CHAPTER 30

The Circle of Security

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In the third edition of this handbook, the authors of this chapter used Oliver Wendell Holmes's quotation about the "simplicity on the other side of complexity" as a goal for translating attachment research into sound, well-designed models of intervention (Powell, Cooper, Hoffman, & Marvin, 2014). This remains a focus and strength of the Circle of Security (COS) model in providing early intervention to support parents to be a secure base/safe haven for their young children.

We begin this chapter by reviewing the COS model, highlighting the importance of the COS graphic (Figure 30.1), and its origins in the COS Intensive (COS-I) program. Next, we review the underpinning principle of relation-based therapy and the core skills for effective delivery of any COS intervention. Then we present some background on a recent development in the COS project with the development of the Circle of Security Parenting (COS-P) program. This parenting program implements the core principles by reflecting on specifically prepared video material. In the final section, we consider the current evidence for the various forms of the intervention and directions for future research and development. Throughout this chapter, we prefer the word *parent* to *primary caregiver* or *carer*. This is not intended to ignore that many significant people meeting the needs of children are not biological parents in the traditional sense. Rather, we feel that *parent* is a term that represents the emotional intensity and salience of being the "go-to" person for children's needs, and we use that term for such people irrespective of biological connection.

Communicating Attachment within the COS Model

The distillation of complexity into simplicity is largely achieved through the COS graphic, which provides a simple pictorial representation of the attachment system as described by Bowlby (1969/1982). The two key functions of the parent, to act as a secure base and a safe haven, are represented by the Hands. The COS graphic acts as a map by which the parent learns to identify the child's attachment needs by tracking where on this Circle the child is during a particular interaction. As parents learn to read the child's cues and reflect on what is needed, they develop the capacity to respond in ways that meet the need (Cooper, Hoffman & Powell, 2009).

In their capacity as a secure base, parents support the child on the top half of the Circle in exploring the world and developing his or her capacity for autonomy and mastery. As the safe haven, parents provide support for the child when he or she has a need to seek proximity, either when feeling threatened or through a desire

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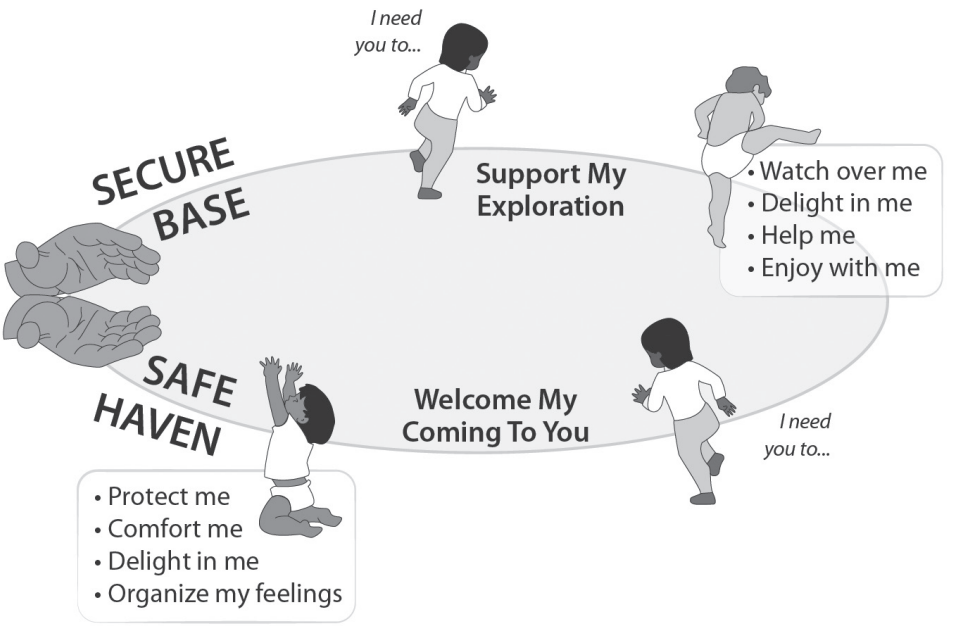

FIGURE 30.1. Circle of Security®: Parent attending to the child's needs. Copyright © 1998 Cooper, Hoffman, Marvin, and Powell.

to reconnect. The capacity of a parent to fill this dual role in relation to the child's attachment needs is considered to promote security within the attachment relationship (Ainsworth, Blehar, Waters, & Wall, 1978).

When the parent does not provide the full range of these capacities to the child, then "Limited Circles of Security" (see Figure 30.2) emerge that are analogous to insecure categories of attachment (Cooper, Hoffman, Powell, & Marvin, 2005).

When a parent has difficulty meeting a child's needs on the top of the Circle (i.e., being a secure base for exploration), then the child is less secure in regard to separation and autonomy, the insecure style identified by research as insecure ambivalent/resistant. If a parent has a limited ability to act as a safe haven for the child and to clearly welcome the child coming back, then the child will be less secure in regard to intimacy and proximity seeking, the insecure style identified in research as insecure–avoidant. The various elements described on the Circle are derived from attachment research and theory, and expressed in a way to facilitate communication to parents, including those in disadvantaged populations (Powell, Cooper, Hoffman, & Marvin, 2014). The Circle serves as the primary learning tool for parents to see, understand, and support their children's attachment and exploratory needs. The Circle is used conceptually in all types of COS interventions.

The COS-I Protocol

The intensive COS intervention aims to apply knowledge derived from attachment theory and research, as well as psychodynamic models of intervention, to enhance parental reflective capacity. COS-I involves a 20-week therapy group program for up to six primary parents of a child age 12 months to 6 years meeting weekly for around 75 minutes per session. The structure of these sessions is a mix of psychoeducation and psychotherapy.

Psychoeducation in COS-I

A core goal of the program is for the parents to develop a clear knowledge of their child's needs for secure base and safe haven dimensions, and how to be the "Hands on the Circle." Good-enough parenting represents the effective amalgam of being bigger, stronger, and kind, while simultaneously possessing the wisdom to bal-

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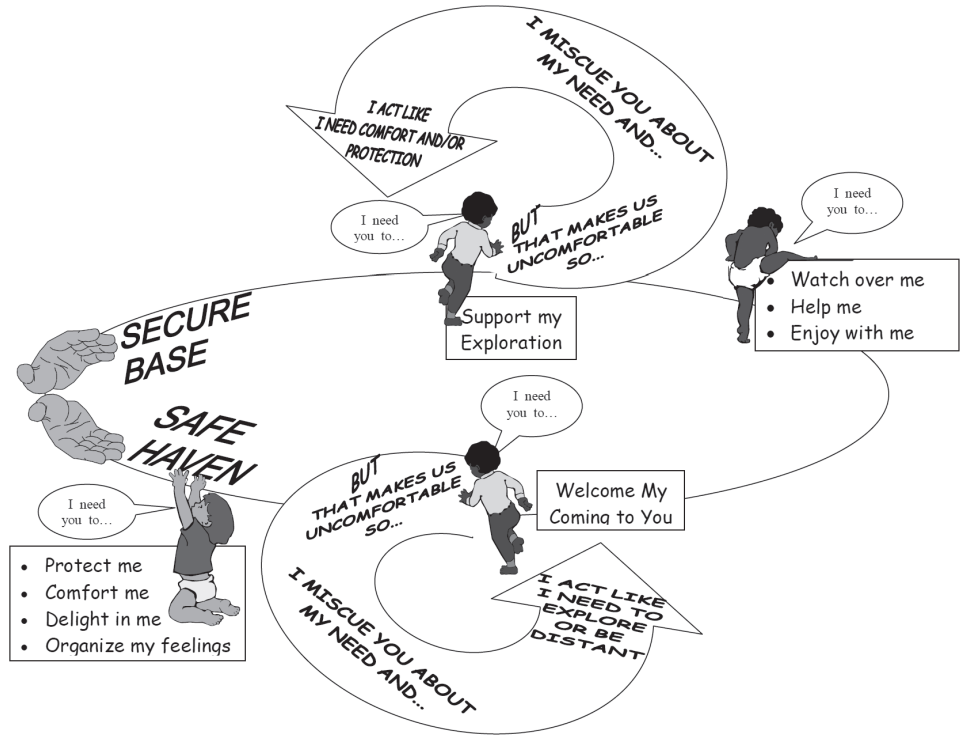

FIGURE 30.2. Limited Circles: Child attending to parent's needs. Copyright © 1998 Cooper, Hoffman, Marvin, and Powell.

ance these functions, allowing the child to feel secure within the relationship. It is possible for parents to get out of balance in providing Hands functions by being overly harsh (mean), ineffective (weak), or psychologically absent (gone). Good-enough parenting is also the ability to follow the child's need wherever possible but to take charge and organize the child/relationship whenever necessary.

COS helps parents see that children who can use their caregivers all around the Circle are more secure in their attachment, and this security confers many advantages across the course of development. Lyons-Ruth (2003) likens secure attachment to developing a "psychological immune system"—a coping mechanism that allows the child to use self and others to recover from distress effectively and maintain adaptation across time. Substantial evidence has accrued that children who are securely attached function better across a broad range of developmental outcomes (Kobak, Cassidy, Lyons-Ruth, & Ziv, 2006; Siegel, 2012; Sroufe, 2016; Sroufe, Egeland, Carlson, & Collins, 2005).

The COS-I Assessment Process

A distinctive and core feature of COS-I is the application of attachment theory and research within a structured assessment process for understanding a child's and parents' specific strengths and struggles within relationship. Therapists use the COS graphic as a guide in the assessment of relationship needs with the parent–child dyad. The aim of this assessment process is to determine what we call the "linchpin struggle," which is the core interactional process and accompanying state of mind in the parents that maintains insecure and disorganized relational patterns. To achieve this, COS-I uses an interactional assessment, as well as an assessment of the parents' state of mind.

COS Interactional Assessment

The Interactional Assessment focuses on the three categories of attachment interaction within the parent–child relationship: "top half of the Circle," "bottom half of the Circle," and

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"Hands" (see Figure 30.1). The interactional assessment is an adaptation of the Ainsworth Strange Situation Procedure (SSP), using either the protocol for children younger than 24 months (Ainsworth et al., 1978) or that for children 24–60 months of age (Cassidy & Marvin, 1992). The SSP consists of a series of seven episodes, each lasting approximately 3 minutes, with episodes designed to emphasize exploratory or attachment needs in the child. We add two further episodes to the original SSP protocol: a book reading (5 minutes) and clean-up of the toys (3 minutes). The latter two episodes are clinically useful, as the book reading invites moments of asking the parent to organize an activity that can promote closeness and enjoyment. The clean-up provides an opportunity to observe a parent's ability to take charge in an everyday parenting experience. (See Powell et al., 2014, for details of the procedure.)

COS Needs. The assessment clarifies the dyad's strengths and its struggles negotiating needs on the Circle. A key question is whether the child can clearly show need by giving a direct "cue" or is there evidence that when need is present, the child has learned to "miscue" (Powell et al., 2014) as a way of managing the relationship with the parent. A cue within the COS protocol is a direct or indirect signal from the child for a specific need to be met. A miscue conceals a need and protects the child when the need is one that parents may find difficult to meet because of the emotional struggle it may activate in them (Cooper et al., 2005). Insecure children are expected to be more reliant on miscues to manage relationship, notably, when the attachment behavioral system is activated. For example, a child who is clearly upset by a parent's separation in the SSP has a need for comfort. If, during the reunion, instead of clearly showing this need, the child turns away from the parent to play with a toy, there is a miscue that serves to manage the relationship by keeping both participants comfortable within the parameters of what they have learned is acceptable in the relationship.

"Delight in me," a need that is found on both the top and the bottom of the Circle, is considered an important marker for positive relating that builds security. The presence of delight in a dyad can be considered a positive prognostic sign, as this mutual, positive affectivity suggests a core healthiness within the pair. In dyads in which there is significant relational struggle, moments of shared delight are more difficult to see during the interactional assessment. We see delight as a parental expression that is all about loving the child for who he or she is. Having your accomplishments as a child validated by a parent's positive response is helpful; however, if this is the only delight a child sees in the parent's face, then the child's self-esteem is at risk of being contingent on only what he or she does. Seeing a face that shows delight because of who the child is provides the core of a noncontingent feeling of self-worth. It is also important that the child see this expression both when exploring the world and building accomplishment, *and* when he or she is seeking closeness and building intimacy. This supports a robust sense of self that is sustaining both when life is going well and when there are struggles. Most insecure parents found delight to be in short supply during their own development and therefore lack an internal register of this emotional experience to provide it for their child. Increasing and supporting the presence of delight is a key marker of success within a COS-I intervention.

Top Half of the Circle. On the top of the Circle there are five secure-base needs that promote uninhibited exploration (see Table 30.1). Is the child supported by the parent in the transition from proximity to the parent to exploring the environment? This support can be demonstrated by subtle signals, including facial expression and tone of voice, that serve to reassure the child that he or she can engage with the world, knowing the parent is there for him or her. As the child moves away from the parent, what emotional tone does the parent communicate? Calm or anxious? Does the parent become withdrawn, rejecting, or intrusive when the child shows interest in the play environment? How does the transition from being close to the parent to moving out to explore affect the child? Can the child cue the parent directly about needs related to an interest in the environment?

Bottom Half of the Circle. There are also five safe-haven needs on the bottom of the Circle (see Table 30.1). Is the child welcomed by the parent in the transition from exploring the world and returning to proximity? Exploration cannot last forever, and a child will eventually be disturbed by something in the environment or run low in the "emotional fuel" that only connection with a parent can provide. At that point, the child may feel the need to seek proximity

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TABLE 30.1. Needs around the Circle

Top of the Circle	Bottom of the Circle
Support my Exploration: A child's need to have his or her parent encourage and support the child's developing autonomy in mastering his or her world.	*Welcome my coming to you:* A child's need to reconnect with an approachable parent when exploration has been curtailed for any reason.
Watch over me: A child's need to know that his or her parent is present and available for the child as he or she explores the world.	*Protect me*: A child's need to be protected physically and emotionally, allowing him or her to feel safe.
Delight in me: A child's need to feel that he or she is pleasing to the parent just for who the child is as he or she explores.	*Comfort me:* A child's need for soothing and comfort from the parent when experiencing distress.
Help me: A child's need for a parent to scaffold learning, pitching the parent's help at the level required to build the child's competence, navigating the extremes of taking over or leaving the child on his or her own.	*Delight in me*: A child's need to feel that he or she is pleasing to the parent just for who the child is as he or she seeks nurturance.
Enjoy with me: A child's need to feel that exploration is a shared and enjoyable experience for the parent also.	*Organize my feelings*: A child's need for help in regulating intense emotions in which a parent supports by being present with the child's intense feelings.

and closeness to the parent as an emotional safe haven. When this happens, how does the parent respond? As with the transition into exploration, the parent's signals to the child can be quite subtle. Being able to clearly cue the parent about these needs makes for a simple transition, without undue stress for the child, thus reducing distress and promoting security.

Hands. The "Hands" function is to be "bigger, stronger, wiser, and kind," fulfilling safe-haven and secure-base functions reliably, while ordering the basic structure of relationship through sensitively following a child's needs and taking charge confidently when required. Deficits in the ability to be the Hands for children are emblematic of what, in attachment research, are classified as disorganized attachment relationships (Cassidy & Marvin, 1992; Main & Solomon, 1990). Parent behavior in disorganized relationships is frightening (Mean), frightened (Weak), or disengaged or unreliable (Gone).

There are a number of questions that assist a clinician in determining whether "Hands" are an area of struggle for the parent. Is it the parent or the child who takes the greatest responsibility for organizing the relationship? Clean-up, a section of the COS-I interactional assessment, is designed to elicit a "take charge" situation for the parent, and it is illuminating if the parent lacks capacity here. In "take charge" moments, a parent may abdicate and look helpless or, conversely, become punitive and aggressive, using fear to get the child to comply. At other times, a child needs the parent to function as the Hands to alleviate uncertainty and anxiety. If in these moments the parent abdicates by acting helpless, disengaged, neglectful, or rejecting, the child is left without resource. Similarly, parents who fear strong emotion in their children (or themselves) may be tentative in interactions, leading a child to feel that he or she must direct the relationship in lieu of the parent's confident presence. For example, a child upon reunion may try anxiously to soothe the parent when the child is the one who is upset. A more subtle example might be a child upon reunion who tries to keep a parent happy by being amusing, acting "cute," or "putting on a show."

Role distortion/reversal is a common feature of disorganized dyads in which the child takes on the developmentally inconsistent task of providing emotional functions that are the province of the parent. This may take the form of disruption in the hierarchical relationship, in which a parent may act more as a playmate, peer, or use the child as a confidant. Other parents may want the child to be completely independent, with no need for the parent. In all of these examples, the adult looks to the child to help him or her feel emotionally stable. The child associates the activation of attachment needs with fear and copes by taking control

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of the relationship. The child can do this by being controlling–punitive, acting aggressive and dominant toward the parent, or by being controlling–caregiving and soothing, amusing, and taking care of the parent. In short, the question of whether a parent can provide the role of Hands is central to the development of an effective treatment plan to support the child and have enough predictability, structure, and safety to form an organized attachment.

COS State of Mind Assessment

We have based the COS model on the recognition that all parents use what John Bowlby called an "internal working model" (IWM; Bretherton & Munholland, 2016). IWMs are considered a crucial element in the transmission of attachment, as this internal template is used to understand current and future relationships, including those with children in our care. We combine Bowlby's IWM concept with the work of James Masterson (1976; Masterson & Klein, 1995), Otto Kernberg (1975) from object relations theory, and the self psychology of Heinz Kohut (1971) to facilitate the differential assessment of each parent's specific relational model. This understanding is predicated on the belief that each parent approaches attachment relationships with a particular lens regarding sense of self and sense of other. This lens, first learned within significant past relationships, becomes the viewpoint that organizes current interaction on the part of the parent with his or her child. Having a series of potential templates to understand a given parent's worldview concerning relationship is useful for effective intervention, particularly when the therapeutic focus is on problematic representations that the parent holds regarding both self and child.

The COS model focuses on distinguishing among defensive strategies rather than using DSM-5 terminology for personality disorders. Thus, we label three distinct but predictable patterns to be "core sensitivities" and describe them in the following way: *separation sensitive* (which in a rigid and pervasive form can become borderline personality disorder), *esteem sensitive* (which in a rigid and pervasive form can become narcissistic personality disorder), and *safety sensitive* (which in a rigid and pervasive form can become schizoid personality disorder) (Masterson & Klein, 1995; Powell et al., 2014). The core sensitivities form a continuum from flexible and adaptive (mildly defensive) strategies on one end, to rigid and pervasive disorders of personality on the other. In the COS model, a core sensitivity includes defensive views of self and others that apply to parents seeking treatment, but in no way are derogatory or judgmental.

Each core sensitivity represents a set of nonconscious procedures that a person believes must be adhered to in order to avoid painful memories of previously unregulated affect ("When I show I am smart, she stays nearby, so I'll keep doing that. When I ask for comfort she gets chilly or backs away, so I'll stop asking"). The need for connection and the fear of abandonment are recognized to be the central organizing processes in the development of defensive personality structure (Masterson, 1976). Even though these nonconscious rules are amenable to change, without reflection and support they tend to remain constant and to drive problematic parent–child interactions.

The COS assessment of core sensitivity is derived from the parent's responses during the standardized Circle of Security Interview (COSI). The following is a brief description to help clarify the nature of these sensitivities:

- *Separation-sensitive* parents have come to believe that to avoid experiences of perceived abandonment, they must comply with what others, including their children, want, need, and feel, while disavowing their own wants, needs, and feelings. The underlying belief is that if they feel and act on their own behalf, they will be abandoned by those they most need. They tend to feel incapable of living without feeling the continual availability of significant others. They often believe that their job is to focus on another's needs and appear to be helpless regarding their own. Separation-sensitive parents struggle to allow their children an experience of autonomy while exploring (the top of the Circle) and simultaneously are unable to genuinely support a full experience of comfort (the bottom half of the Circle). The children tend to show an ambivalent/resistant response upon reunion during the SSP.

- *Esteem-sensitive* parents have come to believe that who they are, just as they are (imperfect, flawed, average), is not enough to be valued. Therefore, to protect themselves from the fear of criticism and judgment, they continually attempt to prove that they and their children are worthy (unique, special, exceptional, anything but average, etc.) through performance and achievement. Perceptions feel all impor-

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tant for the esteem-sensitive parent. Hence, they tend to be vigilant about any implication of having failed or being inadequate as parents, or having others see their child as inadequate. These parents often pressure their children for achievement and performance (the top half of the Circle) and struggle to provide comfort and organization of feelings (the bottom of the Circle). These children can present as avoidant or ambivalent during the SSP.

- *Safety-sensitive* parents believe that the cost of being connected and emotionally close to their children is the loss of self-determination. This leads to perceptions of being controlled and/or intruded upon by their children. Therefore, they believe that the only way to have an intact sense of self is to maintain a position of self-sufficiency, and to expect self-sufficiency from their children. The children of safety-sensitive parents are often frustrated by how their parent continually seeks to control the level of closeness. These children are often forced onto the top of the Circle (toward self-sufficiency) when their genuine need is for comfort and connection on the bottom of the Circle. The resulting lack of fulfilment in the child often leads to demands that reconfirm the parent's view of significant others as demanding and controlling. These children can present as avoidant or ambivalent during the SSP.

The COS approach uses the COSI as a way to gain initial insight into a parent's core sensitivity. While a decision tree for building an accurate differential assessment is too complex for this chapter, answers offered to the question "How do you think your child responded to the separation?" can provide insight into the intrapsychic world of the parent. A more esteem-sensitive parent might answer with a sense of pride that his or her child played creatively and was not upset. A safety-sensitive parent might comment about how he or she is relieved to see his or her child being so self-sufficient. A separation-sensitive parent might mention that he or she is always worried that his or her child does not really need him or her. Greater detail on the COSI, sensitivities, and differential assessment are available in Powell and colleagues (2014).

In conclusion, the COS model uses a systematic differential diagnosis of each parent's nonconscious defensive schema as a means to better understand the core themes for intervention. More specifically, we understand each core sensitivity as a means for the parent to protect him- or herself from unregulated affect evoked by attachment experiences. By better understanding precisely what defensive approach is being used by any given parent, the clinician is able to design and aim the intervention at the precise struggle most in need of change. We see this individualized understanding of parent state of mind, coupled with an appreciation of the specific dyad's strengths and struggles, as the core premise of providing treatment in the COS-I model.

Individualized Treatment Planning in COS-I

The clinical value of COS-I is based on this capacity to provide individualized treatment plans for each parent–child dyad. Cooper and colleagues (2005) described assessment of the strengths and struggles of the dyad on the top of the Circle as the key task of the therapist in treatment planning the top of the circle, and the parent's capacity to provide the "Hands" for the child on the bottom of the Circle. One key struggle then comes to be the "linchpin" focus during treatment. A central task of the group facilitator is to maintain the treatment focus on the linchpin for each parent, assisting the parents in identifying their child's needs and reflecting on how well their parenting meets those needs.

This linchpin struggle stabilizes the relationship by protecting both parent and child from unregulated emotional distress; however, this comes at the expense of secure connection around the needs of the child. It is within the linchpin struggle that the child's miscueing of the parent and the parent's miscueing of the child has been learned, becomes reinforced, and helps sustain the defensive struggle. It is important to bear in mind that this linchpin is in large part a procedural pattern, and thus operates outside of the dyad members' awareness.

The COS-I model uses a range of therapeutic attitudes and skills to deliver this individualized treatment plan within the group context. We recommend Powell and colleagues (2014) for a complete discussion of the COS-I treatment process.

Relationship-Based Therapy Processes in COS

The therapeutic relationship is crucial to the success of any COS intervention. Parenting is an intimate relationship in which significant vulnerability is present. The therapist needs to

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possess and model a style of sensitive engagement to successfully invite the parents to experience their vulnerability in the group process. In the early stages of the protocol, parents are asked to make observations and conclusions about their child's needs and feelings. Later, they are asked to focus more deeply on their own experience, including moments of difficulty in their relationship with the child in which they may experience distress when called on to meet the child's attachment needs.

Just as parents come to use the Circle graphic as a map for relationship, so too does it become a guide for therapists to become a secure base and safe haven for the parent, providing an overarching organization for relationship-based treatment and intervention. Only through progressing with a deeply respectful and attuned approach to each parent can the therapist create the requisite feelings of safety, support, and understanding for the parent to work effectively in the group process. We see the principles of treatment are encapsulated by the acronym R-A-R:

- The first "R" returns us to the importance of the *relationship* between therapist and parent. Many parents seeking assistance to provide better care for their children, especially those parents considered high-risk, have few experiences in their own developmental histories that support having trust and confidence in another. How then can such parents be expected to use the support and assurance of a therapist to be vulnerable and to learn? It is for this reason that the essential initial step of all parent–child psychotherapy is building a therapeutic alliance, a safe and trustworthy relationship between the parent and the therapist. The therapist and the group become a secure base from which the parent can explore his or her relationship with the child.

- The "A" stands for *affect regulation* (Cassidy, 1994). Each parent brings to the group his or her own unique history of how emotions are managed. During the group, some aspect of how parents manage chronic painful affects will inevitably be challenged. British pediatrician and psychoanalyst Donald Winnicott (1965/1990) used the term "holding environment" to describe the central emotional requirement of all children and adults to face these painful affects. Winnicott clarified that each of us needs the sensitive availability of another, someone willing and able to "hold" and "be with" our emotional needs. Feelings that have chronically interfered with parent's ability to respond to his or her child can now be "held" by the therapist, the group, and the parent. This experience of shared understanding and coregulation of difficult emotion lays the foundation for the parent to provide more secure parenting.

- The last "R" stands for *reflection*, the capacity to reflect on both the child's and the parent's thoughts, feelings, needs, and behavior, and ultimately make new choices. Fonagy, Gergely, Jurist, and Target (2002) propose that secure relationships are the optimal environment in which children can come to understand minds and mental states, both their own and other people's. By providing a secure, holding environment within the context of the group, where parents can safely experience their procedural struggles with affect in relationship, the therapist provides conditions in which a reflective stance can be taken toward relational information. In this way, aspects of relationship that were "hidden in plain sight" can become known to the parent and facilitative of change in the dyadic relationship (Powell et al., 2014).

The primary process of change in the COS model may be summed up as regulating affect in relationship while facilitating reflective understanding. This process is a model of how we want to encourage parents to relate to their child. In COS, this is referred to as "being-with" and refers to parents' ability to tune in and be available to their child in whatever affective state is being experienced. In this way, coregulation is central to both the therapeutic relationship and the shift that is sought for the dyad in treatment.

In all forms of COS treatment, video review is a powerful tool for helping parents to gain access to information that may currently lie outside their awareness. The editing and selection of appropriate video clips is considered crucial to the impact of the COS-I program. The initial SSP is examined closely by trained program providers to determine the linchpin struggle for the dyad (with supporting information from the COSI). The SSP then becomes the source material for tape reviews in the intervention protocol. These reviews occur in two phases. The Phase 1 tape reviews seek to help parents identify the linchpin issue and the needs of their child on the Circle, particularly how their child

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may "miscue" them in relation to his or her attachment needs. Secure relationships are characterized by clear communication or "cues" between parent and child about attachment needs. A chronic miscue, on the other hand, occurs in insecure dyads, in which the child and parent have learned a habitual way of relating to minimize anxiety in the relationship. The tape reviews with each parent in this first phase of treatment are designed to individualize the parents' use of the COS as a map to understand their child within the attachment relationship. During these reviews, parents practice creating behavioral descriptions of the observed interactions. The rationale for focusing on behavioral observation is that parents' procedural histories of relationship lend them to make inferences or "guesses" about relationship that are often defensive and inaccurate with respect to their child's needs. By encouraging them to develop an observational skill for behavior in the dyadic process, we aim to calibrate their view to seeing the attachment needs of their child, what is hidden in plain sight. This process, called "seeing and guessing," becomes the basic procedure for viewing videotapes throughout the group. Once parents can see more clearly, it is expected that the inferences or guesses they make regarding their child's needs as represented by his or her behavior will become more accurate and facilitate secure relating.

To assist this process, the following sequence of questions is used throughout the tape reviews in COS-I. These questions form the skeleton of what is referred to in the model as "reflective dialogue":

- "What is your child doing?" (observation)
- "What do you think your child is needing?" (inference)
- "What do you think your child is feeling?" (inference)
- "What are you doing?" (observation)
- "What are you feeling?" (self-reflection)
- "What are you needing in this moment?" (self-reflection)
- "What are you thinking about yourself as you watch this?" (self-reflection) (Powell et al., 2014, p. 261)

The idea of reflective dialogue guides the facilitators' behavior and communication through all interventions in the model. It refers to an attitude and process of therapeutic conversation that builds the reflective functioning of the parent. This enhanced reflective capacity is proposed, in line with research and theory, to allow parents to build new understandings of relationship through modification of prior implicit relationship scripts.

Prior to Phase 2 tape reviews, we use a simple two-part video clip set to music to help parents make sense of how our procedurally organized state of mind effects perception. The first part opens with a beautiful ocean view. This clip is set to music that has a soft tone and tends to elicit a calm, pleasant, safe feeling. The second part of the clip uses the same videotape but is set to a musical composition similar to the theme music from the movie *Jaws* and tends to evoke quite different feelings. Suddenly, the beach is transformed into an eerie place with hidden danger. The beach evokes a sense of foreboding and a strong desire to flee from the water. Parents quickly grasp that the music dramatically shifts the mood of these two identical visual experiences. Thus, "shark music" is a metaphor for an experience with a child that is frightening but not dangerous. Parents are told that it is normal to experience "shark music" with some of their child's needs on the Circle, and what is important is the ability to be able to notice and reflect on it.

Phase 2 reviews are focused on parents' reflection on their internal signals of "shark music" as they review the linchpin moments in their relationship. First, these signals are hypothesised to originate from struggles in the parents' own developmental histories that are now triggered in emotionally salient interactions with their child. The term "shark music" was created to help parents recognize two aspects of parenting and state of mind (SoM): (1) not all parents view the same behavior in the same way and (2) for some, a behavior or need of the child will trigger anxieties based in this procedural history of relationship. Second, these anxieties are actually fears that emerge in the context of a situation that is now safe: meeting their child's attachment needs. This is in contrast to the situation in which the parents learned to fear the expression of need within their own attachment history. The video segments reviewed in this phase are used to support the parent "turning themselves in" by sharing their awareness of their responses within this SoM and to find new ways of being with their shark music as they relate to the child.

As trust builds in the group it is our hope that parents will feel safe enough to manage the vul-

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nerability of reflecting on their linchpin "shark music." This helps parents develop a pause in the automatic feelings and behaviors embedded in their insecure procedural knowledge and opens the possibility for emotional regulation and choice. The new choice is to either continue to defend against nonexistent "sharks" or to manage their fear by reflection and "choose security" for their child.

The COS-P Protocol

Cooper and colleagues (2009) developed a brief variant of COS-I that is intended to be more usable in primary care and community contexts. The COS-P protocol is based on a prerecorded video, with the material organized into eight "chapters" that can be delivered in a flexible manner. COS-P is designed to be used with families over 8–10 sessions and can be delivered individually with parents or in a group format. COS-P retains the flexibility to be delivered in the home, clinic, or other pertinent settings, such as child care and school.

Video review remains a central pillar of the COS-P program and in the program is provided by video modeling using footage of families who have participated in the program, who have volunteered their time, and, in some cases, actors (Cooper et al., 2009). This video material is potentially less psychologically immediate to the parent, as it is communicating the key information of the treatment protocol via third-person material unlike COS-I, which uses the parents' own interactions with their child, offering a first-person account of relationship. Reflective dialogue remains central for processing video material with parents in COS-P. Parents are encouraged through facilitator-guided reflection in the sessions to look for the key relationship needs being depicted and to develop an understanding of the core concepts of the model. In developing an appreciation of the attachment needs of their child through this third-party presentation, the parent then does have to make a relational leap to transfer learning developed in the sessions to their own dyadic relationship.

Without the individualized treatment process and the first-person clips, the facilitator needs to have an attuned awareness to how each parent is engaging with the presented material. Through listening closely to parents' progressive stories of relating to their child, the facilitator needs to gauge how well parents have understood program concepts and develop insight into the attachment-related scripts each parent is using to understand the child and the relationship. This information becomes key within the briefer form of the model for providing a degree of individualized treatment to the parent. Later in the program, this becomes more relevant as parents are introduced to shark music and will need the support of the facilitator to see this influence in their parenting relationship. To further support parents in making sense of relationship, Hoffman, Cooper, and Powell (2017) have recently published a book that acts as a further resource to support developing secure connection.

The Evidence Base for COS

Hoffman, Marvin, Cooper, and Powell (2006) reported on the initial COS-I intervention study that assessed effectiveness with a preintervention–postintervention design using the SSP (Ainsworth or MacArthur). Of the 75 dyads that began the program, 65 (86%) parents completed the entire intervention. The hypotheses tested were that after intervention there would be (1) a significant decrease in disorganized attachment and (2) a significant increase in secure attachment. Disorganized attachments (controlling and insecure/other) decreased from 60% pretreatment to 25% posttreatment, and secure attachments increased from 20% pretreatment to 54% posttreatment—both significant changes.

Of the 13 children who were classified as secure on the preintervention SSP, 12 remained secure on the postintervention SSP. This stability of security suggests that the intervention not only does no harm but it also provides needed support in high-risk populations for secure dyads to remain secure. A key limitation of the study was the absence of a control group and a randomized design.

Recent research in Australia has provided additional data about efficacy. Huber, McMahon, and Sweller (2015a) reported on the outcomes of 83 parent–child dyads referred to a community clinic for concerns relating to the child's behavioral and/or emotional needs, or for parent–child relationship issues. Four outcomes were assessed: positive representations of caregiving, frightening and frightened statements, reflective functioning, and child attachment classifications (and dimensions of attachment).

Results showed that the intervention was effective in this clinically referred sample if

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participants completed the intervention. Caregiver reflective functioning, caregiving representations, and level of child attachment security increased after the intervention, and level of attachment disorganization decreased for those with high baseline levels. Changes from pre- to posttreatment were explained largely by improvements in caregivers and dyads who had exhibited most disturbance on the various indices of relationship functioning at pretreatment.

Subsequent analyses examined the impact of COS-I on measures of behavioral and emotional outcomes drawn from the sample mentioned earlier (Huber, McMahon, & Sweller, 2015b). Broadly, the findings indicated that the intervention produced significant improvement in promoting protective factors and in reducing internalizing and externalizing behaviors, based on parent report. Once again, the parents who showed the most initial risk in terms of representations of relationships, seemed to acquire the greater benefit from participating in COS-I.

In another study, the COS Perinatal Protocol (COS-PP) was delivered as a component of the Tamar's Children jail diversion program with mothers who were pregnant at the time of incarceration or sentencing (Cassidy et al., 2010). There were 20 parents who completed this program based on the COS-I protocol, in that it used Phase 1 and Phase 2 reviews and mothers participating in small groups. Prerecorded clips were also used (therefore giving a third-person review dimension) to introduce the ideas of attachment theory and relationship patterns. Of the 20 mothers participating, blind coding at postintervention, when infants were approximately 12 months old, found 14 dyads to be secure and six to be insecure/disorganized.

The COS—Home Visiting 4 (COS-HV4) intervention was a randomized controlled trial of a four-session version of the COS program delivered in the home to mothers classified as having economic stress and irritable infants. In this study, Cassidy, Woodhouse, Sherman, Stupica, and Lejuez (2011) found that intervention effects were moderated by both infant irritability and maternal attachment. First, examining only infant irritability as a potential moderator, results showed the COS intervention was most effective at improving security for the dyads with the most irritable infants. For moderately irritable infants, there were no differences in security between intervention and control. Second, an analysis examining both infant irritability and self-reported maternal attachment dimensions (which had been rotated to form a secure vs. fearful attachment dimension and a dismissing vs. preoccupied attachment dimension) showed important interaction effects on treatment. Results showed that highly irritable infants of highly secure mothers benefited significantly more from intervention than did moderately irritable infants of highly secure mothers. When mothers were more dismissing, highly irritable infants benefited significantly from intervention compared to their highly irritable counterparts in the control group. In contrast, a treatment effect emerged only for moderately irritable, and not for highly irritable, infants of highly preoccupied mothers. Again, this study is suggestive of the benefits of COS as an intervention for populations in which risk is higher. For a full discussion of both these interventions, see Woodhouse, Powell, Cooper, Hoffman, and Cassidy (2018).

The COS-P Program

Research on COS-P program has started to emerge, which is an important step given that this model has become increasingly popular and in need of evaluation (McMahon, Huber, & Schneider, 2016; Mercer, 2015). In a recent study, the COS-P intervention was evaluated in a randomized controlled trial by Cassidy and colleagues (2017). This trial was conducted with a Head Start population of parents of children ages 3–5 years. Data were collected at baseline and upon completion of the intervention on a total of 141 dyads (from an original recruitment of 164 dyads), with parents randomized into treatment in COS-P groups or a waiting list. The researchers hypothesized that COS-P would have a positive impact on parental sensitivity, measured by the Coping with Toddlers' Negative Emotions Scale (CTNES), and child behavior, measured by the Child Behavior Checklist (CBCL). They also assessed whether intervention parents differed from controls at postintervention on attachment, measured using the SSP, and on executive functioning. The research also considered moderation of outcomes by maternal depression and attachment style, as well as child gender.

Following an intent-to-treat analysis, intervention and control groups did not differ on measures of attachment category or dimensions (security, avoidance, disorganization) at posttest. However, other results of the study provide encouraging preliminary support. Unsupport-

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ive responses to children's distress were lower in the COS-P group than in the waiting-list control group. Citing data that it is caregivers' responses to distress that particularly contribute to child attachment and to developmental outcomes, the authors concluded that if COS-P was able to reduce unsupportive responses, it could be valuable as a means for reducing risk of insecure and disorganized attachment, and associated psychopathology (Cassidy et al., 2017). They note that COS is unique as an intervention model in its explicit focus on enhancing parental sensitivity to moments of distress rather than overall parent sensitivity, and that other interventions have not provided specific evidence of impacting unsupportive responses to children. Other research has suggested that it is unsupportive responses (and not supportive responses) by the parent that are most associated with child-related outcomes (e.g., Eisenberg et al., 2010). Inhibitory control was also shown to be greater for children in the intervention group, once researchers controlled for marital status and maternal age. The relationship of inhibitory control to developmental capacities, such as school readiness, are supportive of COS-P's potential as an early intervention strategy.

There are two further studies in the literature with small-scale evaluations of the COS-P program. Horton and Murray (2015) conducted a community treatment trial of 15 mothers in residential substance abuse treatment. They found that mothers who attended sessions obtained benefits with respect to self-reported emotion regulation, parenting attributions, and parenting behaviors. Kohlhoff, Stein, Ha, and Mejaha (2016), in another sample of 15 mothers, this time presenting with a child younger than age 2 years to primary care parenting services, found that COS-P reduced parent self-reported stress on the Stress scale of the Depression Anxiety Stress Scales and problematic parent attributions, measured on the Caregiving Helplessness Questionnaire and Parental Bonding Instrument from pre- to postintervention. Both these studies are limited by the small sample sizes and absence of a control group, yet they suggest that COS-P may offer similar benefits to those found for the COS-I intervention.

Conclusions

The COS approach has continued to attract significant interest in the field as an attachment-based intervention for families in which relational issues are a primary presenting concern. Over time, new variants of the program have arisen to address various needs in the field. COS-I remains the form of the model with the strongest evidence base, though the recent development of COS-P raises hopes that a less intensive protocol may yield benefits for families in a more readily disseminated form. At this point, we must acknowledge that the evidence base is limited to small studies, with few having randomized designs or control groups, and, as in the previous edition of this handbook, we are motivated to develop and conduct further research into the model using well-designed clinical trials. Of particular interest is whether the COS-P and COS-I represent a possible tiered program of intervention, given COS-I and its variants' success in positively impacting high-risk families. It may be that COS-P represents a less intensive approach for families at lower risk or when setting constraints do not allow for first-person video review or more intensive treatment. COS-P may also be an effective way to engage parents who need more intensive therapy.

We see the strengths of the model, however, continuing to be its clarity in expressing and sharing the attachment relationship through the COS graphic, and for COS-I, the support for clinicians to develop impactful individualized treatment plans for dyads whose attachment struggles are a focus for treatment. Because both parents and treatment providers who use the COS paradigm find within it an opportunity to reflect on their own attachment history, the model has a way of eliminating the distinct demarcation between those providing and those receiving treatment. This increased empathy on the part of professionals for their own attachment struggles translates directly into helping parents build empathy for how it is that they also struggle within intimate relationships. The human condition, which encompasses a struggle with painful and often unresolved memories regarding dysregulated affect within close relationships, unites us with similar challenges. From this perspective, it is not necessary to pathologize parents who are seeking help for relationships with their young children. Indeed, as we evolve as a species, what becomes critical for creating a world in which empathy is a central part of our experience is the increased clarity about specific attachment needs and how to respond to them better.

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