Attachment and Biobehavioral Catch-up (ABC): AT-A-GLANCE

What is ABC?

Attachment and Biobehavioral Catch-up (ABC) is a 10-session home visiting program designed for parents of children from birth through 48 months. ABC is founded on attachment theory and stress neurobiology and targets several key issues identified as problematic among children who have experienced early maltreatment and/or disruptions in care. Three key components of the program are designed to help parents to: (1) re-interpret children's behavioral signals and provide nurturance even when it is not elicited; (2) follow their child's lead and provide a responsive, predictable environment to enhance children's regulatory capabilities; and (3) reduce behaviors that may be frightening or overwhelming to the child. While ABC is a manualized intervention that also incorporates video-feedback, the most crucial aspect of the program is the parent coach's use of "in-the-moment" comments that target the parent's nurturing behaviors, following the lead with delight, and non-frightening behaviors.

What are the goals of ABC?

- 1. Children who have experienced early adversity especially need nurturing care. ABC helps parents provide nurturing care even if children do not elicit it and/or when nurturance has been challenging for parents.
- 2. Children who have experienced early adversity are often dysregulated behaviorally and biologically. ABC helps parents behave in sensitive and responsive ways by following their child's lead with delight to enhance children's behavioral and regulatory capabilities.
- 3. Parents may behave in frightening ways that disrupt children's self-regulation. ABC helps parents decrease behaviors that could be overwhelming or frightening to a young child.

What does ABC look like?





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Additional Information

The parent and identified child must be present for all sessions. Other family members, partners, and children are welcome to attend.

■ What is the commitment?

Model requires 10 weekly sessions, which last 60 minutes per session. Behavioral observations are used in assessment.

How do we know it works?

ABC has research evidence to support its benefits in child welfare and behavioral health treatment centers.

ABC was developed by Dr. Mary Dozier and colleagues at the University of Delaware. ABC was developed for parents of infants and young children, including high-risk birth parents, parents of young children in foster care, kinship care (such as a grandparent raising a grandchild), and adoptive care. For more information, see page 3. The majority of children/youth/families involved in the initial development of this practice identified as Black, Hispanic, and non-Hispanic, White, lived in both urban and rural areas, and spoke English and Spanish at home.

Additionally, two adaptations of the model have been developed. ABC-Early Childhood was developed for parents of children between the ages of 24 to 48 months and aims to help parents provide calming behaviors when young children become emotionally or behaviorally dysregulated. ABC-Newborn was developmentally adapted for early infancy to meet the needs of parents of infants from birth through 6 months of age. There are translations of ABC materials for children, youth, and families available in English, Spanish, German, Bengali, Mandarin (Simplified and Traditional), and Swedish. Learn more on page 3.

For more information explore the next several pages or check out:

https://www.abcparenting.org/

LOCATION:

In your home, Virtually/via telehealth, Any residential setting (e.g., homeless shelter).



ABC: THE EVIDENCE

■ What types of evidence are available for ABC?

- Evidence-based Treatment
- Program Evaluation
- Randomized Clinical/Controlled Trial

Where can I learn more about the evidence?

- Research Supporting ABC
- ABC Peer-Reviewed Publications
- ABC: Home Visiting Evidence of Effectiveness for Maternal, Infant, Early Childhood Home Visiting program (MIECHV)
- ABC: California Evidence-Based Clearinghouse (CEBC) for Child Welfare
- Coaching Parents of Vulnerable Infants
- Enhancing attachment organization among maltreated infants: Results of a randomized clinical trial
- Intervening to enhance cortisol regulation among children at risk for neglect: Results of a randomized clinical trial
- Intervention effects on diurnal cortisol rhythms of CPS-referred infants persist into early childhood: Preschool follow-up results of a randomized clinical trial
- Enhancing the language development of toddlers in foster care by promoting foster parents' sensitivity: Results from a randomized control trial
- A randomized controlled trial of a parenting intervention during infancy alters amygdala-prefrontal circuitry in middle childhood

How is ABC measured in real time?

Before and after receiving ABC, an observational assessment of parental sensitivity is administered to examine pre- and post-ABC parent behavior change. This parental sensitivity assessment is part of the protocol in community implementation settings.

What changes for the better as a result of ABC?

ABC enhances children's behavioral, biological, and brain development, with effects extending from infancy through adolescence. ABC promotes secure attachment and improves children's physiological regulation, emotion regulation, brain development, inhibitory control, executive functioning, and receptive vocabulary. ABC enhances parental sensitivity, with these effects sustained over time.

"ABC supported and scaffolded me through my parenting journey. My child was fussy in the beginning and it made me so unsure about how to approach his unhappiness. My parent coach helped me so much in understanding nurturance and following the lead."

ABC Parent

What do the numbers tell us (i.e., quantitative data)?

ABC decreases rates of disorganized attachment (ABC: 32% vs. Control: 57%) and increases rates of secure attachment (ABC: 52% vs. Control: 33%). ABC normalizes diurnal cortisol production, with these effects sustained 3 years post-ABC. Additional long-term positive outcomes include enhanced emotion regulation, executive functioning, attachment security, autonomic regulation, and brain development.

What do the stories tell us (i.e., qualitative data)?

ABC has been implemented with Latino families in the US (Aparicio, Denmark, Berlin, & Harden, 2016). In this qualitative study, ABC was found to be a culturally relevant parenting intervention among first-generation Latina mothers. Mothers reported the benefits of following the lead, noted improved responsiveness in the parent-child relationship, and felt well-supported by their parent coaches.



ABC: ADAPTABILITY AND ACCESSIBILITY

■ What is the history of ABC?

Dr. Mary Dozier and colleagues at the University of Delaware developed, refined, and tested ABC. ABC was developed for parents of infants and young children between the ages of 6 and 24 months, including high-risk birth parents and caregivers of young children in foster care, kinship care, and adoptive care. ABC was developed primarily for use with low-income Black, Hispanic, and non-Hispanic White families. It has been used with single parent, two parent, and multigenerational families. It has also been implemented with Latino families in the US. There are two adaptations of the model. ABC-Early Childhood was developed for parents of children aged 24 to 48 months and includes a focus on helping calm the dysregulated child. ABC-Newborn was developmentally adapted for early infancy (birth through 6 months). The ABC Parenting Institute now oversees national and international ABC implementation efforts.

■ How did ABC developers proactively reach out to, center, amplify, and learn from the voices of those most impacted by racism and trauma?

ABC has been rigorously tested through multiple randomized trials in communities affected by racism, poverty, and systemic oppression. ABC is implemented with cultural humility, and cultural adaptations or enhancements are considered in each implementation context. We aim to ensure that every family participating in ABC finds the program meaningful and respectful to their culture and traditions.

■ What is the role of ABC providers in tailoring the model for individuals, families, and communities?

Consistent with best practices for cultural adaptation and enhancements of evidence-based interventions, we maintain the core components of ABC – those active ingredients responsible for program effectiveness. We modify and adapt, if needed, the language, examples used, activities, and other aspects to ensure the program remains meaningful, engaging, and respectful to each unique community.

How are lessons learned from individuals, families, communities and providers used to keep improving ABC?

We have developed a roadmap for the cultural adaptation of ABC. This iterative process considers families' needs in consultation with community stakeholders and partner agencies. This process includes an initial assessment to identify cultural aspects that may interact with ABC, linguistic adaptations, and building on-site supervision capacity in the local language to ensure sustainability.

■ Resources and materials are available:

- Materials are available in English, Spanish, German, Bengali, Mandarin (Simplified and Traditional), and
 Swedish. Translations of ABC materials are completed by a bilingual and native speaker of the target language.
- Two written manuals have been developed for ABC implementation: an ABC content manual and an "In the Moment Commenting" Manual. Audio and video recordings of the 10-session manualized content are also available.
- Videos of parents and children from diverse racial and ethnic backgrounds are used to illustrate the ABC targets of nurturance, following the lead with delight, and avoiding harsh or frightening behavior.
- For more information on adaptation and access, contact info@abcparenting.org.



ABC: PROVIDING, SUPERVISING, TRAINING, AND SUSTAINING

TO PROVIDE ABC Provider prerequisites: Experience: There is no experience requirement. Education: There is no education requirement. Supervisor prerequisites: Meet provider prequisties Only parent coaches certified in ABC Trained supervisors can: Supervise others in ABC

requirement Trained providers can:

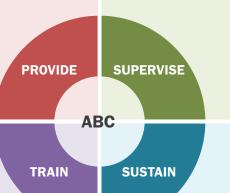
- Deliver ABC
- Earn certification in ABC

Access for Provider Training:

Through live in-person training

■ Licensure: There is no licensure

- Through live virtual training
- Through consultation
- Through a training manual



TO SUSTAIN ABC

Trainer prerequisites:

TO TRAIN ABC

- Complete Supervisor prerequisites
- Complete established train-the-trainer process

Approved trainers can:

Train within their own organization

Access for Trainer Training:

- Through live in-person training
- Through live virtual training
- Through consultation

Organization prerequisites:

Discussions on readiness and fit

Earn supervisor certification in ABC

Access for Supervisor Training:

Through live training

Through consultation

Through a training manual

Provide consultation to others about ABC

- Adjust workloads for providers to participate in training and implementation
- Commit to regular meetings dedicated to sustaining the practice

Organizations can:

- Earn provider status
- Market certified providers
- Train new staff on the job by in-agency supervisors

Access for Organizational Readiness Supports:

- Consultation for senior leaders
- Connection to other organizations using model
- Assessment resources/supports at cost



ABC: MORE ON PROVIDING, SUPERVISING, TRAINING, AND SUSTAINING

PROVIDE ABC

- **Training cost:** The standard cost for training in ABC-Infant is \$7,000 per trainee.
- **Time Commitment:** Training involves an initial two-day meeting in-person or virtual training across three half-days, followed by at least 6 months of twice-weekly supervision (1 hour General Clinical Supervision and 30 minutes In-the-Moment Commenting Supervision).
- Additional Details: Parent coaches are required to participate in a 45-minute screening interview prior to enrollment in training. Parent coaches' adherence and fidelity are evaluated for certification. Contact info@abcparenting.org for more information.

SUPERVISE ABC

- Training cost: \$3,000 per trainee
- **Time Commitment:** Fidelity-Focused (i.e., In-the-Moment Commenting) Supervisors are trained for 10 weeks. Clinical Supervisors are trained for 6 months.
- Additional Details: Fidelity-Focused Supervisors code and discuss practice video assignments and independently code 10
 test videos that are scored for reliability. Clinical Supervisors shadow ABC staff, first observing and then gradually assuming
 role of lead supervisor.

TRAIN ABC

- **Training cost:** \$1,000 per trainer
- Time Commitment: 40 hours
- Additional Details: Only Clinical Supervisors approved through ABC Parenting Institute may train as Trainers. ABC's Train-the-Trainer involves consultation with ABC staff, shadowing an ABC training, co-leading a training, and eventually independently leading a training.

SUSTAIN ABC

- **Training cost:** The standard cost for training in ABC-Infant is \$7,000 per trainee. Additional costs include technology (video camera, laptop) and toy supplies. If the parent coach has access to a laptop, typically all other supplies can be purchased for under \$150
- **Time Commitment:** The length of the training and supervision period varies based on the type of model and whether parent coaches are training in multiple models simultaneously. The training period can range from 6 months 1 year.
- Additional Details: Organizations are encouraged to complete the "Agency Readiness to Implement ABC" tool. This tool orients organization leadership to the level of commitment, support, and supervision required of the organization and parent coaches.

To learn more about providing, supervising, training, or sustaining, please see https://www.abcparenting.org/becomeaparentcoach/ or email: info@abcparenting.org

For additional resources and related products, please explore: https://www.abcparenting.org/

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