 80 per cent of the programme displayed improvements in parenting attribution, emotional regulation, and disciplinary practices. Further analysis revealed that a number of factors were associated with more optimistic outcomes, including lower social desirability scores, no personal childhood maltreatment experience, higher education, and less time spent in the residential programme (Horton & Murray, 2015). Limitations of the study included internal validity issues, a lack of control group, and small sample size.

While much of the COS-P research has been carried out in the US, Australia and Europe, a recent small-scale pilot study highlights promising results for the transferability of the approach across cultural contexts (Rose, Roman & Mwaba, 2018). In this case, the COS-P intervention which usually runs over an 8-10 week period was delivered in three full days. Participants were nine parents of children attending a crèche in a rural fishing village on the West Coast of South Africa. Parents completed a parenting efficacy scale pre- and post-intervention and participated in a focus group upon completion. The results demonstrated improvements in parent’s self-efficacy. The study was clear in its aim to assess the feasibility of the COS-P intervention acknowledging its limitations. A larger, randomised control design study delivering the intervention across 8-10 weeks as originally intended is merited to support its application in diverse cultural contexts.
A number of case studies consisting of individuals participating in the COS-P intervention have been disseminated, and despite their limited contributions to the evidence base, they have yielded rich data regarding the participants’ experiences of completing the intervention. One such case study, is that of *Alexa; a 26-year mother of three children under seven years who participated in the COS-P group (Kim, Woodhouse & Dai, 2018).

Participants were recruited from an elementary school attended by her children; the school consisted of a high proportion of low-income families. Alexa reported anxiety and depression issues around enrolment. Post-intervention outcome measures identified reduction in attachment anxiety and attachment avoidance, reduced anxiety levels from mild to minimal level. Moreover, scores on a depression inventory which had confirmed a clinically depressed score pre-intervention demonstrated no evidence of clinical depression post-intervention. Indeed, group process measures exploring the instillation of hope, secure emotional expression, awareness of relational impact, and social learning remained high at three time points during intervention. Alexa also reported reduced behavioural problems for her son as measured by the CBCL post-intervention.

A systematic review of the literature identified the promising but preliminary evidence to support COS-P and improved caregiver skills, self-efficacy, wellbeing, and confidence. Much of the research consists of small sample sizes, lack of control design and follow-up data, and dependence on self-report measures. The risk of bias was clear in certain studies where the individual was both the COS-P facilitator and researcher. One likely barrier in replicating the research is the commercial nature of the programme (Caruana, 2016). However, by garnering more evidence to support its work, COS-P has the potential to make the attachment-based intervention more widely available due to its accessible and affordable protocol.

### 2.6 Qualitative Studies of Attachment Based Intervention and COS-P

A growing evidence base of systematic reviews and meta-analyses supporting parenting group interventions with a predominantly behavioural and cognitive behavioural focus has evolved over the years. In spite of this, qualitative data providing accounts of parents experience and process evaluations remain limited (Kane, Wood & Barlow, 2007). Given the value of parenting programmes for child development and the importance of meaningfully engaging parents in these programmes, it remains an area which warrants further attention.
A systematic review of qualitative research of parent perceptions of parenting programmes, specifically targeted for children with behavioural difficulties was conducted. The interventions included were grounded in social learning theories and methods of analysis which utilised grounded theory and critical theory approach. A number of key themes emerged across the following categories: namely, acquisition of knowledge; skills and understanding; feelings of acceptance and support from group; increased coping skills; confidence in parenting and empathy with their child; and reduction in guilt and social isolation (Kane, Wood & Barlow, 2007). A qualitative study reviewing The Incredible Years programme with parents of children aged 3-7 years with conduct issues in a socially disadvantaged area was conducted. A grounded theory method was utilised to analyse interviews from 33 parents, and a number of themes emerged across the three main areas of positive changes in child, parent and relationship challenges in terms of parents’ discomfort with adopting the positive praise and attention approach; feeling unsupported in implementing strategies; and high dropout rates involving life transitions and dissatisfaction with the intervention approach (Furlong & Gilloway, 2012).

There is a significant gap in qualitative research in attachment group-based parenting interventions. Further insight into parent’s perceptions of relationship-based parenting groups is warranted due to the highly reflective approach whereby parents consider their representations of early attachment experience and how that influences their relationship with their child. Attachment group-based interventions require parents to think deeply about themselves, their child, and their relationship. Providing a space where the parent’s process can be explored could provide meaningful and rich data.

An Interpretative Phenomenological (IPA) study exploring the lived experience of adopted parents engaging in an attachment-based parenting group offered interesting insights. Eight parents of 2 to 16-year-old children reflected on their experience to yield five superordinate themes: namely, a supportive group; a shift in perspective; turning trauma into secure attachment; am I doing this right?; and continuing the adoption journey. Subordinate themes were characterised by parents reflecting on their emotional experiences which resulted in improved self-regulation and regulation of their child, and improved ability to reflect on the child’s inner world, thereby enhancing attunement to encouraging improved child-parent relationship (Selwyn et al., 2016).
The small number of qualitative studies which explicitly explore COS are predominantly limited to case studies (Page & Cain, 2009; Lee et al., 2010); integrated intervention (Kamal et al., 2017); and to participant and facilitator feedback and participant feedback forms (Bernstein & Holgersen, 2015; Horton, 2013; Kimmel et al., 2016; Lee et al., 2010; McMahon et al., 2016).

A mixed method study explored COS-P with twelve mothers presenting with mood and anxiety disorders from low socio-economic backgrounds at a primary care clinic (Kimmel et al., 2016). Thematic analysis was conducted on a feedback form consisting of two open ended items; ‘I came to the group because… and ‘My favourite part of the group was…’ which indicated improved parenting practice, parenting knowledge, sense of support, self-awareness, mood, and emotional regulation. The limits of the study included a low attendance average rate of 3.3 of 8 sessions, the restriction of qualitative data to feedback forms, and lack of individual interviews.

Another mixed method study explored the use of COS-P for mothers receiving treatment in a residential substance abuse unit (Horton, 2013). Qualitative data consisted of check in comments following each intervention session and a participant focus group post-intervention. Content analysis identified improved parenting behaviour and emotional regulation and growing recognition on the influence of early relationship experience. The minimal qualitative data was used to support the quantitative data and lacked in-depth insights into the mothers’ subjective experience.

Three mothers from disadvantaged indigenous family backgrounds participated in the 20-week COS intervention as delivered by the Boomerang parenting support programme in Australia. Qualitative data was based on a feedback interview post-intervention and observations throughout interventions. The findings found all mothers to report increased sensitivity, responsivity, and awareness in their parenting role (Lee et al., 2010).

A preliminary study was also completed on the group processes in a 16-week COS programme for three mothers attending the group at a university health clinic (Jonsdottir & Coyne, 2016) The parents participated in recorded videos in both roles reviewing and observing parent, the reviewing parent observed themselves in the video with their child whilst the observing parents were encouraged to make observations. Video sessions were recorded and observing parent commentaries were transcribed and analysed to explore participant experience. The researchers noted that significant learning was encouraged by
observing the intervention, increased awareness of relational style, and the benefits of support and empathy received within the group process. Though preliminary, the study provides a valuable contribution as attention is given to the group processes involved. However, the small sample, risk of bias arising from practitioner’s involvement identifying qualitative data, and unclear methodology used, limit both the replicability and generalisability of the study.

An unpublished PhD study conducted a mixed method study of COS-P within a clinical sample (Gilhooly, 2018). Mechanisms of change within the COS-P intervention were examined with parents of children on waiting-lists for primary and secondary psychology services. The qualitative aspect consisted of IPA analysis of nine participant interviews. Semi-structured interviews were completed with parents within seven weeks of intervention completion. Interesting findings identified six main themes: 1) Seeking help and engaging with programme; 2) Learning to be vulnerable; 3) Learning to be manage emotions; 4) Improved parent-child relationship; 5) New experience of parenting; and 6) Evaluating the experience. A number of barriers with regard to the quantitative analyses prohibited the findings from supporting the qualitative results.

2.7 Current Research Questions

The COS-P group intervention is a reflective parenting model that asks parents to consider their attachment history, relational representations, child’s needs, and parenting role in order to promote positive child development. The intervention is provided by a population-led, community-based initiative working to improve outcomes for children living in areas of disadvantage. The core objective of the current study is therefore to gain insight into the lived experience for parents as they embark on this journey. As such the research questions are:

1. **What is the lived experience of parents completing the COS-P intervention?**

2. **How do parents make sense of this experience?**
Chapter 3: Methodology

3.1 Chapter Overview

This chapter will outline the rationale for the qualitative approach employed in the current study. This will be followed by a description of and justification for the chosen methodology of Interpretative Phenomenological Analysis (IPA) along with details of the method of sampling, individual participants, and full description of the intervention under investigation. The procedures employed during data collection and analysis will also be elucidated and the chapter will conclude with a discussion of ethical and quality considerations as well as the reflective process of the current study.

3.2 Rationale for Research Methodology

The main objectives of the current study were to gain insight into the lived experience of individuals’ engagement with the COS-P attachment-based group intervention, and to elicit their unique ways of making sense of the experience. Given that the main undertaking of the study was to highlight the ways in which these individuals interpret and make meaning out of their experience, a qualitative approach was deemed most appropriate. Additionally, the qualitative methodology was influenced by the dearth of process-based evaluations of COS-P (Caruana, 2016). In contrast to the conclusive nature of quantitative research, the exploratory focus of qualitative methods is useful when little is known about a particular phenomenon or there is uncertainty regarding what to expect (Schonfeld & Dreyer, 2008).

Qualitative research aims to establish a deeper knowledge and understanding of an individual’s subjective experience, perspectives, and interpretations through a humanistic approach (Pietkiewicz & Smith, 2014). Central to a qualitative approach is concern with the quality of the individual experience which transcends focus on causal relationships and their associated impact on outcomes (Grix, 2010). Qualitative approaches intrinsically tolerate conflicting data and pay attention to unique and diverse data features (Willig, 2013). As such, they are characterised by the contribution of participants and researchers to data collection and interpretation within a naturalistic setting (Polkinghorne, 2005).
Quantitative research provides precise and controlled data which support the generalisability of findings to wider populations (Pietkiewicz & Smith, 2014). Such approaches use statistical methods to test theories by investigating the relationship between variables, and are less concerned with the perception of a participant than with objective representations. This approach transposes human experience into numbers for the purposes of statistical analysis (Pietkiewicz & Smith, 2014). In contrast, qualitative approaches allow for a richer exploration of individual experience and unforeseen discoveries of new meaning as well as connections which extend beyond quantitative approaches (Willig, 2013).

Most significantly, qualitative approaches give voice to the actual recipients of services and capture nuances in phenomena which may go otherwise unheard (Binder et al., 2016). In short, qualitative research is axiomatic to improving and informing clinical practice and service delivery (Collingridge & Gantt, 2008).

### 3.3 Interpretative Phenomenological Analysis (IPA)

The chosen analytical model chosen for the current research study was Interpretative Phenomenological analysis (IPA) (Smith, Flowers & Larkin, 2009). A number of factors determined the selection of this method, the most prominent being the research question’s emphasis on the individual’s subjective experience. Furthermore, the study was concerned with exploring how parents both interpreted and attributed meaning to their experience of participating in the COS-P group.

A number of qualitative approaches were considered in the early stages of the design of the study. Thematic Analysis was considered, but excluded for a number of reasons. Thematic analysis is a flexible method which describes phenomenon in the context of ‘themes’ or patterns (Braun & Clarke, 2006). Upon consideration, it was held that thematic analysis would not provide the depth required to meaningfully explore the subjective lived experience of participants. While thematic analysis demonstrates the breath of issues, IPA provides a deeper untangling of issues and the meaning ascribed to them, going beyond explicit interpretation (Spiers & Riley, 2019). IPA is a more appropriate fit given its emphasis on subjective lived experience as well as its idiographic approach (Smith et al., 2009). Grounded Theory (Charmaz, 2002) was also considered but discounted given the aims of the current study. The focus of a grounded theory approach is to produce a formal theory which is
grounded in the data (McLeod, 2011). As the goal of the current study was not to create a theory to explain the experience, this method was deemed inappropriate. Ethnography was also ruled out since its central aim is to identify patterns across the belief systems which inscribe the culture of a specific group (Reeves, 2008).

Discourse Analysis was also deemed unsuitable due to the explicit emphasis on the discourse or language embedded within social contexts that individuals use to describe their experience, rather than the experience itself (Silverman, 2010). Finally, Narrative Methods were ruled out since rehearsing the content and structure of an individual’s life stories was deemed a poor fit with the research question (Cresswell, 2014). The current research questions aimed to gain insight into the lived experience of engaging with the COS-P intervention and how individuals’ make sense of that experience. In light of Discourse and Narrative analytic methods preoccupation with language and content respectively, and the current research questions privileging of the lived experience, IPA was ultimately selected as the most appropriate fit.

IPA is grounded within the three philosophical approaches of phenomenology, hermeneutics and idiography; all of which support the researcher in their understanding of how people make sense of their world (Smith, Flowers & Larkin, 2009). Phenomenology refers to the subjective investigation of experience and consciousness, specifically in the areas of judgements, perceptions and emotions, and discovering meaning in their world (Pietkiewicz & Smith, 2014). Phenomenological inquiry developed by Husserl (1952, 1970), is concerned with exploring the experiential content of experience and focusing on every detail moving away from the tendency to put order on experience by categorising into established classification systems (Smith et al., 2009). Philosophers’ Heidegger (1952), Merleau-Ponty (1962) and Sartre (1956) further expanded Husserl’s work, emphasising the immersion of the individual in a world of relationships, culture, language, and so on. This idea highlighted that understanding individuals’ perspective was a product of a direct interaction with their involvement in the world (Smith et al., 2009).

Hermeneutics provides a framework for the interpretation. IPA considers the role of the researcher and the participant as equally valid and thus emphasises the researcher’s own interpretation of the participant’s experience; this is referred to as the ‘double hermeneutic’.
This is characterised by the researcher’s endeavour to make sense of the participant’s narrative, whilst the participant make sense of their subjective experience (Smith & Osborn, 2008). An important concept of note within the interpretative, non-linear process of IPA is the ‘hermeneutic circle’ which is characterised by the examination of all parts in order to consider the whole (Smith et al., 2009). IPA is ever-mindful of minimising the impact of researcher influence during the analytic process, and highlights the researcher’s awareness of their own particular biases, assumptions, and preconceptions as well as their willingness to reflect and question the impact of their role (Willig & Stainton Rogers, 2017).

The idiographic theory supporting IPA refers to the focus on the individual case: that is, the unique and specific features of the individual experience. It draws attention to the in-depth analysis of each individual case before any effort is made to propose generalised findings across cases (Smith et al., 2009). The strength of the idiographic approach is that it affords space and freedom for participants to describe experiences which may have been unforeseen by the researcher during the data collection process (Willig, 2013). It also refers to the focus on understanding a particular phenomenon from the perspective of a particular group of people; thus contextualism is an integral aspect of IPA (Smith et al., 2009).

IPA inheres sufficient flexibility for the researcher to engage in their own collective discussions about the data while also drawing on data at a single case level. The method values both what is shared and what is unique to individuals (Pietkiewicz & Smith, 2014). Since the research question was concerned with each individual’s subjective experience, thoughts, feelings, and perceptions regarding their engagement with an attachment-based intervention, IPA was deemed the most appropriate approach.

### 3.3.1 Semi-Structured Interviews

IPA studies have deployed a range of data collection instruments from semi-structured interviews (Smith, 1995) to focus groups (Flowers, Duncan & Knussen, 2003) and diaries (Boseman, 2009). Semi-structured interviews were conducted in the current study in order to derive rich and meaningful qualitative data. The format of semi-structured allows for the balancing of the need for structure and freedom to follow the participants’ narrative (Smith, 1995) while the idiographic approach in semi-structured interviews facilitates further exploration of moments which are meaningful to the participant (Willig, 2013).
3.4 Sampling

3.4.1 Method of Sampling

A purposive sampling approach was used in the current study. This approach is characterised by a selection of participants on the premise of their ability to provide insight into the specific phenomenon under investigation (Smith et al., 2009). Participants who had completed the COS-P group intervention with a service from the Area Based Childhood (ABC) Programme were therefore invited to participate in the study. These consisted of parents who had been deemed suitable for the COS-P group by the course facilitator, and who in turn, had participated in the intervention. In line with IPA’s principle of homogeneity, efforts were made to establish a homogeneous sample with regard to particular phenomenon and context. The sample included eight biological parents and two foster parents, which was of some initial concern in terms of homogeneity. However, following consultation with the research supervisor to explore whether biological and foster parents experiences would be meaningfully different, and considering the premise that the phenomenon ‘COS-P’ under investigation sought the ‘primary caregivers’ to child/children within a similar social-demographic, the sample was deemed ‘fairly homogenous’ (Smith et al., 2009).

3.4.2 Sample Size

IPA privileges data quality rather than quantity. In fact, a smaller sample size can offer greater space to elicit richer and more in-depth data regarding the individual experience (Smith et al., 2009). Recommended sample sizes in IPA range between four and 10 participants (Smith et al., 2009), while six to eight participants have been deemed appropriate for the purposes of doctoral level research (Turpin et al., 1997). In fact, 10 participants were interviewed for the current study.

3.4.3 Inclusion Criteria

Individuals over the age of 18 who had attended a minimum of 80 per cent of the group sessions were deemed eligible for inclusion in the study. All individuals who had attended the group were the primary caregiver (whether biological parent or foster parent) to at least one
child under six years old. Individuals were required to be in a position to provide informed consent in order to participate. The exclusion criteria therefore consisted of any individual unable to speak fluent English or unable to provide informed consent.

3.5 Participants

3.5.1 Recruitment

Participants were recruited from a community service funded by an Area-Based Childhood (ABC) programme. The service is a prevention and early intervention programme which seeks to invest in effective services to improve outcomes for children and families living in areas of disadvantage. The population-based intervention service provides evidence-based interventions across the milestones of a child’s life, from pre-birth to adolescence. These interventions promote secure attachment and positive relationships as well as social and emotional development and resilience. All services are embedded within mainstream community services and available to all families within the catchment area.

All participants had attended one of the six COS-P groups held between October 2017 and September 2018. The six groups took place in two community resource centres and two child care facilities. The infant mental health coordinator of the service disseminated recruitment posters to parents who had previously or were currently attending the COS-P group (Appendix A). Participants who expressed interest provided consent for their contact details to be shared with the researcher. Individuals who expressed interest were provided with an information sheet (Appendix B) which outlined the study in more detail. Participants were subsequently recruited between May and December 2018.

3.5.2 Sample Characteristics

All participants invited to take part in the study had completed the COS-P group provided by one of the ABC lead organisations. Admission to the COS-P group as provided by the ABC lead organisation was based on parents’ residence within an ABC categorised ‘area of disadvantage’. Although both male and female parents were invited to take part, the participants who ultimately volunteered to participate comprised 10 females between the ages of 21 and 55 years of age (mean = 35.6). The age of the target child ranged from one to six (mean = 3.3) and the number of children in each family ranged between one and three (mean
Further participant demographics are presented in Table 3.1 below. Eight of the individuals were biological parents, one of whom was also relative foster carer to one child. Two parents were foster parents.

At the time of course attendance, six participants were classed as unemployed, two as homemakers, one was in part-time employment, and one was in full-time employment. Three mothers identified their children as having one of the following diagnoses: Down’s syndrome; Oppositional Defiant Disorder (ODD); or Autism Spectrum Disorder (ASD). The ethnic profile of participants were White Irish (n = 9) and White European (n = 1). The relationship status of participants included marriage (n = 3), in relationships (n = 3) and single (n = 4).

Table 3.1: Participant Demographic Information

<table>
<thead>
<tr>
<th>Participant</th>
<th>Group</th>
<th>Household</th>
<th>Age of Child</th>
<th>Number of Children</th>
<th>Months completed COS-P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amanda</td>
<td>1</td>
<td>Dual parent</td>
<td>3</td>
<td>(n=2)</td>
<td>(n=8)</td>
</tr>
<tr>
<td>Julie</td>
<td>1</td>
<td>Lone parent</td>
<td>4</td>
<td>(n=1)</td>
<td>(n=8)</td>
</tr>
<tr>
<td>Niamh</td>
<td>2</td>
<td>Lone parent</td>
<td>4</td>
<td>(n=1)</td>
<td>(n=5)</td>
</tr>
<tr>
<td>Jessica</td>
<td>2</td>
<td>Dual parent</td>
<td>2</td>
<td>(n=2)</td>
<td>(n=9)</td>
</tr>
<tr>
<td>Alison</td>
<td>3</td>
<td>Dual parent</td>
<td>4</td>
<td>(n=1)</td>
<td>(n=9)</td>
</tr>
<tr>
<td>Mary</td>
<td>3</td>
<td>Lone parent</td>
<td>4</td>
<td>(n=1)</td>
<td>(n=9)</td>
</tr>
<tr>
<td>Renee</td>
<td>4</td>
<td>Dual parent</td>
<td>3</td>
<td>(n=2)</td>
<td>(n=5)</td>
</tr>
<tr>
<td>Bridget</td>
<td>5</td>
<td>Lone parent</td>
<td>6</td>
<td>(n=2)</td>
<td>(n=1)</td>
</tr>
<tr>
<td>Hannah</td>
<td>5</td>
<td>Dual parent</td>
<td>1</td>
<td>(n=3)</td>
<td>(n=1)</td>
</tr>
<tr>
<td>Regina</td>
<td>6</td>
<td>Lone parent</td>
<td>2</td>
<td>(n=1)</td>
<td>(n=2)</td>
</tr>
</tbody>
</table>

*Dual parent denotes that both parents are involved in child’s care *All names are pseudonyms.
3.6 The Circle of Security-Parenting Programme (COS-P)

3.6.1 Intervention Outline

The Circle of Security-Parenting (COS-P) DVD manualised programme consists of eight modules (Cooper, Hoffman & Powell, 2009). Each module comprises 15 minutes of video excerpts involving parent-child interactions and reflections from past COS-P participants. Excerpts are presented and followed by a discussion in each session. The facilitator role is to invite a reflection from participants on their own parenting experiences. The manual provides a specific step-by-step guide on where to pause the video, items to discuss, and approaches through which to support and facilitate parents’ reflection. There are six suggested pauses in each DVD chapter in which the facilitator invites process queries or reviews the material. A number of handouts were provided to the group. Table 3.2 outlines the aims of the COS-P intervention. Further details on the learning goals and session content are documented in Appendix F.

<table>
<thead>
<tr>
<th>Aims</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enhance caregivers internalised secure base script by giving them a roadmap of children’s attachment needs – COS roadmap</td>
</tr>
<tr>
<td>Help caregivers to develop more accurate internal representations of the self and others. Particular attention to negative attributions of the child</td>
</tr>
<tr>
<td>Support caregivers’ appropriate and sensitive responses to children’s emotions.</td>
</tr>
<tr>
<td>Increase caregivers’ reflective functioning.</td>
</tr>
<tr>
<td>Support caregivers’ understanding of their ‘Shark Music’ (COS term for discomfort that emerges during parent-child interactions which can prevent the parent’s ability to meet their child’s attachment needs) and help caregivers to develop more empathy for the distress that unregulated parental emotions cause in children.</td>
</tr>
<tr>
<td>Increase caregivers’ secure base/safe haven provision.</td>
</tr>
<tr>
<td>Improve attachment outcomes for children at risk for insecure attachment.</td>
</tr>
</tbody>
</table>

3.6.2 Intervention Delivery Procedure

Participants had completed one of six COS-P groups between October 2017 and September 2018. Three groups took place in childcare facilities and three in community resource centres. Two of the six groups were specifically provided for foster parents. Facilitators delivering the
groups consisted of one ABC service coordinator, three early child care workers, and one social care project worker. All facilitators completed the four-day training in COS-P and all groups were delivered over nine weeks on the same day and time each week.

The duration of the group was approximately two hours with a 15-minute tea-break. Childcare was made available for participants’ children at the same location as the course.

3.7 Procedure

3.7.1 Data Collection

The co-ordinator of the ABC service disseminated participant recruitment posters (Appendix A) and information sheets (Appendix B) to potential participants. Participants who expressed interest then provided consent for their contact details to be shared with the researcher. The researcher and participant organised a suitable date and time to conduct the interview which were subsequently conducted in a quiet room in the service at which participants had previously attended the COS-P group.

Participants were provided with another copy of the information and consent sheet (Appendix B) and provided with an opportunity to ask any questions regarding the study. Consent was sought to record the interview using an audio recorder. This was done using an Olympus Digital Voice Recorder. Participants were verbally advised of their right to withdraw during interview, at any point without consequence. Participants were also advised that they had the opportunity to withdraw their data up to two weeks after the interview. Finally, confidentiality and its limits were presented to participants.

3.7.2 Interview Schedule

Individual semi-structured interviews were conducted with participants who had completed the COS-P group programme. The 10 participants completed the interview between one and nine months post-intervention (Mean = 5.7). The development of the interview schedule was informed by a review of the literature, reflective process, and supervision. The interview schedule (Appendix D) was piloted with a two participants of the complete sample. This pilot procedure enabled the researcher to become familiar with the interview schedule and
structure and to critically review the process within research supervision. Research skills to encourage participants engage in on a deeper level reflection were discussed with the research supervisor; such as sitting with silence, or asking follow up questions to drill down into experience.

The interview schedule (Appendix D) was therefore flexibly utilised to allow space for the participant to guide the process. The interview itself proceeded over three stages: 1) rapport was established with the participant; 2) interview questions were presented to the individual (Appendix D); and 3) debriefing, in which the researcher clarified any outstanding queries from the participants. A debrief sheet (Appendix C) which consisted of the researcher’s contact details as well as contact details of services as further support was required was provided for each participant. The researcher utilised a curious and open interviewer style during the interview. Occasionally, the researcher questioned the thoughts and feelings of the participant as they discussed their experience in order to access a higher level of reflection.

Interview ranged in duration from 44 minutes 36 seconds and 60 minutes 2 seconds. The mean interview length was 54.35 minutes. Each interview was audio-recorded and transcribed verbatim in preparation for analysis. In order to protect anonymity, each participant was assigned a pseudonym and all identifying information was removed from the transcript. The researcher maintained a reflective note and memo diary in order to annotate impressions of the interview, refine interview skills, and to process and reflect upon reactions and, preconceptions emerging throughout the research process. The reflective note and memo diary was reviewed during analysis and the writing-up stage of the study (Appendix G).

3.8 Data Analysis

Following completion of data transcription, each transcript was formatted in Microsoft Word using the three column protocol as recommended by Smith et al (2009) in preparation for the analysis. The data was positioned in the middle column, with the right column for exploratory observations and the left for emerging themes. Exploratory comments consisted of descriptive, linguistic, and conceptual comments. Descriptive comments consist of general key words, or phrases which were found to be are meaningful to the participant. Linguistic comments were those concerned with language use, such as repetition and metaphors. Conceptual comments moved from descriptive to an abstract and interpretative level (Smith
et al., 2009). Standard font was used for descriptive comments, italics for linguistic comments, and underlining for conceptual comments. An example of this layout is presented in the appendices (Appendix G) (Smith et al., 2009).

The IPA analytical process is dynamic, iterative and inductive, and is characterised by the researcher moving from reviewing the particular to the universal and from the descriptive to the interpretative (Smith et al., 2009). The researcher was committed to becoming familiar with the data prior to initial coding by reading and re-reading transcripts whilst listening to audio recordings. The stages involved in the analytic process of each interview are outlined in the Figure 3.1 below:
Stage 1
- **Familiarisation with the interview transcript:** This stage involved listening to the audio recording and the reading and re-reading of the individual interview transcript.

Stage 2
- **Initial noting:** Free textual analysis of the transcript takes place. The researcher identified and commented on units of meaning in the text. Common clusters of meaning are developed. Exploratory comments take the shape of 1) descriptive comments 2) linguistic comments and 3) conceptual comments.

Stage 3
- **Developing emergent themes:** This stage saw the development of categories or emergent themes based on the researchers’ comments and initial notes of the interview sections.

Stage 4
- **Identifying connections across emergent themes:** This stage involved drawing emergent themes together and producing a structure that highlights the most interesting and important aspects of the participants account.

Stage 5
- **Moving to the next case:** This stage involved moving to next participants’ transcript and repeating the process. Each case required analysis on its own terms, bracketing emerging ideas from previous transcripts.

Stage 6
- **Looking for patterns across cases:** This stage required drawing connections across cases and for the group as a whole.

*Figure 3.1: IPA approach to data analysis (adapted from Smith et al, 2009)*
3.9 Ethical Considerations

Ethical approval was granted by the University of Limerick Education and Health Sciences Research Ethics Committee (EHSRC) (Appendix H). The decision to participate was made on a voluntary basis by individuals who had completed the COS-P group. Participants were advised on their right to withdraw at any time, without any judgement or consequences. An ethical framework was upheld by the researcher’s practice from development through to completion.

3.9.1 Informed Consent

As previously delineated, informed consent was sought prior to data collection utilising the information sheet and completion of the consent form (Appendix B). An important aspect of informed consent process was affording participants an opportunity to ask questions and gain clarity on their participation at any point during the research process. Additionally, participants were offered time to discuss their engagement in the study upon completion. However, no participant chose to avail of this follow up service.

3.9.2 Confidentiality and Anonymity

Confidentiality and anonymity were ensured for the participants involved in the current study. Each participant was allocated a pseudonym, with only the primary researcher having access to the participant coding system. All identifying information relating to participants, professionals, and locations, were redacted from the transcripts. Confidentiality and limits regarding the safeguarding of the individual and others were explained to participants both in verbal and written form. Upon completion of each interview, audio files were transferred onto a password protected computer and saved in a password protected file. Transcripts were solely reviewed by the primary researcher, with the exception of specific segments of transcripts that were also reviewed by the academic supervisor.
3.9.3 Potential Distress

The researcher was alert to the possibility for distress both during and after data collection. As such, the researcher remained sensitive and watchful for any indication of distress during interviews. In the event of any such distress, the researcher was committed to providing the participant with a break as well as option to reschedule or withdraw. However, there was no evidence of participant distress throughout the data collection process. The current study identified participants’ willingness and enthusiasm to speak about their experience of engaging with the COS-P intervention. These factors appeared to outweigh the potential for negative consequences arising from participation. Upon completion of the interview, participants were provided with debriefing information in verbal and written form. The debriefing form included contact details for further support from both the host organisation and a separate voluntary organisation, and the researcher’s contact details in the event that the participant wished to contact them upon completion of the interview.

3.10 Quality and Validity Considerations

Yardley’s framework for achieving trustworthiness and credibility in qualitative research was utilised throughout the research process (2000). This credibility and validity framework requires the mindful consideration of the four criteria of ‘sensitivity to context’, ‘commitment and rigour’, ‘transparency and coherence’, and ‘impact and importance’.

In terms of sensitivity to context, IPA was utilised as its phenomenological base is a suitable approach for accessing the perceptions of parents’ experiences of the COS-P group intervention. The use of semi-structured interviews provided both flexibility and a space for parents to think deeply about sensitive and unique experience. In terms of efforts to maintain commitment and rigour, Smith and colleagues’ (2009) guidelines on the IPA approach were followed systematically. The researcher was dedicated to providing a clear outline of the research process along with all relevant information in appendices to guarantee transparency and coherence. With regard to impact and importance, it is hoped that this study will offer an in-depth understanding of parent’s experience of an attachment-based group intervention within a particular sociocultural context. An increasing evidence base supports population-based early intervention and prevention models for child wellbeing and focuses on parent-child relationship as a means of promoting optimal development. Given the dearth of
 qualitative literature exploring parents’ experiences of attachment-based group interventions, it is hoped that the current study will offer a valuable contribution upon which future research can build.

3.10.1 Intervention Fidelity

The COS-P intervention recognises that individuals completing the training inevitably boast varying levels of training and work experience. In order to maintain intervention fidelity, the COS-P trained facilitator adheres closely to the structured model, DVD manual, and COS materials. The purpose of the DVD is to provide all teaching material. Reflective pauses are interwoven and facilitators maintain a reflective, ‘ask, don’t tell’ approach. This ensures that the intervention is delivered as intended. The facilitator role is to foster an appropriate environment in which a parent can learn while exploring complex and sometimes painful personal histories (Powel et al., 2014) and the facilitator aim is to maintain an empathic, non-judgemental reflective stance in order to support caregivers to make sense of their experience. Facilitators maintain a reflective log throughout the programme delivery.

3.11 Researcher Reflexivity

IPA requires the researcher to balance their role in the interpretation of individual’s subjective experience with due attention to their influence and preconceptions in the dual process of collecting and analysing data (Smith et al., 2009). Paradoxically, researcher’s preconceptions require bracketing while at the same time offering sources of insight (Finlay, 2008). Bracketing refers to the setting aside any preconceived ideas regarding the research topic (Smith et al., 2009). Through the open acknowledgement and recording of presumptions via a reflective log, the risk of biases can be reduced. I was mindful of my role as a Trainee Clinical Psychologist, level of competence, enthusiasm for the intervention and personal value system throughout the process. In my commitment to produce a quality IPA study, together with my regular research supervision, I attended four IPA training workshops and one individual supervision session with IPA Ireland.

My interest in the area first arose during my first clinical placement as a trainee clinical psychologist in a Child and Adolescent Mental Health Service (CAMHS) where I gained exposure to the COS-P intervention. At that time, I noticed how staff and parents spoke about
COS-P group in a way that differed from other psychological interventions. What most interested me were the shifting perceptions which parents reported as they engaged in the intervention process without blame or defensiveness. I reflected on the value of engaging parents in this type of work as the vehicle for positive change, particularly for early and middle childhood. Hearing comments such as ‘I didn’t realise she needed me so much’ and ‘I thought she was doing that to annoy me’ sparked my curiosity in parents’ subjective experience of the COS-P group intervention.

Given my interest in early intervention approaches, the clinical application of attachment theory, and hard to reach groups, I had followed the work of the Area Based Childhood (ABC) initiative in providing evidence-based interventions in non-stigmatising community environment aimed to improve outcomes for children and families living in areas of disadvantage. I came to realise the importance of parents within this sociocultural context sharing their experience of making sense of the COS-P group intervention.

### 3.12 Conclusion

This chapter has demonstrated the methodological design and procedures utilised in the current study. Furthermore, the chapter has presented the salient issues arising in qualitative research methodologies including ethical concerns, quality considerations, and reflexivity.
Chapter 4: Results

4.1 Introduction

This chapter provides a comprehensive presentation of the findings arising from this study. A number of noteworthy themes were identified from analysis of 10 transcripts. In order to address the main research question, the superordinate themes will be conceptualised as three phases of a journey upon which parents embarked as they progressed through the COS-P intervention. The three phases were: 1) *Group as a safe base for self-discovery*; 2) *Understanding my child in a new way*; and 3) *New beginnings: reaching our potential together*. The chapter will outline each phase and discuss their associated subordinate themes. In order to provide an articulate account of parents’ lived experiences, insight into participants’ personal accounts will be supported by direct participant quotes and the researcher’s interpretation of each theme through analytic comments. Reflective boxes consisting of the researcher’s insights as she progressed through data collection and analysis will be presented throughout the chapter. The chapter will take the reader through each phase of the participants’ journeys as well as the lived experience of their engagement in the COS-P group.

4.2 Overview of Findings

Research participants provided their personal accounts of how they made sense of engaging with Circle of Security-Parenting (COS-P) group intervention. Emerging themes were categorised into three broad superordinate themes which captured the distinct processes of personal development for participants: namely, *Group as a safe base for self-discovery*; *Understanding my child in a new way*; and *New beginnings: reaching our potential together* (see Figure 4.1).
Phase One: Group as a safe base for Self-Discovery

(a) Experiencing barriers in parenting
(b) Feeling understood
(c) Building reflective practice: Understanding and empathy
(d) Making sense of my past

Phase Two: Understanding my child in a new way

(a) Seeing my child’s needs more clearly
(b) Mindful communication
(c) Changing the lens
(d) Experiencing connection in ‘being with’ my child

Phase Three: New Beginnings: Reaching our potential together

(a) Opportunity to be a better parent
(b) Noticing changes in me
(c) Noticing changes in my child
(d) Building our relationship

Figure 4.1: Key findings
Phase One - *Group as a safe base for self-discovery*, as characterised by the experience of finding safety and trust within the group context, facilitated a number of key processes for participants. Within this safety, participants acknowledged their personal parenting challenges in relation to parenting and felt understood in the shared experience. They developed understanding and empathy through self-reflection as well as by making sense of their own attachment history and early experiences.

Phase Two - *Getting to know my child in a new way*, reflects participants’ experiences of paying attention to and understanding their child from a new perspective. Parents described their new understandings of their children’s attachment and exploration needs, their attempts to communicate, explorations of the meaning behind behaviours, and becoming emotionally available as processes that were meaningful on this journey. A new sense of empathy from parents in relation to their children’s needs permeated these participant narratives.

Phase Three - *New Beginnings: reaching our potential together*, represents participants’ experiences of hope for the future in their role as parent, in their children’s development, and in their relationships with their children. Participants reported moving forward in their lives with a greater sense of optimism. Participants also described their efforts to be a better parent with compassion and self-kindness, as well as enjoying an enhanced awareness of their children, strengthening the parent-child relationship, and noticing positive changes in their children.

4.3 Phase One: Group as a Safe Base for Self-Discovery

A felt sense of safety and security within the group permeated participants’ interviews. This safe space provided participants with permission to identify their personal challenges, uncover their vulnerabilities, and reflect upon and make sense of their past whilst simultaneously experiencing containment, validation, empathy, and a non-judgmental approach from both the facilitators and their peers. The themes emerging from parent’s data are experiencing barriers in parenting; feeling understood; building reflective practice; understanding and empathy; and making sense of my past.
4.3.1 Experiencing Barriers in Parenting

While unique to each person, participants discussed the challenges and barriers they experienced in their parenting role prior to their participation in COS-P. A common thread emerging from individuals’ narratives was a perceived sense of doubt in their ability to parent in the context of various psychosocial stressors and internal processes. Five participants were single parents and some of the challenges they experienced were directly associated with that status. However, this experience was also influenced by parents’ own experiences of being parented, any mental health difficulties and a lack of social support.

Julie\(^1\), a single mother with little support network, described the internalised fears which related to her perceived inadequacy to parent her daughter; fears which were based on her own attachment history:

\[\text{Nobody gives you a guide book... I was young, I done it all by myself}^{2}\text{... doubting myself as a parent... What if I can’t look after her? What if somebody takes her... and it goes back to when I was younger because I was in care... my mam didn’t look after me so... really afraid, I kept telling myself I can’t do this} \quad \text{(Julie)} \]

On a more primal level, Julie’s fear ‘what if somebody takes her’ could be suggestive of her perceived lack of safety and trust in the world and those around her. Regina also expressed her anguish at being a single mother with mental health difficulties as well as the feelings of guilt associated with this which left her questioning her ability and worthiness to fulfil the role of both parents to her son:

\[\text{...I suffered with postnatal depression and anxiety... I am a single parent and I am raising my child on my own. And I had felt a lot of guilt being his only parent and I felt I wasn’t good enough to be responsible for two parents} \quad \text{(Regina)} \]

Bridget, a \(^3\) relative foster carer, discussed the challenge of having fun times with her children in the context of having to cope with a relationship breakdown and other psychosocial stressors, resulting in her experiencing parenting as ‘firefighting’.

---

\(^1\) Names have been replaced with pseudonyms in order to safeguard participant’s confidentiality

\(^2\) A sequence of three dots within quotes represents non-essential texts which have been removed. It is completed for the purpose of providing clarity regarding the meaning of quotes.

\(^3\) Relative foster carer is a foster parent who is related to the children i.e. aunt, grandparent
...there was something there, that wasn’t allowing you to relax and have the fun... There was a lot of stress going on... you weren’t parenting - you were firefighting. No firefighting is necessary sometimes, but it shouldn’t be constant it shouldn’t be 24/7, 365. It’s that, that wears you down. (Bridget)

Bridget’s interesting use of the metaphor ‘firefighting’ captures an image of her lurching from crisis to crisis, putting out the flames and leaving little space to be a parent.

These narratives provide a picture of the individual experiences of parenting and the context in which participants existed prior to engagement with the COS-P programme. They highlight the barriers individuals were experiencing which were impacting on their perceived ability to take care of their children, which Bridget describes as ‘firefighting’ rather than parenting. The psychological and social barriers left parents with feelings of guilt, fear, and isolation.

4.3.2 Feeling Understood

Participants described the group experience as a space in which they felt understood, where personal accounts of parenting struggles could be shared without fear of judgment or shame. For many, it was a new experience to experience containment, validation and empathy from both group facilitators and other group members. Listening to the personal accounts of other group members also provided parents with a sense of relief:

Talking to other parents... you think, you’re the only one that has the problem... I’m not the only one actually... makes you more relaxed. (Amanda)

... made me feel a little more sane, I suppose... that I wasn’t the only one when people were saying... that happens to me, and I thought, ‘oh my god, it is a weight lifted.’ (Hannah)

Amanda and Hannah describe the comfort they derived from the shared experience of the group, experiencing as ‘it’s not just me’ was normalising and Hannah’s metaphor ‘weight lifted’ reflects the unburdening of worries that were bearing down on her.

For others, the experience of feeling understood within the context of the compassionate, and non-judgmental approach of facilitators was particularly powerful:

I felt it understood me as a person, when nobody in my circle got me... I never really got a good job, well done... coming in to do the course, I was getting praise... I felt good doing it. They showed me a lot of compassion. (Mary)
... not telling you were a bad parent... it was about what suits you, in your life... it wasn’t a course full of hate; you are doing this wrong. No blame. It was really nice.

(Julie)

Julie’s use of powerful language ‘full of hate’ is interesting and suggestive of her perceived sense of judgment regarding her ability to parent, while the phrase ‘doing this wrong’ offers additional insight into her conflictual internal process.

Feeling understood and heard as well as experiencing compassion and a non-judgmental approach within the COS-P group was meaningful for all participants. The process of sharing experiences and being met with compassion seemed to be cathartic for individuals.

4.3.2 Building Reflective Practice: Understanding and Empathy

Participants described the reflective practice aspect of COS-P as rewarding, novel, and challenging. Many participants found that reflecting on themselves, their experiences, their children, and their relationships resulted in understanding and empathy. For some, the reflective model was a revelation; a new experience that evoked some apprehension, and therefore required courage to trust the process. The reflective approach was particularly surprising for Bridget.

I have done lots of different courses... most of the courses are like putting a plaster on a wound... this is not what I expected, the level of reflection... it gave me a better understanding... understanding of both me and my children.

(Bridget)

As a foster parent, Bridget had spoken about attending a number of parenting courses. She draws a noticeable distinction between the reflective approach of the COS-P group to previously attended groups. She presents powerful image of previous courses as ‘putting a plaster on wound’, which implies a temporary and unsatisfactory way of dealing with a problem; a quick and superficial ‘fix’ without meaningful longer-term impact.

Renee also reported that the reflective model was not what she had expected from a parenting group. However, while acknowledging the benefits, she found the process challenging:

I found it difficult... to talk about myself and our child. How you are brought up... so that was hard. If I had of known this, I wouldn’t have done it [laugh]... but I’m glad I did because it does make you look at yourself more; your insecurities, you pass onto your child... you do feel a little vulnerable... I was expecting to be told what to do... it wasn’t anything like that. It was more figuring out yourself.

(Renee)
Renee’s shift pronoun from ‘I; to ‘you’ may be indicative of her desire to create distance from reflecting on her experience, suggesting her difficulty in articulating something that is emotional and complex.

While reflective practice can be a daunting process, as the parents engaged in it within the group, many epiphanies of understanding and empathy were realised. Understanding themselves, their children, and their relationships prompted empathy for self, child, and others. Several parents articulated the experience of become more empathetic, compassionate, and understanding towards themselves in their role as parent. Mary described one such thoughtful and emotional moment while exploring the ‘good enough’ concept:

I started crying because it was a real breath-taking moment. ‘Oh my god, you’re putting so much pressure on yourself...you’re only human...’ COS helped me to change the blame and guilt into positivity and to wipe that under the table... that is where I changed in that programme... that was the turning point for me.

(Mary)

Mary uses moving and heartfelt language to describe the moment that things changed for her. Her narrative reflects a revelatory internal shift from undue levels of self-criticism to a state of compassion, containment, and acceptance with her efforts to do her best. Her phrase, ‘wipe that under the table’ is symbolic of a new fresh start.

The experience of empathy and self-kindness was shared by a majority of the participants. As parents reflected on their experiences, empathy and understanding was extended to other relationships in their lives. Julie discussed her experience of empathy for others in terms of better understanding their actions and behaviours:

I would be more empathetic to others after doing the course, I don’t speak to my family, just loads of stuff happened. But I can feel more empathetic towards them.... I can see they are upset over that. They can’t see why that happened and they’re very much one-sided and they have the blinkers on.

(Julie)

The reflective journey embarked upon by participants encouraged understanding and empathy towards themselves and others. This alleviated the feelings of guilt that participants had been carrying, and relieved feelings of pain and/or anger towards themselves and others.

---

4 The ‘good enough’ concept is introduced in the COS-P intervention and is based on the premise that perfect parenting is unrealistic. Striving to be sensitive and responsive caregiver most of the time is enough (Winnicott, 1973).
4.3.3 Making Sense of my Past: Noticing, Drawing Links, and Making Changes

Within the safe parameters of the COS-P group, parents were asked to explore and reflect on their experience of being parented. During this process, parents reflected on their early experiences in their relationships with their primary caregivers. Of course, revisiting attachment histories inevitably activated old wounds for some parents as well as generating a range of positive emotional responses. Nine participants specified adversities they had undergone that they did not want their own children to experience. These included an absence of emotional availability, unresponsive caregiver, or punitive parenting style, whether fleeting or long-term. They came to see the links between their past and their present in terms of themselves as a parent and their relationships with their children, and considered how they could prevent repeating patterns. Julie and Bridget were particularly struck by their reflections and acknowledgements of their own early experiences:

...realising what went on for me when I was smaller... I am not okay with that. I’m upset about that. That has had a really big impact on me, and my whole life (Julie)

...then you realise, good fuck! I was never actually parented... I was fed, watered and put out to pasture...Everybody was the same, at least in our social demographic. (Bridget)

Bridget uses powerful imagery to express her disbelief upon reflecting on her early experiences. ‘Put out to pasture’ is used to amplify the lack of attention or consideration she received from her parents. The comparison with and inclusion with her peers within her community, possibly makes these sad memories more tolerable.

As parents acknowledged their early experiences, they ringfenced the links between the past and present:

...it’s mad because of what happened to me, I have been instilling it into her head... your parenting skills are impacted by your parents. It is crazy. (Jessica)

...my father was angry... and I took that with me... ‘Oh my god, you’re turning into your father!’... and I didn’t want that, I really didn’t. (Mary)

Jessica’s use of the terms ‘mad’ and ‘crazy’ almost undermine the extremity and meaning of what she is communicating. Mary captures a powerful image of wanting to do things differently with her use of repetition. Her shift from first to second person could also be interpreted as her desire to distance herself from her father and becoming that angry person.

Reflecting on the links between past and present, parents expressed a range of emotions from surprise to sadness and fear. As many participants made sense of their past, they
acknowledged they wanted to do some things differently in their role as parent. Alison’s need to vent her anger had not been tolerated by her parents. As she made sense of this, she expressed her wish to support her daughter in her emotional experiences:

*I was alone when I was angry... they did not organise my feelings... now when I am with my child when she is angry, she might learn that it is okay to be like this.*

(Alison)

Alison’s quote evokes the picture of a child fearful and uncertain of her emotional experience of anger and her parent’s inability to co-regulate this experience. She learned that feeling angry was not allowed; that it was a feeling to be avoided. In becoming aware of this during COS-P, she understood it was important she did not transmit this sanction onto her daughter.

Like Alison, many of the parents were clear that they wanted to meet their children’s needs in ways that their needs had not been met. However, some also admitted to the challenges entailed in making such fundamental changes.

*You have got to break these habits, you have got to do this differently you have got to change, change is hard, and sometimes really uncomfortable.*

(Hannah)

*I, 100 per cent wanted to do it differently but then I still kind of felt like I wasn’t... I didn’t know how to... then I was given the tools... which were a godsend.*

(Regina)

Renee offered the counterpoint view, as she recalled a pleasant childhood experience and a relationship with her parents in which her needs were consistently met. She described her parents’ style as ‘easy going’, with few boundaries. However, as she made sense of her experience and recognised she had the same parenting style, she realised this approach did not work for her two foster children:

*I was fairly easy going with the kids but obviously with the boys coming from foster care it wasn’t working so I needed to be... more firm... I didn’t really put a lot of boundaries in... I realised that going through the course that they do need boundaries.*

(Renee)

---

5 Emotional regulation is described in COS-P as ‘Organise my feelings’. It is based on the premise that children enter the world with a repertoire of emotions however require a responsive caregiver to support and make sense of this confusing and potentially frightening experience (Powell et al., 2016).
Reflective Box

I was struck by the emotional courage that many of the participants demonstrated in their willingness to make sense of their own pasts in an effort to make things better for their children. For some, the experience reactivated old wounds as they recalled sub-optimal early experiences.

It was apparent that the COS-P core values of empathy and safety were provided by facilitators in order to elicit such insight from participants. The level of reflection varied across participants and I noticed that participants who engaged on a deeper level focused on their early experience and their impact on their child.

The behaviour of the child remained the focus of attention for parents who appeared to struggle with the reflective approach. Nevertheless, these parents demonstrated an ability to reflect on the impact of their current functioning and state of mind on that of their children.

Many of the participants acknowledged the challenge of revealing their vulnerabilities as a result of a reflective model whilst upholding the value in it. I recalled my own discomfort in eliciting a deeper level of reflection and engaging with participants who appeared controlled in their responses at times. Following these interviews, I was left with feelings of uncertainty and doubt in my ability to fully access their lived experience.

4.4 Phase Two: Understanding My Child’s Needs in a New Way

Following Phase one, in which participants identified the challenges of their parenting experience, built on their reflection skills, and identified their own mental states and attachment histories, Phase Two is characterised by parents’ increased awareness of their child’s needs and underlying mental states. Themes emerging from parents’ data are as follows: Seeing my child’s need more clearly; Mindful communication: Changing the lens, and Experiencing connection in ‘being with’ my child.

4.4.1 Seeing my Child’s Needs More Clearly

All participants reported the experience of seeing their child’s needs more clearly. Participants described an increased awareness of their child’s need for them.
They expressed surprise, relief and a sense of clarity as they noticed needs of which they had not been previously aware. For most, this was described as ‘eye opening’, as the parents became more aware of their children’s needs, and in turn, became better equipped to respond appropriately. Alison described understanding her daughter’s attachment and exploratory needs in terms of a ‘revolution in my mind’. Jessica was equally emotional as she described the revelation of her daughter’s need for her:

...wow, was amazed by it, it made you open your eyes, to the child just needs you.

(Jessica)

Most participants expressed wonder at finally seeing needs expressed in their child that they had previously missed. They all expressed relief as they gained clarity in seeing their children’s needs. This contrasted with the pre-intervention experiences of many participants, as they expressed concern that they did not know what was going on with their child or what was wrong when they expressed negative emotions:

I learned a lot... you don’t get told that by the doctors... it’s like right in front of you and you don’t see it until somebody points it out... just think about it and say no they’re babies, they need help, they are just as frustrated as you. But before that I wouldn’t have known and I would be like, I’m really loud. I would be saying what did you do?

(Niamh)

For many participants, it is not until children’s underlying needs are directly pointed out and brought into their awareness that they understand them. This may be particularly relevant for parents whose similar needs went unmet in childhoods. As parents spoke about seeing the needs of the children more clearly, they reflected on a new sense of enjoyment and curiosity in exploring the internal states of their child. Jessica and Hannah spoke of their commitment to get into the mind of her children:

...in their little minds, what are they trying to tell you... getting into their heads... what are they actually trying to tell you... If you didn’t do the course you would be thinking. ‘ah she’s being bold’. It’s just deadly.

(Jessica)

...looking at him, spotting little things. Oh my god, I learned that, that’s what is going on with him... you feel great because you noticed, I’m enjoying it... He probably done that a million times before, and I never noticed.

(Hannah)

After gaining clarity and a sense of curiosity in identifying the underlying needs of their child, participants made sense of the specific needs they felt they had not previously noticed in their child.
Renee found that becoming the parent who takes charge when necessary was essential for providing security to her two foster children:

I realised going through the course that they do need boundaries, that they were more secure if I did put the boundaries in... I needed to be a parent... be their secure base. My husband would say, ‘you are too easy on them’ and in fairness they were running rings around me... Yeah, I would have struggled to take charge... it was a little chaotic before, it was like who is in charge of this household here?... they do seem more secure. (Renee)

Renee’s use of language is interesting as she describes the chaos and her children’s desire for order. Renee’s description of her children ‘running rings around’ her is suggestive of her perceived sense of doubt and lack of confidence in her ability to be the parent.

4.4.2 Mindful Communication

A new perspective on communication was particularly meaningful for a number of participants. Many reflected on and described their experiences of paying more attention to the ways in which they communicate with their children. Mindful communication is characterised by attentive speaking, listening and non-verbal communication. Parents using this technique speak and hear with awareness and kindness. Parents spoke about an increased awareness of the impact of their communication on their child and the many ways in which their child is communicating with them. For many participants, communicating more with their children was key:

Before I done the course... I didn’t explain things to them... Now that I am explaining things to them more, they’re more kind of attached. Not attached - but coming over to me, talking to me... explaining things to her is after making big difference... I think she’s listening more to me... It’s nice that there is a way you can talk to them and they just listen to you. (Amanda)

Through increased communication and explaining, Amanda has noticed an increased openness and willingness in her children to communicate and respond to her. Niamh recalled her reflections within the group concerning how she communicates with her son; describing a reactive, impulsive approach at times which prompted her to adapt her communication approach:

...the way I communicate with him, the way, see if I get annoyed, you know the way everybody has their bad... I know I have... I’ll just take a breath instead of just
lashing out, and shouting and stuff… I learned a lot that made it easier to communicate with [child’s name].

(Niamh)

Niamh acknowledges that everybody has ‘bad’ days. This comparison is helpful as it normalises the situation and renders it less shaming, leaving more space to focus on ways of responding and communicating to her son. Mary also referred to her new less reactive and calmer communication style as she reflected on her interactions with her son:

*I had a very loud voice, I would scream a lot, and I learned to get rid of the screaming and a lot more calmer, where beforehand I didn’t do calm… I speak to him more now, more communication… that is where we are at now.*

(Mary)

Mary’s use of past to present tense is reflective of the meaningful shift she has made in communication. Non-verbal communication was particularly important for Alison and her daughter, who has a diagnosis of ASD:

*It was hard, because she wasn’t talking much. For me it was attaching, like hugs, non-verbal communication was important… I just said I will talk, but also provide non-verbal reassurance and be beside her, be with her.*

(Alison)

Alison’s quote provides poignant imagery of the value of her presence ‘beside her, be with her’, as form of communication to her daughter in the absence of language. Likewise, a key moment for Julie was becoming aware of the many ways that her young daughter was communicating with her in order for her needs to be met as well, as the importance of paying attention to what can often be very subtle signs:

*Just learning that communication starts from day one; she’s not talking but she is talking like, they’re really communicating in every way they can… there is always communication even when they’re small, always communication going on between the parent and child, like.*

(Julie)

As parents discussed their experiences of a new way of communicating with their children, it was evident that a greater sense of safety and containment also became palpable:

*Paying attention to how you are communicating if they are afraid... talking to them. It’s a good feeling, making them feel safe - when you can calm them down by talking to them.*

(Amanda)

4.4.3 Changing the Lens

Changing the lens refers to the transformative process of seeing behaviour in a new light for parents, and looking beyond the behaviour to identify the underlying need and state of mind. The process generates enhanced understanding, and an empathic and non-blaming approach
by parents. Participants spoke about their experience of the changing the lens through which they viewed their child’s behaviour.

Amanda described a situation in which her daughter was having nightmares. She discussed how a shift in perspective which led to her respond to her daughter with positive intent, providing her with an opportunity to make her daughter feel protected:

\[
\text{When she was going to bed and she was afraid... if that was a few months ago, I would have said, ‘stop being silly, just go to bed’... instead I was saying... ‘I am only across the landing’...But you have to take into, in a child’s mind... it made me feel proud, made me feel secure, because I was able to make her feel safe.} \quad \text{(Amanda)}
\]

Amanda was amazed that doing something that leads her daughter to feel secure results in her own sense of security within herself. Julie also reflected on her change in perspective and associated response in a rich and profound way:

\[
\text{They’re not actually bold... when they are having these tantrums... they’re finding things hard... because before... you’d be like, ‘ah stop- give it over... She might have a blow-up before that but I will know something happened... it sounds stupid but it is magical that you know there is something underneath that... and we are able to get to the bottom of the problem.} \quad \text{(Julie)}
\]

Julie’s description and use of the word ‘magical’ is suggestive of finding extraordinary in the ordinary moments with her daughter as she becomes more proficient in determining her underlying needs. In their narratives, Julie and Amanda reflected on how they would have previously dismissed particular behaviours as ‘bold’ or ‘silly’, resulting in an unmet need in their children. By exploring the underlying emotion and reason, they approached the behaviour differently, in turn changing their responses. This means that the child’s need was met, leading to sense of safety.

Mary’s four-year-old son had been given a diagnosis of Oppositional Defiant Disorder in the year. She describes her experience of looking beyond the label and mediating her son’s difficulties as distress in the context of her own personal issues:

\[
\text{He wasn’t a bad child; he wasn’t bold or anything. I couldn’t even label him. He was just being a child and I didn’t know how to handle it... It was me, it wasn’t him, he was only a baby. He hadn’t got a clue so it was more on me... What I was giving out, he was picking up, and then bringing elsewhere.} \quad \text{(Mary)}
\]

Mary’s quote reflects the striking realisation that her son’s difficulties were not an indication of something ‘wrong’ within him, rather an interplay of her own difficulties and their
tumultuous relationship. Mary’s narrative provides rich imagery of her son’s underlying confusion as he copied his mother’s behaviour.

Bridget rehearsed the ways in which her parents’ approach to her upbringing coloured her view of children’s behaviour. While Bridget is honest in acknowledging the demanding nature of parenting her two foster children, she reflects on the usefulness of taking on a more compassionate perspective. Understanding her children’s need for connection was a poignant epiphany for Bridget, as it was for many of the participants.

I was brought up in a way it was bad for kids to look for attention... ‘feck off, go away’... I did that at times... But now I am aware, ‘okay, the child is not looking for attention... but connection... So you are seeing it differently... that was really significant for me... At times you feel that child wants everything that I have got... but it is not, because of the experiences they have had and the lack of connection, they just want connection... and making this apparent has been huge for me.

(Bridget)

For Bridget, her reiteration of the word ‘connection’ could be interpreted as the many missed opportunities for connection she personally experienced as a child.

4.4.4 Experiencing Connection in ‘Being With’ my Child

A subject that was particularly meaningful for parents was their exploration of understanding and practising emotional availability with their children by attuning and responding sensitively. This is defined in the COS-P intervention as ‘being with’.

A number of participants reflected on the obstacles that had previously prevented their emotional availability, such as discomfort with particular emotions or mental health difficulties. All participants spoke about their journey of becoming more emotionally available to their children and, rather than dismissing or denying experiences, ‘being with’ their child’s emotions in that moment without forcing solutions. Renee spoke about her own discomfort with feeling anger whilst recognising the value of allowing for this emotional experience for both herself and her children;

I would be more inclined to let them get angry now... anger would have been something... I would cut down straight away... Before I would have said, ‘don’t get angry it’s not nice’... not let them but shut it down. But I realise its healthy. (Renee)

Renee’s use of the phrase ‘cut down’ captures her attempts to minimise her children’s expression of anger in order to reduce the internal anguish experienced in the presence of
anger. Regina shared a similar previous experience of discomfort and anxiety with her son’s feelings:

* I am more open for him to just cry... letting him sit there and cry... it is my openness to it more and me not being afraid... like I probably gave off like a sense of nervousness when it came to his feelings... So I think it is my, my barrier has come down a lot and he can feel that off me. *(Regina)*

For Niamh, becoming more available meant cutting back on her phone use:

* He used to say... mammy get off your phone... Oh god... I must be on it all the time! So I put it down... we would talk... we seem closer... he wants to come over to talk to me. *(Niamh)*

Niamh’s use of present tense is suggestive that limiting her phone use remains a challenge for her. Avoiding the connection and failing to meet their children’s emotional needs was a common experience for parents who had identified their own personal struggles. As parents became more available to their child, they spoke about the growing connection and the child’s ability to return to a regulated position more swiftly as well as the children’s growing ability to self-regulate.

In describing a recent scenario where her daughter became quite distressed and anxious, Julie reflected on her daughter’s ability to self-soothe as a result of her modelling emotional regulation:

* One day... she said to me, ‘I’m doing my breathing’, and that is what you want for them... do that all by herself without me being there... she can calm herself down. *(Julie)*

Amanda found that ‘being with’ her daughter had strengthened their connection:

* ...we are just so close, like you literally couldn’t break that. I am so in tune with her and she with me. *(Amanda)*

Amanda’s use of emphatic language underscores the strength of the bond and emotional resonance between her and her daughter. Alison shared a similar experience, where ‘being with’ her daughter enabled her to meet her needs, and ultimately build a better connection:

* Being with her, it showed up a lot. Then I could see her need... being with her, this is what built our connection... understanding her feelings and being with her... that was the best thing ever. *(Alison)*
Reflective Box

Parents spoke about making sense of their children’s needs in a new way and described the experience as ‘enlightening’, ‘eye-opening’ and ‘a revolution in my mind’. Looking beyond the behaviour and seeing the underlying need and emotion was a new experience for many parents. I recalled the participant who described the course as standing out in contrast to previous courses which she described as a quick fix, a ‘sticking plaster’. The course encouraged individual journeys of reflection in understanding self and child, and so participants internalised skills and appeared to engage in a more meaningful way.

I was curious that many participants spoke about the simplicity and uncomplicated approach of the course, and their surprise at seeing needs in their children they had previously missed. I reflected on this and considered how providing sensitive and responsive caregiving was possible for parents even if it was not what part of their early relationship experience. What appeared more important was the ability to reflect on and be aware of internal processes getting in the way of providing such care. For parents whose needs went unmet, the COS-P group brought these needs into their awareness. They could then reflect on the obstacles preventing them meeting their children’s needs.

4.5 Phase Three: New Beginnings: Reaching our Potential Together

Phase Three is the final stage of the journey for parents who had engaged with the intervention. It represents parents’ personal development, their perceptions of positive changes in their children, and their relationships and their hopes for the future.

4.5.1 Opportunity to be a Better Parent

Many parents described a feeling of being stuck in patterns that were not helpful and the struggle to instantiate change. Through reflective practice, parents became aware of negative patterns and adverse dynamics which had become self-fulfilling. Many of the participants considered how the group opened their eyes to alternatives, thereby enabling new opportunities to parent either differently or better:

*It has given me a chance to be another mother, like be a better mother, to understand the needs of my child... because I was just sometimes, not knowing. Maybe I didn’t name the feelings before… or fill the cup for the child... I feel like a different better mother because I know my child is happy and if she needs me I am beside her.*
Alison described a profound and transformative experience as she describes the experience at becoming ‘another mother’; ‘a better mother’. Mary was particularly moved as she portrayed a reality which she perceived as restricted prior to her attendance at the group. She described her experience of realising that an alternative reality existed:

I didn’t notice my options and when I went in there I could see options everywhere; like it opened up a whole new part of me, it really did… If I feel I have had a really, really bad day and I am lost… I will go back to my notes and just have a quick glimpse and it just reminds me of how far I have come with it… it was like heaven sent for me. 

(Mary)

Mary’s narrative suggests that through her own reflectiveness and self-awareness she was in a position to focus on her options as a parent. She offers a realistic and hopeful image that even though ‘bad days’ sometimes happen, her willingness to learn and ability to reflect will positively influence her parenting. Renee also felt empowered by recognising her ability to take on a new role in her parenting. Being in charge was a new experience for her:

Sometimes I felt they were taking control… but now I feel… I am in charge… it is much better, less stressful, and quieter… I was thinking they had such a hard start, I was just letting them… but it wasn’t the right thing to do. 

(Renee)

Bridget spoke about her feeling of hope for the future in her role as a parent to her two foster children:

I am way more hopeful as a parent now…way more…I personally went through a phase for a couple of years just why bother? Maybe the kids were better off elsewhere…I am…better equipped…because I can understand more I can react better and I am changing, I am reacting differently…it is a nicer way of being. 

(Bridget)

The change that Bridget describes is visceral and powerful. The stark imagery of Bridget devaluing her efforts to parent her foster children is a sad one. ‘Understanding’ for Bridget appears to be the catalyst for change providing new and hopeful opportunities in her parenting. Bridget further reflected on how COS-P supported her in fulfilling her intention with regards to the care of her foster children, which was especially gratifying for her:

The reason I fostered these children, (I am a relative carer), was because I want to make their life better for them, I wanted to keep them together. Now I actually can. I am not just keeping them together being a narky old bitch, nagging at them the whole time… now I can actually do what I set out to do. Which makes it for me a lot more pleasurable, fulfilling, satisfying, and meaningful, you know? It makes me feel like I can actually make a difference in the kids’ lives you know? Rather than just feed and water, and put them out to pasture. 

(Bridget)
Although ‘narky old bitch’ was a very harsh and critical way for Bridget to view herself, it offers a telling insight into her psychological struggle with regard to her parenting efforts. Bridget’s repeated use of the metaphor ‘put out to pasture’ resonates with her own difficult childhood and a psychological wound. Offering an alternative to what she had experienced as a child and what her foster children had experienced prior to being fostered was an important but challenging task for Bridget. The ability to do what she had set out to do was an empowering experience for her.

Parents described the skills they had gained from COS-P. It appeared that reflective practice, combined with their internalisation of such skills, was what prompted parents to consider the ability to parent different or better. Regina felt that the internalisation of skills learned from the group had empowered her to realise her potential as a parent:

Yeah, it’s all these new opportunities; it is not tools, it is something shifting in yourself that you can do it... that you are getting the best out of child and yourself. (Regina)

Julie spoke about her experience of acquiring skills she will hold onto for life:

When [child’s name] was two, I done CBT like, with a psychologist. That alone helped me. But I feel this course would help you more sometimes because it’s, like, the skills I have will always be there, set in stone inside of you. (Julie)

4.5.2 Noticing Changes in Me

While parents described unique, personal journeys of participation in the COS-P group, an area which was particularly transformative for most was an understanding that parents do the best they can. This prompted a new-found sense of self-belief and self-efficacy. Julie recalled a key moment when she reached a point where she believed in herself as a parent:

... a very different person came out of that room... If we are harder on ourselves it doesn’t help...yeah, I am a good parent, and I am going to take that. (Julie)

The ‘very different person’ emerging from the room following the COS-P intervention is a striking image that Julie describes. It suggests that for much of Julie’s parenting experience, she has been overwhelmed with feelings of self-criticism and self-doubt in her ability. It seems Julie has internalised this new experience.

Alison also expressed her experience of letting go of the perfect parent ideal whilst pledging to do her best for her daughter:
We are not 100 per cent perfect, nobody is perfect but trying to make what is imperfect less imperfect I would say...I’m now believing in myself. (Alison)

Mary also described a new experience of confidence in herself, and as a result returned to work:

After I did COS, I came to work here, whereas beforehand the course I wasn’t looking at work. I was too nervous. But I found balance with it. I wouldn’t have come in here and worked this job if I didn’t feel confident enough to do it and I really love it. (Mary)

The development of self-belief, confidence and reduction in anxiety for Mary had a ripple effect in other areas of her life as she recommenced employment. A sense of pride was felt as Mary spoke about her new role. Regina also expressed her surprise in noticing positive changes in her own happiness as her increasing belief in her ability to parent her son resulted in her overall improved wellbeing. In consequence, Regina felt in a position to reduce her anxiety medication:

...this is the first time in so long where I felt truly happy and relaxed with him instead of worrying am I doing this right... it was life changing for me... I suffered with postnatal depression and anxiety... when I started all my anxiety just seemed to melt away realising that I can 100 per cent do it... to see a change in my mental health, my mentality I could not believe it, every week, I just thought, ‘oh my god, this is amazing! (Regina)

Regina’s emotive and moving language provides a powerful image of hope and transformation suggesting an internal contentment. Niamh also spoke about her sense of belief both in role as parent and within herself:

Now I am trusting myself and I am allowing myself to go... I know what is best for him...It has definitely made me lose that self-doubt... made me feel more confident in parenting him...Now I have a lot of self-confidence... not just as a parent, but within myself. I am not looking to other people for advice... it is a nice feeling... I can be two parents to him... believing that I can do it on my own... believing in myself. (Niamh)

Niamh’s narrative is characterised by a developing inherent worth and value from within. Rather than looking for reassurance from others, ‘looking to others for advice’, the shift symbolises trusting her own parental instincts.

4.5.3 Noticing Changes in my Child

Much of the data was concerned with parents’ enhanced understanding of their self and their child.
However, in addition to this, the majority of the parents also reported positive changes in their children, including fewer instances of challenging behaviour, appropriate identification, and expression of emotions as well as empathy for others.

Amanda found her daughter’s tantrum behaviour had reduced and that both her son and daughter were calmer and listened to her more. She credited this to the change in her own communication style, which was now less reactive and calmer:

\[
\text{Since doing the course, I think she has calmed down. She has less tantrums... the way I talked to them and all that, they listen more... just calmed them down, made them listen more.}\quad (\text{Amanda})
\]

Other parents perceived decreased problematic behaviours to be associated with their child’s developing skills in expressing their emotions:

\[
\text{At the end of the course... I could see a difference in [child’s name]... I feel she has come out of herself so much more as well because she was very shy.... But now she is more using her voice more, and she can talk more... [Child’s name] is more open now with me; she tells me her emotions. ‘I’m sad’, she will say... the tantrums and all that, everything got calmer.}\quad (\text{Julie})
\]

Julie proposes a striking image of Julie’s daughter finding her voice and expressing her needs. Niamh shared a similar experience as she noted that her son’s improved behaviour coincided with an emerging ability to express his feelings:

\[
\text{He used to throw his toys... he gets less worked up about things... he used to get so frustrated...He doesn’t do that now, he listens to me more... oh my god, he listens to me... yeah, he has calmed down. It took me a while now but he did calm down... he will express his feelings more, or he will say to my little sister, ‘that hurt me’.}\quad (\text{Niamh})
\]

Niamh is emotional as she expresses her delight in her son’s openness to hearing her. In the same way, Renee identified changes in her youngest foster son’s behaviour which she attributed to being more firm as a parent but supporting the expression of his emotions. The considerable change in him led her to notify his social worker that she was no longer concerned about behavioural difficulties:

\[
\text{...you can see a huge improvement already in just six months...He stopped all the screaming... he knows where he stands, and right from wrong... He listens to us. He is a happier child... we can go to the supermarket without tantrums... he would be very aware of his emotions...and it is calmer.}\quad (\text{Renee})
\]

This significant change in Renee’s son suggests an enhanced sense of safety in knowing what is expected was helpful.
Mary also expressed a sense of pride as she reflected on her son’s improved behaviour. Mary felt if her son was reassessed, his diagnosis of Oppositional Defiant Disorder would no longer be valid:

*He doesn’t tantrum as much as he did anymore... Now there is eye contact. He will sit and look at me and we will talk about it... even his attitude in school... He is doing brilliant. He has come out a better person, like.*  
(Mary)

The changes noted in Mary’s son mirror the changes she made in as a parent. Hannah also perceived that her youngest foster son was less insecure and anxious, and engaging in more self-directed, independent behaviours:

*I see him changing... he just seems happier... he is starting to play... whereas he would have never gone off on his own.*  
(Hannah)

A special moment for Regina was noticing a change in her son’s openness and expression of his emotions and needs:

...the biggest thing for me seeing a change in him...Before if he hurt himself, he would be I want to cry on my own, now when he hurts himself he’s over to me..., You can’t really put into words how happy it actually makes you; it is such a beautiful feeling...He seems a lot more happy and seems more social now...Not as clingy... I feel proud because he has come a long way since the course.*  
(Regina)

Regina’s narrative captures the essence of safety felt by her son in their relationship, in her attempt to highlight her comfort in seeing positive changes in her son she acknowledges that words cannot describe her joy.

Some parents described experiencing high levels of empathy from their child, which they considered a result of their own increased empathic, sensitive responding in their parenting. Jessica reflected on her child’s empathy for others, experiencing a sense of pride in her ability to instil this quality in her:

*She has an awful lot of emotions for other kids and it is lovely... you feel great then. [tearful] No, it is just, really good, obviously what I have been doing with her. She is really noticing it in other kids, ’oh mammy, they’re sad’ and I’m saying I am doing something right... that is mirroring what I am doing with her.*  
(Jessica)

Alison described a similar experience of feeling empathy and connection from her daughter:

*She is looking at me and being with me, being with, without questions.... But I can feel her... and it is such a good feeling... don’t ask why but just be... you can’t compare that feeling... I want her to be a nice person and understanding of other people’s feeling.*  
(Alison)
Hannah was struck by the empathy that permeates throughout the intervention. She emphasised the need for all parents to have the opportunity to engage with the programme:

*I think every parent should get it leaving the hospital; bring it home with you; start from day one. You would have a generation of beautiful kids.*  
(Hannah)

### 4.5.4 Building our Relationship

Most parents noted a positive change in their relationship with their child, describing a new sense of closeness, security and trust. Niamh experienced difficulty articulating the difference in her relationship with her son following completion of the course:

*Our relationship is completely different... I don’t know, just our relationship. He seems happier... I don’t know what is different, it just feels different, better, closer to him.*  
(Niamh)

Alison found that understanding her daughter’s needs on deeper level had culminated in a stronger bond with her daughter:

*When you do the course you see yourself getting closer to your child... it is stronger because I understand her more... I have that connection that bond and I hope that lasts forever.*  
(Alison)

Having established a secure relationship with her daughter, Alison also expressed a wish for her daughter to build similar connections with others in the future:

*I would be happy if she could be good friends with others in the future and be happy building connections.*  
(Alison)

Mary described a difficult relationship with her son prior to her engagement with COS-P. Stress, emotional strain, and not recognising her child’s needs resulted in her personalising his behaviour and reacting in an unhelpful manner. Following her participation in the group, Mary discussed a new experience of their relationship in which they are able to enjoy each other:

*My relationship with [child’s name] changed immensely...It wasn’t healthy, it was a big ball of issues and anger and emotion and that all sort of fizzled away now. We have a great relationship now...I had to change in order for him to change... the screaming is gone... he’d scream at me, I would scream at him...it was so immature of me...It was crazy, stupid carry on...We are much happier now... we used to work against each other and now we are working with each other...We are enjoying each other and learning from each other.*  
(Mary)
The ‘big ball of issues and anger’ captures the magnitude of blockages preventing a healthy relationship between Mary and her son and the relief as it slowly ‘fizzled away’. Mary’s ability to reflect on the personalisation of her son’s behaviour as ‘crazy, stupid carry on’ is reflective of the level of emotional strain she was under. Mary’s ability to see her son’s behaviour as a difficult emotion and limited regulation skills facilitated change.

Renee describes a similar shift in her family dynamics and relationships whereby more attention is given to communication and repairing rifts:

*We all have changed in the family, I suppose there is me, more in the role of the parent then there is them listening more... their temper tantrums end quicker now... both of them would be very good at saying they’re sorry... we would say we are sorry... we would all kind of apologise to each other.*  
(Renee)

Jessica expressed her hope that building safety in her relationships with her sons would support their resilience and coping abilities as they get older:

*I suppose it empowers you, giving them what they need in the relationship... giving them tools to talk to...And I’m hoping that through building the attachment with them, that they will know that we will be with them.*  
(Jessica)

Regina attributed her strong bond with her son to her availability and openness to his needs. Regina reflected on her son’s need for a secure attachment in order to develop healthy and adaptive relationships with others as well as trusting in her to support him when needed:

*We are a lot closer now, I am more open now to being really close to him... We are inseparable now, we are actually enjoying it together now...He needs to feel loved, he needs to feel closeness so he can have that relationship with other people... you want them to trust you... if anything happens... and that you are going to be there.*  
(Regina)
Reflective Box

I had previously worked with parents who had engaged in the COS-P group and had heard positive feedback regarding the course. Nonetheless, I was surprised at the rich, transformative and enlightening experiences that participants discussed as a result of completing the programme. From a participant reducing her anti-anxiety medication, two parents feeling in a position to return to employment, a participant questioning the current validity of her son’s ODD diagnosis, and a foster mother reporting that she updated the social worker that she was no longer concerned about her foster son’s behavioural difficulties. Most parents discussed how the course had exceeded their expectations and some expressed regret at not having the opportunity to do it sooner. Parents reflected on how things could have been different for them if they received the course earlier. Although not asked, they suggested that all new parents would benefit from the programme. This passion for the course was striking. Two parents recommended the course be made available from maternity hospitals for pregnant mothers. One participant stated that this type of intervention, if provided to all expectant parents, would impact on society as we raise the next generation. Another participant agreed, stating: ‘we would have a generation of beautiful kids’. Given my experience of facilitating many different parent groups, I was particularly taken by parents’ experiences and the language they used to describe their experience. I considered what makes this group so different, unique and special to others?

Chapter Summary

Parents’ lived experience of engaging in the COS-P programme was conceptualised across three phases of a journey: Group as a safe base for Self-Discovery, Understanding my child and New beginnings, as reflected through individuals’ narratives. These phases have been discussed in detail with the use of direct quotes from participants’ interviews. Whilst participants shared experiences across the broad categories presented, the personal meaning they drew from their experience was unique to them. All individuals reflected on their journey throughout the programme; their greater understandings of themselves, making sense of their attachment histories and early childhood experience, and its associated influence on them today, as well as their relationships with their children. All participants shared the experience of seeing and understanding their children more clearly and expressed hope for moving forward with their children as a result of participating in the COS-P group. The
findings presented will now be discussed in relation to current literature in the following chapter.
Chapter 5: Discussion

5.1 Chapter Introduction

This chapter provides a critical discussion of the study’s findings. To begin with the study central research question will be reiterated in the context of the findings. The findings will then be interpreted in light of the relevant literature presented in Chapter Two. The strengths and limitations of the current study will be considered as well as a critical reflection of the research process. Clinical practice applications, policy implications, and future research directions will then be discussed. The chapter concludes with a summary of the study.

5.2 Review of the Research Question

The present study sought to access the subjective lived experience of parents’ completing an attachment-focused, group-based intervention, the Circle of Security-Parenting. Accordingly, the research question asked: ‘How do parents make sense of engaging in the COS-P group?’

5.3 Summary of Findings

The present study generated rich and meaningful insights into parents’ experiences of engaging in an attachment-focused group-based intervention. The accounts were provided by parents who had completed the intervention as part of a population-led Area Based Childhood (ABC) programme which aims to improve outcomes to families living in areas of disadvantage. This study supports the position that the social and cultural context is significant in considering the subjective experience of participants. At the same time as honouring the individual and unique narrative of each participant, discernible themes emerged across narratives.

As demonstrated in the previous chapter, the present study revealed three main themes or phases which captured distinct processes of personal development for participants: namely, ‘Group as safe base for self-discovery; ‘Understanding my child in a new way’; and ‘New Beginnings: reaching our potential together’. Parents experienced safety, support, empathy, containment and trust within the group context lending to the development of Phase One –
Group as safe base for self-discovery. The secure base facilitated a nurturing and safe space where parents could reflect on the challenges of parenting, and make sense of their early childhood experience and relationships in the context of their parenting role. Phase Two - Understanding my child in a new way was characterised by parents’ increased observational and inferential skills regarding their child’s underlying emotional needs. Becoming emotionally attuned, attentive and seeing their child’s needs more clearly was a particularly meaningful experience for parents. Phase Three - New beginnings: reaching our potential together refers to parent’s experience of noticing changes in themselves, their child, and in their relationship. A sense of hopefulness permeated this phase as parents reflected on new opportunities for their relationship to thrive.

5.4 Findings in the Context of Previous Literature

The main findings of the present study will be discussed and reflected upon in the context of existing literature in this section.

5.4.1 Phase One – Group as safe base for self-discovery

Phase One was characterised by a parents’ building reflective capacities, and becoming aware of the impact of current barriers and attachment histories in their relationships with their children within a safe group base. This process took place in the context of feeling understood, supported, safe, and empathised with by both peers and facilitators. The COS-P programme encourages facilitators to act as a secure base from in which parents feel safe to process and explore obstacles to their parenting (Cooper et al., 2009). A secure base involving a holding environment, a responsive presence, non-judgemental and compassionate approach as provided by facilitators were both implicitly and explicitly described across narratives. The function of the secure base within the group is essential in foster safety and connection from which to explore issues on a deeper level. Similarly to current findings, the importance of the group as secure base to use whilst exploring is well supported by literature (Mikulincer & Shaver, 2008; Marmarosh & Tasca, 2013).

All participants rehearsed difficult experiences in their parenting roles prior to their participation in the COS-P group. Lack of support, mental health difficulties, lone parenthood, and other psychosocial stressors were reflected upon as barriers in parenting
ability. Through hearing and speaking about their challenges, parents’ reported feeling understood by other group members and facilitators.

Parents sought comfort from the largely new experience of being validated and normalised within the group context. Identifying challenges in parenting and experiencing support within the group context are corroborated in existing literature (Kane et al., 2007; Scourfield et al., 2016). The findings identified increased reflective capacities which led to empathy and understanding for self and others. The small quantitative evidence base provides mixed support for increased reflective practice with the COS-P. Maupin and colleagues (2017) and Gray (2015) found no change in reflective functioning post COS-P intervention. Kohlhoff and colleagues (2016) identified improved reflective functioning following the COS-P intervention. It is likely that such quantitative studies have been limited by self-report measures. Kohlhoff and colleagues (2016) suggest that participants are likely to overestimate reflective functioning at baseline resulting in no difference post-intervention. The findings in the current study reveal that participants described enhanced reflective capacities. Furthermore they spoke about their reflectiveness leading to increased empathy and understanding for both themselves and their children. These findings align with previous studies indicating increased capacity for empathy post-COS-P intervention (Horton, 2013; Kimmel et al., 2016).

All participants explored reflections on their early childhood relationship experiences in the COS-P group. For many, the experience prompted a range of emotional reactions from sadness and fear to disbelief. Many participants spoke about the influence of this experience on their relationships with their children and some expressed their wish to stop history repeating itself. Other participants noticed certain patterns despite their efforts to do things differently, supporting the theory of the unconscious process of intergenerational transmission of early experiences (Main et al., 1985). Increased participant awareness of the impact of past attachment experience on their current wellbeing, in their parenting role and their relationship with their child was evident across narratives. The process of ‘making sense of my past’ seemed to increase participant’s coherence in their narrative contributing to a clear sense of how they wanted to parent their children. Furthermore, parents’ acknowledging the impact of their attachment history provided them with an enhanced ability to understand and cope with their child’s needs. Remembering being parented is at the core of attachment theory in order to prevent the intergenerational transmission of attachment insecurity.
(Fraïberg et al., 1975; Main et al., 1985), the findings in the current study support the aim of COS-P in increasing parents’ ability to reflect on their attachment experience and its impact on their current caregiving style (Powell et al., 2016).

Despite attachment theory emphasis on the importance of reflecting on attachment history, there is little research to support its value. Only two unpublished doctoral theses, Gilhoolely (2018) and Horton (2013) identified increased awareness of the attachment histories and emotional states post COS-P intervention.

5.4.2 Phase Two – Understanding My Child in a New Way

Building Phase One wherein participants experienced the group as a safe place in which to explore their current challenges and attachment history and its impact on their parenting ability, Phase Two represents more space for parents to reflect on their child/children’s needs. As such, Phase Two was characterised by parents’ increased observational and inferential skills in relation to their children and more insight into their child’s need for a responsive and sensitive caregiver who balances both proximity and autonomy.

All parents reported increased awareness of their child’s needs and expressed surprise at previously not noticing expressed needs. Indeed, understanding and seeing their child’s needs more clearly provided parents with a sense of relief, clarity, and less confusion. Many parents focused on their experience of becoming more curious and invested in predicting their child’s underlying need. Parents’ also reflected on their capacity to support their children’s needs and some admitted they required practice in supporting specific needs, such as autonomy, supporting emotional experiences, and/or taking charge. The majority of participant’s alluded to the new experience of communication with their children. Mindful communication is characterised by a reflective, attentive, empathetic approach to interacting with children. Participants referenced an increased awareness to both how they communicate with their child and pay attention to ways their child communicates with them. Parents described a more emotionally-regulated and grounded approach to their communication style. Changing the lens referred to a shift parents experienced in viewing and interpreting their child’s behaviour which resulted in increased parental empathic responding. Seeing beyond the behaviour to understand the underlying emotional and relational need was a particularly meaningful experience for participants. Parents articulated their experience of becoming
more emotionally attuned and available to their children. Many spoke about becoming more open, and less fearful and avoidant around their children’s expression of difficult emotions. This process allowed parents see their child’s needs more clearly as well as deepening the connection between parent and child.

Though the themes emerging from Phase Two support the theoretical aims of the COS-P programme (Powell et al., 2016). There is a limited amount of research to support the current findings. The current study supports the small body of evidence indicating COS-P improves caregiver sensitivity and understanding child’s behaviour (Kimmel et al., 2016; Lee et al., 2010) and emotional regulation (Selwyn et al., 2016).

5.4.3 Phase Three – New Beginnings: reaching our potential together

Participant narratives in the third phase of their journey of the COS-P intervention consisted of subthemes centred on a renewed sense of hope and new beginnings. In this phase participants spoke about having an opportunity to be a better mother, noticing positive changes in self and child, and building their relationship.

The ‘Opportunity to be a better parent’ theme emerged in the data. Parents spoke about how the intervention helped them to become aware of patterns and dynamics which were preventing them moving forward. Parents were hopeful about moving forward and seeing new options all around them. New ways of responding was established through increased self-reflection. They also described acquiring and internalising new skills as part of the process. Although related in some way to improved confidence and self-efficacy in previous literature (Kimmel et al., 2016; Horton, 2013) the process of this theme has only emerged in one other unpublished thesis (Gilhooly, 2018).

Parents discussed their experience of noticing changes in themselves following their engagement with COS-P. These changes were relating to increased confidence and self-efficacy, improved psychological wellbeing. Reductions in experiences of anxiety, self-doubt, and mental health difficulties were areas that parents described. Parents also discussed their trust in their ability to parent and in relying less on others for reassurance suggesting an internalisation of security. Parents spoke of experiences where change was transferred beyond their parenting, such as reducing anti-anxiety medication and seeking employment. Previous literature reports improvements in parental self-efficacy following the COS-P
(Kimmel et al., 2016), and confidence following parenting programmes (Horton, 2013). Improved psychological wellbeing and personal development as a result of COS-P is very limited with just one unpublished doctoral theses (Gilhooly, 2018) supporting the current findings. These themes thus contribute to and extend the existing evidence base of COS-P.

Another theme emerging from the current findings was ‘noticing changes in my child’. Parents observed less challenging behaviours, and increased empathy for others and improved identification and expression of emotional experiences. Some linked their child’s increased emotional regulation skills with reduced difficult behaviours. Some participants noticed their child using their relationship for comfort, support, and reassurance. For others, meaningful changes were described in terms of increased empathy for others which was attributed to parents modelling this responding. These findings support previous literature for COS-P in improving emotional regulation (Horton, 2013, Horton & Murray, 2015; Kimmel et al., 2016) COS-I and COS-P in improving behavioural difficulties (Huber et al., 2015; Kim, Woodhouse & Dai, 2018). Despite existing literature supporting increased parental empathy (Cassidy et al., 2017; Kimmel et al., 2016) the current study extended this to identifying increased empathy observed in children.

Participants described the process of strengthening their relationship with their child following COS-P intervention. Parents described a close bond based on trust, safety, opportunities to repair and enjoyment. Parents attributed this improved relationship to their increased sensitivity, responsivity and understanding of their child’s needs. The finding supports the aim of the COS-P intervention in enhancing the quality of the parent-child relationship (Cooper et al., 2009). Despite the parent-child relationship being one of the primary aims of attachment based interventions, a dearth of evidence remains. Two studies were found to support the improved parent-child relationships as result of attachment based interventions, one other attachment based intervention (Selwyn et al., 2016) and one unpublished doctoral thesis identified improved relationship as a result of COS-P (Gilhooly, 2018).

Overall, some of the findings have echoed the small body of existing literature exploring COS-P intervention. However a notable difference in this study is the focus on process rather than outcome attributed to the qualitative nature and IPA approach of the current study. Much of the research conducted on COS-P utilised quantitative methods and self-reported measures. The current study support Gilhooly’s (2018) qualitative findings of parent’s
experience of the COS-P group within a community based sample as delivered by community workers. The findings from both Gilhooly’s (2018) clinical based sample and the current study’s community based sample together add to an evolving picture of parent’s experience of COS-P, thus providing support to the universal application of the COS-P intervention. In contrast to Gilhooly’s (2018) study in establishing the underlying mechanisms of change through a mixed method approach, the focus of the current study and in line with the IPA method was to adhere closely to the subjective experience of the individual narrative. In designing this study, no attempt to test a predetermined hypothesis was undertaken. Whilst themes emerged throughout all narratives, the meaning in which participants’ ascribed to them was unique.

5.5 Strengths and Limitations

The strengths and limitations of the study which emerged throughout the research process will be outlined and discussed below.

Limitations

It is important to note that the findings identified in this study derive from a small sample of 10 individuals who volunteered their participation. Consequently, such findings are representative of the experiences of this particular set of individuals within a particular context and not proposed as broadly generalizable. They could however be considered suggestive of others’ experiences of completing the COS-P intervention from an equivalent sociodemographic profile. The study was open to all parents. However all 10 participants were mothers which inherently precluded fathers’ experiences. The disproportionate gender ratio is most likely reflective of status quo particularly within this sociodemographic. A further limitation considered was conducting interviews at just one time point. It is likely interviewing participants at a number of time points could have generated more expansive and richer data.

The participants in the current study were unique in their personality, attachment histories, and individual life stories. Similarities amongst the sample were that all participants were female, were the primary caregiver of child/children, and were from a similar sociodemographic backgrounds. A potential breach in relation to a homogenous sample was ‘parents’ consisted of both biological and foster parents. However, it was held that while foster and biological parents diverge in many ways, converging factors included all were
identified as the primary caregiver, with similar values in wanting to improve outcomes for their children. Furthermore, the idiographic focus of IPA aims to explore individuals’ perspective within the context of their subjective experiential validity.

As participants were enrolled in six different COS-P groups, the passage of time from post-intervention to interview ranged from one month to nine months with an average estimated at 5.7 months. Parents were clear in their narratives that the experiences they spoke about and the positive changes made were attributed to their engagement in the COS-P group, thus minimising the risk of confounding variables. However, it is also possible that the time lapse between intervention and interview could have allowed for consolidation of learning and reflection (Cassidy et al., 2017). Furthermore, a limitation is the variation between time points participants were interviewed at, signifying individuals could have been at different stages of thought processes and opinions regarding their experience of the intervention.

Despite the limitations acknowledged in the current study, the findings can be deemed as an original and significant contribution to the evidence base.

**Strengths**

The current study sought to provide insights into the experiences of parents engaging in the Circle of Security parenting programme within a community context. It gave voice to parents to explore their experience of participating in a group-based, attachment-focused intervention and how they feel it impacted on them psychologically. Conducting a pilot study enabled the researcher to strengthen the quality in the data collection process. A key strength in this study was to address the gap in the literature regarding parenting group-based attachment interventions, specifically regarding the Circle of Security parenting programme. Furthermore, the study addresses the conspicuous lack of literature regarding attachment based interventions and qualitative research. The small amount of the qualitative research exploring COS-P is based on single case studies, and evaluation feedback forms. The COS-P intervention was developed for families from low socio-economic backgrounds and the current sample demonstrates a goodness of fit.

The chosen methodology of IPA is considered a strength, and is well suited to the research question in the current study. IPA provided a suitable method to comprehensively and reflectively represent and understand parents’ lived experience of engaging in the COS-P programme. The person-centred approach of IPA allowed for the flexible exploration of the
area. It provided the opportunity to reveal richer details and experience regarding the specific and complex processes underlying a group-based attachment-focused intervention. While IPA is a labour-intensive method other qualitative approaches would not have provided the level of insight. The findings extend from demonstrating the helpfulness of the COS-P intervention. The study identified other areas that may not have emerged such as the parents’ personal development moving beyond the parent-child relationship and the group processes contributing to parents’ experience. The interpretative aspect of the method is considered a strength as it permits the identification of unnoticed meaning in the data. The interpretative element is a product of the interaction between the participant and researcher and reflects just one interpretation. It is likely that alternative interpretations are possible. While efforts were made to minimise biases through the researchers’ willingness to reflect on their role and preconceptions, IPA acknowledges the centrality of the researchers’ role in the interpretation on the area of concern.

The current study supports existing evidence for parenting attachment-based interventions regarding the core processes involved in establishing and maintaining attachment security. However, this is the first study utilising an IPA research design to explore COS-P within a non-clinical community based sample producing highly relevant findings to inform the evidence base. They also provide interesting considerations for the use of community-based, universally available, and preventative interventions. Local community-based initiatives typically do not have resources to conduct research. The current study provides an opportunity to highlight the commendable prevention and early intervention work conducted at local-level, community-based initiatives.

The intervention was delivered across a number of settings within the community by a number of community workers. In spite of this, the intervention was delivered as intended by programme developers with regard to the number of sessions and utilising the structured, manualised DVD protocol. Moreover, intervention fidelity was reinforced by the facilitator’s completion of a fidelity journal following each session per week.

5.6 Critical Reflection

An essential aspect of the study from development to completion has been the reflective process that I have engaged in. As discussed in the reflexivity section of the methodology
chapter, remaining mindful of my role as primary researcher in the current study was important in establishing rigorous qualitative research. Through a process of reflection, I considered my position as well as my own personal beliefs, values, and preconceptions in relation to the study.

My interest in relationship-based interventions has gradually developed over the past 10 years of working in the field of human services. Values that I hold closely are the importance of both promoting and developing positive and meaningful relationships, and the belief that relationships act as a source of hope, recovery and healing.

As I progressed through Clinical Psychology training and working with children, I became more interested in attachment theory. In my clinical experience of working in Child and Adolescent Mental Health Services (CAMHS), I noticed how many of the issues children presented with could be framed as difficulties within the context of the relationship with the primary caregiver. In this regard, I considered the importance of nurturing, repairing and rebuilding parent-child relationships. Traditional parenting interventions that were underpinned by behavioural principles, while sometimes helpful, did not account for the complex life stories and experiences of parents that were interacting with presenting difficulties.

During my role as Trainee Clinical Psychologist in CAMHS, COS-P intervention was introduced to the service. Hearing anecdotal accounts of both staff and parents experience of the model sparked my curiosity. Listening to ways that parents reflected and described their experience, I knew quantitative research methods would not capture such depth. Moreover, another interest of mine is the accessibility of psychological interventions to those hard to reach groups. Alan Kazdin’s presentation on reconsidering Clinical Psychology (Jaffe, 2010) stimulated my awareness of the elitism in psychology, particularly within an Irish context. I would be in support of a tiered approach to psychological interventions and in favour of population based intervention approaches, provided by a range of community staff in everyday settings.

The ABC programme tackling disadvantaged communities was providing COS-P and so I was particularly motivated to conduct a study on the COS-P intervention provided in a community based context. The preventative and early intervention principles of such initiatives resonated with me. I was interested in how the model translated abstract attachment theoretical principles into group-based parenting intervention, and additionally,
how community workers would fare with delivering the intervention. Prior to commencing the data collection, I completed the four day COS-P facilitator training provided by the Circle of Security International and funded by the ABC programme. The training was beneficial in providing me with a solid understanding of the core theoretical principles of the model.

The recruitment process was slow and there were breaks of a couple of weeks between many of the interviews. Unsurprisingly, the level of reflection varied across individual interviews and I noticed my initial trepidation with individuals who presented as more controlled in their sharing of experience. In this instance, I was aware of my reliance on my interview schedule. Through reflection on this in supervision, I became more comfortable in eliciting a deeper level of reflection. Prior to and during data collection, I was very aware of my dual role position as both a researcher and as a psychologist in clinical training, how I would succeed in this shift, and what impact it would have on the research. Did I have to continue in the researcher role when bearing witness to challenging experiences for participants? Hence, (2015) suggested embracing the dual role of researcher and clinician as an independent role of researcher was untenable.

As I progressed through data collection, I realised that operating a dual role actually enriched the interviews. The rapport building, monitoring and tracking participant’s state of mind, empathic and appropriate responding, and the clinical skills that I practice in my work really facilitated the interview process and I thoroughly enjoyed the interview process and hearing individual narratives.

Reflective practice is an important aspect of clinical work, particularly when working with young children, parents and attachment theory. This work can provoke personal memories of being parented and early childhood experiences. I was cognisant that hearing parents speak about their attachment history and relationships with their children could incite emotions. I was mindful of recognising my internal process and reactions and utilised a reflective diary to process outstanding feelings.

A presumption that I had prior to data collection and based on previous experience was that parents would provide positive feedback about the COS-P intervention. However I did not expect the level of gratitude and reflection that parents demonstrated. From my relatively short career in this field, I was conscious of the time it took to change underlying psychological processes particularly entrenched difficulties. Hearing stories of transformative experiences for parents was both wonderful and surreal.
I found the data analysis phase challenging and as it took some time to get become familiar with the IPA process, I adhered closely to Smith and colleagues’ (2013) IPA guidelines. However, as I progressed through the analysis, becoming more familiar, the process felt more organic. I felt somewhat overwhelmed with the volume of data, as described by an IPA researcher as ‘drowning in a deep bowl of spaghetti’ (Nolan, 2011). In my commitment to accurately represent and honour participants’ experience, I initially struggled to reduce the data into concise accounts. I addressed these concerns via supervision and attendance at an IPA-led workshop. Indeed, I found it very challenging to let go of data. However, seeing a coherent, collective account towards the end of analysis stage provided some relief.

5.7 Implications for Clinical Practice

The findings of the current study contribute to the preliminary but promising growing body of literature exploring parents’ experiences of engaging in the attachment-focused group-based intervention - COS-P. It is essential to consider the potential clinical implications arising from the study’s findings.

The findings shed a light on the value of supporting parents’ personal development and reflective practice in improving parent-child relationships and other associated child outcomes. Addressing the potential for intergenerational transmission of attachment difficulties were a key aspect in facilitating improvements for parents’. It is likely that as parents embark on this journey, there may be indication for further therapeutic work to address difficulties.

The findings support the implementation and value of COS-P for parents of children with varying needs and difficulties i.e. ODD, ASD. Attachment theory postulates that all individuals’ have relational and emotional needs which require a sensitive, responsive caregiver irrespective of individual differences or difficulties. Furthermore attachment theory suggests that many early emotional, behavioural difficulties emerge within the context of the primary caregiving relationship.

The findings also support the value of moving from behaviour management parenting programmes to more relational focused and reflective model in generating meaningful change. The COS-P intervention was shown to demonstrate the appropriate group processes from which parents could safely explore their life experiences relating to their caregiving
patterns and relational style. Attachment theory underpinning the COS-P intervention emphasised the importance of modelling positive relationships in a non-blame, non-judgemental approach. The findings support the use of facilitator and clinicians’ roles as secure bases for individuals to engage in reflective practice and personal development. Similarly, utilising an attachment theory lens allows professionals working with individuals to show understanding and empathy for their current relational patterns based on their early experience. Adopting this perspective reduces the risk of blaming or judging parents for their caregiving patterns with their children, and subsequently strengthens the relationship for therapeutic work to progress.

5.8 Implications for Education

The findings indicated parents’ desire to access knowledge regarding the attachment needs of children sooner.

Two participants suggested this education should be made available in maternity hospitals and in postnatal care. These findings propose interesting implications for education. In line with the increasing acknowledgement of the significance of infant mental health and later outcomes, capacity building for staff working with parents and children should be supported i.e. public health nurses and midwives involved in parenting education. As well as medical, physical and nutritional needs, education should incorporate the social and emotional development of infants. Professionals providing services to first time parents should have the appropriate skill set to support parents in meeting their child’s emotional and relational needs. Furthermore, Cooper, Hoffman and Powell (2017) have adapted the COS-P intervention for a classroom setting; COS-classroom. The model aims to support secure teacher-child relationship to encourage the child’s development and school readiness. Educating teachers on the importance of providing safety in their relationships with their pupils is merited. As there is an growing movement to embrace a trauma-informed communities, it could be argued that an attachment-informed is also essential.
5.9 Implications for Policy

Some interesting considerations emerge from the current study’s findings from a policy perspective. All participants expressed their wishes for the COS-P intervention to be universally available for all parents’ and voiced regret for not having access to the programme sooner. Some suggested it would be helpful to avail of the intervention at either pre-natal or soon after the birth of their child. The participants in the sample were recruited from a community based initiative aimed to improve outcomes for children from disadvantaged areas. It could be argued that this intervention is applicable and useful across mixed socio-economic backgrounds.

Given the increasing prevalence of child and adolescents emotional, behavioural, and mental health difficulties, and the overburdened, under-resourced services, early intervention and prevention services such as the COS-P intervention delivered in the community are a way to address such issues. An interesting consideration emerging from this study is the valuable and worthwhile efforts that community based initiatives can provide on a broad universal-based level in contrast to clinical services. Though a small sample, and not deemed broadly generalizable, the findings confirm that interventions can be effectively delivered within the community by trained community workers. This raises questions regarding service delivery, clinical practice, and improving access to appropriate services. Furthermore, exploration regarding how best to meet the needs of the population within the confines of budgetary restrictions are much needed. With this in mind, clinical services require reflection on to best use their services. Considering the resourcing issues within services, it may be more beneficial for Clinical Psychologists to use their expertise to provide training, supervision and reflective consultations to community based workers to ensure services are more widely accessible.

There has been an increasing drive in recent years to improve access to Psychological therapies in the Health Service Executive (HSE) in Ireland similar to the UK stepped care approach of IAPT model delivered by the National Health Service. Although mindful not to overstate the findings in the current study, the community-based approach by community workers utilised here provides interesting considerations for service delivery and improving accessibility. Such approaches serve a far wider population and therefore are cost effective. Furthermore, a community-led, universal-approach such as the Area Based Childhood (ABC)
programme demonstrates its ability to provide services in a non-stigmatising and non-pathologising manner which is likely to increase engagement.

5.10 Implications for Future Research

The findings in the current study propose a number of opportunities for future research. As discussed in Chapter Two, a significant dearth of evidence remains for the support of attachment based interventions despite the robust theoretical basis of attachment literature. Additionally, even less research is available regarding attachment based interventions and qualitative methodologies. The use of IPA in the current study elicited rich, in-depth data of individual’s lived experiences. This study highlights the value of providing the individual voice in which to express their experience and understanding of interventions aimed at improving outcomes. Further research using this methodology could glean meaningful and valuable data. It is important to understand how interventions are making a difference and not just if they are. It would be interesting to replicate the current study in other settings with individuals from mixed SES backgrounds and to build a broader picture. As the study’s sample comprised of all female parents, future research should encourage the participation of male parents within their sample.

Research replicating the current study while extending to a number of intermittent follow-up interviews to monitor outcomes over time would also be valuable. Furthermore, a longitudinal study tracking the maintenance of COS-P outcomes on child development over time would provide interesting insights.

The study’s findings highlighted the essential role facilitators played in providing the appropriate environment for parent to complete this work. An interesting study would explore the experience of community workers delivering the COS-P intervention.

5.11 Conclusion

The aim of the current study was to gain insight into parents’ experiences of engaging in the attachment-focused, group-based COS-P programme and subsequently address a significant gap in literature regarding this intervention. This was the first qualitative study to be
conducted on the COS-P intervention, in a community sample within an Irish context. Emerging from individual narratives were three main phases of parents’ journeys through the COS-P intervention which broadly focused on self, child and parent-child relationship; 1) Group as a safe base for self-discovery; 2) Understanding my child in a new way; and 3) New Beginnings: reaching our potential together.

Firstly, parents’ experiences revealed increased reflective practice, increased awareness of current barriers and attachment histories on relationship with their child. Parents’ observed an increased awareness of their children’s underlying emotional and attachment needs, and a more empathic way of responding and communicating with their child. Providing comfort to children when exhibiting difficult behaviours was a novel experience for many parents. Finally, the third phase was about noticing changes in self, their child, and their relationship. Parents’ welcomed having the opportunity to be a better parent, with evinced a sense of hope permeating this phase of the journey. Overall, parents’ narratives highlighted renewed values in the importance of their role in their children’s lives. The findings support the aims of the intervention and extend providing rich, detailed data (Powell et al., 2016).

A critical review of the research process, as well as the strengths and limitations of study have been fully outlined. In addition, important implications for clinical practice, education, policy, and future directions for research have been acknowledged and discussed.
References


doi:10.1002/14651858.CD003680.pub3


Main, M., & Solomon, J. (1986). Discovery of an insecure-disorganized/disoriented attachment pattern.


Siegel, D. J. (2012). The developing mind: second addition: How relationships and the brain interact to shape who we are. New York: Guilford Press.


Yaholkoski, A., Hurl, K., & Theule, J. (2016). Efficacy of the Circle of Security Intervention:


Appendices

Appendix A: Participant Recruitment Letter

Research Project: Exploring parents’ experiences of the COS-P programme

My name is Katie Creighton and I am currently completing a PhD in Clinical Psychology.

My research thesis is looking at the lived experience of parents’ who have completed the circle of security parenting programme (COS-P) with an Area Based Childhood service. This piece of research aims to contribute to the literature specific to this population by providing a deeper understanding of parents’ experiences of undertaking the COS-P programme.

If you have completed the COS-P programme and would be interested in taking part, or if you have any questions around what taking part would involve, please do not hesitate to contact me and I will arrange to meet with you. Your participation would be greatly appreciated with this piece of research.

Contact Details
Researcher:
Katie Creighton
Department of Psychology
University of Limerick
Email: 13027123@studentmail.ul.ie
Appendix B: Information and Consent Form

Research Project: Exploring parents’ experience of the COS-P programme

My name is Katie Creighton and I am currently completing a PhD in Clinical Psychology. My research thesis is looking at exploring parents experiences of completing the COS-P programme and how it has impacted on them.

This piece of research aims to contribute to the literature specific to this population by gaining a deeper understanding of parents’ experiences of completing the COS-P programme. Your participation will provide valuable feedback on parents’ experience of completing the COS-P programme. Participation is completely voluntary and choosing not to participate in this research will not affect opportunities to avail of services from your Area Based Childhood Programme both currently and in the future.

The interview will consist of a number of questions regarding participation in the COS-P group. The interview will last between 45 minutes to an hour, however you can stop at any point during this time. The interview will be audio-recorded for the purposes of transcribing the interview. All of your data will be anonymised to ensure anonymity. The interview will take place at the same location as the COS-P group that you attended. Depending on the level of interest, you may or may not be invited to take part once you express interest.

If you agree to take part in the study, please sign the consent form overleaf and return to either the service coordinator or the researcher

Contact Details:
Supervisor: Dr. Barry Coughlan
Email: Barry.coughlan@ul.ie
Phone number: 061 234345
Researcher: Katie Creighton
Email: 13027123@studentmail.ul.ie
Consent Form

If you would like to participate in this research study, please read and sign the statement below:

I _____________________ agree to participate in an interview for the purposes of investigating parent’s experience of completing the COS-P programme.

I understand the aim of this study and have been provided with an opportunity to ask questions regarding the study.

It is my understanding that the interview will be recorded and that all information relating to my participation will be kept strictly confidential unless there is a concern for mine or others safety.

I have been made aware that I may withdraw from the study at any point, without any penalty or judgment. I also understand that this will not affect my opportunities to avail of services from Area Based Childhood programme both currently and in the future.

Signed (Participant): _______________
Signed (Researcher): _______________
Date: _______________
Appendix C: Debriefing Form

Thank you very much for taking part in the study. Your participation has been really valuable in providing an insight into parents’ experience of completing the COS-P programme. Over the next couple of days you may have questions following on from this interview. If so, please do not hesitate to contact me and I will endeavour to provide clarity on any outstanding queries.

If you have any questions about your personal material, or the overall study, please do not hesitate to contact me (13027123@studentmail.ul.ie), or my supervisor. The data you provided for this interview will be held for a minimum of ten years in line with the Freedom of Information Act and Data Protection Act (2014).

If you have been upset or troubled in any way by participating in this study there are a number of resources available I can help you to avail of. I have provided contact information for your ABC community service and the Samaritans should you feel you require additional support following on from the completion of the study.

Thank you again for taking the time to participate.

**Researcher:** Katie Creighton  
**Email:** 13027123@studentmail.ul.ie

**Supervisor:** Dr. Barry Coughlan  
**Email:** barry.coughlan@ul.ie

<table>
<thead>
<tr>
<th>Area Based Childhood (ABC) programme lead organisation details:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>T:</strong></td>
</tr>
<tr>
<td><strong>E:</strong></td>
</tr>
<tr>
<td>Website:</td>
</tr>
</tbody>
</table>

| **Samaritans Freephone number:** 116 123 |
Appendix D: Interview Guide

Questions will be informed by the broader research question about parents’ experience of the COS-P intervention.

Setting:
Interviews will be scheduled to take place in an office in the same service parents’ where the COS-P intervention was delivered.

Interview Time:
To suit participants and researcher – ideally conducted on Fridays (researcher’s research day) where necessary accommodations can be made to schedule on alternative days to suit the participant.

Duration: 45 to 60 minutes per interview

Stage 1 – Introduction and Rapport Development
Explanation of study and goals, signing of consent forms. The interview process will be outlined: this is an exploratory interview and that there are no right or wrong answers, that the researcher is interested in hearing people’s opinions on the questions that are asked. A verbal reminder will be given that both: (i) the discussion is being recorded, and (ii) that participants can withdraw their consent to participation at any time. Confidentiality will be repeated here, ensuring participants that any data collected will be anonymised, transcribed and only the researcher and supervisor will read the transcripts.

Stage 2 – Interview Script
- Can you tell me about your personal experience of completing and attending the Circle of Security Parenting programme?

- Can you tell me how this experience has influenced (or not) on your experience of parenting?

- Can you tell me if the programme has had any impact on yourself, your child (children), and your relationship with your child?

- Can you describe how this experience has influenced (if any) your beliefs, values, attitudes and views?
Follow up questions will be utilised to gain clarity on responses, acquire more detail, access thoughts, feelings and reactions to the experience i.e. can you tell me more about that, why was that important to you, how do you feel about that.

**Stage 3 – Wrap Up and Debrief**

- Thank the person for their participation.
- Provide verbal debrief – anything outstanding / unresolved following the interview.
- Give participants an opportunity to ask any questions or make any comments that they may have.
- Advise and guide the participant to any necessary supports required following the interview.
Appendix E: Circle of Security-Parenting Protocol

COS-P Weekly Content and Learning Objectives

<table>
<thead>
<tr>
<th>Week</th>
<th>Content &amp; Goals:</th>
</tr>
</thead>
</table>
| **Chapter One: Introduction** | • Experience the facilitator as a secure base  
  • Introduce the concept Circle of Security (COS) and how it takes place in the lives of children and adults. |
| **Chapter Two: Exploring Our Children’s Needs All the Way Around the Circle** | • Increase caregiver’s observation and inferential skills – identifying child’s need on the circle  
  • Reflect on parents caregiving functions and what they learned from their own parents  
  • Acknowledging that children closely observe their caregiver’s cues about proximity and exploration |
| **Chapter Three: ‘Being With’ on the Circle** | • Supporting parent’s support their children in emotional experiences  
  • Teaching your child to regulate their emotions  
  • Supporting parents to understand ‘Being with’ is a state of mind, not a technique. |
| **Chapter Four: Being with Infants on the Circle** | • Increase awareness of relational and emotional co-regulation needs of babies  
  • Support caregivers attunement skills |
| **Chapter Five: The Path to Security** | • Exploring parental vulnerability – facilitator needs to support parents’ feel safe in doing so.  
  • Encourage parents to explore their struggles with their child |
| **Chapter Six: Exploring Our Struggles** | • Promote safety so parents can explore the vulnerable aspects of their relationship  
  • Understanding the impact of being ‘unavailable’ or ‘harsh’ on child.  
  • Understanding that security is never too late, and reflection is key. |
| **Chapter Seven: Rupture and Repair in Relationships** | • Support caregivers empathic shift from seeing children’s ‘difficult’ behaviour to genuine needs  
  • Help parents in understanding ruptures are when the parent steps off the circle and repair when they step back on.  
  • Help parents to use ‘time in’ |
| **Chapter Eight: Summary** | • Acknowledge learning  
  • Summarise and answer questions  
  • Debrief experiences  
  Adapted from COS-P facilitator DVD Manual version 5.0  
Appendix F: Extracts from Research Log and Reflective Notes

13.08.2018: Research Interviews

Just finished two interviews today as part of pilot study. Very different interviews and experiences. One participant was extremely reflective and open in sharing her experiences. The next participant required more prompting and scaffolding. I felt uncomfortable at times trying to drill down with this participant. In my clinical work when working with an individual who presents as reserved in nature, there is time to build rapport and trust over sessions, taking time to follow the individual. I do feel a certain sense of pressure to build rapport quickly and collect data as these are once off interviews.

26.9.2018: Meeting with Research Supervisor

Supervision with research supervisor to review transcripts from two interviews and explore challenges mentioned in interviewing. We talked about gaining more depth in interviews by bringing participants back to their subjective experience. My plan is to ask more follow up questions to accessing participants’ thoughts and feelings in order to access a deeper level of reflection. Whilst I am aware improving my interview style, I also recognise that interview quality will vary with regard to individual differences. Also explore if foster parents are a threat to a homogenous sample. Feeling satisfied that after much reflection and consideration, we both feel that including both foster and biological parents is acceptable. They are doing the same job, it is the same socio-cultural context and service.

October 2018

Recruitment has slowed down and I am waiting to hear back from participants. I would have liked to complete all interviews before I started the analysis but I will have to commence the analysis stage.

4.11.2018: Data Analysis

In the process of analysing a transcript. The volume of data is overwhelming, wanting to include everything and finding it hard to let go off details.


Attending the IPA workshops and hearing the challenges other students are having with the IPA analytic process gives me a sense of relief. It seems like that ‘messy’, ‘non-linear’ process is part and parcel of this stage. Trusting this process more now. Smith’s IPA book a good resource.

20.12.2018

Still feeling unsure around how best to develop emergent themes. I am questioning myself a lot – ‘am I doing this right? ‘Am I missing something?’ Getting caught up in this and finding it difficult to move forward. Arrange supervision to tease issues out and get feedback on analysis so far.

11.3.2019

Really struggling with this results chapter. I’m finding it very difficult to reduce the data. I feel as if I am losing the meaning of participant’s experience the more I cut. I find myself supporting the themes by adding a quote from all ten participants. I need to be more succinct. Phone supervision with research supervisor provides some reassurance. We talk about the tension in letting data go.
### Appendix G: Example of IPA Analytic Process

<table>
<thead>
<tr>
<th>Emergent Themes</th>
<th>Interview 5: Original Transcript</th>
<th>Exploratory Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Seeing things more clearly</td>
<td><strong>P:</strong> it just opened my eyes like, at the end of the course I remember saying to the girls, this should be given to every parent in the (Maternity Hospital Name) and the DVD. It would make life so much easier because I hadn’t got a clue, I really really think it should be available as soon as you take baby home, you should have that DVD with you because it is a clever programme, it really is a clever programme, it touches on emotions, feelings as well for both the child and the parent, like I cried in that, I did actually cry doing the course, a few times because emm… I just felt, I felt it understood me as a person, when nobody in my circle, nobody at home got me, they’d say ‘ahhh (name) you’re bit harsh on him’, ‘don’t be doing this, don’t be doing that’, I never really got ‘good job, well done’, I never got that from anybody at home so coming in to do this course, I was getting praise, that is probably how my confidence built because I felt good doing it, they showed me a lot of compassion, very understanding, like the programme, I just think it is, it is spot on, it really is.</td>
<td></td>
</tr>
<tr>
<td>Regret for not doing course sooner</td>
<td></td>
<td>Eye opening If only I had this sooner? <strong>Passionate tone</strong> Repetition ‘Really’ Uncertainty in parenting <strong>Anxious tone</strong> ‘Clever’ – content and meaning different.</td>
</tr>
<tr>
<td>Struggling in parent role</td>
<td></td>
<td>Crying: repetition. This is unusual for me Sense of relief: a reason for how I was parenting. Non-judgemental Previously misunderstood Judged in parenting Social context Value of acknowledging efforts – important for her.</td>
</tr>
<tr>
<td>Emotional Regulation</td>
<td></td>
<td><strong>Spot on:</strong> This is what I needed</td>
</tr>
<tr>
<td>Understanding</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Support</td>
<td><strong>P:</strong> how does that feel?</td>
<td></td>
</tr>
<tr>
<td>Support</td>
<td><strong>P:</strong> yes more confident, less doubt as a parent It is just a weight lifted off your shoulders to know that there is that support out there, you don’t have to get it from your immediate family, it is good to know that there is something else other than family that can help you like before that I didn’t really have anything…</td>
<td>Less doubt Relief – Support Unsupported</td>
</tr>
<tr>
<td>Self-Efficacy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Confidence in Parenting role</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Isolation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Empathy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Enthusiasm for course</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Challenges – barriers in</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| Parenting | Emotional – nothing
| Increased self-awareness | Repetition emphasising stress
| Reflective | Discomfort reflecting on impact of child
| Guilt | Impact of own issues on child: remorse, pain
| Transformative | Emotional
| New beginning | Key moment; things changing
| Unhealthy relationship | Happy to let go of guilt
| Enhanced relationship | Big ball of issues: Magnitude of difficulties in relationship
| Emotional regulation | Using attachment figure as result of openness and availability
| Enjoyment in parenting | 'Tough mammy’ – how was this perceived by son? Tough love
| Self-Belief | Relaxed, calm
| Struggling in parenting role | Freaked out – terrified, insecure parent
| Pride | Reduced anxiety
| Regret for not doing course sooner | Less doubt
| Chaos | Confident

**Before it was constantly me and (child’s name) but it wasn’t healthy, it was a big ball of issues and anger, emotion and that all sort of fizzled away now. We have a great relationship now, he is so confident, he comes to me and tells me about how he is feeling now, and likewise, I am not afraid of telling him how I feel, where beforehand I would be like, I have to be the tough mammy, I’m ready for the world and I’ll get him ready, now it is more relaxed, I’m taking it all in my stride more now, I’m enjoying it, I’m less freaked out, I’m actually enjoying it.**

**I:** it sounds like there is less fear?

**P:** Yeah totally and more understanding, the fear is gone, I’m a great mother (laughs) if you asked me that before COS, I would say no, I’m not sure yet, I think I am doing OK, (laughs) I hadn’t got a clue, but I’m a great mother now (laughs).

**I:** What is it like to say that, ‘I’m a great mother’?

Yeah, and I am proud to say it coz’ like I love him so much and he is great, he is a great little kid, and I am raging I didn’t get this (COS) at a younger age with him, because we did, what about two years of craziness, he was just gone three when I started it, no he was three when I started it and he was four.
years old when I finished it.  unable to see situation clearly.  ? Surviving
Appendix H: Ethics Letter of Approval

24th July, 2018

Dear Barry, Katie,

Thank you for your Research Ethics application which was recently reviewed by the Education and Health Sciences Research Ethics Committee. The recommendation of the Committee is outlined below:

Project Title: 2018_04_08_EHS - Exploring parents' experience of the Circle of Security Parenting programme
Principal Investigator: Barry Coughlan
Other Investigators: Katie Creighton

Please note that as Principal Investigator of this project you are required to submit a Research Completion Report Form (provided) on completion of this research study.

I would like to take this opportunity to wish you luck with your study.

Yours Sincerely,

[Signature]

Drew Harrison PhD, FISBS
Chair, Education & Health Sciences Research Ethics Committee
Associate Professor in Sports Biomechanics
Department of Physical Education and Sports Science

ROOM P1-043
University of Limerick
Castleley
Limerick
IRELAND
Tel: +353 61 202600
email: drew.harrison@ul.ie