CHAPTER 17

Connect

An Attachment-Based Program for Parents of Teens

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We begin this chapter with a brief discussion of the typical and atypical challenges that adolescence presents to parents and their growing children, both in contemporary and past societies. We do so with an emphasis on adolescence as a unique transitional period, one with important implications for the nature of the attachment relationship between parent and child. Next we describe Connect, an attachment-based intervention for parents and alternative caregivers of preteens and adolescents. We provide an overview of the program, including the attachment-related mechanisms and processes that are targeted during the intervention; key attachment principles that guide session content, reflection exercises, and role plays; and a model of therapeutic change. Training, implementation, and building capacity/sustainability across diverse communities are discussed, and the evidence of effectiveness is presented. We conclude by emphasizing the importance of knowledge translation in the field of attachment in expanding well-defined, feasible, and effective interventions to promote adolescent mental health and family functioning.

Adolescence in History and Contemporary Times: A Similar Story

Adolescence is one of the most intriguing periods of human development and the subject of considerable debate by parents, scientists, and philosophers alike. As children enter adolescence, most parents express bewilderment and concern about the volatility in their children's moods, their interests, and sensitivity to minor slights or disappointments. Some are astonished or offended by their teens' newly found

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oppositional stance and contemptuous attitude toward authority. Parents commonly lament about teens today. Yet these concerns are remarkably similar to those expressed some 2,500 years ago by early philosophers including Socrates (470–399 B.C.E.) and Aristotle (384–322 B.C.E.). Adolescence, it turns out, is not a fictitious developmental stage born of modern society as is commonly believed; it is a period of semi-immaturity that hangs between childhood and adulthood that has been recognized in virtually every human society across time and is also observable in nonhuman species (Crone & Dahl, 2012). In fact, the plasticity that occurs during this unique period of development may play an invaluable role in ensuring survival of the species across changing ecologies. Nonetheless, it is a frustrating time for nearly all parents and teens, and for some families it represents a period in which relationships become so strained that bonds are severely damaged or broken.

Only recently have we begun to understand the complex neurobiological and social-relational changes that occur during adolescence. It is now clear that the depth and scope of these changes makes adolescence a distinctive period of vulnerability for the development or exacerbation of mental health problems, problems that can have lasting implications for adult adjustment. By age 25, 20% of young adults suffer from serious mental health problems, and between 50 and 70% of these disorders emerge before age 18 (Aber, Brown, & Jones, 2003) and may be diagnosed by age 15 (McGorry, Purcell, Goldstone, & Amminger, 2011). But at the same time that adolescent neuroplasticity confers risk, it also offers immense opportunities for growth and adaptation. The capacity for complex representational thought expands tremendously during this period; teens begin to differentiate their own values from those of others and to set life goals, shaping their identity. Social learning occurs rapidly; structural changes in the "social brain network" sensitize teens to engage with and attend to others in new ways, and this corresponds to a rise in social understanding between ages 12 to 16 (Crone & Dahl, 2012). In short, the adolescent brain could not be more perfectly designed to ensure maximal fit with ever-changing social contexts (Crone & Dahl, 2012).

As we start to understand the complexities of adolescent development, it becomes easier to appreciate why adolescence can sometimes be a challenging period, one that tests the maturity and skills of teens and the patience of parents again and again. But just as infants benefit from secure attachment with parents, teens also fare much better when they can turn to their parents for the reliable provision of a safe haven and secure base. Nonetheless, many parents experience caregiving as more difficult during the teen years compared to earlier developmental periods. Most agree that, although exhausting at times, younger children are generally receptive to parental guidance and comfort, and they are expressive of their need for and love of their parents. In turn, parents typically experience caring for babies and young children as gratifying and enjoyable. Teens, on the other hand, need their parents for both comfort and support (Rosenthal & Kobak, 2010), but they are simultaneously compelled toward autonomy, preferring to solve problems on their own or to seek comfort and support from peers and romantic partners (Allen & Hauser, 1996). As a result, they can express their needs in ways that miscue or confuse their parents; parents in turn may respond using strategies on which they relied when their child was younger but which are no longer effective. As teens push for autonomy, parents are often stressed, and some try to take control; alternatively,

others may experience their teen's push for autonomy as deeply rejecting and consequently pull away from their teen. To make matters worse, the stakes can run high; whether parents like it or not, teens have greater latitude than younger children in whether they follow the guidance of their parents, and the results of not doing so can have significant life consequences. In families struggling with complex challenges including family violence, maltreatment, and fragile relationships, risks incurred during adolescence can be immense and in some cases life threatening (Moretti, Bartolo, Odgers, Slaney & Craig, 2014; Moretti & Craig, 2013). Helping parents and other caregivers develop the skills to see, understand, and respond sensitively to the attachment nuances of their teens' behavior can be enormously beneficial, restoring parents and teens to a more secure path and shared partnership as they journey together to (and through) adulthood.

Adolescence, Attachment, and Intervention

The robust relationship among adolescent–parent attachment security, mental health, and socioemotional functioning is well known (e.g., Allen et al., 2002; Allen, Porter, McFarland, McElhaney, & Marsh, 2007; Benson, Buehler, & Gerard, 2008; Brown & Wright, 2003; Caspers, Cadoret, Langbehn, Yucuis, & Troutman, 2005; Greenberg, Speltz, DeKlyen, & Jones, 2001; Kobak, Zajac, & Smith, 2009; Rosenstein & Horowitz, 1996; Speltz, DeKlyen, & Greenberg, 1999). Furthermore, attachment security in adolescence predicts adaptive functioning and attachment in early adulthood and beyond (Collins, Cooper, Albino, & Allard, 2002; Pascuzzo, Cyr, & Moss, 2013).

Although there is agreement that attachment security is a robust predictor of adolescent well-being and good outcomes in early adulthood, remarkably few attempts have been made to develop treatments to promote security between teens and their parents. Two factors may play a role here. First, it is generally agreed that intervening earlier rather than later in child development is more effective; therefore, efforts should focus on prevention, before problems take hold and grow. Second, there is a common belief that certain facets of personality are concretized early in development, so that changes in thinking, feeling, and behavior become difficult and even impossible over time. For example, attachment theory dictates that the foundation and core components of internal working models are rooted in early childhood experiences; hence, change is more difficult in later development. Not surprisingly, then, attachment-based therapies (ABTs) have focused on parents of young children (witness the balance of content in this handbook). The critical question in undertaking the development of ABTs for teens is whether internal working models and attachment strategies are malleable during adolescence, and whether changes are meaningfully related to positive outcomes in functioning concurrently and prospectively.

There is good evidence to suggest that this is the case. Beijersbergen, Juffer, Bakermans-Kranenburg, and van IJzendoorn (2012) found that maternal sensitive support during adolescence promoted a shift toward attachment security among teens who were insecurely attached as young children. Similarly, Booth-LaForce et al. (2014) found that children shifted from insecurity in early childhood as a

function of increased levels of maternal sensitivity to security in midadolescence during the intervening period and especially in early adolescence. Likewise, children who shifted from secure to insecure attachment experienced a parallel decrease in maternity sensitivity over the interim. Findings from these studies suggest that adolescent attachment is relatively fluid and meaningfully related to changes in quality of caregiving. Yet this work focused on normative populations, and results may not reflect narrowed plasticity that may characterize the attachment system in adolescents exposed to adversity and trauma. Launching ABTs requires evidence that attachment strategies and security are changeable and meaningfully related to caregiving even in these clinical populations. In this regard, the work of Joseph et al. (2014) points to the adaptive nature and continued plasticity of the attachment system despite exposure to adversity. In a study of teens with a history of maltreatment, in youth removed from home at 7 years of age on average and subsequently placed in foster care, half developed a secure attachment with their foster mother (46%) and foster father (52%). The proportion of secure attachment in this sample was remarkable, because virtually all teens were insecurely attached with their biological mothers (91%) and fathers (100%) and had experienced an average of three foster care placements. Foster mother positivity and sensitivity predicted attachment security in teens, and attachment security in turn predicted lower levels of behavioral problems. Clearly, attachment is pliable during adolescence, even among teens who have experienced significant trauma, although, as clinicians, we know that adversity can make the path to security a long one. ABTs hold much promise of promoting sensitive and positive care toward teens, and this in turn can increase levels of attachment security, buffering teens from risk inherent in the adolescent developmental period. In fact, one might argue that ABTs are particularly well suited to promoting attachment security in adolescence given the neural plasticity and acute sensitivity to social relationships and contingencies that occur during this developmental stage. In short, there are compelling reasons to rethink our assumptions that earlier is always better, and that early is enough. Developmentally, time intervention in the early years and in adolescence, in which plasticity is especially pronounced, may substantially expand the reach of programs and improve mental health outcomes for youth.

The Connect Program

The Connect Program evolved over decades of clinical work and research with adolescents with complex mental health problems and their families. These teens were referred for assessment and treatment planning in relation to serious delinquent and aggressive behavior, as well as myriad other mental health problems, including attention-deficit/hyperactivity disorder (ADHD), depression, anxiety, substance use and dependence, suicidality, and posttraumatic stress disorder (PTSD) symptoms. Families struggled with transgenerational trauma, parental mental health problems, family violence, child maltreatment and neglect, and parental abandonment. A high proportion of these families had not responded well to prior treatment and were not keen to engage in another program; they felt blamed, burnt out, and hopeless, and vacillated between feeling guilty and feeling angry and resentful.

Connect targets parents and caregivers; teens do not participate in the intervention. The program is primarily designed to shift how parents perceive, understand, and respond to their teens' behavior, promoting sensitivity to the attachment meaning of their teens' behavior and the development of parenting skills that ensure the provision of a safe and a secure base. The program is delivered by two certified, trained leaders who guide groups of 8–14 parents through ten 90-minute sessions, each focused on an attachment principle that is relevant to parenting teens and to relationships in general (see Table 17.1).

Connect adopts a trauma-informed approach, welcoming parents to treatment through a "preinclusion interview" that incorporates motivational interviewing, identifies parents' strengths, and collaborates with parents to reduce barriers to treatment engagement. Connect leaders are careful to acknowledge the very real frustrations and concerns expressed by parents. The concept of attachment is never introduced as the cause of parents' difficulties with their teen, but rather as something that they can strengthen together, with the potential to buffer their teen from stress and negative influences, and to reduce parental stress. Although leaders are careful not to offer promises of "Hollywood endings," they do communicate a message of hope.

Once enrolled, parents who miss a session receive a phone call or message from Connect leaders, who reach out to them, let them know that they were missed, and offer assistance to encourage their return to the program. The program is a strengths-focused intervention. Rather than dictate how parents should or should not respond to their teen, Connect focuses first on helping parents recognize,

TABLE 17.1. Connect Program Principles

Principle	Definition
1. All behavior has meaning.	Attachment is a basic human need that shapes behavior.
2. Attachment is for life.	The need for attachment continues from cradle to grave, but how it is expressed changes with development.
3. Conflict is part of attachment.	When expressed and responded to constructively, conflict offers new opportunities for growth.
4. Autonomy includes connection.	Secure attachment balances connection and independence.
5. Empathy is the heartbeat of attachment.	Empathy supports growth and strengthens our relationships.
6. Balancing our needs with the needs of others.	Relationships thrive when we have empathy and balance our needs with the needs of others.
7. Growth and change are part of relationships.	Growth and change involves moving forward while understanding the past.
8. Celebrating attachment.	Attachment brings joy and pain.
9. Two steps forward, one step back: Staying on course.	Trust relationships in turbulent times. Adversity is an opportunity for growth.

accept, and step back from the strong emotional reactions they may have to their teens' behavior. Doing so makes room for parents to become curious about their teens' challenging behavior and the implicit attachment needs expressed by their children. In no way does this approach suggest that parents should accept every behavior in which their teen engages (e.g., destructive or aggressive behavior), but it does encourage parents first to consider and respond to the parent–teen attachment issues at play before they turn to setting limits or consequences.

Connect promotes parental autonomy in understanding and responding to parent–teen problems by adopting a collaborative stance in which parents are supported as they develop skills to effectively identify and respond to problems that arise with their teen. This decreases parental sense of blame and increases their engagement in, and their sense of efficacy and ownership of, new learning.

Attachment-Relevant Intervention Targets

The program specifically targets four aspects of parenting that are linked with attachment security in adolescence: caregiver sensitivity, reflective function, dyadic affect regulation, and shared partnership/mutuality. *Caregiver sensitivity* is the capacity of the parents to attend to and remain engaged with their teen, their openness and interest in their teen's feelings and thoughts, and their ability to "read" behavior as an expression of underlying attachment needs. We use the terms *reflective function* (Fonagy, Steele, Steele, Moran, & Higgitt, 1991) to describe parents' openness and awareness of their feelings and thoughts, especially as they relate to their parenting behavior, while simultaneously considering the mind of the teen. *Dyadic affect regulation* is the ability of parents to step in and modulate the affective exchange between themselves and their teen, to regulate their own emotional experiences and provide support when their teen feels overwhelmed. Finally, *shared partnership and mutuality* is parents' openness to adopting a collaborative stance in their relationship with their teen, wherein they continue to be responsible for protection and safety of their child while working together toward solutions that are in their best interest. In doing so, they promote developmentally appropriate steps toward autonomy.

Session Structure: Attachment Principles, Role Plays, and Reflection Exercises

The content and flow of each session has been shaped over several years. The final session of Connect provides parents with a structured process for reflecting and commenting on the program, and their feedback is essential for determining the best type and order of session content. We also watched hundreds of group sessions and consulted with Connect leaders and clinicians throughout the development phase. Each Connect session begins with the introduction of a key principle related to attachment, parenting, and adolescence. These principles are also applicable across all relationships (e.g., in friendships and romantic relationships), a fact that parents often note about halfway through the program. The sequence of

attachment principles is designed to fit together, first helping parents to see behavior through an attachment lens and gradually building their understanding of their teen, themselves, and their parenting skills.

Our experience has been that many parents become lost and emotionally overwhelmed when they discuss the challenges regarding their relationship with their teen in a group context. Moreover, parents' frustration can be contagious, especially when discussing teen behavior that is viewed as oppositional, disrespectful, irresponsible, and dangerous. Instead of reaching new understandings and insights into their teens' behavior, parents may be at risk of forming even more extreme opinions and ideas of how to correct misdeeds. For this reason, and after some hard-learned lessons, we adopted an approach of using role plays that demonstrate common parent–teen challenges (e.g., parent–teen conflict; problems with chores, school or peers) in almost every Connect session. This approach provides a context in which parents can identify with the struggles depicted in the role play, but as observers, thereby giving them a little distance from their own struggles but sufficient emotional engagement essential for growth. Parents often note that the role plays are similar to their own situations, and offer comments such as "Were you at my house last night?"

The structure of the role plays is essential to the goals of the intervention. First, role plays highlight how teens often miscue their parents about their attachment needs through behaviors that may appear angry, rejecting, or withdrawn. Second, role plays illustrate the different ways in which parents may respond in the situation, contrasting an angry–controlling response with a hostile–abandoning response in two separate versions of the role play. Together parents engage in reflection exercises, described below, that help them consider new options for responding sensitively to their teen while still setting limits and ensuring their teen's safety. The third "reconstructed" version of the role play integrates parents' suggestions; however, Connect leaders are careful to avoid depicting an unrealistically rosy outcome. Instead, leaders demonstrate that the relationship is left open for communication and understanding. Leaders also reassure parents that even though they may feel it is challenging to respond to their teen with sensitivity in the moment, there are always opportunities to return to the discussion later, when they find their footing. In this way, parents are protected from forming unrealistic expectations that may set them up for disappointment.

Reflection exercises following the role plays are structured and follow a clear, step-by-step process to help parents practice skills that promote attachment security. This stepwise problem-solving framework is repeated across sessions to help parents consolidate new skills that can be used outside the group, in their interactions with their teens. First, parents are asked to temporarily step into the teen's mind and reflect on what the teen might be feeling and thinking. Then they are asked to think about what attachment needs their teen's behavior might be communicating. Next, parents step into the mind of the parent in the role play, reflecting on what he or she might be feeling and thinking. Connect leaders support parents during this process by expressing empathy for the difficult situation faced by both teen and parents, and the power that their feelings have in shaping their interaction. Finally, parents reflect on whether the parent in the role play was aware of the attachment needs expressed by his or her teen and where the interaction left

their relationship (e.g., open or closed in terms of opportunities for further communication and/or repair). Very little emphasis is placed on distinguishing feelings and thoughts as might be done in a cognitive-behavioral approach. Nor is there an emphasis on identifying a specific parenting behavior that is needed to correct the problem, as might be the case in parenting intervention based on social learning theory. Instead the emphasis is on practicing reflection on the teen's and the parent's affective experiences, as well as linking behavior with attachment needs of the teen. From there, parents consider what options might exist for responding differently in the scenario.

The increasing level of parents' participation in performing role plays across sessions, and the role they are invited to play (i.e., the teen), is in line with central goals of Connect to promote parents' reflective functioning and empathy. Parents simply observe and reflect on role plays demonstrated by the leaders for the first three sessions, which helps promote their curiosity regarding the relational dynamics and their teen's underlying attachment needs. In the fourth session they are invited to step into the role of the teen. From this point forward, parents are invited to take the role of the teen in the reconstruction role plays in which Connect leaders integrate parents' suggestions and demonstrate parental sensitivity, provision of a secure base, and a safe haven. By stepping into the role of the teen, parents experience firsthand the powerful impact of parental sensitivity and support. Many parents are surprised by the experience, commenting, "The way you responded changed how I felt" or "I didn't understand how my teen might feel until now." Stepping into the teen's role offers a new and often surprising vantage point that helps ease harsh attributions for problem behavior and increase parents' empathy toward their teen.

Although we do not ask parents to step into the role of the parent in the role play, they do practice reflecting on the parent's experience with empathy and understanding. This is also critical to parents developing awareness, understanding, and acceptance of their own feelings and thoughts, which is essential to the development of their capacity for reflective thought. The value of *in vivo* role plays cannot be overstated; they are emotionally poignant, and parents easily identify with both the parent and child. Most importantly, role plays offer an immediate and powerful opportunity for parents to practice reflective thought and mindfulness as they step back and forth between the experience of the teen and the experience of the parent, something that can be extremely challenging when parents discuss their personal experiences and challenges. Additionally, if needed, role plays can be carefully tailored by the skilled Connect practitioner to touch on the challenges of group members, while still retaining the structure that allows parents to work on key therapeutic tasks. In the feedback provided at the close of each Connect group, parents almost universally identify the role plays as the most helpful component of the intervention program.

A wide range of other reflection exercises are integrated across Connect. Most notably, parents engage in exercises designed to promote their awareness of their experiences of attachment, particularly those experienced in their relationships with their parents during their own adolescence. Through such exercises, Connect toggles back and forth between reflecting on teens' experiences and those of the parents, without blame or prescriptive solutions, offering new ways for parents to

experience themselves and their teen and in turn opportunities to revisit and revise their internal working models of themselves, their child, and the parenting relationship.

Finally, in each session of Connect, parents learn about the importance of verbal and nonverbal communication with their teen. These exercises are integrated with the core focus of Connect on attachment and parenting. Exercises help parents understand the importance of nonverbal and verbal cues to their teen; address the importance of finding the right time to discuss issues with teens; and understand that the normative developmental tasks of adolescence can lead to miscommunication in the parent–teen relationship.

Overview of Connect Sessions and the Model of Therapeutic Change

Sessions build progressively, helping parents identify and respond to attachment needs underlying their teens' problem behavior. The progression of intervention follows a three-phase model of therapeutic change (see Figure 17.1). Throughout Connect, leaders provide parents with a safe haven (to bring concerns to) and a secure base from which parents can explore new ways of thinking and feeling. In the first phase of Connect, leaders build trust within the group and provide sensitive support to parents in regulating their feelings of frustration, anger, anxiety, and despair. This phase introduces a clear framework and structured exercises that help parents begin to step back from their frustration and understand their teens' behaviors from an attachment perspective. The first phase of the intervention encompasses the first three sessions.

In Session 1, parents are guided by the attachment principle that *all behavior has meaning*. This principle is the cornerstone of parents' understanding that behavior is a language that expresses attachment needs. The group discusses the various ways in which teens may miscue their parents with challenging and confusing behavior, expressing simultaneously the need for comfort and soothing, and the need for autonomy and independence. Using a single role play, Connect leaders help parents understand how a wide range of attributions and emotional meanings can be attached to a very short and ambiguous demonstration of teen behavior. Parents explore their reactions to challenging behavior and learn how their emotional reactions can drive their parenting responses. For example, some parents see the teen in the role as defiant and disrespectful, but others wonder whether something might have happened for the teen—perhaps the teen's behavior is an expression of frustration and sadness. Parents discuss the fact that teen behavior can look very different one moment versus the next and from one day to another. Such variation may reflect a variety of influences, including normative changes related to adolescent neurological and socioemotional development, life stress and the social experiences of their teen, as well as trauma. Parents practice temporarily "stepping back" from strong feelings and thoughts and "stepping forward" into their teens' experience. Connect leaders introduce the idea of "cracking the code" of the attachment meaning of their teens' behavior. Throughout this process, Connect leaders respond to and reassure parents about common concerns. For example, leaders assure parents that expressing curiosity in and a desire to understand their teens'

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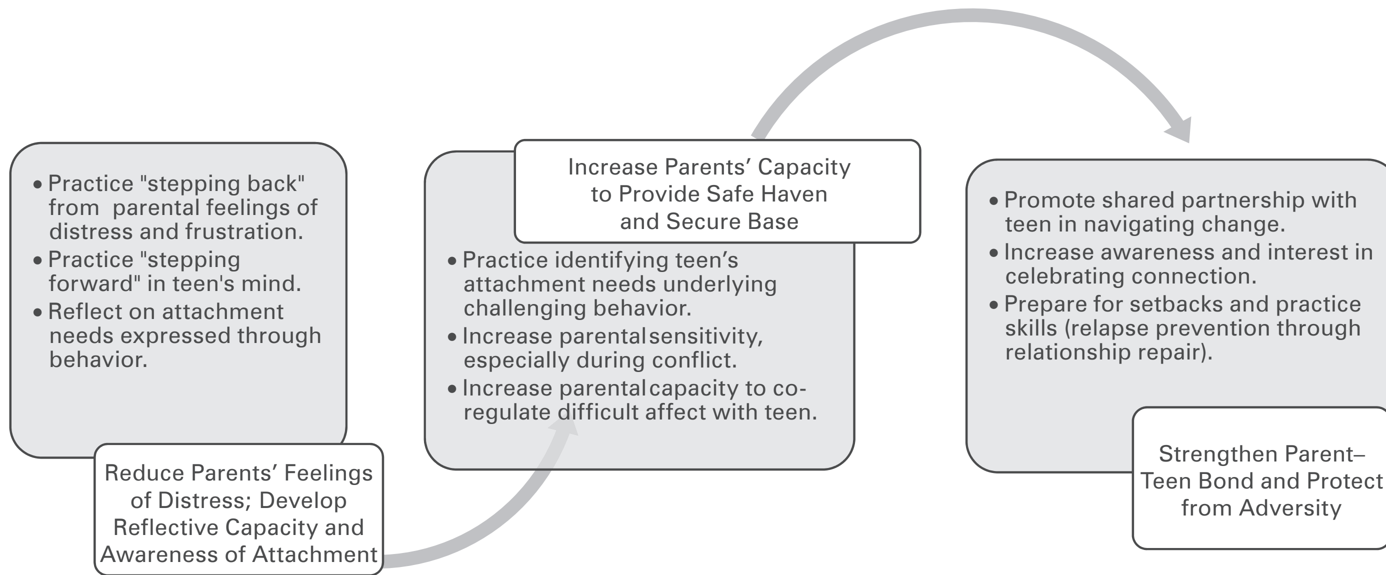

FIGURE 17.1. A model of change in attachment-based parenting programs.

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experiences does not condone problem behavior. Expectations and limit setting remain important but parents may have a choice of when to discuss this, and timing can make a difference. Leaders also emphasize that parents may never truly know the precise meaning and attachment needs expressed by their teens' behavior; what matters is not their accuracy but their interest in and openness to understanding. Similarly, parents are assured that the goal is not to drop everything in their life to meet each and every need expressed by their teen. Of greater importance is that the teen know that his or her parents are communicating genuine interest in, and respect for the teen's feelings and thoughts, even when differences between teen and parent are evident, as is often the case. With this footing in place, parents consider various options for responding to their teen in ways that recognize and respect their experience, strengthen their relationship, and gradually build a partnership for moving forward.

Session 2 builds on the concept that attachment needs are expressed through behavior by introducing the principle that *attachment is for life*. Parents learn that attachment needs are expressed differently across development; together, parents create a list of attachment needs, what children need to grow and development. Exercises help parents reflect on how toddlers express attachment needs, cultivating a sense of empathy and tenderness in the group before tackling the question of how their teens are currently expressing their attachment needs. At the end of Session 2, parents begin to reflect on their own attachment history, revisiting how they expressed their attachment needs to their parents, how they felt when their parents seemed to understand them, and how they felt when this was not the case. This is a powerful and sometimes painful exercise for parents, because, not surprisingly, many come to Connect with a history of attachment injuries in their own families of origin.

By Session 3, parents are familiar with the concept that attachment needs are expressed through behavior, and they are aware that attachment needs are expressed differently over development. They have also practiced temporarily stepping back from their feelings and thoughts about their teen's behavior to consider the inner experiences of their teen. With these emerging competencies, Session 3 focuses on parent–teen conflict and introduces the principle that *conflict is part of attachment.* This is a challenging principle, because it is often one of the most pressing issues that leads parents to seek services. This session helps parents to reframe conflict as a part of all relationships and potentially as an opportunity for growth and understanding in relationships *when expressed constructively and responded to with sensitivity*. Parents consider how their history of conflict in past relationships may shape their expression and response to conflict in their current relationships. Two parent responses to conflict are depicted in role plays—one in which the parent reacts with hostility and aggression to their teen's anger, matching them toe-to-toe, and the other in which the parent avoids conflict and abruptly cut off the interaction with the teen, effectively abandoning the teen to deal with his or her own distress. In each case, parents follow a step-by-step sequence that begins with temporarily stepping back and reflecting on their teen's feelings, thoughts, and attachment needs; next they reflect on the parents' feelings and thoughts that drive their behavior; and finally they consider how the interaction affects the relationship with the teen. There is a wide range of responses of parents to each role play and

much discussion within the group. Some parents feel that the teen's behavior warrants a strong response from the parent (e.g., "I understand how that parent feels; you need to nip it in bud" or "They can't get away with that—they need to learn a lesson"); others see the response of the parent as overly harsh and having more to do with the parent than the teen (e.g., "The parent got just as angry as the teen—it only made things worse" or "It was all about how the parents were offended—they didn't even seem to try to hear the teen"). Interestingly many parents identify the avoidant response of the parent as even more hurtful, because the teen seems invisible and irrelevant to the parent ("It's confusing for the teen—like the parent isn't even there" or "Well the parents tried to keep their cool—I get it—but I felt bad for the teen—like the teen didn't even matter"), but some praise the reaction of the parent ("I like what the parent did—I learned that we are supposed to ignore bad behavior"). Whatever the parents' reactions to the role play may be, they generally agree that the parent's emotional reaction made it difficult for them to be aware of the teen's attachment needs, and the interaction left the relationship closed.

Reflecting on the attachment needs of the teen, parents generate suggestions for how the parent might respond with sensitivity but also set limits. These suggestions are integrated into a reconstructed role play that is demonstrated by leaders and reflected on by parents. Parents generally agree that even though the reconstructed role play did not end perfectly, the parent seemed more aware and responsive to the teen's attachment needs, and the teen felt a little more understood. They also note that the parent probably felt better about the situation, too.

The second phase of the Connect program deepens parents' sensitivity and capacity to provide a safe haven and a secure base for their teens. Session 4 promotes parents' understanding of the importance of autonomy in adolescence. Autonomy strivings are framed as opportunities for parents to not only delight in their teen's experiences of joy in their growing independence but also to acknowledge and provide support around their teen's anxiety and needs for guidance and safety. Parents learn that their teen's autonomy strivings can provoke strong feelings of parental anxiety and anger if they interpret these behaviors as dangerous, rebellious, or rejecting of parental authority. Guided by the principle that *autonomy includes connection,* role plays and exercises help parents not only see their teen's delight in the world but also recognize that he or she still needs them as a secure base even though it may appear otherwise. Using a role play that depicts a teen who excitedly tells their parent they are going off with other teens unknown to the parent to an event that seems potentially dangerous, allows the observing parent reflect on the teen's thoughts and feelings and those of the parent. Two role plays, again depicting a hostile–controlling versus a hostile–abandoning parental response are presented. Parents are immediately drawn into concerns for the teen's welfare and the challenges of controlling and protecting them ("They don't have a brain in their heads—what's wrong with kids today?"; I wouldn't be letting my kid go—that spells trouble!"). On occasion, however, a parent will say the teen needs to learn a lesson ("Maybe they should learn on their own—figure it out the way I did"). Connect leaders help parents to see the teen's excitement and delight in the social invitation, as well as the parent's need to keep the teen safe. Together they discuss how the parent can share the teen's excitement about new social opportunities and how doing so provides the foundation for a partnership in setting limits to keep the

teen safe. As the discussion unfolds, it is common for parents to begin to discuss feelings of sadness and loss as a result of the teen's growing autonomy ("I see he's growing up—it feels too fast for me"; "I worry that we will drift apart"). Together the group works on accepting change in the parent–teen relationship as part of growth and development, reassured by the fact that parents remain connected and important to their teen—especially in the sense of providing a secure base.

Session 5 focuses on empathy and is guided by the principle that *empathy is the heartbeat of attachment*. This is the first session in which parents are invited to participate in role plays, and in this and all subsequent role plays, parents are welcome to step into the role of the teen. The session opens with a discussion of empathy and how it may be expressed differently by different people. The group discusses the importance of listening and "being with" rather than sharing similar feelings, trying to cajole others into feeling better, or trying to fix whatever problem they might face. Empathy is presented as a skill that can be practiced and expressed very differently from one person to the next. The importance of attending to both verbal and nonverbal communication is emphasized.

The role play for this session depicts an angry and frustrated teen who announces he or she is quitting an activity of some importance to the parent and teen. Again, two different parental reactions are depicted. Parents are asked to focus only on the feelings of the teen and the parent. Reflection questions again follow the same sequence, reflecting on the teen and the parent, and encouraging curiosity about the teen's attachment needs and the parent's awareness. Parents work together to consider how the parent might express empathy to the teen. Subsequently, parents are invited to step into the role of the teen in the reconstructed role play. Parents often find this a surprising and disarming experience, with comments such as "You diffused the anger" or "I wanted to tell you whatever it was that made me feel bad—even if I didn't tell you I would probably talk to you later." Despite these insights, parents still discuss how easy it is to get pulled into the problem and how difficult it can be to practice empathy in the moment. The session also ends with parents reflecting on how they felt when others did or did not express empathy to them.

Session 6 turns to the needs of parents, which they often feel have been put on hold because of problems related to their teen. Guided by the principle *balancing our needs with the needs of others,* parents create a list of their own attachment needs, and in doing so recognize that there is considerable overlap between their needs and those of their child. They are encouraged to recognize their needs and to have empathy for themselves, reflecting on how best to balance their needs with those of their child. Session exercises encourage parents to consider developmentally appropriate expectations for teen behavior, providing an opportunity for parents to express their frustration at their teens' sporadic bouts of immaturity (Casey, 2015), the hallmark of adolescence, and a common flash point for parent–teen conflict. For example, leaders briefly note normative information on adolescent socioemotional and neurodevelopment, helping parents reframe behaviors that may appear inconsiderate, immature, and narcissistic. Role plays help parents explore different strategies to balance their needs with those of their teen and emphasize the importance of turning to adult relationships rather than their children to meet their needs. In reflection exercises following the role plays, parents tend to bring up a range of issues, from those that simply focus on finding time for themselves

to complex feelings of anger and sadness as they discuss the responsibilities they carried prematurely during their own adolescence. They also worry that indulging their teen by failing to press responsibilities early upon them will leave their teen poorly equipped to survive and succeed in a world that they see as harsh and unforgiving. The focus of discussion ranges from the pragmatics of balancing everyday events to the challenges of balancing parents' complex and conflicting thoughts and feelings.

As parents enter the third and final phase of the Connect program, the focus shifts to deepening and consolidating the key parenting skills they have acquired that promote secure attachment (i.e., sensitivity; reflective function—mindfulness; dyadic affect regulation; and shared partnership and mutuality). Parents are now well versed in following a step-by-step framework for identifying, understanding, and responding to challenges in their relationship with their teen. With these skills well rooted in the group, sessions concentrate on building resilience in parents and within the parent–teen relationship to withstand anticipated challenges. Session 7 focuses on change and growth in terms of the inevitable and often rapid changes that occur within the parent–teen relationship and the frustration that parents can experience when they perceive their teen as reluctant, slow, and unwilling to move forward. The key principle in this session—*growth and change are part of relationships*—helps parents to understand that personal growth and change occurs within the context of relationships and requires understanding the past in order to move forward. Leaders introduce the notion that we all create stories about ourselves, and that these stories have a powerful influence on how we interpret and respond to events in our lives. They also learn that our stories are influenced by the stories that others have about us and have told to us, which we carry within ourselves at deep core level of which we are not necessarily aware. In effect, the session translates the notion of internal working models of self and other, and their effect on behavior and change, into terms that are easily understood by parents. Reflection exercises help parents think about their own stories and the stories that others hold for them. Leaders provide safe haven and a secure base for parents to reflect on their difficult stories, ensuring safety within the group. Parents consider whether the stories that others hold for them have helped or hindered their growth and change.

Role plays and reflection exercises help parents become aware of how their stories for their teen may make it difficult for them to see change and to support their children moving forward. Questions following the role play encourage parents to reflect on how they can let their teen know that their story about them is changing (e.g., noticing growth and change in their teen; remaining open to their teen's changing story about him- or herself). In response to the role plays, parents express how difficult it can be to see change in their teen when they are frustrated with problem behavior and their teen's slow pace of growth and change. They recognize the importance of not getting stuck in old stories about their teen and discuss how to remain open to their teen's changing story of him- or herself despite inevitable challenges in parenting. They also recognize that this entails changing their story about themselves as parents and how their lives are changing with their teen's growing autonomy. Some anticipate these changes with excitement, others with anxiety and a sense of loss; most feel a combination of the two.

Session 8 is organized around the principle that in *celebrating attachment, attachment brings joy and pain*; it is designed to encourage parents to take advantage of opportunities for positive interactions with their teen. Up to this point in the program, leaders and parents have focused heavily on problems in the parent–child relationship; in this session, they reflect on parents' thoughts, feelings, and concerns that get in the way of connecting with their teen. Not surprisingly, parents point to their teen's behavior as a significant barrier, but they also discuss the feelings and beliefs associated with problem behavior that make them reluctant to allow closeness with their teen. For example, parents express fear of being hurt or taken advantage of yet again; fear of losing parental authority; and the fear of allowing an emotional connection when they may lose their child through tragic circumstances. The teen may also cloak his or her desire for connection and closeness with the parents in behaviors that make this difficult for their parents to discern. As the session unfolds, parents frequently report feelings of sadness and loss as they come to realize how they have missed many overtures for connection expressed by their teen.

Leaders also raise the question of whether parents' past experiences in relationships may influence their feelings of safety and openness to connection with their teen. Through role plays and reflection exercises, parents consider whether there might be opportunities to join with their child and celebrate the relationship, even if these moments are brief and fleeting, and occur in a landscape dominated by parent–child conflict. They ponder the question of what they have to gain and what they have to lose by doing so. The session is closed by an exercise in which parents recall the special and often tender ways that they celebrate connection in their families, encouraging the understanding that small family rituals (e.g., watching a special TV program; enjoying a treat together) can have big attachment meanings.

Session 9 focuses squarely on relapse prevention. Guided by the principle *two steps forward, one step back: staying on course,* leaders weave all the principles together, integrating comments made by parents over the course of the therapy group and discussing the principles as a toolkit for weathering the inevitable storms that will occur as they move forward. Leaders encourage parents to anticipate that they will sometimes find it extremely difficult, if not impossible, to hang on to all they have learned. Rather than viewing setbacks as failure, parents are encouraged to step back and see them as opportunities to move forward by practicing repair in their relationship with their teens. They watch role plays in which the parent loses their footing and the parent–child interaction goes off track. Next they generate suggestions for repairing the relationship based on their consideration of all the principles covered in the program. Parents are invited to step into the role play as the teen, and they reflect on their experience of repair led by the group leader who plays the parent. Parents express both optimism and anxiety about weathering the storms ahead. They are reassured that revisiting the principles is akin to having a toolkit that they can apply to new and changing challenges as they go forward and booster sessions (see below) are discussed.

As previously noted, Connect also includes a feedback and integration session that encourages the parents to reflect on their experiences in the program, to

discuss what was helpful to them and where they struggled. They provide feedback about the program that has been invaluable in its development. There are also two 120-minute booster sessions, each reviewing four principles and closing with relapse prevention exercises. Booster sessions are constructed to focus on progress made since the completion of Connect or the last booster session, retaining a strengths-focused and structured approach.

Training and Implementation Model

Connect was developed in partnership with government agencies and in conjunction with funding support from the Canadian Institutes of Health Research. Guided by principles of implementation science and recognizing broadly the need to reach families and youth in diverse communities, a structured training model and detailed program manual have been developed. Connect leaders are trained by completing an intensive 3-day workshop that provides them with a deep understanding of the clinical, research, and theoretical basis for the program, as well as hands-on training in the delivery of sessions. Once completed, leaders are well prepared to begin their first Connect group, and this provides the context for supervision to certification. Support is provided in how to conduct preinclusion interviews and group composition considerations. Program sessions are videotaped, focusing on the leaders, and these videotapes are reviewed weekly in teleconferences with in-person supervision. Supervision focuses both on adherence to the program structure and exercises, as detailed in the manual, as well as leaders' skills in facilitating group process and managing challenges. We adopt a reflective supervision model in which group leaders are encouraged to use the Connect principles to facilitate their understanding of the needs of parents in the group and group process issues. For example, Connect trainees are encouraged to consider the attachment meaning of parents' behavior in the sessions, reflecting on how best to provide safe haven and a secure base given the diversity of attachment strategies that parents adopt. Additionally, leaders consider the role of empathy and conflict as an opportunity for growth as parents' journey through the program. In parallel form, supervisors use the Connect attachment principles to understand and guide the practice of Connect trainees, helping them to understand the attachment meaning and dynamics of group process. In turn, Connect trainees promote parents' understanding and use of the attachment principles in responding to their teen. Supervision is strengths-focused with the goal of establishing autonomous practice as quickly as possible, most often based on the completion of the first group. Additional support is provided as needed. Recertification is required every 2 years or six groups and entails the review of two videotaped sessions and parent feedback from previously delivered Connect groups.

In short, the training model is guided by an appreciation of the need for a cost- and time-efficient strategy to support leaders in their development of program delivery skills, ensuring ease of program uptake and sustainability. Options are also available for seasoned leaders to train as Connect supervisors and Connect co-trainers, providing opportunities for communities to build capacity within their

agencies. As a result, and in collaboration with partnering centers, well over 700 Connect leaders have been certified, and the program has been delivered to over 8,000 families in rural and urban communities across Canada and internationally.

Empirical Evidence for the Effectiveness of Connect and Mechanisms of Change

To date, studies evaluating Connect have focused on the effectiveness of the treatment as delivered in mental health and affiliated agencies by trained and supervised program leaders from a wide range of mental health professions (e.g., psychologists, social workers, counselors, child care workers, teachers, psychiatrists). Large-scale and continuous evaluation of Connect in community-based and institutional settings was achieved by embedding a standardized evaluation protocol into the treatment manual. This consists of standardized measures of parent, family, and child functioning that can be adapted to agency needs and modified to examine specific populations or clinical research interests. Additional qualitative and client satisfaction feedback is collected in the "Integration and Feedback" session at the close of each Connect group. Feedback is therefore available directly and quickly to each agency, providing information on the fit of the program with caregiver needs and implementation barriers such as problems with the location, timing, and availability of transportation or child care.

Our preliminary evaluations started with pilot studies of the Connect program in the setting in which the program was developed, which provided services to preteens and teens with serious behavioral and other mental health problems. These pilot studies provided promising evidence of the effectiveness. In the first open trial, Moretti, Holland, Moore, and McKay (2004) examined treatment-related changes in child behavior in 16 adolescents (mean age = 14.80 years, *SD* = 1.03, age range = 13–16 years) referred for severe antisocial behavior. Youth whose parents were included in the study had high rates of prior incarceration (31%), criminal convictions (47%), and placements outside their home (68%); a substantial proportion had threatened to seriously harm or kill another person (65%) or themselves (53%). Results showed significant decreases from pre- to posttreatment in caregivers' reports of youths' externalizing problems, such as aggressive, oppositional, and rule-breaking behavior.

A subsequent open trial (Obsuth, Moretti, Holland, Braber, & Cross, 2006) examined treatment outcomes with a larger sample (*n* = 48) of conduct-disordered youth (mean age = 14.51 years, *SD* = 1.33, age range = 12–18 years) and their parents. Parents' reported significant increases in perceived parenting competence and satisfaction and decreases in controlling parenting practices. Parents also reported significant reductions in youth internalizing (e.g., depression and anxiety) and externalizing problems, and reduced levels of avoidance in the parent–adolescent relationship. In addition, youths' self-reports demonstrated improvements in their internalizing problems. Taken together, the results from these open trials provided preliminary support for the effectiveness of Connect. The absence of a comparison condition in these studies, however, limited confidence in the findings.

To build on these initial findings, we examined the effectiveness of Connect in a waiting-list control study (Moretti & Obsuth, 2009). A high-risk clinical sample of 20 antisocial youth (mean age = 14.50 years, age range = 12–18 years) and their parents was assessed at four time points: before a 4-month waiting-list control period, prior to beginning treatment, upon completion of treatment, and at a 12-month follow-up. There were no significant changes on any assessments across the waiting-list control interval. By contrast, significant pre- to posttreatment increases were found on parenting efficacy and satisfaction and reductions in externalizing and internalizing problems. Effect sizes (Cohen's *d*) ranged from medium to large. Importantly, the effects of treatment were maintained at 12-month follow-up, with additional significant declines observed in caregivers' reports of youths' externalizing and internalizing symptoms.

We next turned to the question of whether our initial findings could be replicated broadly across clinical settings. Our first portability study (Moretti & Obsuth, 2009) evaluated treatment outcomes in a large-scale effectiveness trial involving the implementation of Connect across 17 rural and urban Canadian communities. The sample included 309 adolescents (boys: mean age = 13.53 years, *SD* = 2.18; girls: mean age = 13.73 years, *SD* = 2.16, age range = 12–18) with antisocial behavior. To ensure treatment fidelity, Connect leaders completed a standardized training workshop and received weekly supervision based on a review of their videotaped group sessions. Consistent with findings reported earlier, significant pre- to prepost treatment changes were found on measures of youth and family functioning rated by caregivers; that is, improvements were evident in domains of parenting (e.g., perceived competence, caregiver strain), parent–adolescent relationship (e.g., reductions in verbal and physical aggression), and youth adjustment (e.g., reductions in aggressive and noncompliant behavior, depression, anxiety). Furthermore, results for youth with the most severe antisocial behavior were on par with those for youth with moderate antisocial behavior. Importantly, attrition was low, with 84% of caregivers attending at least 70% of Connect sessions. This attrition rate is very encouraging given the complex and chronic nature of youths' mental health problems and the fact that families were recruited from real-world services across different communities.

In addition to research in Canada, Connect has been evaluated in three published European studies. An RCT in Italy examined the feasibility and effectiveness of Connect as a preventive intervention for adolescent risky behavior (Giannotta, Ortega, & Stattin, 2013). Connect was considered to be a good fit for Italian parents, because they value building strong emotional family ties and may respond better to parenting programs that are not prescriptive (Claes, Lacourse, Bouchard, & Perucchini, 2003; Ortega, Giannotta, Latina, & Ciairano, 2012). Connect was delivered by psychologists who attended the standardized training workshop and received ongoing supervision. Participants included mothers of 147 youth (mean age = 12.46 years, *SD* = 0.72, age range = 11–14 years) recruited from one of nine middle schools. Using a quasi-experimental design, 40% of parents were assigned to receive Connect, and the others were included as a nonintervention control. In comparison to the control group, the treatment group demonstrated greater reductions in mothers' reports of coldness/rejection (trend level; *d* = 0.32) and in youths'

self-reported alcohol use (d = 0.55 and 0.44 for beer and wine consumption, respectively). There were no significant group differences, however, in parents' reports of externalizing problems. This finding may be due to the low-risk nature of the community sample and the modest levels of antisocial behavior in youth at intake. These findings are consistent with other research showing that the effectiveness of prevention programs is typically most easily detected for youth who initially show elevated behavior problems (Conduct Problems Prevention Research Group, 2011). Importantly, this study showed good evidence of parent uptake and acceptance of Connect, as 90–95% as parents who attended at least 70% of the sessions reported that the components of Connect (e.g., knowledge attainment about attachment, role plays) were useful/very useful.

In a second European study, the effectiveness of Connect was examined in the context of a large RCT involving four group-based parenting programs for the treatment of child externalizing problems (Stattin, Enebrink, Özdemir, & Giannotta, 2015). Participants were 908 parents and their children (ages 3–12 years) randomized to one of four programs: Comet (Kling, Forster, Sundell, & Melin, 2010), Community Parent Education Program (COPE; Cunningham, Bremner, & Boyle, 1995), The Incredible Years (Webster-Stratton, 1984), or Connect. Comet and COPE included both younger (ages 3–8 years) and older (9–12 years) children; The Incredible Years only included younger children (ages 3–8 years); and Connect included only older children (9 to 12 years). Although similar in group format and the goal of improving child outcomes, Comet, COPE, and The Incredible Years differ from Connect in that they are grounded in social learning theory, focus on helping parents develop skills based on reinforcement principles of shaping behavior, and adopt a prescriptive approach in terms of providing parents with specific practices (e.g., "time out"; labeled praise) to manage child behavior (for further details, see Stattin et al., 2015, Table 1, for an outline of each program). In contrast, Connect focuses on understanding the child's attachment needs and their expression through reflective function and sensitivity, providing safe haven through dyadic affect regulation, and secure base through shared partnership and mutuality. Despite these differences in program content and focus, results showed that, compared with a waiting-list control, all four programs were effective in reducing externalizing problems at the end of treatment. However, the magnitude of these treatment effects was most pronounced on some measures for Comet, followed by COPE and The Incredible Years, and although significant differences were also found for Connect on a range of measures, these effects sizes were significantly smaller. It is possible that the smaller effect sizes for Connect were the result of the fact that older children (8- to 12-year-olds) were randomized to Connect, compared to younger children randomized to other interventions, and these increased problem behaviors often occur in the transition from preadolescence into the teen years. Smaller effect sizes may also reflect the lower dosage of Connect (i.e., fewer and shorter sessions) compared to that of other interventions. Nonetheless, treatment effects for changes in parenting behavior (e.g., use of rewards) and parental mental health (e.g., depression), were strongest for Connect and Comet and least evident for COPE and The Incredible Years.

Results at follow-up revealed a clearer and more clinically relevant set of findings. Högström, Olofsson, Özdemir, Enebrink, and Stattin (2016) found that at 1-year follow-up, programs differences were no longer apparent—all programs were equally effective. Importantly, from posttreatment to 1-year follow-up, only children in COPE and Connect continued to show trends toward further reductions in externalizing problems. Importantly, from 1- to 2-year follow-up, only children in Connect demonstrated additional significant declines in externalizing problems. Rarely are programs found to produce posttreatment and significant benefits, and such findings were particularly noteworthy given the fact that youth whose parents completed Connect were ages 11–13, at time at which problem behavior normatively increases rather than decreases. In summary, compared with parent training programs based on social learning theory (Comet, Incredible Years, and COPE), Connect showed a comparable level of potency in reducing externalizing problems at posttreatment assessment points, and benefits became more evident over the follow-up phase.

How does Connect improve youth outcomes, and why do the benefits of Connect in reducing problems become more pronounced following the completion of treatment? These questions have been the focus of two recent studies examining the mechanisms of change that underlie the Connect treatment model (see Figure 17.1). In the first study, Moretti, Obsuth, Mayseless, and Scharf (2012) examined shifts in parents' internal representations across treatment. Parents' representations were assessed using the Parenting Representations Interview—Adolescence (PRI-A; Scharf & Mayseless, 1997/2000, cited in Mayseless & Scharf, 2006). Consistent with prior results, significant pre- to posttreatment reductions in youths' internalizing and externalizing problems were noted. Furthermore, significant changes were observed in parents' representations of the parent, teen, and parent–teen relationship. Importantly, these shifts in parenting representations were significantly associated with reductions in youths' problem behavior. Thus, these findings support the suggestion that Connect has proximal effects on changing parenting representations, which in turn may influence parenting behavior and later child outcomes. Shifting parents' internal representations is arguably a more gradual process than training parents in behavior management practices; thus, these findings may help explain why therapeutic effects on child behavioral outcomes become increasingly apparent for Connect compared with behavioral management programs (Stattin et al., 2015).

Moretti, Obsuth, Craig, and Bartolo (2015) extended these findings by examining changes in parent–child processes that may underlie Connect treatment outcomes. In addition to assessing youths' problem behaviors, the study included parents' reports of youths' attachment avoidance and anxiety, and affect dysregulation. Results showed that reductions in attachment avoidance were linked to decreases in externalizing problems, whereas reductions in attachment anxiety were associated with decreases in internalizing problems. Furthermore, reductions in affect dysregulation were linked to decreases in both dimensions of problem behavior. This pattern of results was comparable for boys and girls, and for youth with clinical versus subclinical levels of externalizing problems at pretreatment. Overall, results from these two studies examining mechanisms of change support a model wherein Connect shifts parenting representations, changes parenting sensitivity,

and reduces attachment insecurity and affect dysregulation (see Figure 17.1). Furthermore, preliminary results from a large-scale study of over 800 parents and 600 youth show that substantial reductions in youth internalizing (symptoms of depression and anxiety) and externalizing problems (symptoms of oppositional defiant disorder and conduct disorder) that are already evident by the fifth session of Connect can continue over the course of the remaining program sessions (Moretti & the Connect Team, 2016). Importantly, treatment effects are evident in reports from both parents and youth.

The effectiveness of mental health programs must be based on not only studies showing significant improvements but also on implementation indicators, including economic feasibility. Connect was designed to be inexpensive and portable; it is a brief (10 sessions), manualized program delivered in a group format. Sampaio, Zarabi & Feldman (2012) calculated the cost-effectiveness ratio (i.e., program cost minus cost saving) at posttreatment and 12-month follow-up across four parenting programs: Comet, COPE, The Incredible Years, and Connect. Participants included parents of 922 youth randomized to one of these programs. Three indices were estimated: training costs (training fees, travel costs, marketing), operating costs (practitioner's time, material, rent of venue) and total cost (training plus running costs). All cost estimates were the lowest for Connect compared with the other parenting programs (Comet, Cope, Incredible Years), which were 11 and 270% more expensive in terms of operating and running costs. These findings support the value of Connect from an economic standpoint, promoting the rapid uptake of Connect. We emphasize, however, that Connect should not be used as a stand-alone intervention for youth and families with clinically severe, chronic, and complex problems. Nonetheless, Connect could well be considered as part of a multifaceted treatment program tailored to address the unique needs of such families.

In summary, the existing evidence for the effectiveness of Connect comes from a range of studies involving different research designs (e.g., pilot trials, quasi-experimental, RCT) and distinctive groups of researchers. Although this body of work provides strong empirical support for the benefits of Connect in reducing problem behavior in at-risk youth, progress is still needed to ensure that the evidence base for Connect meets the rigorous standards of a "well-established treatment." This requires additional RCTs comparing Connect with alternative treatments to determine short- and long-term effectiveness. Additional studies are also needed to better understand mechanisms that underlie therapeutic outcomes and the factors that moderate effectiveness. To this end, our current research examines mechanisms of change and moderating factors at three points across treatment and at 6-, 12-, and 18-month follow-up (Moretti & the Connect Team, 2016). This study also investigates genetic markers that have been previously established as moderators of sensitivity to adversity and treatment, such as dopamine receptor D_4 (*DRD4*) and the serotonin transporter gene (*5-HTTLPR*) (Caspi et al., 2003; Bakermans-Kranenburg, van IJzendoorn, Mesman, Alink, & Juffer, 2008; Brody et al., 2014; Cleveland et al., 2015; Drury et al., 2012). In addition, we are investigating other factors that potentially moderate treatment effectiveness, including parental depression, parental attachment security, youth exposure to trauma, youth involvement in the justice system, foster care placement history, and the presence of callous–unemotional features in both parents and teens.

Closing Comments and Future Directions

The goal of the Connect program is to translate extensive research and clinical knowledge about attachment, development, and treatment into a structured, easy-to-grasp format that makes sense to parents and may also be readily implemented across diverse communities. Additionally, the program strives to support the greatest number of clinicians and families in the most efficient way, while retaining program adherence and integrity. These complex and often competing demands require close collaboration with the government systems and agencies responsible for providing mental health services for families and youth. As we move forward, we realize the need for continued research to ensure accuracy and completeness in the evaluation of program outcomes, as well as a better understanding of the processes that promote therapeutic outcomes.

Communities have also called for adaptations of Connect to address the special needs of various populations. In response to these requests, we have completed an adaptation of Connect for foster parents that provides training and support to help foster parents understand the impact of trauma on adolescent development, their attachment strategies, and their response to foster care. This adaptation also addresses the unique issues of foster care (e.g., loyalty conflict), and especially those related to teens who are placed in care ("aging out of care"). To date, it has been enthusiastically received by foster parents, who consistently note that it addresses a significant gap in foster parent training through its focus on issues of trauma and attachment among teens in care. Research is currently under way to determine whether Connect for foster parents indeed produces the types of outcomes we need to feel confident that it will promote better outcomes for teens in care.

Cultural diversity is also an important focus of our continuing work. Led by Aboriginal communities across British Columbia, we are in the process of reshaping the program to embody Indigenous history and the impact of colonialism, shared and unique cultural beliefs, parenting practices, and healing ceremonies. Universally Indigenous cultures understand individual, community, and global health through a relational lens in contrast to Eurocentric beliefs that focus on the importance of independence and self-sufficiency. Supporting Indigenous families, communities, and youth therefore requires significant shifts in understanding and collaboration across communities, as well as the development of culturally relevant and safe program content and delivery. Adopting the principle of "two-eyed seeing" (Marsh, Coholic, Cote-Meek, & Najavits, 2015), Reclaiming Connection represents an ongoing partnership across communities that has shaped and will reshape the program over time, with the goal of promoting the health and well-being of Indigenous families and their teens.

Contemporary culture frequently does teens and their families a great disservice. Teens are often assumed to be disinterested in their parents, disengaged from families, and dismissive of adults more generally. Their behavior is both feared and demeaned as the result of hormonal and neurobiological imbalances. Not surprisingly, few parents anticipate their child's adolescence with excitement and joy. Yet adolescence is a period of enormous opportunity, in which teens question conventional and social norms and come to new and creative insights. Although their

behavior may suggest otherwise, teens continue to benefit from a secure base from which to explore. And while relationships with peers and romantic partners provide a safe haven, teens continue to turn to their parents in times of need. When parents can see, hear, and understand the attachment issues that remain paramount in their relationships with their teens, they are better equipped emotionally and relationally to sustain a strong partnership and to weather the journey ahead—a journey that can be surprisingly delightful, at least some of the time.

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