Zhi-gid-minaan Nda-nii-jaan-sag - Growing Together with Our Children

FACILITATOR GUIDE: PARENT WORKSHOP ON PARENT-CHILD ATTACHMENT

best start
meilleur départ

by/par health nexus santé

Acknowledgements

Use of this Resource

Citation

Pre Amble

"Mom and Dad kept the braids, daughters and son left the ways, through the cultural genocide, of our identity and pride we were left to stray. We cried an oceanful of tears that were supposed to pull, the Native from our minds, but our blood they couldn't clear it, their mission was a failure because they couldn't kill our spirit."
- One Summer Dream by Quese IMC ~ Marcus Frejo

This resource was developed to guide facilitators in providing a workshop for parents about attachment. The overall goal is to help facilitators to provide participants with skills and knowledge as well as opportunities to explore their values, in order to enhance and support their child rearing practices.

A brief overview of the impacts of Canada's Indian Residential School system on traditional First Nations parenting is included to provide context related to current challenges faced by First Nations parents. The systematic colonization and assimilation policies and practices by the Government of Canada disrupted the transmission of traditional childrearing knowledge and practices. Parent, family and child attachment practices and activities were forcibly lost, leaving generations of First Nation families with little to no traditional knowledge with which to parent their own children. The intergenerational impacts of the Indian Residential School System on the health and well-being of First Nations families, parents and children must be taken into consideration in all stages of parenting.

Many First Nation parents continue to struggle with the effects of such trauma. Facilitators are encouraged to remind themselves that parents are generally providing care to the best of their abilities. First Nations care deeply for their children. Establishing strong attachment relationships between families and their children is a personal and collective responsibility. By strengthening all relationships, children, family, clans, nations and communities will be improved.

It is important to provide opportunities for participants to contribute, elaborate, and embrace their own parenting practices, reinforcing positive belief in their own parenting abilities. As a facilitator, your role is to support participants in continuing their practices of First Nations child rearing along with the transfer of new knowledge about strengthening family connections.

Table of Contents

Facilitating the Workshop

Purpose

Hello, Aanii, She:kon, Boozhoo, Kwey Kwey, Tansi and Greetings!

This guide will help you provide a parent workshop on the topic of parent child attachment. It takes a First Nations, culture-based approach that includes Medicine Wheel teachings, traditional parenting methods and ceremonies. We are confident that you will find something that speaks to the parents you work with and their little (and not-so-little) ones.

The content in this guide includes:

- Contemporary and traditional definitions of attachment.
- The benefits of a secure attachment.
- Contemporary and traditional teachings on how to foster strong and healthy connections between a parent/caregiver and child.

This guide shares teachings from a range of First Nations in Ontario. In the broadest sense we touch on the Anishinawbe and the Haudenosaunee. The guide may also be useful with Métis and Inuit parents.

This guide has been created in such a way that the facilitator can adapt the workshop to suit the needs of participants. If you are new to facilitating workshops please refer to the First Nations Workshop Facilitator Guide (available at www.beststart.org).

In addition to the information in this guide, it will be important to learn about and share teachings that are relevant to the parents you are working with. If you don't feel comfortable doing this you may want to ask a local Elder to share teachings during your workshop.

Note: *In this guide we use "caregiver" when referring anyone acting as a parent, i.e. providing regular, consistent care for a child. This may be a parent, extended family, foster parent, or another important person in the child's life.*

Preparing for the Workshop

Using this Facilitator Guide

This facilitator guide includes information and tools to help you prepare for and provide a workshop for caregivers on parent child attachment. It includes a section on preparing for the workshop (this section), sections on facilitating the four parts of the workshop (Welcome, Attachment, First Nations Knowledge and Experience, and Wrapping Up), a section with additional resources that may be helpful to facilitators or to workshop participants, an appendix with handouts for participants, and an appendix with forms you can use to assess the impact of your workshop.

Use this section of the guide to prepare for the workshop. Before the workshop, review the four Facilitating the Workshop sections (pages 10-45). You may also want to do additional reading from the Attachment Resources section of this guide (see page 46), before facilitating a workshop on this topic.

The appendices have materials and forms you can print for participants – or you can develop your own handouts, activities and forms. The participant handouts in Appendix 1 (page 50) summarize the key workshop content for participants and also include templates for workshop activities. Appendix 2 (page 61) includes pre and post workshop participant questions as well as participant feedback forms.

As you facilitate the workshop, use the four Facilitating the Workshop sections as a guide (pages 10-45). They provide information, teachings and facilitation suggestions for each part of the workshop. Participants can follow along during the workshop using the participant handouts in Appendix 1, or they can review the information after the workshop.

Facilitators can use and present the material in this guide in different ways such as an oral presentation with printed handouts, a PowerPoint presentation, using flip chart paper and markers, etc. Use a presentation style that you are comfortable with, and sets a good learning environment for the participants. Keep in mind that there are many different types of adult learners and that each individual learns in their own way.

Setting the Workshop Agenda

This section shares a sample workshop agenda to help you plan your workshop. It includes suggested timing for each section and identifies the related content pages in this guide and suggested participant materials and forms.

The sample agenda can be modified to suit your participants and the time available. You may choose to complete the workshop in a day, or you may want to break it down into several sessions over a longer a period of time. Or you may want to focus on only some areas of the workshop content. As you adjust the sample agenda to suit your needs, remember to include breaks as required (for example a mid-morning break, lunch break, and mid-afternoon break). If your workshop plans include an Elder, make sure they have the full details about the workshop (location, time, type and number of participants, workshop content etc.). For a review of protocols for inviting and involving an Elder, please refer to the First Nations Workshop Facilitator Guide (available at www.beststart.org).

Ask about culturally appropriate opening and closing activities in your area. Find out if smudging is a culturally appropriate opening/closing for parents in your workshop. Also be aware of smudging protocols for the people in your area such as women who are pregnant or on their moon time.

Sample Workshop Agenda

Time	Activity/ Information	Facilitator Notes	Content, Forms, Handouts *
Section 1 - The Welcome			
15 - 20 minutes	Opening and Prayer	Elder to perform Opening	Page 11
15 minutes	Introductions	Introduce participants	Page 11
15-20 minutes	Workshop Description and Agenda	Review workshop description, objectives and agenda	Page 12 Handout A-1
5-10 minutes	Workshop Ground Rules	Discuss workshop rules and expectations	Page 13
10-20 minutes	Ice Breaker	Use an ice breaker to help you learn about participants and to help them get to know each other	Page 14
5-10 minutes	Pre Workshop Questions	Have participants complete the Pre Workshop Questions	Page 14 Form E-1
Section 2 - Attachment			
20-30 minutes	What is Attachment?	Share the definition of attachment and facilitate the Group Discussion Activity	Page 16
10-15 minutes	Why Attachment Matters	Discuss the link between responsiveness and development of a strong attachment	Page 18
10-15 minutes	Benefits of Secure Attachment	Provide information on the benefits of a secure attachment	Page 19
10-15 minutes	Attachment versus Bonding	Discuss the differences and similarities between attachment and bonding	Page 21
20-30 minutes	Developmental Stages	Review changes children's developmental behaviours related to connections with their caregivers	Page 23 Handout A-2
Section 3 - First Nation Knowledge and Experience			
20-40 minutes	Child-Parent Circle of Attachment	Discuss the traditional Medicine Wheel Teaching on Child-Parent Attachment	Page 26 Handout A-3
10 minutes	Kinship Attachment	Discuss traditional First Nations kinship attachment	Page 29
20 minutes	Relationship Wheel	Discuss the Medicine Wheel Teaching on Traditional Relationships in First Nations Communities	Page 30 Handout A-4

Sample Workshop Agenda			
25-30 minutes	Historical Trauma and Attachment	Review historical factors that impact First Nations parenting and attachment	Page 33
5-10 minutes	Adoption and Fostering	Review information on First Nations adoption and fostering	Page 34
20 minutes	Traditional Attachment Practices	Discuss traditional customs and practices to promote attachment	Page 36 Handout A-5
15-25 minutes	Action Wheel Activity	Facilitate the Action Wheel activity	Page 40 Handout A-6
Section 4 - Wrapping Up			
5-20 minutes	Reflections and Key Messages	Review key attachment messages and encourage participants to share thoughts about the workshop	Page 44
5-10 minutes	Post Workshop Questions	Ask participants to complete the Post Workshop Questions and discuss responses	Page 44 Forms E-2, E-3
5 minutes	Participant Feed-back	Ask participants to complete the Participant Feedback Form	Page 45 Form E-4
5-10 minutes	Closing Prayer	Elder to perform closing	Page 45
*Note: Handouts are in Appendix 1. Forms are in Appendix 2.			

Gathering Needed Materials

Bring together the following items before your workshop:

- Flip chart.
- Masking tape.
- Markers, pens.
- Ininasin Journal duotang for each participant (see page 9).
- Pre and post workshop questions and feedback forms for each participant (Appendix 2, Forms E-1, E-2, E-4).
- One copy of the Answers to Questions (Appendix 2, Form E-3).
- Name tags.
- Items for decorating the Journal such as scissors, glue, stickers, ribbon, etc.
- List of relevant community programs, supports or resources.
- Smudge bowl, Sweetgrass, Cedar or Sage (if appropriate).

Make a list of any additional things that you want to have on hand, such as snacks, bus tokens for participants etc. Gather these additional materials before the workshop.

Putting Together the Ininasin Journals

In Anishnawbe "ininasin" (pronounced ih-nih-nuh-sihn) means jewel. The Ininasin Journals include the workshop handouts. Participants can use them to take notes such as teachings or other pieces of information that might to be important to them. At the end of the workshop participants will be able to take their journal with them and refer to it at home.

Create an Ininasin Journal for each participant with a basic duotang binder and the participant materials in Appendix 1. Each participant Ininasin Journal should contain (see Appendix 1):

  • Workshop Description and Objectives (A-1).
  • Development Stages (A-2).
  • Child-Parent Secure Circle of Attachment (A-3).
  • Relationship Wheel (A-4).
  • Traditional Attachment Practices (A-5).
  • Action Wheel Activity (A-6).
  • 3 hole punched lined paper (for taking notes, drawing etc.).

There may be additional materials that you want to include in the Ininasin Journal, such as lists of local services, additional reading material etc.

Setting Up the Room

If possible arrange the tables in a "U" shape, or sit at a round table. This will allow participants to work in a circle. The facilitator should be at the open end of the circle with the flip chart etc. If there will be an Elder/Traditional Person you will need a table for their medicines.

Set out a copy of the Pre Workshop Questions (Appendix 2) and a copy of the Ininasin Journal for each participant prior to their arrival, as well as a pen and a name tag. Set up the flip chart. On the flip chart paper write out the objectives, agenda and ground rules (see pages 12, 7, 13). Post these pages on the wall so participants will be able to see them.

Facilitating the Workshop
Section 1 – The Welcome

Opening and Prayer

Cultural Context:
Traditionally before council or important gatherings First Nations would have an opening prayer to bring all the minds together for a purpose and providing thanks to the Creator and all Creation.

Purpose:
- To begin the workshop in a traditional manner, while focusing the attention of participants on the work ahead.

Facilitator Notes:
Introduce yourself. Welcome the participants to the workshop. Welcome the Elder and invite them to offer a prayer to start the workshop in a good way. Thank the Elder once they are done.

For a review of protocols for welcoming, involving and thanking an Elder, please refer to the First Nations Workshop Facilitator Guide (available at **www.beststart.org**).

Materials: Smudge bowl, Sweetgrass, Cedar or Sage (if appropriate).

Time: 15-20 minutes (at the discretion of Elder).

Introductions

Purpose:
- Introduction of participants and introduction to building.

Facilitator Notes:
Introduce yourself again. Ask each participant to introduce themselves (name, where they are from, any expectations of the workshop etc.).

Ask participants to fill out their name tag and put it on.

Provide any relevant information about the building such as:

- Location of fire exits.
- Location of washrooms.
- Smoking areas.

Materials: Nametags, markers.

Time: 15 minutes.

Workshop Description and Agenda

Purpose:
- Participants have a clear understanding of the topic, purpose and plan for the day.

Facilitator Notes:
Introduce participants to the workshop by covering the following:
- Review the Workshop Description (below and Handout A-1) with participants.
- Review the Learning Objectives (below and Handout A-1) with participants. Refer participants to the objectives that you posted on the wall prior to the workshop.
- Review the agenda you developed for the workshop with participants. Explain when the breaks will occur, and when the workshop will wrap up. Refer participants to the agenda that you have posted on the wall prior to the workshop.
- Introduce participants to their Ininasin Journals and the meaning behind the name Ininasin (below). Provide stickers and other materials if the participants want to decorate their journal during the workshop.

Workshop Description (to review with participants)
This workshop provides information on attachment for parents and caregivers looking to nurture or strengthen attachment with their child.

This workshop will examine:
- Contemporary and traditional definitions of attachment.
- The benefits of a secure attachment.
- Contemporary and traditional teachings on how to foster a healthy strong attachment between a caregiver and child.

Learning Outcomes (to review with participants)
Participants will:
- Learn the importance of fostering a secure attachment with their child.
- Learn the different methods of communication that children use to convey their needs.
- Learn the long-term benefits of a secure attachment.
- Learn how to promote balance through Medicine Wheel teachings about parent-child attachment.
- Recognize the connections between traditional and contemporary teachings around attachment.
- Learn how to promote healthy attachment with their child at different developmental stages from 0-6 years, using both contemporary and traditional methods.

Ininasin Journal (to review with participants)
In Anishnawbe "ininasin" (pronounced ih-nih-nuh-sihn) means jewel. The Ininasin Journals include the workshop handouts. Participants can use the Journal to take notes, for example teachings or other pieces of information that might to be important to them. At the end of the workshop participants will be able to take their Journal with them and refer to it at home.

Materials:
- Workshop objectives and agenda written on flip chart paper.
- Ininasin Journals for participants and items to decorate Journals.

Time: 15-20 minutes.

Workshop Ground Rules

Purpose:
- To outline respectful participant conduct while participants are attending the workshop.

Facilitator Notes:
Review the Ground Rules (below) with participants to ensure everyone understands the code of conduct observed during the workshop. Refer participants to the ground rules that you posted on the wall prior to the workshop.

Ask if participants have any other ground rules they would like to add to the list. Add relevant ground rules to the list on the wall.

Examples of Ground Rules (to review with participants)
1. All cell phones should be off unless you are expecting an emergency call.
2. Respect and common courtesy are expected of each participant (i.e. do not interrupt when a participant is speaking, save private conversations for breaks).
3. Participation is expected of all participants during the workshop.

Materials: Flip chart page with list of ground rules, markers.

Time: 5-10 minutes.

Ice Breaker

Purpose:
- To help participants become more comfortable in a group setting while opening up on the topic of attachment. This will help the participants to get to know one another, and will also help to ease any anxiety. It will also help the facilitator to get to know the participants.

Facilitator Notes:
Ask each participant in turn to answer the following question:
"What does your baby/child do that makes you happy or laugh?"

Once everyone has responded, mention that each participant is knowledgeable about the individual traits and personality of their own child.

Time: 10-20 minutes.

Participant Pre Workshop Questions

Purpose:
- This provides a self-assessment of participant knowledge prior to the workshop. Following the workshop, participants will complete a post workshop self-assessment of knowledge and compare the results.

Facilitator Notes:
Ask participants to complete the Pre Workshop Questions (see page 62, Form E-1, Appendix 2). Once they have completed their form, let them know that they will refer to it again at the end of the workshop. Ask them to tuck it into the back of their Ininasin Journal.

Materials: Pre Workshop Questions for each participant (Form E-1, Appendix 2).

Time: 5-10 minutes.

Facilitating the Workshop
Section 2 - Attachment

What is Attachment?

Cultural Context:

"A mother's responsibility is to learn what the cries of their infant mean. The cries tell if the baby needs to be changed, fed, or comforted. When you respond to their needs they become more secure. When you hold a baby you make eye contact, which teaches focus. Holding the baby develops closeness. It's important to promote skin-to-skin contact."
(Rosella Kinoshamag, Ojibwa from Wikwemikong, Key Informant Interview, 2013)

Purpose:

- To learn about attachment.
- To learn about their role as a caregiver in building a secure attachment with their child.

Facilitator Notes:

- Ask participants the Discussion Question (below) to introduce the discussion on attachment.
- Add each answer on flip chart paper.
- If needed, add to the list of answers on the flip chart, based on your own knowledge or the list of answers below.
- After completing the list of answers, share information about attachment with participants (for content, see the next page for Explanation and Key Messages).

Discussion Question:

What types of behaviours does your baby or child display when they want/need your attention?

Answers:

- Crying.
- Clinging.
- Following.
- Trying to be close (i.e. siting on lap, giving hugs, taking your hand).
- Cooing.
- Smiling.

When a child is in pain, tired, sick, scared, or frustrated, they may use these types of behaviours to try to bring and keep their caregiver close to meet their need to feel cared for and protected.

Explanation:
In the contemporary view, "attachment involves two components in the infant-caregiver relationship: the infant's need for protection and comfort, and the caregiver's provision of timely and appropriate care in response to these needs" (Goldberg, 2005). There are also other views of attachment such as the concept of Kinship Attachment (discussed later in the workshop).

In contemporary views, attachment happens when a primary caregiver responds appropriately to their infant or child when they are distressed. An example of this would be a caregiver responding when they hear their child crying. A caregiver's natural response is to go and pick up their infant/child and try to soothe them while figuring out the reason why their child is crying. Over time the caregiver will begin to distinguish between their child's different non-verbal and verbal cues. Appropriate interactions between the child and caregiver when the child is distressed support a healthy relationship and secure attachment between the parent and child. This relationship becomes an important component upon which the child will construct his/her sense of self.

A caregiver who reacts in a sensitive and consistent manner when their child is distressed is more likely to have a child who has a secure attachment (Kulkarni, Jacyniak, & Sears, 2012). A child can have a secure attachment with more than one caregiver.

A child with secure attachment will:
- Trust that their caregiver(s) will respond to their needs.
- Feel more confident that their caregiver will be there if needed.
- Eventually be more independent when exploring the world.
- Be easily calmed when they are upset or in need of support.

All caregivers can foster a secure attachment by:
- Picking up their baby when he/she cries or shows signs of distress.
- Comforting their child when he/she is hurt, sad, or frightened.
- Protecting their child when he/she is in danger.
- Encouraging their child when he/she is showing signs of frustration.

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Key Messages:
- There may be times when an infant/child will cry a lot, for example, colic or illness. This can be stressful for a caregiver and it is ok to put the baby safely down in his/her crib and walk away for a short time to refocus. If the caregiver feels that they need more support, they should call a family member, a friend or their local community service.
- The caregiver's own experiences growing up may affect how they respond to their baby's needs (Best Start Resource Centre, 2011). If needed, caregivers should find someone who can help them deal with issues from their past.

Time: 20-30 minutes.

Why Attachment Matters

Purpose:
- To gain an understanding of how responsiveness plays a key role in promoting secure attachment.
- To learn about the benefits of responsiveness to a child.

Facilitator Notes:
Review with participants, the content in the Explanation and Key Messages (below and on the next page), about attachment and caregiver responsiveness to infant and child cues.

Explanation:
Establishing a secure attachment in a child's early life can lead to positive health outcomes that last into their adult life. When a caregiver shows awareness, sensitivity and is consistent in responding appropriately to their child's needs, it teaches the child how to trust and feel secure that their caregiver will be there if needed. When children can predict their caregiver's behaviour they are more able to adapt to new situations, are more flexible, trusting and become more resilient. Responsiveness is very important since it means that caregivers are responding to their child's cues, emotions, words, interests and behaviours (Roggman, Cook, Innocenti, Norman, & Christiansen, 2013).

When caregivers respond appropriately to their child when distressed, it fosters:
- A secure attachment.

Appropriate caregiver responses also foster:
- Better cognitive and social development.
- Better language development.
- Fewer behavior problems.
- Better emotion regulation and empathy.
   (Adapted with permission from Innocenti & Roggman, 2014)

One of the most important things caregivers can do is to help their child develop a secure attachment, laying the foundation for all for future relationships in their child's life. Attachment builds the foundation needed for regulation and for resilience. It helps children to manage their emotions and behaviour (self-regulation), and respond to difficult situations (resilience) (National Collaborating Centre on Aboriginal Health, 2013b).

Key Messages:
Remember that you can't spoil an infant/baby by responding to their needs. A child that has a secure attachment with a responsive caregiver tends to be more secure and independent.

There are times when caregivers have other demands and stressors that can affect their ability to engage or be engaging with their infant/child. There will be times when caregivers can't always respond immediately to their child's needs but by responding in a positive and consistent manner their child will come to trust that they will meet his/her needs.

In today's society people are constantly distracted by cell phones, internet, TV and countless other items. These distractions can take away from a caregiver focusing on the needs a child is trying to convey through non-verbal cues. Engage with your infant/child by looking into their eyes, picking them up, or getting down to their level when they need encouragement or feel insecure. Remember to find time for your child and to enjoy your time with your child.

Time: 10-15 minutes.

Benefits of Secure Attachment

Purpose:
- To learn about and discuss the benefits of a secure attachment with their child.

Facilitator Notes:
Facilitate the group discussion around participant's own methods of engaging with their children from the following questions (below). The Facilitator will write down the answers to questions on flip chart paper. There are no right or wrong answers.

Group Discussion Questions
1. *What benefits do you think a secure attachment has for child development?*
2. *What methods or activities do you use to engage your child?*

These questions will allow caregivers to share their own methods of engaging their children. They will also allow caregivers to analyse and discuss their own thoughts around secure attachment and how it directly affects their child's mental, emotional, physical and cognitive development.

After the group discussion is finished, review the Explanation along with Key Messages (next page) about the benefits of having a secure attachment with a primary caregiver.

Explanation:

When a child has a secure attachment with a caring adult, there are tremendous benefits to the child's mental, emotional, physical and spiritual development.

Healthy attachment relationships are protective for children. Self-regulation skills (managing emotions and behaviour) learned during childhood have many benefits throughout life. These skills help children and adults cope in difficult life situations and reduce the likelihood of engaging in risk behaviours (National Collaborating Centre for Aboriginal Health, 2013a).

When babies are born they have immature body systems, including the nervous system. They cannot self-regulate their emotions. Children learn about relationships and regulating their emotions through interactions with their caregivers.

The brains of infants and young children grow rapidly and create new connections and pathways. Infants learn based on the experiences and interactions they have with caregivers. This influences their future experiences (Saskatchewan Prevention Institute, 2007).

Secure attachment helps children to:
- Handle stress.
- Learn new things.
- Solve problems.
- Develop self-control.
- Trust others.
- Develop caring relationships.
- Seek help when needed.
- Be confident and independent.
- Feel good about themselves.

(National Collaborating Centre on Aboriginal Health, 2013b, p. 6)

Key Messages:

Caregivers are the first teachers to their children. Their children learn everything from behavioral norms to socialisation through direct interactions with their primary caregivers in the first few years of life. Positive interactions and play-based experiences help infants and children learn how to cope in different situations and be resilient during times of change.

Time: 15-20 minutes.

Attachment versus Bonding

Cultural Context:

"The types of bonding varied depending on the season and what the community was doing. For example, in the winter we spent our time in our lodges telling stories and being close. In the summer, children would have more independence and would spend more time with extended family and community members."
(Mitchell Shewell, Key Informant Interview, 2013)
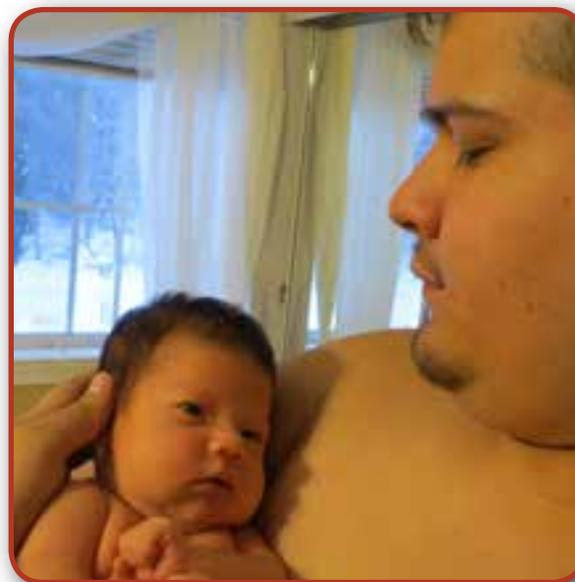
Purpose:
- To learn the difference between bonding and attachment.
- To look at age appropriate activities to strengthen the connections between caregivers and children.

Facilitator Notes:
Ask participants the Discussion Question (below).

Discuss with participants the differences between bonding and attachment, using the Explanation (next page).

Summarize by sharing the Key Messages (next page).

Discussion Question:
What is the difference between Attachment and Bonding?

Explanation:
The words bonding and attachment are commonly used to describe the emotional relationship that forms between a caregiver and child, even though they differ in meaning. Both are essential to the health and development of a child and occur at the same time, which makes them hard to distinguish one from the other.

Bonding (Caregiver Initiated)	Attachment (Child Initiated)
Bonding is the connection that starts to form between caregivers and their babies early in life. When caregivers engage with their children, play with their children etc., the bond strengthens over time (National Collaborating Centre for Aboriginal Health, 2013b). Bonding is initiated by caregivers attending to their infant/child's needs. Some examples of caregiver initiated activities related to bonding include feeding, changing diapers, playing and talking to their child.	Attachment refers to a child's emotional connection with a primary caregiver that usually begins at birth. The child initiates interactions with the caregiver, including verbal and non-verbal cues to get their needs met. Attachment requires the caregiver to be aware of their infant/child and to respond appropriately when their child is distressed. The caregiver learns to distinguish their child's cues and to respond appropriately to their child's concerns.

Key Messages:
Emphasize to participants that every relationship between child and caregiver is unique and can have its own challenges. There are times when forming a secure attachment can be delayed for both caregiver and child.

Some factors that pose a challenge for attachment for an infant/child are:
- Babies with health complications.
- Premature babies with prolonged periods in intensive care.
- Babies/children who are separated from their primary caregiver at birth or later.
- Babies/children who experience a series of caregivers (i.e. foster care).

Some factors that make attachment challenging for caregivers are:
- Medical complications at birth.
- Postpartum depression, anxiety, or other mental health issues.
- Addictions.
- High levels of stress (such as financial, lack of support systems, unsafe housing).
- Trauma experienced in childhood (such as physical/emotional trauma, no secure attachment with a caregiver, foster care, etc.).
- Negative memories of their own childhood experiences.

If a caregiver is struggling with some of these issues, they are not alone. Caregivers shouldn't feel guilty or ashamed if they are facing some of these issues. There are community resources and programs available for families.

Materials: List of community programs, supports or resources.

Time: 10-15 minutes.

Developmental Stages

As the child grows older, there are changes in behaviours related to their connections with caregivers. Below are relevant behaviours for different age groups.

Age	Behaviours
Birth to 2-3 Months	• Accepts caregiving from anyone. • Can be comforted by primary caregiver(s). • Exhibits reflexive signals and behavior, and encourages caregiver to interact (e.g. responds to voice). • Expresses needs mainly by crying. • Starts to develop reaching, grasping, clinging.
3-6 Months	• Starts to respond differently to most familiar caregivers. • Starts to have control over behavior. • Actively seeks interactions with familiar caregivers. • Will usually still smile at anyone who plays with them.
6-24 Months	• Prefers primary figure, but can be comforted by other attachment figures. • Remembers sight, touch, smell and voice of attachment figure. • Organizes behavior to achieve goals (e.g. closeness). • May be frightened by and withdraw from strangers. • Acts upset when separated from attachment figure. • Shows pleasure when attachment figure returns. • Prefers to be near attachment figure, especially on reunion or when distressed. • Uses attachment figure as a "secure base" for exploration, and checks in by touching, looking at, or calling out. • Ends exploration and attempts to get close if attachment figure moves away. • Uses attachment figure as a safe haven to return to when alarmed or distressed. • Clings to attachment figure when alarmed, ill, or distressed.
2-3 Years	• Moves away from attachment figure to explore more often. • Exhibits attachment at same intensity and frequency. • Watches attachment figure's attention and will behave to regain attention. • Distressed by separation but is more likely to call or use active searching. • Requires a short period of physical contact after a period of separation. • Negotiates plans together with attachment figure.

Age	Behaviours
3-6 Years	• Physical contact becomes less central, but is still important. • Less upset by brief separations when left with friendly adult, but upset when alone. • Increasingly uses physical orientation, eye contact, non-verbal expressions. • Conversations about separation, reunions, feelings and shared activities/plans. • Able to fit attachment figure's plans into own plans (goal corrected partnership). • More comfortable spending longer periods of time with peers and other adults. • Friendship with peers becomes important.

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Key Messages:
Behaviours related to parent-child connections vary according to the child's age and developmental stage. Healthy secure attachment is supported by appropriate responses to the child's needs when distressed.

Materials: Handout A-2, Appendix 1.

Time: 20-30 minutes.

Facilitating the Workshop Section 3 - First Nations Knowledge and Experience

Child-Parent Circle of Attachment

Cultural Context:
The Medicine Wheel has been used by First Nations people as a tool to teach about the relationship we have with all of Creation and each other. Many Medicine Wheel teachings have been passed down through the oral tradition of storytelling. Some Medicine Wheel teachings are extensive with many rings of teachings while others are more simple and used independently for more specific teachings. Within each teaching there is significant meaning but it is recognized that all Medicine Wheel teachings are interrelated into collective teachings and belief systems. Today the Medicine Wheel is now being used to teach contemporary themes and cycles of development interwoven into traditional teachings of the past.

Some examples of traditional Medicine Wheel teachings are: seasons (spring, summer, fall, winter), directions (North, East, South, West), life stages (infant, youth, adult, Elder), and sacred medicines (Tobacco, Sage, Cedar, Sweetgrass).

> *"We let the child lead the way based on their skills and skillsets. There was no judgement."*
> (Wanda Whitebird, Mikm'ac Elder from the Ontario HIV/AIDS Strategy, Key Informant Interview, 2013)

First Nations teachings around attachment are more encompassing than contemporary views, including broader concepts such as Kinship Attachment (discussed later in the workshop).

Purpose:
> • To discuss the child-parent circle of attachment.

Facilitator Notes:
Present the Child-Parent Circle of Attachment to participants in a way that is comfortable to you (flip charts, verbal explanation, PowerPoint etc.). Use the information below and on the next page (Explanation, Child-Parent Circle of Attachment Diagram and Teachings).

Explanation:
The child is positioned at the centre of the Medicine Wheel. The centre is also representative of the child's "self" (identity) and how they distinguish themselves within family, clan, nation and greater community.

As we travel outward, the second wheel that surrounds the child is divided up into four aspects of the child's self. In Anishnawbe communities it is traditionally believed that to achieve a Good Life or *Mino Bimadisewin* one must balance these four aspects of "Self" (Physical, Mental, Emotional and Spiritual), keeping in mind that all of these aspects are interconnected to a person's whole health and wellbeing.

The third and largest wheel is also divided up into four quadrants, aligning with the child's physical, mental, emotional and physical aspects. These four quadrants are fluid and each flow into the other and can move, changing direction within the wheel. Caregivers can start in the Eastern quadrant and travel counter clockwise around the wheel while developing their understanding of their child's needs for a secure attachment, or they may identify an area that they (caregivers) need to pay more attention to, in order to create balance in their attachment relationship with their child.

The fourth wheel surrounding the four quadrants, colored in black, represents parents and caregivers providing a Secure Circle of Attachment for their child to feel safe to explore, develop and grow.

Child-Parent Circle of Attachment Diagram
> *"The health of Aboriginal children is a balance between the physical, spiritual, emotional and cognitive senses of self and how these interrelate with family, community, world and environment, in the past present and future."*
> (Blackstock, Bruyere, & Moreau, 2006, p. 8)

Child-Parent Circle of Attachment (A-3)
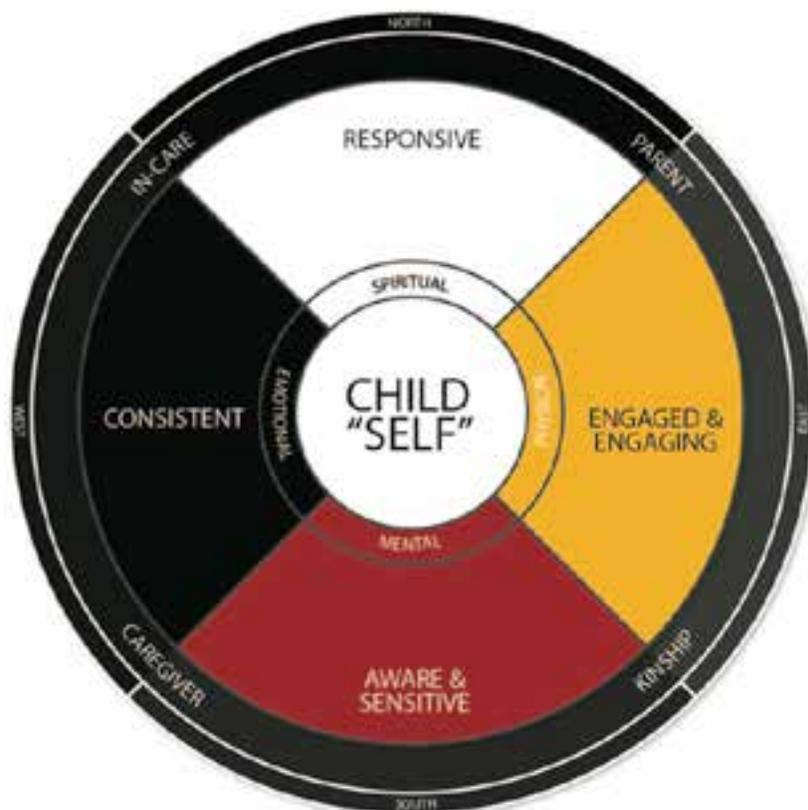
Child-Parent Circle of Attachment Teachings
The Anishnawbe begin Medicine Wheel teachings in the east which is representative of the rising of the sun, birth, spring and new beginnings.

East – Spring – Physical – Engaged and Engaging
Whatever their stage of development, engaging your child through interactive play and role modeling helps promote a strong attachment. It is always a good idea to get down to your child's level when engaging them in activities. Make eye contact, smile, provide healthy touch (cuddles, kisses and hugs), and let your child lead during play times. This will enable your child to feel secure and confident to explore.

South – Summer – Mental – Sensitive
Being sensitive to your child's verbal and non-verbal cues is an important part of fostering attachment. Provide comfort and reassurance when your child is scared, hurt, insecure or sick. Be sensitive to your child's individual ways of "knowing" and foster their own ways of "doing" things, even when it differs from your own.

West – Fall – Emotional – Consistent
Children thrive on routine and predictability, as this gives them a sense of security. When children know what to expect, they can adapt to changes when needed. Being consistent in responding (nurturing/healthy touch) to your child's cues lets them know that they can trust you.

North – Winter – Spiritual – Responsive
It is important to respond to your child's needs in a nurturing and positive manner. A child needs to be able to count on a caregiver to provide comfort and security. For infants this is especially important. It is good to remember that you cannot spoil an infant or child by picking them up and providing comfort. There may be situations when the caregiver can't respond to their child as quickly as they might like, but there are other ways of responding through touch, as well as through your proximity.

For this Medicine Wheel teaching, parts were adapted from the Infant Mental Health Promotion resource called "Help Me Grow" Supporting Your Child's Social and Emotional Development.

Materials: Handout A-3, Appendix 1.

Time: 20-40 minutes.

Kinship Attachment

Cultural Context:

"It isn't just about attachment to the mother or the biological parents, but attachment to all of my relations. Practices and ceremonies were meant to build attachments to all parts of the community and the natural world, including the spirit world."
(Kim Anderson, Associate Professor of Indigenous Studies at Wilfred Laurier Key Informant Interview, 2013)

In many First Nations communities the role of kinship is directly connected to the development of attachment relationships. It is vital that children form a secure attachment with one primary caregiver. In many First Nations communities in Ontario, it is also important that children foster close attachments to extended family such as aunties, uncles and Elders within the community. This kinship attachment provides a "connectedness" that forms a strong sense of identity and belonging. Traditionally children were seen as central to the community and it was everyone's collective responsibility to care for and teach each child as if it was their own.

Aboriginal childrearing was characterized by an absence of corporal punishment and coercion, choosing instead to use storytelling, peer and role modeling to discipline. Children were taught not to impose one's will on another. Instead, they had multiple responsibilities to all community members. This meant that there would be practical consequences to their actions (Anderson, 2011).

Purpose:
> • To learn about First Nations views on Kinship Attachment.

Facilitator Notes:
Review the information about Kinship Attachment with participants. See content in Explanation (below).

Explanation:
First Nations have kinship relationships that are broader than the nuclear family (Carriere & Richardson, 2009). Kinship relationships such as connections to extended family and greater community contributed to children's sense of identity and understanding of their role in the community. There was very little privacy and when a child exhibited behaviors or actions that were frowned upon it was immediately acted upon by the adult who witnessed this. These instances were considered teachable moments and any adult within the community would act as the parent to provide discipline or guidance.

Kinship Attachment and community connectedness continues to be an important part of child development in First Nations Communities. In Inuit communities everyone shared the responsibility in rearing, teaching and disciplining children.

Time: 10 minutes.

Relationship Wheel

Cultural Context:
The Medicine Wheel incorporates the Four Directions and the connection to all things within Creation. The Medicine Wheel, which is symbolized by a cross within a circle, is a ceremonial tool and the foundation for all teaching wheels.

The following Medicine Wheel provides a traditional perspective on the relationships with family, clan, nation and greater community has on a person's identity, self-esteem. This relationship wheel also depicts the vital parts that family, clan and nation play in a child's holistic wellbeing and development of roles and responsibilities.

Purpose:
 • To examine a child's connections to others within their family, clan and nation and greater community.

Facilitator Notes:
Present the Relationship Wheel to participants in a way that is comfortable to you (flip charts, verbal explanation, PowerPoint etc.). Use the information on the next page (Explanation, Relationship Wheel Diagram and Teachings).

Ask participants to think of their child as the teaching is given. Tell them to make linkages to family, clan, nation and community that their child takes part in.

Relationship Wheel (A-4)

Explanation:

Many First Nations see the Medicine Wheel as an important healing tool, a guide to maintaining personal balance. Many First Nations people use the Medicine Wheel to teach or for personal guidance in their life.

The circular form of the Medicine Wheel represents wholeness. It is balanced, yet embraces movement and change – like the cycles of nature. The Medicine Wheel has no end and no beginning. It is continuously in motion. The Medicine Wheel addresses one's physical, mental, emotional and spiritual needs which are largely influenced by our family, clan, nation and greater community.

Traditionally Aboriginal people understood that each individual had roles and responsibilities within each stage of lifecycle. Each stage was interconnected and influenced by relationships with family, clan, nation and greater community. They were always available to provide support and guidance in fulfilling these responsibilities. These relationships intersected one another, ensuring that everyone knew their responsibilities and understood the greater role they played.

The child is positioned at the centre of the Medicine Wheel. The centre is representative of the child's "self" (identity) and how they distinguish themselves within family, clan, nation and greater community.

The ages of 0-6 are fundamental years for a child's physical, emotional, mental and spiritual development. It is during this time that a child develops their individual identity and sense of self. In many First Nation communities it is believed that a child is born with special gifts and teachings that they bring to their family, clan, and nation.

Family - Who Am I?
Family played a large role in the development of their child. It was not solely the role of parents but extended family to watch over and assist the child in their journey. Since children were so close to the spiritual world as well as the physical they were revered and cherished. Learning was based on the individual skill sets and gifts the child exhibited as they grew older. Attachments with family and kin influenced the development of a child's identity and their place within the family.

Clan - Where do I come from?
Anishnawbe each had relations comprised of seven original *Dodemaags* "clan systems" of governance. Each *Dodemaag* was named after an animal totem that served as a governing body for the people within each clan. Your clan was like your family, filled with blood and kinship relations. There were certain expectations and duties that each person within the Clan had to fulfil. Each person was thought to be born with their own gifts that they were meant to share with everyone. There were traditional teachings that were specific to each clan system that taught the origin stories and family connections. It was the responsibility of Dodemaags to ensure that each child within the clans was honoured, taught and given a sense of where they came from, or it was believed they would become lost and confused.

Nation - Where do I belong?
For Inuit peoples, much of the importance of *inunnguiniq* (translated, as "the making of a human being") is the grounding in the individuals' values, beliefs and principles that sustain them throughout their life. A good life is considered one where you can contribute to the common good – helping others and improving conditions for future generations. Just like the Anishnawbe nation, the Inuit nation looked forward into the future to ensure that the work done today would benefit the leaders (children) of tomorrow. Each child would have a place within their community in which they would take part in creating solid foundations (National Collaborating Centre for Aboriginal Health, 2010).

Greater Community - What is my purpose?
Community is comprised of family, clan and nation that shared core values, beliefs and history. In Anishnawbe communities children acquired knowledge by watching, listening, and doing. They learned by watching adults, who were responsible for encouraging and guiding them in activities as they grew. Children were seated at the centre and believed that they made a community whole. The community ensured that each child knew their purpose in life. Mentoring from kin along with meaningful relationships with extended family and Elders helped in developing a child's worldview. Ceremonies that celebrated achievements and stages helped children to understand where they belonged and their greater purpose within community.

Materials: Handout A-4, Appendix 1.

Time: 20 minutes.

Historical Trauma and Attachment

Purpose:

- To gain an understanding of the impacts that colonization had on the transmission of traditional child rearing practices and how this directly affects Aboriginal communities today.

Facilitator Notes:

Briefly review and discuss the impacts of historical factors on traditional forms of childrearing in Aboriginal communities within Ontario. For content, see the Explanation section (below).

Explanation:

When discussing historical trauma, we must look at the historical and contemporary impacts of colonization on Aboriginal transmission of cultural knowledge, especially in the case of parenting and childrearing.

> *"…the historic and contemporary assaults on Aboriginal peoples in Canada have resonated. Not only have the policies of colonialism expressly aimed to sever the attachment of Canada's First Nations to their land, customs, culture, modes of self-governance, languages, and ways of life, but the traumatic impact of these disrupted attachments has reverberated through both the communities and through the individual lives of Aboriginal peoples in this country."*
> (Haskell & Randall, 2009, p. 48)

The Residential schools and the 60's and 70's scoop caused substantial and ongoing impacts. The transmission of cultural and traditional knowledge was disrupted. Children who were removed from their families did not have the opportunity to form healthy connections with immediate or extended family (Best Start Resource Centre, 2013).

These government policies left generations of Aboriginal peoples with deep physical, mental, emotional and spiritual scars. Many survivors were unable to connect to their cultural traditions or parent their children. Many Aboriginal survivors coming out of the school system turned to drugs, alcohol, abuse and suicide as a means of coping. This cultural disruption had a rippling effect that is still felt today by the survivors themselves, their children, grandchildren and great grandchildren. This impact from the past on future generations is called intergenerational trauma.

The Aboriginal Healing Foundation defines Intergenerational or multi-generational trauma as "…when the effects of trauma are not resolved in one generation. When trauma is ignored and there is no support for dealing with it, the trauma will be passed from one generation to the next." (as cited in Wesley-Esquimaux & Smolewski, 2004, p. 2).

There are overwhelming numbers of Aboriginal people who currently suffer from intergenerational trauma. Aboriginal people and their communities are just beginning the healing process of reconciling their past traumas and moving forward, by reclaiming their traditions, language, customs and cultural knowledge. A large part of that healing journey has to do with learning from the past, reclaiming that which is useful, and moving toward a brighter future.

> Mitch Shewell (Key Informant Interview, 2013), an Algonquin from Ardoch Ontario, recalled how his grandmother often said that children should never be taken near the river in the springtime. It wasn't until years later that he realized that the Indian Agent always came up the river in the spring and took the children from the families who camped along the shore.

Note: This subject can be a powerful trigger with some individuals. It is recommended that Elders or other resource people are present to assist anyone who may be experiencing difficulty with the subject matter and details discussed.

Time: 25-30 minutes.

Adoption and Fostering

Cultural Context:
Traditionally Aboriginal parenting was based on the utmost respect that a child had his own unique spirit, with his own individual gifts. All children were reared with the utmost care by the whole community. In many First Nations communities, children where frequently fostered by family members or even by a caregiver's home community.

Today in Ontario's First Nation communities there is a high number of Aboriginal children in care.

> "There are 3 times as many Aboriginal children in child welfare care today than were in residential schools at their peak." (Blackstock, 2003)

While many First Nations children are fostered by their extended family (grandparents, aunties/uncles etc.) there are also a large number of First Nations children who are being fostered by non-Aboriginal caregivers or are adopted into non-Aboriginal families.

Facilitator Notes:
Facilitators may want to briefly touch upon this or may go more in-depth depending on the demographic and knowledge level of your participants.

Stress to participants that fostering a secure attachment takes time with children who are in care or adopted. This involves caregivers being sensitive and responsive in nurturing a secure attachment, and the child building trust in the primary caregiver.

Emphasise to participants that it is important to maintain ties to the child's home community, if possible, as it can help a child through difficult transitions. Maintaining cultural connections to their extended family and community will maintain the child's identity and connectedness to others.

Share the Key Messages (see below).

Key Messages:
- Be sensitive to your child's needs.
- Provide a secure and positive environment for nurturing strong connections.
- Let the child lead in play and engagement.
- Don't be discouraged by setbacks in developing a relationship with the child.
- Provide opportunities for the child to maintain connections with his/her home community and culture.
- Remind participants that infants and children inherently seek out attachment with a secure adult.

Time: 5-10 minutes.

Traditional Attachment Practices

Cultural Context:

Opikinawasowin, a Cree word meaning "child rearing way" tells us that parenting is not just about child rearing, but is about growing children, like growing a plant or a flower (Dorion, 2010). Traditionally in Aboriginal communities, the rearing of children wasn't the sole responsibility of the parents. It was seen as the whole community's responsibility in helping raise the next generation of men and women.

> *"Kids were expected to contribute to the community from a very young age. It was important that kids be given a sense of belonging. In the past, extended kinship, naming, walking out, puberty rites let the children know that they belonged and had purpose."*
> (Kim Anderson, Key Informant Interview, 2013)

The transition from toddler to child celebrated the child growing ever closer to fully participating in community events and responsibilities. Each member of the community had a role to play to ensure survival. There was order, rules and boundaries. Children learned about this from a very early age (Anderson, 2011).

> *"My parents taught me that the utmost importance is the well-being of the children. We as adults are here for the children. Nintageawiso."*
> (Verna McGregor, Algonquin, Kitigan Zibi, Key Informant Interview, 2013)

There are many ways families can support caregivers in forming strong connections with their children through traditional practices that were meant to celebrate and connect parents, family and community with their children. Many of these practices are being reclaimed and used today in contemporary settings.

Purpose:
- Participants will learn about First Nations traditional attachment customs and practices.
- Participants will be able to link contemporary practices to traditional First Nations forms of attachment.

Facilitator Notes:
Review and list the Traditional Attachment Methods on flip chart paper (see Traditional Attachment Methods summary below). Ask participants if they want to share any other traditional attachment methods.

The Facilitator may also choose to have a local Elder/Knowledge Keeper share any knowledge or teachings about traditional methods of attachment.

When discussing safe sleep for infants, keep in mind that a family may have limited options when it comes to sleeping arrangements such as limited space or financial difficulties. It is recommended that babies sleep in their own crib, cot or bassinet, in the same room as their caregiver (co-sleeping). If a caregiver decides to share a bed with their baby (bed-sharing) provide information on keeping their baby as safe as possible.

Traditional Attachment Methods

Prenatal
Even before baby is born it was customary for mothers as well as fathers to sing and talk to the baby while awaiting the birth. This doesn't seem like much, but you are forming the first bits of attachment by letting your child hear and later recognize your voice.

"As father, the man had some very serious responsibilities to the children that were coming. During the nine months that my wife is carrying our child it is my job to come up with a welcoming song for our new baby, as well as prayers for the ceremony when our child arrives." (Kelly Jonathan, a Mohawk from Six Nations Key Informant Interview, 2013)

Breastfeeding
First and foremost, infants were breastfed, this was the best nourishment for children and also aided in spacing children. Children were sometimes breastfed up to 5 years (Anderson, 2011). This also fostered strong connections.

"When a baby was born it was important to get the baby to bond with its mother through breastfeeding. It was almost ceremonial."
(Sharon Beaudin from Cowessess First Nation, Key Informant Interview, 2013)

Placenta Burying
In many Aboriginal communities, it was customary to bury the placenta shortly after the birth of a child. The placenta was usually buried under a tree, near the base, close to the roots.

The Haudenosaunee People buried the placenta in the woods for boys to make them good hunters, and buried the placenta close to home for girls, so they would feel drawn to the home and household responsibilities (Haudenosaunee Women's Preservation Project, 2008).

Umbilical Cord
There were also various practices observed once the umbilical cord has fallen off the baby. In Métis communities, they collected the belly button and placed it in a special medicine pouch that was tied to that baby's cradleboard or it was buried under a tree. That tree would become the family tree.

> *"…we come from the Earth and we'll stay connected to the Earth because our umbilical cord is our lifeline to everything. So we have part of the umbilical cord on the earth, we'll never get lost in this world, no matter where we go."*
> (Métis Centre of NAHO, 2010, p. 13).

In some First Nations communities, it was the mother or the grandmother who held the umbilical stub for safekeeping, in others it was given to the child to wear as a type of amulet.

In certain Ojibwe communities a female Elder collected the umbilical cord and took it out to the woods. As she walked she would talk to the trees, looking for a volunteer (tree) to answer her. She would then dig down to the root of the tree and bury the umbilical stub beside the root. It was said that the tree would aid in giving the child the appropriate name and would even reveal information about the child's future vocation (Anderson, 2011).

Naming
It was somewhere around the time of infancy that naming also took place. In many cases the Elders played a large role in naming the child. Elders and children are said to be closest to the spirit world – one coming and one about to make his/her journey. It is for this reason that it was the Elders who gave the child their first name, their spirit name.

In Métis communities when a baby was born it was cause to celebrate the birth of new life into the world. Many people would come and visit with the mother and child and introduce themselves to that new spirit. The role of the Elders within the community was very important at a birth.

> *"…the Elders usually sit there and the baby is passed from one Elder to another, and the Elder gives something, whether it's a few words or a touch or even just their energy. There's some that will rock [the child] and they'll sing. So each Elder will give that child a gift and that gift will walk with them. Some will even give them a name right away because that name comes to them."*
> (Métis Centre of NAHO, 2010, p. 13).

For Inuit communities the naming of a newborn was very significant because it reflected on who that baby would become when they grew up. One other practice was to name the baby after someone who had passed within the family or a respected community member. That infant would be that person's namesake. The child was treated with the highest regard, utmost respect, and loved by all in the community.

Co-sleeping
Prior to colonization many First Nation people in Ontario lived in dwellings that held more than one family.

> *"It was very foreign for Native people to have their children sleep in another room…*
> *One of the strongest senses when a child is born is their sense of smell. The child can*
> *smell that the parents are nearby, thereby giving them a sense of security… Sleeping*
> *in a separate room… is instilling the notion of individualism… as opposed to being*
> *part of a greater social structure."*
> (Verna McGregor, Key Informant Interview, 2013)

Today co-sleeping is generally defined as sharing a room, but with separate beds. Bed sharing is babies in beds with adults. When creating a safe sleep environment for baby, caregivers are encouraged to return the infant to his/her crib, cradle or bassinet next or near to the caregivers' bed.

Moss Bag and Tikanaagan
Another common practice was to swaddle the baby in a moss bag. The moss bag was used alone or in conjunction with the Tikanaagan (cradle board) to keep the baby safe and secure. Sphagnum moss was used within the moss bag and was preferred for its highly absorbent and deodorizing qualities. The Haudenosaunee believed that swaddling teaches discipline, signals sleep time, and simulates the womb (Haudenosaunee Women's Preservation Project, 2008).

> *Jean Shewell (Key Informant Interview, 2013),*
> *an Algonquin Elder from Ardock Ontario,*
> *recounted how her mother spoke to her of*
> *the women working in the field while the*
> *children were hung in or leaned against the*
> *trees very nearby.*

Walking Out Ceremony
The toddler years are often referred to as the walking out stage. This referred to the toddler's new-found ability to walk. The toddler's first steps were celebrated by family, friends and community members with a feast. Guests would bring gifts that would aid the child as they grew in their roles and responsibilities to the community (e.g. cooking pot, ladle, etc.).

This rite of passage celebrated the fact the toddler was growing closer to becoming a functioning and contributing member of the community.

"Kids were expected to contribute to the community from a very young age. It was important that kids be given a sense of belonging. In the past, extended kinship, naming, walking out, puberty rites let the children know that they belonged and had purpose."
(Kim Anderson, Key Informant Interview, 2013)

Materials: Handout A-5, Appendix 1.

Time: 20 minutes.

Action Wheel Activity

Purpose:
- To provide participants with a motivation tool presented in a Medicine Wheel format.
- To enable participants to set future goals and objectives that they can work on at home once the workshop is over.

Facilitator Notes:
Each participant should have the Action Wheel in their Inasinin Journal. Present the Explanations for each quadrant in a way that is comfortable to you (flip charts, verbal explanation, PowerPoint etc.). Stress to participants that this is a personal motivational activity to be used at home.

This activity includes critical reflections for parents to help them define and set achievable goals in their role as a primary attachment figure with their children. Have participants answer the following questions within each quadrant of the Action Wheel (Handout A-6).

- *What are my goals for creating strong connections with my child?*
- *What challenges or barriers do I face in nurturing a secure attachment with my child?*
- *What supports do I currently have that can assist in promoting a stronger attachment between me and my child? What are some of my personal strengths as a parent?*
- *What actions or practices can I do to create a strong connection with my child?*

Explanation:
The following explanation is a guide for facilitators to help participants to think critically about what they would like to achieve with their children and family.

Goals/Objectives – East:
The East represents spring, the raising of the sun, birth and new beginnings.
Like any journey you have to start a new path and direction you want to go.
When setting goals or objectives, think of it like a map that directs the individual with the necessary steps on how to get to their desired destination.

A **goal** is the result you are planning to achieve, for example: "I want to learn more ways to create secure attachment with my child."

An **objective** is similar but has a clear and measurable target such as a date or time needed to achieve the objective, for example: "My objective is to provide a secure base for my child to learn and explore in the next month."

Barriers/Challenges – South:
The South represents the summer, mid-day and youth.
It is always best to look at possible barriers or challenges to achieving an intended purpose. Problem solving these barriers before they happen will help in reaching your goals more smoothly. It is helpful to have a plan in place to address possible barriers and challenges. An example of barriers or challenges: "I can't find enough time to spend with children."

Support/Strength – West:
The West represents the fall/autumn, evening and adulthood.
In this section participants will focus on personal strengths and supports that they currently have in place.

Emphasize to participants that supports are not always tied to financial resources. There are also other supports like emotional support from important individuals in your life and community services. Some examples of supports include family and friends, community centre, friendship centre, drop in centre and supportive daycare staff.

Actions/Practices – North:
The North represents winter, night and Elder/spirit world.
This last portion is where the participants create a plan of action on how they will achieve, maintain and continue to put in practice their goals/objectives. It doesn't have to be a paragraph. It could be small statements on how they will follow through on their goals to build stronger connections with their child.

Materials: Handout A-6, Appendix 1.

Time: 15-25 minutes.
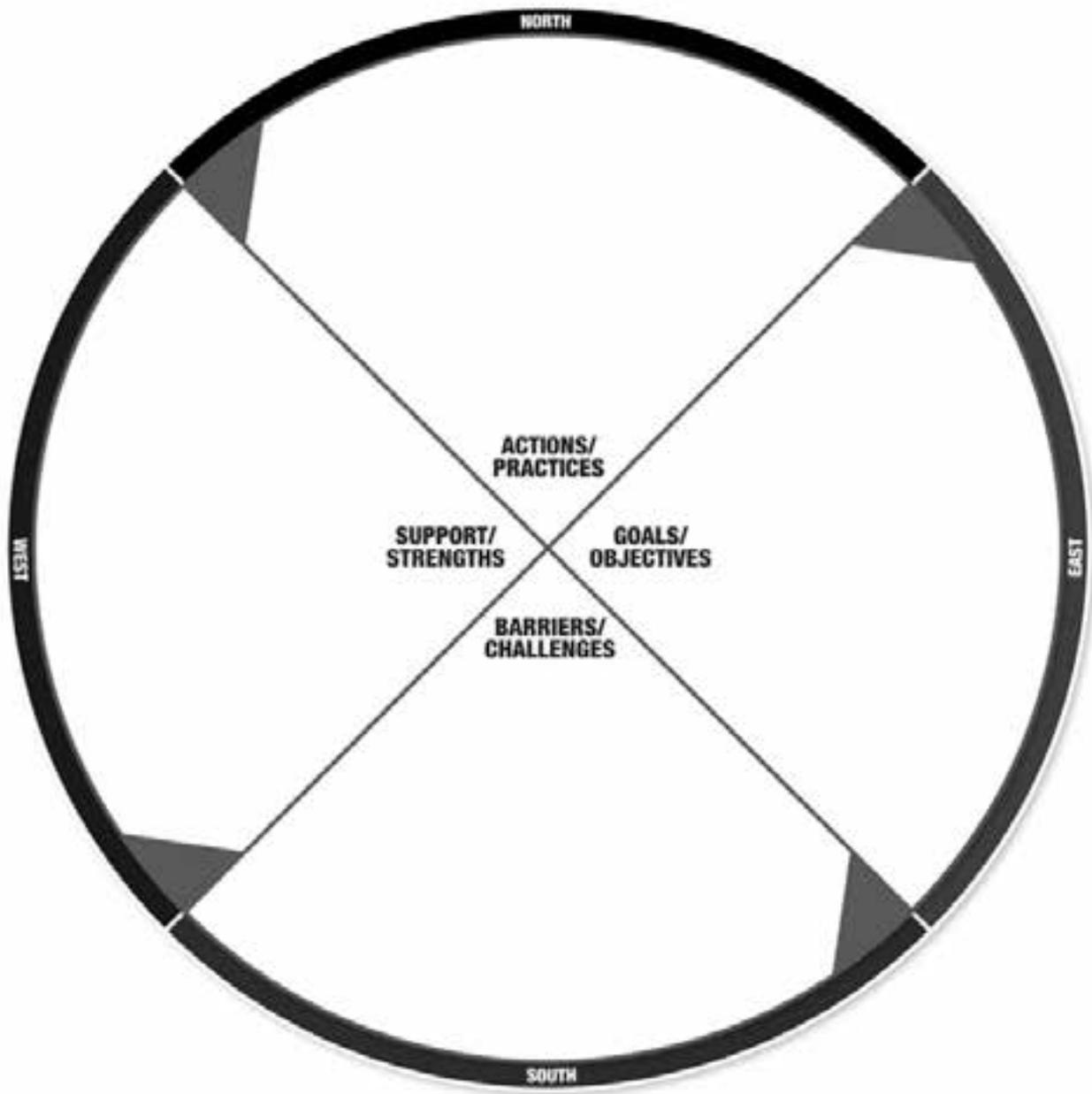
Facilitating the Workshop
Section 4 - Wrapping Up

Reflections and Key Messages

Purpose:
- To summarize key messages and reflect on workshop content.

Facilitator Notes:
Ask participants to share their reflections and thoughts on what they learned from the workshop. If you are running out of time ask participants to sum up what they learned or how they feel in one word. If you have more time, you can ask them if there is anything specific they learned or what they will do differently with their child.

Time: 5-20 minutes.

Participant Post Workshop Questions

Purpose:
- To consider what they learned in the workshop.

Facilitator Notes:
Hand out the Post Workshop Questions Forms (Appendix 2, E-2). Once the participants have completed their form, ask them to compare it with their completed Pre Workshop Questions Form. Then discuss the answers as a group. The answers are in Appendix 2 (E-3).

Materials: Form E-2 for participants and E-3 for facilitator.

Time: 5-10 minutes.

Participant Feedback

Purpose:
- To gather information from participants about what went well and what could be improved.

Facilitator Notes:
Pass out the Feedback Forms (Appendix 2, E-4) for participants to fill out. Ask participants to hand in the completed forms before they leave.

Materials: Form E-4 for participants.

Time: 5 minutes.

Closing Prayer

Cultural Context:
Traditionally when a gathering adjourned a prayer was offered at the end the day. The prayer would give thanks to all Creation and the Ancestors for their guidance, freeing them to leave and rest. At most traditional council gatherings there was a smudge with medicines or a fire burning for the duration of the meeting. Once the meeting was finished the fire would be put out after the prayer signalling the end of the meeting. Some meetings lasted for days while some lasted only a few hours, it all depended on the reasons for the meeting of council.

Purpose:
- To acknowledge the end the workshop and give thanks to the collective work completed by all participants.

Facilitator Notes:
Invite the Elder to provide closing remarks and prayer at the end of the workshop. Thank the Elder once they are finished.

Time: 5-10 minutes (at the discretion of the Elder).

Attachment Resources

This section includes a range of resources about attachment. The reports and websites provide helpful background reading for facilitators prior to a parent/caregiver workshop on attachment. The list also includes parent/caregiver materials that can be used as handouts for workshop participants. They share activities parents/caregivers can do with their children following the workshop. The videos could be used during a parent/caregiver workshop. Many of these materials are available online at no cost.

Reports:

A child becomes strong: Journeying through each stage of the life cycle
Best Start Resource Centre. (2011).
http://www.beststart.org/resources/hlthy_chld_dev/pdf/CBS_Final_K12A.pdf

Founded in culture: Strategies to promote early learning in First Nations children in Ontario
Best Start Resource Centre. (2010).
http://www.beststart.org/resources/hlthy_chld_dev/pdf/FC_K13A.pdf

Sense of belonging: Supporting healthy child development in Aboriginal families
Best Start Resource Centre. (2011).
http://www.beststart.org/resources/hlthy_chld_dev/pdf/aboriginal_manual_rev4.pdf

When responsiveness and beliefs enter the picture
Centre of Excellence for Early Childhood Development. (2010).
www.child-encyclopedia.com/pages/PDF/Parenting_skillsANGmcP.pdf

Parenting bundle: An Aboriginal cultural parenting program manual for all caregivers of children
Wabano Parenting Society. (n.d.).
www.wabano.com/store/products/parenting-bundle-information-manual/

Resilience and indigenous spirituality: A literature review
Fleming, J., & Ledogar, R. (2008). Pimotisiwin, 6(2), 47-64.
www.ncbi.nlm.nih.gov/pmc/articles/PMC2956755/

Whispered gently through time: First Nations quality child care
Greenwood, J., & Shawana, P. (2003). Native Social Work Journal, 4(1), 51-83.
https://zone.biblio.laurentian.ca/dspace/bitstream/10219/433/1/NSWJ-V4-art3-p51-83.pdf

Canadian First Nations families
Menzies, C.R. (n.d.).
http://family.jrank.org/pages/199/Canada-First-Nations-Families.html

Getting through the storms: Sharing our knowledge about how children get through hard times
Tree of Life Groups. (2009).
www.dulwichcentre.com.au/getting-through-the-storms.pdf

I belong here: A framework to promote the healthy development of urban Aboriginal children 6-12 years
Wabano Centre for Aboriginal Health. (2008).
www.wabano.com/store/products/i-belong-here-children-health-book/

Parent Materials:
Attachment for life
Best Start Resource Centre. (2012).
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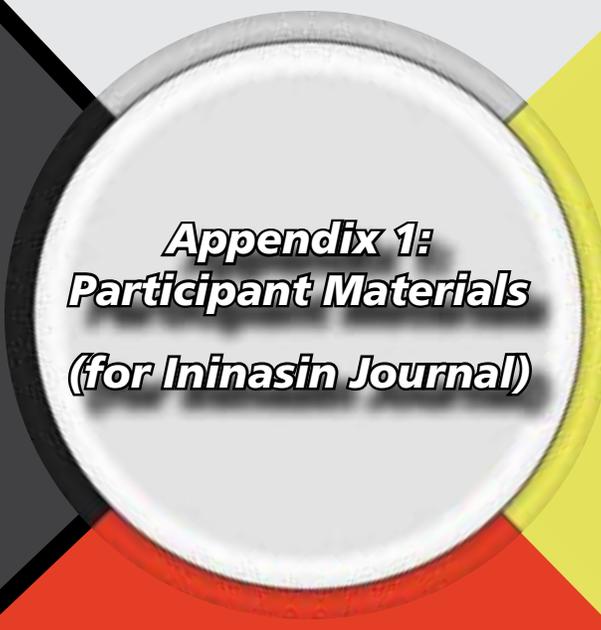
Appendix 1:
Participant Materials

(for Ininasin Journal)

Workshop Description and Objectives (A-1)

Workshop Description
This workshop will provide information on attachment for parents and caregivers to help them strengthen the connections with their child.

This workshop will examine:
- Contemporary and traditional definitions of attachment.
- The benefits of a secure attachment.
- Contemporary and traditional teachings on how to foster healthy strong connections between a caregiver and child.

Learning Outcomes
Participants will:
- Learn the importance of fostering a secure attachment with their child.
- Learn how to promote healthy connections with their child at different developmental stages, using both contemporary and traditional methods.

Note: In this guide we use "caregiver" when referring anyone acting as a parent, i.e. providing regular, consistent care for a child. This may be a parent, extended family, foster parent, or another important person in the child's life.

Developmental Stages (A-2)

As the child grows older, there are changes in behaviours related to their connections with caregivers. Below are relevant behaviours for different age groups.

Age	Behaviours
Birth to 2-3 Months	• Accepts caregiving from anyone. • Can be comforted by primary caregiver(s). • Exhibits reflexive signals and behavior, and encourages caregiver to interact (e.g. responds to voice). • Expresses needs mainly by crying. • Starts to develop reaching, grasping, clinging.
3-6 Months	• Starts to respond differently to most familiar caregivers. • Starts to have control over behavior. • Actively seeks interactions with familiar caregivers. • Will usually still smile at anyone who plays with them.
6-24 Months	• Prefers primary figure, but can be comforted by other attachment figures. • Remembers sight, touch, smell and voice of attachment figure. • Organizes behavior to achieve goals (e.g. closeness). • May be frightened by and withdraw from strangers. • Acts upset when separated from attachment figure. • Shows pleasure when attachment figure returns. • Prefers to be near attachment figure, especially on reunion or when distressed. • Uses attachment figure as a "secure base" for exploration, and checks in by touching, looking at, or calling out. • Ends exploration and attempts to get close if attachment figure moves away. • Uses attachment figure as a safe haven to return to when alarmed or distressed. • Clings to attachment figure when alarmed, ill, or distressed.
2-3 Years	• Moves away from attachment figure to explore more often. • Exhibits attachment at same intensity and frequency. • Watches attachment figure's attention and will behave to regain attention. • Distressed by separation but is more likely to call or use active searching. • Requires a short period of physical contact after a period of separation. • Negotiates plans together with attachment figure.
3-6 Years	• Physical contact becomes less central, but is still important. • Less upset by brief separations when left with friendly adult, but upset when alone. • Increasingly uses physical orientation, eye contact, non-verbal expressions. • Conversations about separation, reunions, feelings and shared activities/plans. • Able to fit attachment figure's plans into own plans (goal corrected partnership). • More comfortable spending longer periods of time with peers and other adults. • Friendship with peers becomes important.

Child-Parent Circle of Attachment (A-3)
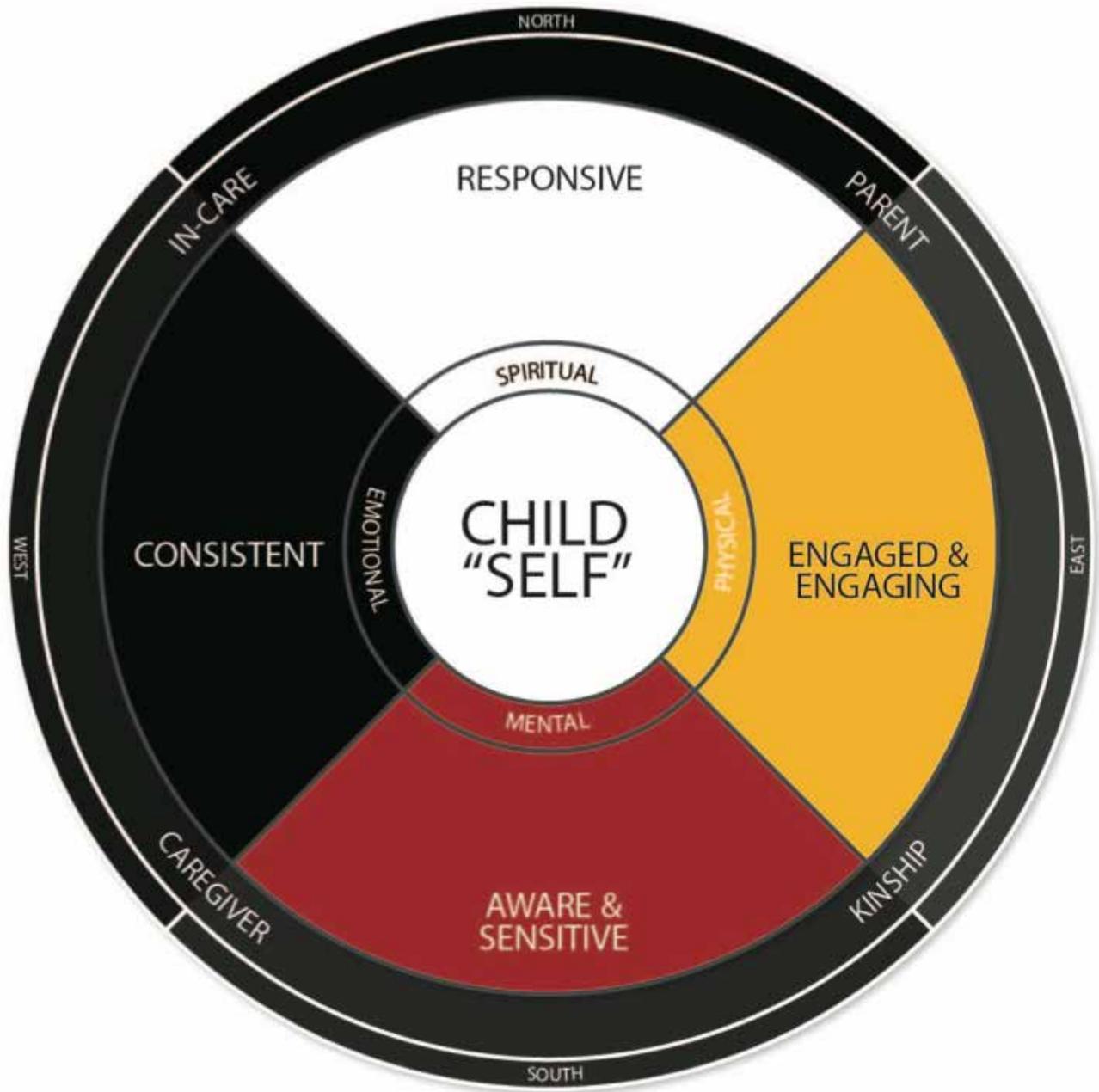
Adapted in part from "Help Me Grow" Supporting Your Child's Social and Emotional Development charts developed by Infant Mental Health Promotion 2012

Child-Parent Circle of Attachment Teachings

The Anishnawbe begin Medicine Wheel teachings in the east which is representative of the rising of the sun, birth, spring and new beginnings.

East – Spring – Physical – Engaged and Engaging

Whatever their stage of development, engaging your child through interactive play and role modeling helps promote a strong attachment. It is always good idea to get down to your child's level when engaging them in activities. Make eye contact, smile, provide healthy touch (cuddles, kisses and hugs), and let your child lead during play times. This will enable your child to feel secure and confident to explore.

South – Summer – Mental – Sensitive

Being sensitive to your child's verbal and non-verbal cues is an important part of fostering attachment. Provide comfort and reassurance when your child is scared, hurt, insecure or sick. Be sensitive to your child's individual ways of "knowing" and foster their own ways of "doing" things, even when it differs from your own.

West – Fall – Emotional – Consistent

Children thrive on routine and predictability, as this gives them a sense of security. When children know what to expect they can adapt to changes when needed. Being consistent in responding (nurturing/healthy touch) to your child's cues lets them know that they can trust you.

North – Winter – Spiritual – Responsive

It is important to respond to your child's needs in a nurturing and positive manner. A child needs to be able to count on a caregiver to provide comfort and security. For infants this is especially important. It is good to remember that you cannot spoil an infant or child by picking them up and providing comfort. There may be situations when the caregiver can't respond to their child as quickly as they might like, but there are other ways of responding through touch, as well as through your proximity.

For this Medicine Wheel teaching, parts were adapted from the Infant Mental Health Promotion resource called "Help Me Grow" Supporting Your Child's Social and Emotional Development.

Relationship Wheel (A-4)

Relationship Wheel showing concentric circles. Center: CHILD "SELF". Inner ring: MENTAL, EMOTIONAL, PHYSICAL, MENTAL. Middle ring sections: COMMUNITY WHAT IS MY PURPOSE?, FAMILY WHO AM I?, CLAN WHERE DO I COME FROM?, NATION WHERE DO I BELONG?. Outer ring: NORTH, EAST, SOUTH, WEST; PARENT, KINSHIP, CARE GIVER, IN-CARE.
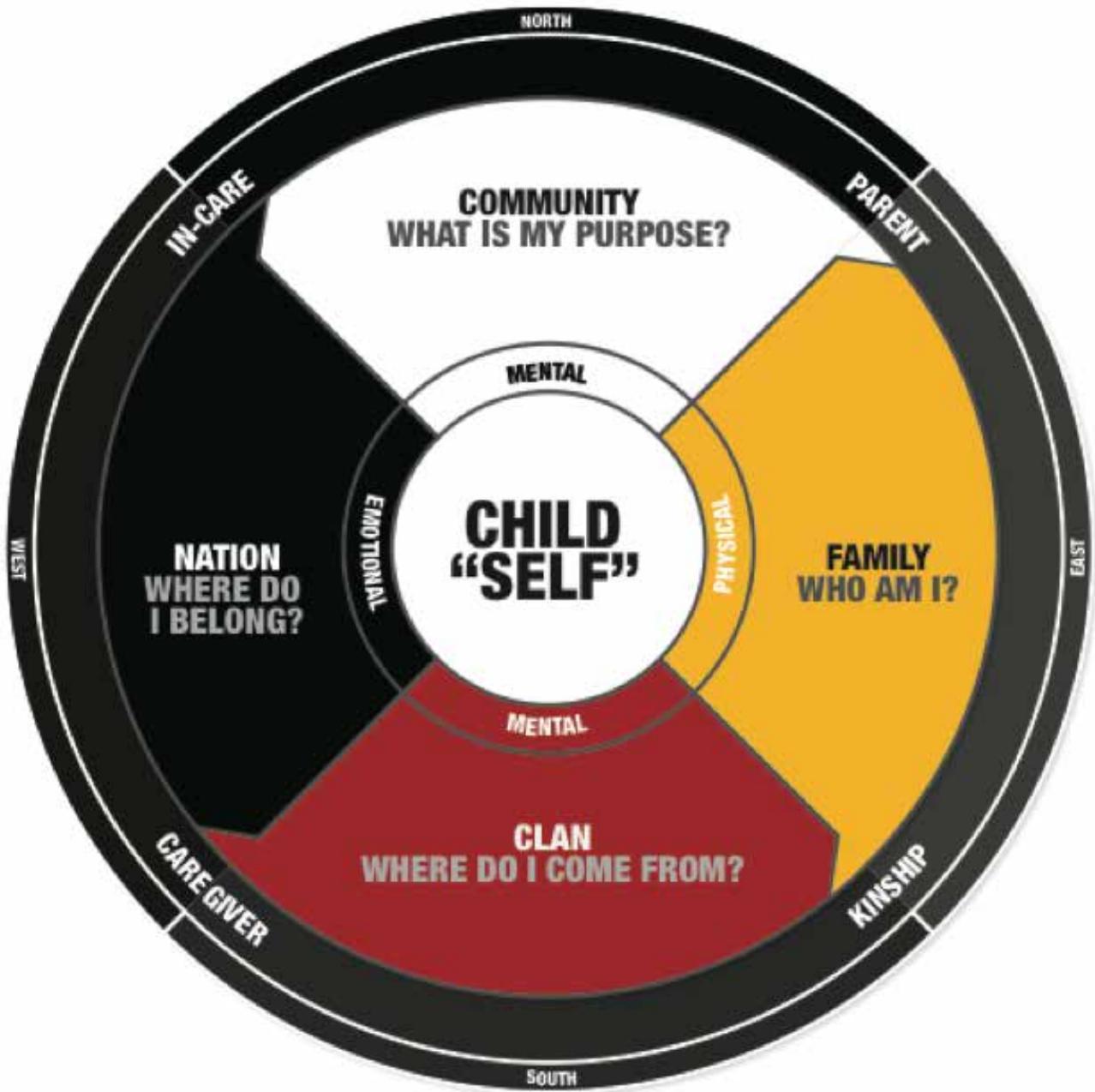
Traditional Attachment Practices (A-5)

Cultural Context:
Opikinawasowin, a Cree word meaning "child rearing way" tells us that parenting is not just about child rearing, but is about growing children, like growing a plant or a flower (Dorion, 2010). Traditionally in Aboriginal communities, the rearing of children wasn't the sole responsibility of the parents. It was seen as the whole community's responsibility in helping raise the next generation of men and women.

> *"Kids were expected to contribute to the community from a very young age. It was important that kids be given a sense of belonging. In the past, extended kinship, naming, walking out, puberty rites let the children know that they belonged and had purpose."*
> (Kim Anderson, Key Informant Interview, 2013)

The transition from toddler to child celebrated the child growing ever closer to fully participating in community events and responsibilities. Each member of the community had a role to play to ensure survival. There was order, rules and boundaries. Children learned about this from a very early age (Anderson, 2011).

> *"My parents taught me that the utmost importance is the well-being of the children. We as adults are here for the children. Nintageawiso."*
> (Verna McGregor, Algonquin, Kitigan Zibi, Key Informant Interview, 2013)

There are many ways families can support caregivers in forming strong connections with their children through traditional practices that were meant to celebrate and connect parents, family and community with their children. Many of these practices are being reclaimed and used today in contemporary settings.

Prenatal

Even before baby is born it was customary for mothers as well as fathers to sing and talk to the baby while awaiting the birth. This doesn't seem like much, but you are forming the first bits of attachment by letting your child hear and later recognize your voice.

> "As father, the man had some very serious responsibilities to the children that were coming. During the nine months that my wife is carrying our child it is my job to come up with a welcoming song for our new baby, as well as prayers for the ceremony when our child arrives."
> (Kelly Jonathan, a Mohawk from Six Nations Key Informant Interview, 2013)

Breastfeeding

First and foremost, infants were breastfed, this was the best nourishment for children and also aided in spacing children. Children were sometimes breastfed up to 5 years (Anderson, 2011). This also fostered strong connections.

> "When a baby was born it was important to get the baby to bond with its mother through breastfeeding. It was almost ceremonial."
> (Sharon Beaudin from Cowessess First Nation, Key Informant Interview, 2013)

Placenta Burying

In many Aboriginal communities, it was customary to bury the placenta shortly after the birth of a child. The placenta was usually buried under a tree, near the base, close to the roots. The Haudenosaunee People buried the placenta in the woods for boys to make them good hunters, and buried the placenta close to home for girls so they would feel drawn to the home and household responsibilities (Haudenosaunee Women's Preservation Project, 2008).

Umbilical Cord

There were also various practices observed once the umbilical cord has fallen off the baby. In Métis communities, they collected the belly button and placed it in a special medicine pouch that was tied to that baby's cradleboard or it was buried under a tree. That tree would become the family tree.

> "…we come from the Earth and we'll stay connected to the Earth because our umbilical cord is our lifeline to everything. So we have part of the umbilical cord on the earth, we'll never get lost in this world, no matter where we go."
> (Métis Centre of NAHO, 2010, p. 13).

In some First Nations communities, it was the mother or the grandmother who held the umbilical stub for safekeeping, in others it was given to the child to wear as a type of amulet.

In certain Ojibwe communities a female Elder collected the umbilical cord and took it out to the woods. As she walked she would talk to the trees, looking for a volunteer (tree) to answer her. She would then dig down to the root of the tree and bury the umbilical stub beside the root. It was said that the tree would aid in giving the child the appropriate name and would even reveal information about the child's future vocation (Anderson, 2011).

Naming

It was somewhere around the time of infancy that naming also took place. In many cases the Elders played a large role in naming the child. Elders and children are said to be closest to the spirit world – one coming and one about to make his/her journey. It is for this reason that it was the Elders who gave the child their first name, their spirit name.

In Métis communities when a baby was born it was cause to celebrate the birth of new life into the world. Many people would come and visit with the mother and child and introduce themselves to that new spirit. The role of the Elders within the community was very important at a birth.

"…the Elders usually sit there and the baby is passed from one Elder to another, and the Elder gives something, whether it's a few words or a touch or even just their energy. There's some that will rock [the child] and they'll sing. So each Elder will give that child a gift and that gift will walk with them. Some will even give them a name right away because that name comes to them."
(Métis Centre of NAHO, 2010, p. 13).

For Inuit communities the naming of a newborn was very significant because it reflected on who that baby become when they grew up. One other practice was to name the baby after someone who had passed within the family or a respected community member. That infant would be that person's namesake. The child was treated with the highest regard, utmost respect and loved by all in the community.

Co-sleeping

Prior to colonization many First Nation people in Ontario lived in dwellings that held more than one family.

"It was very foreign for Native people to have their children sleep in another room… One of the strongest senses when a child is born is their sense of smell. The child can smell that the parents are nearby, thereby giving them a sense of security… Sleeping in a separate room… is instilling the notion of individualism… as opposed to being part of a greater social structure."
(Verna McGregor, Key Informant Interview, 2013)

Today co-sleeping is generally defined as sharing a room, but with separate beds. Bed sharing is babies in beds with adults. When creating a safe sleep environment for baby, caregivers are encouraged to return the infant to his/her crib, cradle or bassinet next or near to the caregivers' bed.

Moss Bag and Tikanaagan

Another common practice was to swaddle the baby in a moss bag. The moss bag was used alone or in conjunction with the Tikanaagan (cradle board) to keep the baby safe and secure. Sphagnum moss was used within the moss bag and was preferred for its highly absorbent and deodorizing qualities. The Haudenosaunee believed that swaddling teaches discipline, signals sleep time, and simulates the womb (Haudenosaunee Women's Preservation Project, 2008).

Jean Shewell (Key Informant Interview, 2013), an Algonquin Elder from Ardock Ontario, recounted how her mother spoke to her of the women working in the field while the children were hung in or leaned against the trees very nearby.

Action Wheel (A-6)

Name: _____ **Date:** _____
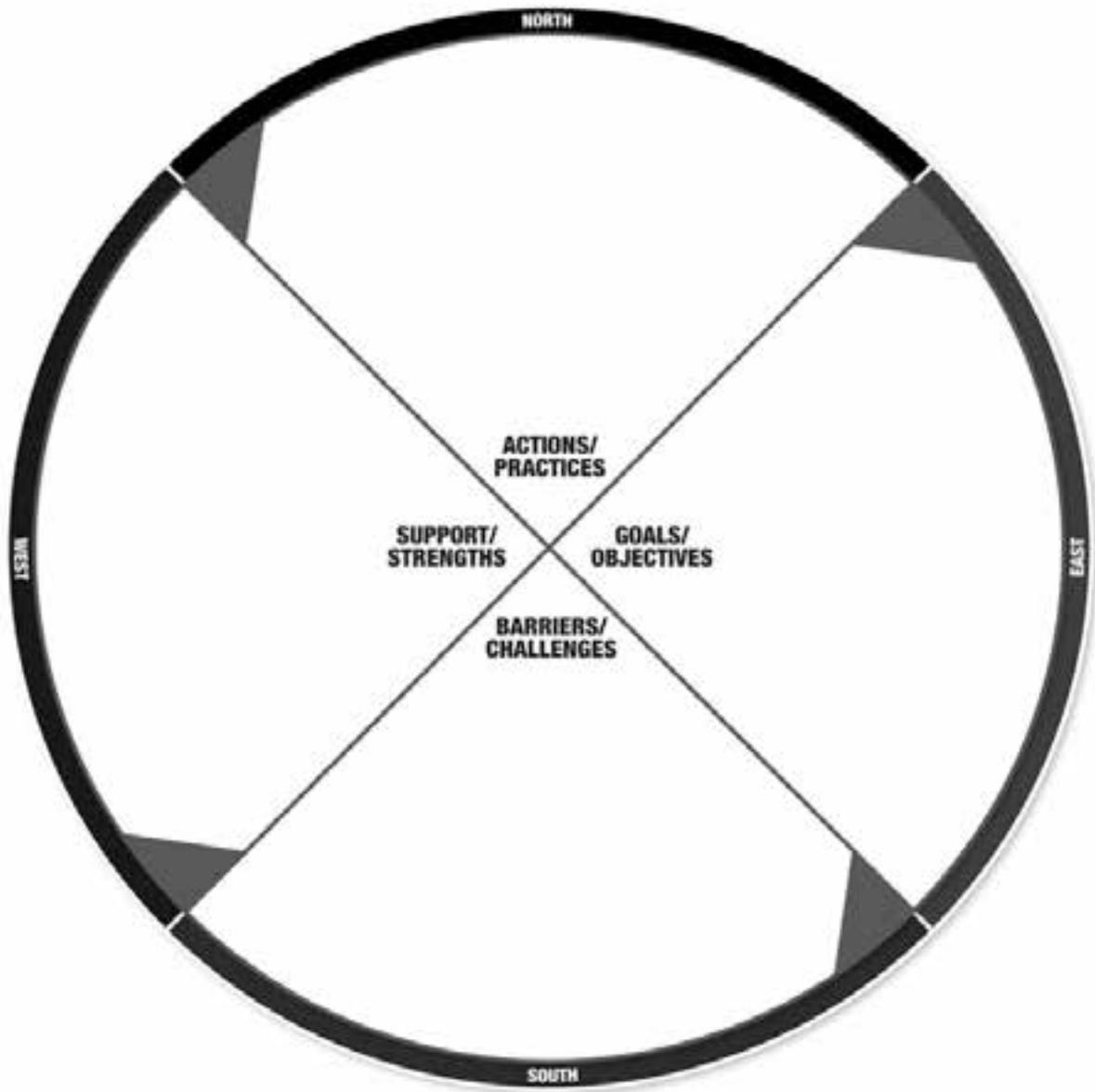
Write your answers directly on the wheel.
You can hang this Medicine Wheel up at home and refer to anytime you want.

      • What are my goals for creating strong connections with my child?
      • What challenges or barriers do I face in nurturing a secure attachment with my child?
      • What supports do I currently have that can assist in promoting a stronger attachment
       between me and my child? What are some of my personal strengths as a parent?
      • What actions or practices can I do to create a strong connection with my child?
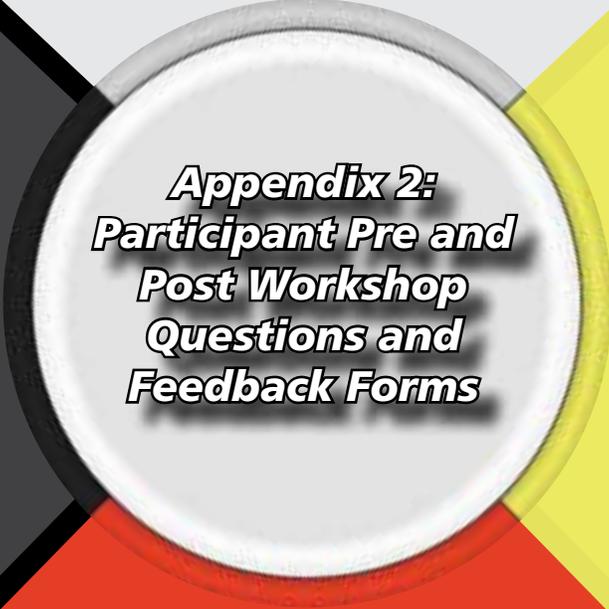
Appendix 2: Participant Pre and Post Workshop Questions and Feedback Forms

Pre Workshop Questions (E-1)

This is not a test. You are the only one that will see this. Just answer the questions to the best of your knowledge. At the end of the workshop you will answer these questions again and see how much you learned.

• What can you do to promote a secure attachment with your infant/child?

_____

_____

_____

• Name one benefit of a secure attachment on the development of an infant/child.

_____

_____

_____

• Name a few societal factors that sometimes pose a distraction to caregivers trying to nurture an attachment.

_____

_____

_____

• Name a traditional custom or ceremony that celebrates the different stages of babies and children.

_____

_____

_____

• Babies can have a secure attachment to more than one person. **True or False**

• Responding to your baby will make him/her spoiled. **True or False**

• Attachment and bonding with your baby are the same thing. **True or False**

• Kinship Attachment is the same as attachment. **True or False**

Post Workshop Questions (E-2)

This is not a test. You are the only one that will see this. Just answer the questions to the best of your knowledge. Compare your responses to the Pre Workshop Questions to see how much you learned.

• What can you do to promote a secure attachment with your infant/child?

_____

_____

_____

• Name one benefit of a secure attachment on the development of an infant/child.

_____

_____

_____

• Name a few societal factors that sometimes pose a distraction to caregivers trying to nurture an attachment.

_____

_____

_____

• Name a traditional custom or ceremony that celebrates the different stages of babies and children.

_____

_____

_____

• Babies can have a secure attachment to more than one person.   **True or False**

• Responding to your baby will make him/her spoiled.   **True or False**

• Attachment and bonding with your baby are the same thing.   **True or False**

• Kinship Attachment is the same as attachment.   **True or False**

Answers to Pre and Post Workshop Questions (E-3)

• **What can you do to promote a secure attachment with your child?**

    All caregivers can foster a secure attachment by:
- Picking up their baby when he/she cries.
- Comforting their child when he/she is hurt, sad, or frightened.
- Protecting their child when he/she is in danger.
- Encouraging their child when he/she is frustrated.

• **Name one benefit of a secure attachment on the development of an infant/child.**

    Secure attachment helps children to:
- Handle stress.
- Learn new things.
- Solve problems.
- Develop self-control.
- Trust others.
- Develop caring relationships.
- Seek help when needed.
- Be confident and independent.
- Feel good about themselves.

• **Name a few societal factors that sometimes pose a distraction to caregivers trying to nurture an attachment.**

    Some examples include talking on the phone, texting, internet and watching television.

• **Name a traditional custom or ceremony that celebrates the different stages of babies and children.**

    Some examples include the naming and walking out ceremonies.

• **Babies can have a secure attachment to more than one person.**   **True**

• **Responding to your baby will make him/her spoiled.**   **False**

• **Attachment and bonding with your baby are the same thing.**   **False**

• **Kinship Attachment is the same as attachment.**   **False**

Participant Feedback Form (A-4)

Please fill out and hand back to Facilitator at the end of the day

Facilitators Name:_____   **Date of Workshop:**_____

Did this session:
Provide you with useful information about attachment?
⭕ A great deal   ⭕ Somewhat   ⭕ A little   ⭕ Not at all

What did you gain from this session (check all that apply)?
⭕ Greater awareness of the topic   ⭕ Resources/services available
⭕ New skills and knowledge   ⭕ Connections with other caregivers
⭕ Tips and tools of nurturing attachment ⭕ Nothing

Was/were the Facilitator(s)
Knowledgeable?
⭕ A great deal ⭕ Somewhat   ⭕ A little   ⭕ Not at all

Easy to Understand
⭕ A great deal ⭕ Somewhat   ⭕ A little   ⭕ Not at all

Organized
⭕ A great deal   ⭕ Somewhat   ⭕ A little   ⭕ Not at all

What did you like about this session?
⭕ Handouts/materials   ⭕ Sharing/exchange of info and ideas
⭕ Group activities   ⭕ Elder
⭕ Atmosphere/Space   ⭕ Breaks
⭕ Ice Breaker

What did you dislike about this session?
⭕ Handouts/materials   ⭕ Sharing/exchange of info and ideas
⭕ Group activities   ⭕ Elder
⭕ Atmosphere/Space   ⭕ Breaks
⭕ Ice Breaker

Overall, after today's session I feel (please circle one):

1)Energized   2)Good   3)Confused   4) Bored   5)Disappointed