

Once Upon a Time: Lessons Learned from the Benefits of Parent-Child Mother Goose

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Parent-Child Mother Goose (PCMG) is a community-based parent-child program that focuses on mutual sharing of songs, nursery rhymes, and stories. Scharfe (2011) previously found that mothers who attended the 10-week program perceived their children to be more secure six months later than mothers in the waitlist-control group. Following Scharfe's work, the purpose of this study was to explore what made PCMG so successful from the perspective of past participants. Results demonstrated that, as a group, mothers who attended PCMG reported overwhelmingly positive experiences in the program. Commonalities in reports were grouped into the following themes: (a) the mothers reported that PCMG helped facilitate bonding with their child; (b) PCMG was identified as a resource for gaining new parenting skills; (c) PCMG was an important outlet for socialization; (d) mothers in the program spoke warmly of PCMG facilitators and/or child-minders; and (e) mothers expressed that they would have liked to attend PCMG more than once. The positive results of this study are encouraging, as PCMG is relatively inexpensive and requires few materials to deliver. Further implications of the findings are discussed.

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One of the most important tasks for researchers working in the field of early intervention is to ascertain the conditions for, and characteristics of, successful programs. In a review of successful interventions, Berlin (2005) highlighted understanding the needs and characteristics of the participants, while Wandersman and Florin (2003) suggested that implementation should include an evaluation of whether the intervention is sustainable within the community it serves. There has been a dramatic increase in the number of attachment-based interventions in the past 15 years (Bakermans-Kranenburg, van IJzendoorn, & Juffer, 2008; Berlin, 2005; Ziv, 2005), and considerable research has tested the effectiveness of these interventions. In a recent paper, Scharfe (2011) found that mothers who attended a 10-week Parent-Child Mother Goose program (PCMG) were significantly more likely to change their perception of their infants' security (a change from 55% secure at the beginning of the program to 81% secure six months after the program) compared to a matched group of mothers from a waitlist control group (a change from 45% secure to 62% secure). Scharfe (2011) highlighted that this short-term, community-based program was relatively inexpensive and flexible enough to cater to a wide range of parents whose needs may differ. Following suggestions from the British Psychological Society (see Davis, McDonald, & Axford, 2012), the following study examined the "graduates" of the program—a subset of the participants from Scharfe (2011)—and interviewed them about their unique and personal experiences in PCMG in an attempt to more fully understand the success of this program in changing mothers' perception of their children's security.

Parent-Child Mother Goose Program: The Studied Intervention

PCMG originally began as a program for at-risk families in 1984 in Toronto, Canada, and has since grown to more than 70 programs

across Canada, China, Australia, and the United States. The Parent-Child Mother Goose program is a parent-child program that uses nursery rhymes, songs, and stories with both parent and child seated around a big circle on the floor. The program was designed for children from birth to 2 years old, but targets primarily children below the age of 1 (The Parent-Child Mother Goose Program, n.d.). Parents are encouraged to have their children facing them with the child lying on their back or to have the child facing the group while seated on the parent's lap. Child-minders are available to look after the children who are not participating in the program, reducing barriers to access for mothers with children outside of the program's target age range.

The PCMG program runs for one hour every week for 10 weeks, with a short 10-minute break with nutritious snacks—provided by the program—after the first hour. Programs are led by 2 “leaders” who are usually mothers themselves who participated in PCMG previously with their children. Songs, rhymes and stories often have a touch, bounce, tickle, anticipation, hand gestures, and/or a hug component, and are repeated throughout the course of the program to help familiarise the participants. The program is designed to be interactive between parent and child as well as for parents to interact with other parents in the circle (The Parent-Child Mother Goose Program, n.d.). At the end of the program, parents were given a copy of the songs/rhymes in a CD to use at home. The program runs all over Canada and in some parts of Australia and China. Within Canada (at least), the program has been tailored for various community pockets and needs. Examples include First Nations groups (e.g., Kamloops [BC]), community libraries (e.g., Calgary [AB]), family resource centers (e.g., Whitehorse [YT]), new immigrant populations (e.g., Peterborough [ON]), high-risk populations (e.g., Chatham [ON]), and even for specific ethnic groups (e.g., Etobicoke [ON]). Note that PCMG was not originally designed as an attachment intervention; nevertheless, Scharfe (2011) reported support for its use as an attachment intervention.

Attachment

The PCMG program is a community-based parent-child program that focuses on circle time with songs, rhymes, and stories (The Parent-Child Mother Goose Program, n.d.). The program encourages parents to communicate and interact with their children in a fun and informal setting. The program focuses on modeling ways to comfort children when they are distressed and therefore, it should not be surprising that the program influences attachment behavior. Parent-child attachment is defined as the bond between a child and the parent whom the child turns to for comfort (Ainsworth, 1989; Bowlby, 1988). Bowlby (1969/1982) described parent-child attachment as a behavior that is biologically rooted and driven by instinct. While a parent instinctively wants to reach out to a child who is upset, the best way to soothe a particular child is essentially learned from repeated parent-child interactions that are positively reinforced, such as a parent who is rewarded by a child who stops crying and begins to smile upon being picked up (Bowlby, 1988). This observation suggests that, over time, positive interactions between parents and children increase parents' sensitivity toward their children's needs, which in turn leads to secure relationships. In other words, caregivers who are sensitively responsive to their children create an atmosphere of security. The opposite, however, can also happen, in which neglectful, rejecting, and/or inconsistent interactions between parents and children lead to a more insecure attachment. Considerable research has demonstrated that secure infants are more competent in play (e.g., Roggman, Langlois, & Hubbs-Tait, 1987), mothers of secure infants are more sensitive and responsive (Ainsworth, 1989; Berlin, 2005; Bowlby, 1973/1982; Goldsmith, 2010), the dyad is more likely to engage in shared and pretend play (Roggman, Boyce, & Newland, 2000), and the parents of secure infants are more likely to report high levels of social support (e.g., Green, Furrer, & McAllister, 2007). A successful attachment intervention will likely promote these common characteristics of the secure dyad. Scharfe (2011) suggested that PCMG fulfilled many of these goals,

and although PCMG was not initially designed to be an attachment intervention, Scharfe (2011) found that the program had a strong effect in changing mothers' perceptions of their children's security.

Researchers assessing the effectiveness of attachment-based interventions have highlighted several necessary components. Berlin (2005) suggested that individuals who lead programs or interventions must act as a secure base for the parent. Although the debate around the intensity and duration of interventions remains controversial, Bakermans-Kranenburg and colleagues (2008) provided a compelling argument for short, succinct interventions. Interestingly, although some interventions (e.g., Early Head Start infant program; Roggman, Boyce, & Cook, 2009; Roggman, Boyce, Cook, Christiansen, & Jones, 2004) give children an opportunity to interact with each other, there are very few attachment interventions where caregivers are able to socialize with one another. It is well accepted, however, that people generally learn well from their peers, and this pattern of learning is evident across the life span (e.g., Day, Michelson, Thomson, Penney, & Draper, 2012; Hall & Stegila, 2003; Wejnert, 2008); therefore, it is worthwhile to explore the potential benefits of parents interacting with one another.

There are also a few related issues with respect to early parenthood that could be addressed in interventions. There is considerable empirical evidence that the transition to parenthood often results in a sense of social isolation: new parents often find that they are no longer as able to participate in social events with their friends because of their new responsibilities and logistical concerns (e.g., navigating young children's bedtime; Green et al., 2007). Social support is often cited as an important mitigating factor in helping to buffer this stress (Alstveit, Severinsson, & Karlsen, 2010; Green et al., 2007; Menéndez, Hidalgo, Jiménez, & Moreno, 2011; Tsai, 2005). Parents who perceive to be receiving more social support and feeling less isolated are also more likely to be receptive to advised changes in their parenting skills (Stewart-Brown & McMillan, 2010). Scharfe (2011) observed that

characteristics of PCMG (e.g., shared play time, modeling parent sensitivity, providing peer social support) may explain the effectiveness of the program.

The Current Study

Following from Scharfe (2011), in the current study, we explored the possible reasons for the positive benefits of PCMG in a group of women who attended the 10-week program. All of the current participants previously participated in the study conducted by Scharfe (2011). As the goal of the current study was to more fully understand the success of this program in changing mothers' perception of their children's security—not to test whether PCMG changed attachment—participants who reported no change in their children's security (eight remained secure, six remained insecure) as well as participants who reported change (three participants who reported higher insecurity, and seven participants who reported higher security) were included in this study and interviewed about their unique and personal experiences in PCMG.

Method

Participants

Participants ($N = 25$) in this study were mothers who had participated in any one of 19 PCMG programs within a 5-year span; on average participants attended nine sessions (ranging from 8 to 10 sessions; eight participants attended all 10 sessions, 11 attended 9 sessions, and six attended 8 sessions). The average age of the mothers was 33 years (range from 27 to 42 years). Each participant was married at the time of the study, with an average relationship length of almost 10 years (ranging from 4 to 18 years). Mothers had on average 1.6 children (ranging from one to three children); the target children included 15 males and 10 females. The average age of the target child was 11.8

months (range from 4 to 28 months). Most participants were highly educated (96% had some post-secondary education) and 92% of mothers were employed. Each participant completed a questionnaire at the beginning of the program (T1), during the final week of the program (T2), and a follow-up questionnaire 6 months after the program had ended (T3). Both the first and second authors attended PCMG programs but had not met the participants in this sample. Participants' contact information was obtained from a previous study by Scharfe (2011). Both studies were approved by the University REB.

Procedures

A total of 53 mothers were contacted by phone by the first author. Eight individuals refused to participate in the study and 19 could not be contacted. Overall, 26 individuals agreed to participate in the study but one participant's data could not be used as the recording device failed during the interview, leaving 25 interviews to be transcribed and coded. The interviews were conducted via telephone and the participants were informed that the conversation would be recorded. They were also informed that the recorded conversations and data collected would be transcribed and stored for at least five years after publication. Recording of the conversations was done using a telephone recording unit and a digital tape recorder.

At the beginning of each interview, the first author read a script of the verbal consent to each participant. Participants were then given an opportunity to ask questions or raise concerns about the study and were offered a written copy of the consent form and/or a summary of results. As part of the verbal consent script, participants were informed of two \$50 lotteries that was being offered as incentive to participate and to be drawn at the end of the study. Participants were told that they were not obliged to answer any question or questions that they were uncomfortable with. They were also told that the study was interested in their experiences with PCMG and, therefore, there were no right or wrong answers.

Participants were asked a series of intentionally open-ended questions about their experience in the program, such as “Why did you attend PCMG?”, “Could you tell me about your PCMG experience?”, “What did you like about PCMG?”, “What did you not like about PCMG?”, and “If you could improve on PCMG for future parents in the program, what would it be?” Participants were also asked to describe typical bedtime, bathtime, and mealtime routines. The questions were intentionally open-ended to allow participants to tell us their experiences without being led by researcher bias. At the end of each interview, participants were informed that their name would be entered into the aforementioned draw. The first author then transcribed the 25 completed interviews for analysis.

The abbreviated version of grounded theory (Glaser & Strauss, 1967) was employed as analysis of the taped and transcribed interviews proceeded without revisiting participants and expanding further on the data collected. The first and second authors independently analyzed the interview transcripts and both independently reported that theoretical saturation was achieved. Grounded theory analysis involves reading the data numerous times, open coding the interview text line-by-line based on initial impressions of the interviews, and taking notes of themes produced by the data. A coding paradigm is then used whereby themes are organized into categories with the recognition that some categories are central to forming concepts while other themes remain on the periphery. Once coded independently, five categories common to both coders were retained (5 of the 6 categories identified by coder 1 and 5 of the 5 categories identified by coder 2). Next, each of the cases were scored on the presence or absence of each theme.

Results

Five strong thematic categories emerged from the transcripts: five of the six categories identified by coder 1 and five of the five categories identified by coder 2. The categories (*PCMG facilitated parent-child*

bonding, PCMG is a resource for mothers to gain new parenting skills, PCMG is an important outlet for social interaction for mothers, Mothers spoke positively of the facilitators and/or child-minders, and Mothers would like to or have attended PCMG more than once) were prevalent throughout the interviews and, in some cases, participants mentioned each of the five categories. Participants were able to articulate the value that PCMG held for them and spoke overwhelmingly positively about nearly every aspect of the program. Names of all participants and their children have been changed in the examples provided below.

PCMG-Facilitated Parent-Child Bonding

One of the most salient benefits of PCMG as reported by mothers was that the program facilitated bonding between mother and child (19 of 25 mothers mentioned this theme). The time spent in the program was free from the distractions of everyday life, and the focus was put on interacting with the child and other members of the group. One mother described it as, “warm, cozy, Debbie and I connecting through music” (P210). Many mothers noted with surprise that they were able to bond with their children by singing. This dedicated time allowed participants to observe their child’s reactions to songs and rhymes, and through this, mothers explained that the program made them feel closer to their child and enhanced the parent-child relationship.

As described by participants, this bonding experience seemed to be especially important when there was more than one child in the family. For many younger siblings, it is a rare opportunity to gain undivided attention from mothers, and one participant stated that she “learned how important one-on-one attention is for [her daughter]. That [PCMG] was probably one of the first programs that I went to where it was Carol that I was focused on solely because there was someone there minding the older children” (P403). PCMG was also beneficial to older siblings who were dealing with the transition to siblinghood, as one mother described that PCMG

helped address “her [older daughter’s] feelings around Jack being born and ensuring that she got individual time with me where he wasn’t a focus. Umm, that she really needed that” (P575). The time spent together at PCMG allowed mothers with more than one child the opportunity to bond with their child by further exploring the child’s unique personality.

The mothers stated that they learned how to better interact with their child as PCMG helped shed some light on their children’s likes and dislikes. Participant 309 shared, “I learned from that early age that she was going to be, ha, have a very interesting personality, that, that, you know... She was not an easy to please child, and still isn’t.” Another participant reported that her child identified a favorite song and that they continued to sing it together well after PCMG had ended. One negative case emerged in that the child did not like being a part of a group or having attention drawn to him. For another mother, the realization that physical connection was a novel way of interacting with her child was important. Despite the fact that the children were very young, one mother recognized that PCMG was “a way of sort of seeing personality emerge at an early stage” (P572).

PCMG is a Resource for Mothers to Gain New Parenting Skills

Using songs, stories and rhymes, PCMG aims to provide parents with techniques to use during everyday activities, such as bathing, or to soothe a child to sleep (19 of 25 mothers mentioned this theme). One mother expressed the knowledge she gained when she said, “I learned songs. I learned beautiful ways of calming Colleen down when she needed to sleep or relax. Or be in the car for an extended time” (P210). Many mothers noted the calming effects of PCMG’s lullabies and stated that as their children got older, they would request the songs at bedtime, indicating that the songs had been incorporated into the child’s routine and repertoire.

One mother also commented on the fact that the songs learned at PCMG helped when she needed to transition her child from one activity to the next, which can often be a frustrating and tantrum-inducing time for children. Using songs as a distraction technique was useful for the participants during boring or uncomfortable activities such as diaper changes. Participant 358, for example, shared that she learned to “sing the songs and get the child interacting with you and I think they tend to forget their unpleasant thing happening to them.” For another mother, this technique was particularly useful while waiting in the doctor’s office. Having specific songs to sing during regular everyday activities—such as while the child is sitting in their high chair or cleaning up their toys—likely makes the activity more enjoyable for the child and therefore reduces tensions for both the child and the mother.

Some parents also mentioned that the activities in the program, such as storytelling, helped build their confidence, and PCMG also helped decrease anxiety when it came to singing in front of others. One participant shared that, “toward the end of it, I was increasingly comfortable at the concept of storytelling and learning to tell them better” (P530). Participant 545 added, “I gained more confidence in being able to sing in front of people.” The importance of acquiring these skills was evident when another mother explained, “it increased my confidence in terms of parenting in tough times and settling kids and coping with an unhappy or a tired baby” (P572).

Mothers also mentioned that they realized that the skills learned in PCMG (such as singing to children) were instrumental in their child’s language and literacy development. Though most of the children in the program were under a year old and were not yet speaking, some mothers expressed that the program reinforced “how much they’re capable of absorbing and learning and communicating before they’re speaking” (P358). Participant 388 shared that she learned “what I should be doing to help in literacy for him in the form of rhymes and songs at that age.” Another participant echoed these feelings as she

perceived that one of the goals of PCMG was to “promote language development through music, finger-plays, songs, and stories” (P532). One mother explained that she enrolled her child in the program explicitly because she believed that music would benefit her child’s literacy. For some parents, the advantage of incorporating music to aid literacy development was well known, and for others, the program helped them realize the benefits of these techniques.

For some mothers, PCMG helped them learn how to have fun in a different way with their child. One participant shared that PCMG helped her to develop a “light, laughter, kind of having fun” in a “cuddling on, on my lap kind of” way (P388). When reflecting on her experience in the program, one mother laughed, “perhaps I am more fun than I was” (P448). These skills may have been particularly important for first-time parents with limited experience with infants, as one expressed, “as a first-time parent, it gave me a lot of opportunities to learn songs and interactive ways to work with my daughter and have fun” (P608).

While most mothers said that they did not change the way they parented due to the program, they also said that PCMG provided them with more effective tools to interact with their children, and helped reinforce and strengthen what they already knew about child development. One participant explained, “I wouldn’t say that I have changed the way I parent, but it reinforces some of the skills that I had and made me more aware... of the value in them” (P501). For new or unsure parents, the skills taught likely helped them gain confidence in their abilities as mothers, as one mother stated, “I was further encouraged to do some of what I was already doing” (P530).

PCMG is an Important Outlet for Social Interaction for Mothers

In the sample interviewed, all of the women had achieved high levels of education (e.g., college certificate, undergraduate university degree,

or master's degree) and most held professional careers (e.g. teacher, police sergeant). Due to the demands of child rearing, it is likely that contact with others in their social circles, particularly co-workers, decreased during their parental leaves. One participant reflected this when she stated, "Being on maternity leave in [this city] is quite isolating" (P384). Another respondent recalled the fact that during her second parental leave, she did not have much opportunity to leave the house, so the program was particularly valuable to her. When work and colleagues are removed from one's life, it can be very difficult to make friends, but PCMG provided women who were on parental leave with the opportunity to socialize with others in the same situation and many of the respondents stated that they had maintained the relationships made in the program. For these reasons, it is particularly noteworthy that when describing PCMG, the majority of the respondents recalled the social aspect of the program (19 of 25 mothers mentioned this theme).

One mother provided insight into the importance of social interaction with other mothers of babies, saying, "It was kind of a support group at times when things weren't going so great and you were frustrated with stuff" (P377). Some participants, particularly first-time mothers, reported that they observed children in other developmental stages and compared them to their own children, gaining insight into what behaviors were to be expected at each stage. The facilitators of PCMG were able to guide participants as to which snacks were appropriate at each age, and advice was also exchanged between participants, the value of which was expressed by one participant who said, "There's nothing like hearing it first hand, other suggestions from other parents" (P377). Another mother shared that, "it was nice to be around other people and realize that the problems or the successes as a new mother were similar to other people's" (P501). She then added that it was "sort of a justification, that you know, I was doing the right thing with my child."

Mothers Spoke Positively of the Facilitators and/or Child-Minders

Mothers repeatedly shared that the trained facilitators were extremely important to the success of the PCMG program (18 of 25 mothers mentioned this theme). Participants shared that they always felt safe, welcomed at PCMG, and that the facilitators were a good source of information (e.g., about child development). One participant said of the program, “There were several wonderful women involved in leading the sessions... [The woman] coordinating the program had a real vibrancy and, and a sense of warmth and care and concern for kids and families and I had a really good vibe-feeling from everybody involved in the program” (P530). The facilitators of the program provided a comfortable, non-threatening environment in which participants were able to learn while enjoying their children and one another.

Central to the program’s success is also the support that the child-minders provide. Participant 334, for example, shared that “it was a relief” that “as a parent, I could still learn and take away what I needed to while somebody I could, you know, trustworthy and, you know, love-ly was entertaining my child.” The help provided by the child-minders was particularly important to mothers with more than one child. As one stated, “There was someone there minding the older children so I could, I could focus on Cassandra... My toddlers would often leave the circle but they allowed the mom to stay and continue to learn the song or the poem or the story, and someone else was, sort of, you know, monitoring your child and making they were okay and bringing them back into the circle when they’re ready to come back” (P572).

According to participants, the facilitators of the program provided a positive environment, which likely allowed parents to take comfort in the skills and techniques being taught. If parents felt relaxed and welcome, they were likely more comfortable seeking advice from the facilitators and other participants, which would allow them to gain more from the program. The presence of the child-minders also helped mothers to focus on the sessions.

Mothers Would Like to or Have Attended PCMG More Than Once

Participants reported that they would bring their child back to PCMG if given the opportunity (23 of 25 mothers mentioned this theme). Many of them, in fact, had either attended the program previously with an older child, or subsequently brought their children back because the experience was so immensely positive. Many mothers, however, lament that there are long wait lists for the program and this makes it hard for them to join with their other children; these mothers suggested adding more programs to increase access. One participant, for example, tried to register her child very early on: “I was, I think, 11 weeks pregnant with her and I still didn’t get a spot with her” (P313). She continued by saying “I definitely felt... it was sort of a loss and was really frustrated.” Another mother stated that she felt “greedy” (P572) because she had attended the program three times and was aware that the demand in the community was overwhelming.

At the end of PCMG, each participant was given a CD and lyric sheet for the songs learned in the program so that they may continue to sing them at home. Many of the mothers indicated that their children continue to love the songs that they first heard in PCMG. In some cases, this led mothers to seek out programs that were similar in structure to PCMG so that their child would get a similar experience. One participant shared that she “did try a different program with my daughter because I couldn’t get into [PCMG]... it really wasn’t the same. It didn’t have the same feeling, I don’t really see another program like it” (P313). Another mother who found PCMG extremely unique said, “I would say that [PCMG] has had the biggest impact on our family and has been the best...like the most well done” (P388).

Variables Associated with Themes

The majority of the women mentioned at least four of the five themes (10 women mentioned all five; eight women mentioned four themes).

Interestingly, there were no differences between the themes mentioned and their attachment status over time—women perceived PCMG in the same way regardless of the effect on their perception of their child's attachment. However, women who reported only three of the themes also reported significantly lower parenting efficacy at the end of the program than women who reported four or all five of the themes, $F(2, 21) = 6.79, p < .01$.

Discussion

The aim of the Parent-Child Mother Goose program is to build relationships between mothers and children through song, stories, and rhymes (The Parent-Child Mother Goose Program, n.d.). In this study, we found that mothers who had completed the program reported overwhelmingly positive experiences in the program and spoke to many benefits offered by the experience. As the interview questions were left open-ended and neutral, it would seem that the mothers took away mainly positive experiences from their time at PCMG and 96% would have liked to attend the program more than once. Following from Scharfe's (2011) findings that PCMG was an effective attachment intervention, the goal of this study was to examine the possible reasons for the positive benefits of PCMG. The feedback provided by participants is essential to the growth and betterment of community-based programs such as PCMG.

As a group, mothers reported that PCMG facilitated bonding with their child and they saw PCMG as a resource to gain new parenting skills. Social interaction also emerged as a prominent theme in this study, and mothers reported that PCMG was an important outlet for socializing both themselves and their children with others in the community. In addition, mothers spoke positively of the facilitators and/or child-minders and participants stated that they would like to or have attended PCMG more than once. In fact, the themes identified in the analysis of the interviews reinforce one another. In particular, the

effectiveness of the child-minders and program leaders is responsible for many of the positive comments regarding the delivery of the program. While the child-minders occupy older siblings, parents are better able to focus on the target child, which promotes bonding. The training and experience that the leaders bring to the group is an invaluable strength of the program. It was clear from the interviews that the thoughtful selection of facilitators and child-minders helped to provide a structure that may explain how PCMG may support the development of secure parent-child relationships (see Scharfe, 2011). In teaching parenting skills that incorporate song and touch, the leaders simultaneously impart techniques for bonding with children as the songs encourage positive parent-child interactions. Furthermore, the sharing encouraged by the program leaders likely also facilitated socialization as parents were encouraged to speak up and celebrate each child's milestones. All of these themes that arise from the practiced experience of the program's support staff culminate in participants wanting to attend the program more than once.

The experiences of participants attending the program highlighted that mothers believed they were better able to respond to the needs of their children, which, in turn, is likely to foster secure attachment. Interestingly, mothers' perceptions of the PCMG was associated with their reports of parenting efficacy (i.e., mothers who reported only three of the themes reported significantly lower parenting efficacy at the end of the program than women who reported four or all five of the themes) but not changes in child attachment. Interview responses, however, did suggest that PCMG helped mothers to be more aware of their child's different signals and unique needs, such as a need for touch or a preference for singing.

PCMG has many similarities to other short-term interventions demonstrated to be effective at changing the parent-child attachment relationship and the success of these focused, short-term interventions has not gone unnoticed (cf., Bakermans-Kranenburg et al., 2008). *Right from the Start* (RFTS), an attachment-based group program,

runs for a similarly short period of time at eight weeks and this program has shown to be just as effective as one-to-one home visits in increasing maternal sensitivity and infant attachment (Niccols, 2008). A recently published paper by Stone and Burgess (2016) highlighted a 10-week peer-led group program out of Scotland called “A Good Start,” which focuses on fostering parent-child attachment for babies as young as 8 weeks. Stone and Burgess reported that parents particularly benefitted from bonding with their child, learning from other parents, enjoying “their instructor’s relaxed approach to an inclusive, welcoming environment” (p. 5) and building a social network. These themes were echoed by parents in this PCMG study.

Niccols (2008) previously highlighted that the power of the group cannot be underestimated and Yalom (2005) stated that in a group setting, individuals are empowered by one another and the group process itself can be therapeutic. *The Circle of Security* (COS) is another very good example of a group program aimed at improving parent-child attachment (Hoffman, Marvin, Cooper, & Powell, 2006; Zaneti, Powell, Cooper, & Hoffman, 2011). Similar to PCMG, COS allows parents to explore their relationship with their children within the safety net of the social group. Research on transition to parenthood interventions in healthcare settings show similarly positive results about the importance of tapping into the social network as support (Kingsnorth, Gall, Beayni, & Rigby, 2011). Indeed, themes that repeatedly surfaced in our transcripts, such as the skills that mothers learned from one another, the importance of social interaction with other mothers, and the presence of the facilitators and child-minders all lend support to previous findings about the value of groups. This peer support network is especially vital in helping mothers on parental leave cope with the stressors of motherhood (Alstveit et al., 2010; Green et al., 2007).

Peer-to-peer support and education has been generally found to be the most effective in virtually any setting (e.g., Glasson, Chapman, Gander, Wilson, & James, 2012; Hall & Stegila, 2003; Kingsnorth et al., 2011). A fundamental tenet of PCMG is that it is peer-led (The

Parent-Child Mother Goose Program, n.d.)—in the case of the program studied, the leaders were mothers who were once participants in the program. Based on a study of a parenting program for disruptive children, peer-led groups have been found to show improvements in parenting competencies (Day et al., 2011). Wejnert (2008) raised the importance and feasibility of using peers as the focal point of interventions because of their availability and position of trust. Along with reporting that the social support of other mothers was an important part of PCMG, mothers often mentioned the leaders contributed to the positive experience of participating in the group. As mentioned by a few participants, the postpartum phase can be especially lonely and bewildering for new parents; having other parents provide scaffolds for what to expect in the near future with their child or even to concur that a particular behavior was normal provided reassurances that were welcomed by participants.

Although the qualitative data presented in this study allows current and future stakeholders to identify the program's strengths and build upon the positive aspects of the program, readers should be cautioned, however, that the experiences of the participants reported in this study should not be generalized to encompass the expected experiences of all potential PCMG participants. The mothers in this sample (cf. Scharfe, 2011) were highly educated, Caucasian, English-speaking, and married. PCMG programs are flexible enough to be tailored to the needs of specific groups of families and are successfully run in several diverse communities and populations including low income families, non-custodial parents, Indigenous communities, and new immigrants. We look forward to research exploring the reasons for success in these samples. For example, the songs and stories need not be presented in English to be effective and therefore, the program could be used to build trust and community in groups such as new immigrant families who are transitioning into a new community or Indigenous families who are attempting to reclaim their native language. Because of the flexibility of the program, rhymes and songs could also be

delivered in a mixed-methods model, such as through a combination of oral and signed language (e.g., for families with deaf children). Finally, researchers have identified that populations at particular risk are single-parent, low-income households (e.g., Keating-Lefler, Hudson, Campbell-Grossman, Fleck, & Westfall, 2004; Muzik et al., 2015; Wejnert, 2008). Keller and McDade (2000) have also raised the point that these households, although arguably most in need of intervention, probably receive the least amount of social support and help from health services agencies. Considering that the delivery of PCMG is relatively inexpensive and allows communities to build upon already available resources, it is suggested that this program has the potential to address the needs of many diverse communities.

References

- Ainsworth, M. D. S. (1989). Attachments beyond infancy. *American Psychologist, 44*, 709–716. doi: 10.1037/0003-066X.44.4.709
- Alstveit, M., Severinsson, E., & Karlsen, B. (2010). Obtaining confirmation through social relationships: Norwegian first-time mothers' experiences while on maternity leave. *Nursing & Health Sciences, 12*, 113–118. doi: 10.1111/j.1442-2018.2009.00508.x
- Bakermans-Kranenburg, M. J., van IJzendoorn, M. H., & Juffer, F. (2008). Less is more: Meta-analytic arguments for the use of sensitivity-focused interventions. In F. Juffer, M. J. Bakermans-Kranenburg, M. H. van IJzendoorn. (Eds.), *Promoting positive parenting: An attachment-based intervention. Monographs in parenting series* (pp. 59–74). New York: Taylor & Francis Group/Lawrence Erlbaum Associates.
- Beauchemin, M., González-Frankenberger, B., Tremblay, J., Vannasing, P., Martínez-Montes, E., Belin, P., Béland, R., Francoeur, D., Carceller, A.M., Wallois, F., & Lassonde, M. (2011). Mother and stranger: An electrophysiological study of voice processing in newborns. *Cerebral Cortex, 21*, 1705–1711. doi:10.1093/cercor/bhq242

- Berlin, L. J. (2005). Interventions to enhance early attachments: The state of the field today. In L. J. Berlin, Y. Ziv, L. Amaya-Jackson, & M. T. Greenberg (Eds.) (pp. 3–33). *Enhancing early attachments: Theory, research, intervention, and policy*. Duke series in child development and public policy. New York: Guilford Press.
- Bowlby, J. (1988). *A secure base: Parent-child attachment and healthy human development*. New York: Basic Books.
- Bowlby, J. (1969/1982). *Attachment: Attachment and loss Vol 1*. (2nd ed.). New York: Basic Books.
- Bowlby, J. (1973/1982). *Separation: Anxiety and anger* (Attachment and Loss Vol 2). New York: Basic Books.
- Claxton, A., & Perry-Jenkins, M. (2008). No fun anymore: Leisure and marital quality across the transition to parenthood. *Journal of Marriage and Family*, *70*, 28–43. doi: 10.1111/j.1741-3737.2007.00459.x
- Davis, F. A., McDonald, L., & Axford, L. (2012). Technique is not enough: A framework for ensuring that evidence-based parenting programs are socially inclusive. Leicester, England: British Psychological Society.
- Day, C., Michelson, M., Thomson, S., Penney, C., & Draper, L. (2011). Evaluation of a peer led parenting intervention for disruptive behavior problems in children: Community based randomised controlled trial. *British Medical Journal*, *344*, 17–26. doi: <http://dx.doi.org/10.1136/bmj.e1107>
- Doss, B. D., Rhoades, G. K., Stanley, S. M., & Markman, H. J. (2009). The effect of the transition to parenthood on relationship quality: An 8-year prospective study. *Journal of Personality and Social Psychology*, *96*, 601–619. doi: 10.1037/a0013969
- Glaser, B. G., & Strauss, A.L. (1967). *The discovery of grounded theory: Strategies for qualitative research*. Piscataway, NJ: Aldine Transaction.
- Glasson, C., Chapman, K., Gander, K., Wilson, T., & James, E. (2012). The efficacy of a brief, peer-led nutrition education intervention in increasing fruit and vegetable consumption: A wait-list, community-based randomised controlled trial. *Public Health Nutrition*, *15*(7), 1–9. doi: 10.1017/S1368980012000043
- Goldsmith, D. F. (2010). The emotional dance of attachment. *Clinical Social Work Journal*, *38*(1), 4–7. doi: 10.1007/s10615-009-0220-6
- Green, B. L., Furrer, C., & McAllister, C. (2007). How do relationships support parenting? Effects of attachment style and social support on parenting behavior in an at-risk population. *American Journal of Community Psychology*, *40*(1), 96–108. doi: 10.1007/s10464-007-9127-y

- Hall, T., & Stegila, A. (2003). *Peer-mediated instruction and intervention: Effective classroom practices report*. Retrieved from <http://4.17.143.133/ncac/PeerMediatedInstructionandIntervention2953.cfm>
- Hoffman, K. T., Marvin, R. S., Cooper, G., & Powell, B. (2006). Changing toddlers' and preschoolers' attachment classifications: The circle of security intervention. *Journal of Consulting and Clinical Psychology, 74*, 1017–1026. Retrieved from <http://dx.doi.org/10.1037/0022-006X.74.6.1017>
- Keating-Lefler, R., Hudson, D. B., Campbell-Grossman, C., Fleck, M. O., & Westfall, J. (2004). Needs, concerns, and social support of single, low-income mothers. *Issues in Mental Health Nursing, 25*, 381–401. doi: 10.1080/01612840490432916
- Keller, J., & McDade, K. (2000). Attitudes of low-income parents toward seeking help with parenting: Implications for practice. *Child Welfare, 79*, 285–312. Retrieved from <http://www.cwla.org/>
- Kingsnorth, S., Gall, C., Beayni, S., & Rigby, P. (2011). Parents as transition experts? Qualitative findings from a pilot parent-led peer support group. *Child: Care, Health and Development, 37*, 833–840. doi:10.1111/j.1365-2214.2011.01294.x
- Masur, E. F., & Olson, J. (2008). Mothers' and infants' responses to their partners' spontaneous action and vocal/verbal imitation. *Infant Behavior & Development, 31*, 704–715. doi: 10.1016/j.infbeh.2008.04.005
- Menéndez, S., Hidalgo, M. V., Jiménez, L., & Moreno, M. C. (2011). Father involvement and marital relationship during transition to parenthood: Differences between dual and single-earner families. *The Spanish Journal of Psychology, 14*, 639–647. doi: 10.5209/rev_SJOP.2011.v14.n2.12
- Muzik, M., Rosenblum, K. L., Alfafara, E. A., Schuster, M. M., Miller, N. M., Waddell, R. M., & Kohler, E. S. (2015). Mom Power: Preliminary outcomes of a group intervention to improve mental health and parenting among high-risk mothers. *Archives of Women's Mental Health, 8*, 507–521. doi: 10.1007/s00737-014-0490-z
- Niccols, A. (2008). 'Right from the Start': Randomized trial comparing an attachment group intervention to supportive home visiting. *Journal of Child Psychology and Psychiatry, 49*, 754–764. doi:10.1111/j.1469-7610.2008.01888.x
- Reeves, R. V., Sawhill, I., & Howard, K. (2013). The parenting gap: The first two years of life are crucial. We need to help lower-income parents do better—and demand that they do. *Democracy: A Journal of Ideas, 30*, 40–50.
- Roggman, L. A., Boyce, L. K., & Cook, G. A. (2009). Keeping kids on track: Impacts of a parenting-focused Early Head Start Program on attachment security and cognitive development. *Early Education and Development, 20*, 920–941. doi: 10.1080/10409280903118416

- Roggman, L. A., Boyce, L. K., Cook, G. A., Christiansen, K., & Jones, D. (2004). Playing with daddy: Social toy play, early head start, and development outcomes. *Fathering, Special Issue: Fathers in Early Head Start*, 2(1), 83–108. doi: 10.3149/fth.0201.83
- Roggman, L. A., Boyce, L., & Newland, L. (2000). Assessing mother–infant interaction in play. In K. Gitlin-Weiner, A. Sandgrund, & C. Schaefer (Eds.), *Play diagnosis and assessment* (2nd ed.) (pp. 303–339). Hoboken, NJ: John Wiley & Sons, Inc.
- Roggman, L. A., Langlois, J. H., & Hubbs-Tait, L. (1987). Mothers, infants, and toys: Social play correlates of attachment. *Infant Behavior and Development*, 10, 233–237. doi: 10.1016/0163-6383(87)90037-3
- Scharfe, E., (2011). Benefits of Mother Goose: Influence of a community-based program on parent-child attachment relationships in typical families. *Child Welfare*, 90(5), 9–26.
- Stewart-Brown, S. L. & McMillan, A. S. (2010). *Home and community based parenting support programmes and interventions: Report of Workpackage 2 of the DataPrev project*. Retrieved from http://wrap.warwick.ac.uk/3239/1/WRAP_Stewart_brown_DataPrev_final_12_03_10_AS_%282%29_%282%29.pdf
- Stone, K., & Burgess, C. (2016). Parents' perspectives of a universal early attachment programme in Scotland. *Health Promotion International*, Epub ahead of print, 1–10. doi: 10.1093/heapro/daw026
- The Parent-Child Mother Goose Program. (n.d.). Electronic references. Retrieved from <http://www.nald.ca/mothergooseprogram/about.htm>
- Tsai, S. M. (2005). Assessing the relationship between transition to motherhood, early mother-infant interaction, stress, and social support among Taiwanese first-time mothers (Doctoral dissertation). Retrieved from ProQuest.
- Wandersman, A., & Florin, P. (2003). Community interventions and effective prevention. *The American Psychologist, Special Issue: Prevention That Works for Children and Youth*, 58(6-7), 441–448. doi: 10.1037/0003-066X.58.6-7.441
- Wejnert, C. (2008). Strategies for measuring and promoting mothers' social support networks. *Marriage & Family Review*, 44, 380–388. doi: 10.1080/01494920802256032
- Yalom, I. (2005). *The theory and practice of group psychotherapy*. New York: Basic Books.
- Zanetti, C., Powell, B., Cooper, G., & Hoffman, K. (2011). The Circle of Security intervention: Using the therapeutic relationship to ameliorate attachment security. In J. Solomon & C. George (Eds.). *Disorganized attachment and caregiving* (pp. 318–342). New York: Guilford Press.
- Ziv, Y. (2005). Attachment-based intervention programs: Implications for attachment theory and research. In L. J. Berlin, Y. Ziv, L. Amaya-Jackson, & M. T. Greenberg (Eds.), *Enhancing early attachments: Theory, research, intervention, and policy. Duke series in child development and public policy* (pp. 61–78). New York: Guilford Press.

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