Growing up safely: Attachment-based interventions in child protection cases

Asdonk, S. van der

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Attachment-based interventions in child protection cases

Sabine van der Asdonk

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Growing up safely
Attachment-based interventions in child protection cases

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Promotor
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Prof. dr. F. Juffer
Prof. dr. P.H. Vedder
Prof. dr. R.M.P. Fearon (University College London)
Prof. dr. C. Finkenauer (Universiteit Utrecht)
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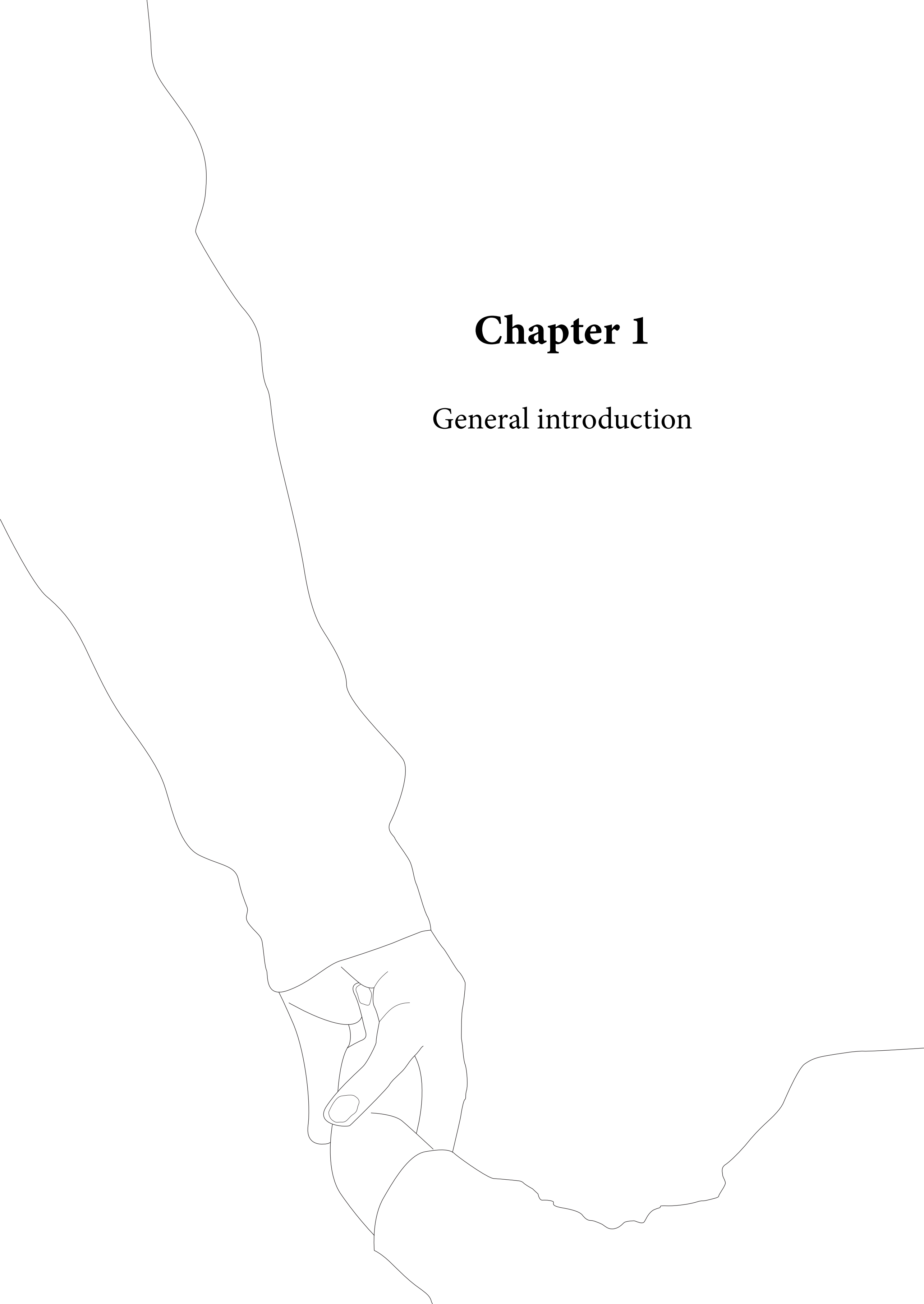

Chapter 1

General introduction

Child maltreatment is a highly prevalent phenomenon that severely affects children's behavioral, cognitive, and biological development (e.g., Gilbert et al., 2009; Norman et al., 2012; Romens, McDonald, Svaren, & Pollak, 2015; Stoltenborgh, Bakermans-Kranenburg, Alink, & van IJzendoorn, 2015). It involves all types of physical, sexual, and emotional abuse and/or neglect with actual or potential harm to the child's development, and often takes place within relationships with those who are most proximal to the child (World Health Organization, 1999). When child maltreatment occurs or is suspected to occur within a family, ambulant forms of professional care are generally preferred to support parents (Bartelink, ten Berge, & van Vianen, 2017; Platt & Riches, 2016). However, in severe cases of child maltreatment or when serious concerns remain about children's safety despite the presence of ambulant care, placing children out of home can be considered as an ultimate measure to ensure their well-being.

Placement decisions are among the most complex decisions professionals in child welfare can face, because such decisions can have a rigorous effect on the lives of both children and their parents. Because of this high impact, it is of utmost importance that decisions can be made with confidence and lead to favorable developmental outcomes for children. Unfortunately, decision-making is complicated – not only because of the complexity and unpredictability of problems in maltreating families, but also because decision-makers often receive contradictory and incomplete information, work under time pressure, have a high workload, and there is a lack of evidence-based procedures to support placement decisions (Munro, 1999, 2008). The complexity of placement decisions is also reflected in scientific studies that demonstrate low agreement among decision-makers (Bartelink, Addink, Udo, van der Haar-Bolwijn, & van Yperen, 2019; Bartelink, van Yperen, & ten Berge, 2015; Britner & Mossler, 2002) and show subjective influences on the decision-making process such as decision-makers' own attitudes (Benbenishty et al., 2015; Munro, 1999). An obvious and significant question rising from these limitations is: How can we improve the quality of placement decisions?

One suggestion to improve the quality of placement decisions has been to conduct dynamic assessments of parenting capacities based on parents' response to an evidence-based intervention (Cyr & Alink, 2017; Cyr et al., 2012; Harnett, 2007). It has been argued that attachment-based parenting interventions should be used in this context, because parents' responses to such interventions can inform professionals with concrete information about parents' capacity to improve relevant parenting skills that enhance the parent-child relationship and promote the child's safety (Cyr & Alink, 2017; Cyr et al., 2012). However, empirical investigations of the notion that implementing attachment-based parenting interventions could contribute to improved placement decisions are still scarce. In addition, even though the effectiveness of attachment-based interventions for families involved with child protection services has been established in various studies (Bernard et al., 2012; Cicchetti, Rogosch, & Toth, 2006; Lieberman, Van Horn, & Ippen, 2005; Moss et al., 2011), some studies have shown that parents with higher levels of childhood trauma are less likely to benefit from these interventions (Moran, Pederson, & Krupka, 2005; Steele, Murphy, Bonuck, Meissner, & Steele, 2019). The current dissertation focuses on the role of attachment-based interventions in child protection cases, by investigating whether such interventions can be used to improve the quality of placement decisions. In addition, it is investigated which parents are more or less likely to benefit from attachment-based interventions in this context.

Decision-making in the Netherlands: Current practices

In the Netherlands, anyone who suspects child maltreatment in a family can contact a regional information and reporting center for domestic violence and child maltreatment ("Safe at home" [in Dutch: "Veilig Thuis"]) to ask for advice or to report the suspected child maltreatment. For professionals who work with children, it is mandatory by law to act according to a reporting code when they suspect child maltreatment in a family (Besluit verplichte meldcode huiselijk geweld en kindermishandeling [Resolution reporting code for domestic violence and child abuse], 2013). Reports of suspected child maltreatment are investigated by the reporting center through a safety assessment of the current family situation, which leads to a decision on whether further investigation of the family is required. If the reporting center concludes that there is a severe threat to children's development, or voluntary professional support is not accepted by parents or does not (sufficiently) improve the family situation, the reporting center can request the Child Protection Board (CPB) [in Dutch: "Raad voor de Kinderbescherming"] to conduct an investigation to determine whether legal steps should be taken to protect the child. Such investigations can also be requested by other parties, including the police, municipalities, children's court judges, and Child Protection Services (CPS) [in Dutch: "gecertificeerde instellingen"] or, in acute cases, by other institutes or citizens. The CPB investigation can result in a request for children's court judges regarding the desired intervention for this family, which can be a supervision order with or without an out-of-home placement of the child. If a supervision order is mandated by court, a family guardian [in Dutch: "gezinsmanager"] is appointed to monitor the family. This family guardian is involved in later court decisions for the same family as well (e.g., concerning extension of the supervision order). Finally, other child welfare professionals who are involved in child protection cases (e.g., professionals who provide ambulant care to the family) can be asked for their advice in the decision-making process. Decisions regarding child placement can also concern reunification of children with their parents after an out-of-home placement. Such decisions generally occur through a similar procedure and are investigated by the CPB and children's court judges as well.

Even though the exact number of out-of-home placements of maltreated children in the Netherlands is unknown, recent figures show that the CPB conducted 16,061 child protection investigations in 2018 (Raad voor de Kinderbescherming [Child Protection Board], 2018). In addition, 17,985 children were living in a foster family in 2018 (Centraal Bureau voor de Statistiek [Statistics Netherlands], 2019), which is the most common form of an out-of-home placement in the Netherlands and the preferred alternative according to both international standards and Dutch legislation (Dozier et al., 2014; Jeugdwet [Youth Law], 2015).

For child welfare professionals in the Netherlands, national guidelines for placement decisions are available based on a relatively small amount of scientific evidence and input from experienced professionals and clients (Bartelink et al., 2017). In these guidelines, it is explicitly stated that out-of-home placements should be considered as an ultimate and preferably temporal measure, which should only be taken when no other solutions are reasonably possible. Essential in these guidelines are assessments of parenting capacities. If there are many concerns in a family but acute placement of the child is not necessary, the guidelines state that parents should be provided with the opportunity to improve their parenting capacities with intensive (parenting) support. If this does not lead to sufficient improvements in parenting capacities within a reasonable time frame (preferably no longer than 6 months), an out-of-

home placement should follow. Such an approach to assess parents' capacity to change has also been proposed internationally (Harnett, 2007; Platt & Riches, 2016). A recent vignette study showed that the Dutch guidelines are not (yet) systematically adhered to in practice and that the implementation of these guidelines did not lead to substantial improvements in decision-making agreement among child welfare professionals (Bartelink et al., 2019) – although the latter finding might also be caused by the fact that professionals did not systematically adhere to the guidelines. Similar negative findings regarding the implementation and reliability of guidelines in decision-making have been reported in international studies as well (Bartelink et al., 2015; Budd, Poindexter, Felix, & Naik-Polan, 2001), which indicates that this is a universal problem. Thus, even though existing guidelines can facilitate more transparent and structured decision-making (Bartelink et al., 2015), more research is highly needed to identify and empirically evaluate methods that improve both the reliability and validity of placement decisions.

Subjective influences on decision-making

A general problem that has been reported in many studies is that decision-making in child protection cases is impacted by subjective factors (Benbenishty et al., 2015; Britner & Mossler, 2002; Budd et al., 2001; Davidson-Arad & Benbenishty, 2010; Devaney, Hayes, & Spratt, 2017; Fleming, Biggart, & Beckett, 2015; Munro, 1999, 2008). For instance, differences in risk assessments and placement decisions for identical cases have been reported between students, beginning professionals, and experienced professionals (Devaney et al., 2017; Fleming et al., 2015), and between social workers and children's court judges (Britner & Mossler, 2002), which indicates that both work experience and professional background have an influence on how placement decisions are made. On the other hand, some studies have reported no such differences, so there is still some inconsistency in this regard (Davidson-Arad & Benbenishty, 2016). Another direction of research has focused on the impact of decision-makers' individual characteristics: Several vignette studies have shown that professionals with a more negative attitude toward out-of-home placements (i.e., generally considering an out-of-home placement as more harmful for children) are more inclined to make a lower risk assessment and less often decide to place children out of home (Bartelink et al., 2018; Davidson-Arad & Benbenishty, 2010).

A different individual characteristic that is hypothesized to influence decision-making is professionals' mind-set toward change, which refers to professionals' implicit beliefs regarding people's capacities to change their behaviors (Dweck, Chiu, & Hong, 1995). Professionals with a more fixed mind-set toward change are more inclined to believe that human behavior is not amendable, whereas professionals with a more flexible mind-set tend to believe that people are able to change their behavior. Thus far, no research has yet directly investigated the impact of professionals' mind-set toward change on decision-making in child protection cases. It is important to investigate how subjective factors influence decision-making, because this can inform future research and policy makers on how the decision-making process might be improved. In this dissertation, a vignette study is described that examines decision-making in child protection cases in a sample of (future) decision-makers with various professional backgrounds. A detailed description of this vignette study is depicted in Chapter 2. In Chapter 3, it is described how professionals' characteristics, including their attitude toward out-of-home placements and their mind-set regarding change, affect out-of-home placement

decisions.

Evidence-based interventions to support placement decisions

Parenting capacity assessments are a vital element in decision-making, within as well as outside of the Netherlands (Bartelink et al., 2017; Harnett, 2007; Platt & Riches, 2016). Essentially, such assessments concern the question of whether parents can take good enough care of their children. Even though the first step in the decision-making process generally concerns a cross-sectional evaluation of the balance between children's developmental needs and the parents' current capacities, if such an evaluation does not lead to a clear-cut conclusion regarding children's well-being that is agreed on by multiple professionals, dynamic assessments of parenting capacities should be conducted to support placement decisions (Bartelink et al., 2017; Harnett, 2007; Platt & Riches, 2016). Such assessments should involve an evaluation of parents' response to professional support.

Although empirical research regarding the quality of parenting capacity assessments is still highly scarce, Harnett (2007) proposed a framework for dynamic assessments of parenting capacities. This framework was developed to overcome the limitations of parenting capacity assessments that had been reported in previous studies (Budd et al., 2001). That is, parenting capacity assessments often did not include direct observations of the parent-child relationship, were not conducted in the home environment, focused more on parents' weaknesses than on their strengths, and were based on a cross-sectional assessment rather than on multiple visits. The essence of Harnett's framework (2007) is that parenting capacities are structurally evaluated based on parents' response to an evidence-based intervention. This procedure would overcome the previously mentioned limitations in the following ways: The intervention should include systematic observations of parent-child interactions in the home environment, emphasize parents' strengths, and be conducted within a relatively short time frame (the Dutch guidelines [Bartelink et al., 2017] state that parents' response to interventions should be evaluated within six months). Ideally, interventions that are used for these assessments have been rigorously tested for their effectiveness for this population. Unfortunately, not that many evidence-based interventions are available for maltreating families, and two recent meta-analyses showed that existing interventions only have a small effect in actually reducing future occurrences of child maltreatment (Euser, Alink, Stoltenborgh, Bakermans-Kranenburg, & Van IJzendoorn, 2015; Van der Put, Assink, Gubbels, & Boekhout van Solinge, 2018). Although effects were small, both meta-analyses did identify interventions with a focus on parenting among the most effective interventions, which confirms the notion that such interventions should be used for dynamic parenting capacity assessments.

Attachment theory as a basis for parenting capacity assessments

An important question in further defining the dynamic procedure for assessing parenting capacities is which intervention should be used. Many researchers have argued that parental sensitivity should be targeted (Azar, Lauretti, & Loding, 1998; Cyr & Alink, 2017; Cyr et al., 2012; Schmidt, Cuttress, Lang, Lewandowski, & Rawana, 2007; Teti & Candelaria, 2002; Ward, Brown, & Hyde-Dryden, 2014; White, 2005). Parental sensitivity is a general parenting skill defined as parents' ability to note, interpret, and respond to child signals in an appropriate and timely manner (Ainsworth, Bell, & Stayton, 1974). Children of sensitive parents are more likely to show positive developmental outcomes (Bakermans-Kranenburg, van IJzendoorn,

& Juffer, 2003; Bernier, Carlson, & Whipple, 2010; Eisenberg et al., 2001; Van Zeijl et al., 2006), also in non-Western cultures (Mesman, Van IJzendoorn, & Bakermans-Kranenburg, 2012). An important mechanism through which parental sensitivity leads to these positive outcomes, is the attachment relationship (Ainsworth, Blehar, Waters, & Wall, 1978; Bowlby, 1982; Juffer, Bakermans-Kranenburg, & Van IJzendoorn, 2016). That is, parents who are sensitive show predictable, coherent, and positive behaviors towards their children, which enables children to use their parent as a secure base in times of distress (Ainsworth et al., 1978). Through this secure base, children learn to regulate their emotions and behaviors and develop a secure internal working model as a blueprint for future relationships. Children with a secure attachment relationship to their parents are more likely to show positive developmental outcomes, also in the long run (Groh, Fearon, van IJzendoorn, Bakermans-Kranenburg, & Roisman, 2017; Groh et al., 2014; Groh, Roisman, van IJzendoorn, Bakermans-Kranenburg, & Fearon, 2012; Sroufe, Egeland, Carlson, & Collins, 2005). In the case of child maltreatment, the parent-child relationship is often generally characterized by negative, unpredictable, and dysfunctional parenting behaviors (Crittenden & Ainsworth, 1989). Therefore, maltreated children are at an increased risk to develop disorganized and/or insecure attachment relationships to their parents, making them more vulnerable to develop psychopathology and other negative outcomes (Cyr, Euser, Bakermans-Kranenburg, & Van IJzendoorn, 2010; Fearon, Bakermans-Kranenburg, Van IJzendoorn, Lapsley, & Roisman, 2010). This particularly applies to young children including infants and toddlers, who are not only extremely dependent on their parents, but also extremely vulnerable for long-lasting effects of child maltreatment (Chen & Baram, 2016). Addressing parental sensitivity in an attachment-based intervention can improve the parent-child relationship and thereby stimulate positive child development (e.g., Juffer, Bakermans-Kranenburg, & Van IJzendoorn, 2017); it is therefore an important aspect to address when conducting parenting capacity assessments.

In the past two decades, several studies have demonstrated the effectiveness of attachment-based interventions for (at risk) maltreating families in terms of improving parent-child interactions and promoting positive child development (Bernard et al., 2012; Cicchetti et al., 2006; Lieberman et al., 2005; Moss et al., 2011; Negrao, Pereira, Soares, & Mesman, 2014; Steele et al., 2019). Importantly, some of these interventions are short-term and can be conducted within a couple of months (Bernard et al., 2012; Moss et al., 2011; Negrao et al., 2014), which could make these interventions suitable for implementation in parenting capacity assessments. Other mutual aspects of these interventions that fit with the proposed criteria for dynamic parenting capacity assessments (Harnett, 2007) are 1) that the interventions are provided in the home environment, 2) parent-child interactions are systematically observed, 3) the interventions focus on parents' strengths, and 4) several Randomized Controlled Trials (RCTs) have established the effectiveness of these interventions for (at risk) maltreating families. Evaluating parents' response to such short-term attachment-based interventions might contribute to a higher quality of placement decisions, because this can inform decision-makers with concrete and objective information regarding parenting capacities with clear relevance for children's well-being. If this were to be empirically tested, the improved quality of placement decisions should be reflected in both improved reliability and validity of placement decisions. Improvements in the reliability of placement decisions can be measured by evaluating decision-making agreement among professionals: Professionals should converge to a greater degree on placement decisions when they have access to information about parents'

response to an attachment-based intervention. With respect to validity, improvements should be observed in terms of face validity – referring to decision-makers' confidence that their decision is accurate – and predictive validity – which should in this case refer to positive developmental outcomes for all children and fewer reoccurrences of child maltreatment for those children who stay with their biological parents. The hypotheses that implementing attachment-based interventions in parenting capacity assessments contributes to more reliable (Chapters 2 and 3) and valid (Chapter 4) placement decisions, will be tested in this dissertation.

Attachment-based interventions for maltreating families: One size fits all?

Even though the relevance of attachment-based interventions to support parenting capacity assessments has been emphasized by several researchers (Cyr & Alink, 2017; Cyr et al., 2012), research regarding the effectiveness of these interventions – and interventions in general – for maltreating families with young children is still in its infancy. In the past decade, an increasing number of RCTs have demonstrated the effectiveness of short-term, attachment-based video-feedback interventions for (at risk) maltreating families with young children (Bernard et al., 2012; Moss et al., 2011; Negrao et al., 2014; Steele et al., 2019). However, it is still unclear what mechanisms and moderators are of these interventions for this population. Because evidence-based interventions do not lead to beneficial outcomes for all families (Cook & Sackett, 1995) and most RCTs in this context have reported small or medium effect sizes, such information would be highly needed in order to better tailor interventions to families' individual needs and thus maximize families' potential to benefit. Maltreating parents often deal with many kinds of difficulties in their lives, including psychological and financial problems, unstable, and/or violent romantic relationships, and a limited social network. In addition, they are at an increased risk to have experienced child maltreatment themselves (Madigan et al., 2019). It could be hypothesized that when parents suffer from a greater number of such difficulties, their ability to benefit from a (parenting) intervention might be compromised.

This may be especially true for parents who are severely traumatized by their own experiences of child maltreatment. For these parents, it may be more challenging to fully engage in an intervention, particularly when this intervention includes watching videotapes of parent-child interactions, which might activate feelings of stress related to their past trauma. Several studies including samples of families at risk for child maltreatment have indeed found that parents' traumatic childhood experiences can interfere with the effectiveness of attachment-based interventions (Moran et al., 2005; Steele et al., 2019). However, this has not yet been tested in a sample of families with substantiated child maltreatment. It would be important to know whether parents' traumatic childhood experiences moderate the effects of attachment-based interventions, because this might mean that traumatized parents need a different approach to benefit from an intervention and, translated to the context of parenting capacity assessments, to have a better chance of substantially improving their parenting capacities. In Chapter 5 of this dissertation, parental childhood trauma will be investigated as a potential moderator of the effects of a short-term, attachment-based intervention in a Canadian sample of maltreating parents who received an assessment of their parenting capacities.

Outline of the dissertation

The current dissertation focuses on the role of attachment-based interventions in child protection cases involving young children. In Chapters 2 and 3, a vignette study is described in which the influence of (future) decision-makers' attitudes and mind-set on their decision-making is investigated. In addition, it is examined whether decision-making agreement among (future) decision-makers can be improved by providing them with information about parents' response to an attachment-based intervention. In Chapter 4, we further describe the effects of implementing an attachment-based intervention in this context through an RCT that was conducted in four Dutch residential family clinics that conduct evaluations of parenting capacities in the context of a potential placement decision. We tested whether including an attachment-based video-feedback intervention in parenting capacity assessments contributed to increased validity of subsequent placement decisions. Next, Chapter 5 focuses on a question relevant for informing implementation of attachment-based interventions in parenting capacity assessments – or more generally in child protection cases, by identifying families who are more or less likely to benefit from these interventions. Finally, in Chapter 6 all findings are tied together in a general discussion which results in considerations for research as well as clinical practice.

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Chapter 2

Improving decision-making in child protection cases by using information regarding parents' response to an intervention: A vignette study

Sabine van der Asdonk, Sheila R. van Berkel,
Whitney D. de Haan, Marinus H. van IJzendoorn,
Carlo Schuengel, & Lenneke R. A. Alink

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Abstract

Out-of-home placement decisions are complex and have a high impact on the lives of children and their parents. This study investigated whether information regarding parents' response to an attachment-based intervention impacted placement decisions and agreement among decision-makers. We presented 144 professionals and Master students with vignettes reflecting child protection cases. In addition to the standard information, half of these vignettes included a description of parents' response to an attachment-based intervention. Participants were asked to read four vignettes (randomly selected out of sixteen) and to indicate whether they would advise an out-of-home placement. Generalized Estimating Equations showed that overall, participants did not converge more in their decisions for vignettes that included a description of parents' response to an attachment-based intervention than for vignettes that contained only standard information. However, the description did increase agreement when the vignettes reflected more ambiguous cases or when parents' described response was positive. Negative descriptions of parents' response increased agreement for Master students, but not for professionals. These findings provide initial evidence that information regarding parents' response to an attachment-based intervention may enhance the quality of placement decisions.

Keywords: decision making, CPS, maltreatment, attachment, parental sensitivity

Introduction

In child protection cases, deciding whether or not a child should be placed out of the home is one of the toughest decisions for professionals, because of its far-reaching consequences for the lives of children as well as their parents. The complexity of these decisions is reflected in low agreement among professionals (e.g., Bartelink, van Yperen, Berge, de Kwaadsteniet, & Witteman, 2014; Britner & Mossler, 2002) and associations with personal biases (Benbenishty et al., 2015; Munro, 1999). Another problem is that currently no evidence-based procedures are available that can be used in diagnostic evaluations potentially involving out-of-home placement. Given the high impact of out-of-home placement decisions, it is important that efforts are made to address these limitations. One aspect that might increase the quality of decisions is a more structured assessment of parents' ability to improve their parenting capacities (e.g., Budd, 2001, 2005; Harnett, 2007). In the current vignette study, we investigated whether decision-making agreement regarding out-of-home placements can be improved by extending child protection reports with information regarding parents' response to an attachment-based intervention, and explored how this information was used.

When the development of a child is severely threatened by adverse circumstances such as child abuse and neglect, the ultimate step for child protection services is to place the child out of home. The devastating consequences of child abuse and neglect for children's development in various domains have been widely documented (e.g., Gilbert et al., 2009). However, placing a child out of home severely impacts children and parents, as it disrupts the attachment-relationship between children and parents (Juffer, 2010) and thwarts parents' desire to take care of their own child. Given that so much is at stake, professionals have to make placement decisions very carefully. Unfortunately, deciding on out-of-home placements is complicated by the fact that many different factors are involved, available information might be incomplete and contradictory, and guidelines do not always provide clear directions (Munro, 1999, 2008). Several methods have been developed and investigated to improve the decision-making process, such as risk assessment instruments and structured decision-making methods (see e.g. Bartelink, de Kwaadsteniet, ten Berge, & Witteman, 2017; Bartelink, van Yperen, & ten Berge, 2015). Although these methods might facilitate more transparent and structured decision-making, empirical studies regarding the reliability of these methods remain scarce and thus far have not shown substantial improvements in decision-making agreement among professionals (Bartelink et al., 2015). This emphasizes the difficulty of placement decisions. One reason why disagreement occurs might be because decision-makers lack enough evidence about future risk of harm. Inserting more evidence into the decision-making process should lead to increased agreement, which is one necessary component for improved decisions.

Parenting (in-)capacity is a core aspect to be considered in the context of placement decisions (Budd, 2001; Platt & Riches, 2016). To make a well-informed statement about an out-of-home placement, professionals need to make an assessment of the parent's ability to take care of the child (Azar, Benjet, Fuhrmann, & Cavallero, 1995; Budd, 2001). In the past few decades, several guidelines have been introduced for the assessment of parenting capacity (American Psychological Association, 1998; Azar, Lauretti, & Loding, 1998; Budd, 2001). However, empirical studies of the effectiveness of these assessments are lacking, and the existing literature reports several limitations of their use in practice (Budd, 2001). These limitations include that

evaluations reflect only a single time point, assess parents outside their daily environment, and focus more on the weaknesses than on the strengths of parents (Budd, Poindexter, Felix, & Naik-Polan, 2001). Moreover, direct observations of parent-child interactions and an evaluation of the parent-child relationship are often lacking. Recently it has been argued that to provide a more representative and relevant assessment of parenting capacities, a structured evaluation of parents' capacity to improve relevant parenting behavior should be conducted (Cyr et al., 2012; Harnett, 2007; Lindauer, Bakermans-Kranenburg, Van IJzendoorn, & Schuengel, 2010). As proposed, such an assessment should be based on an evidence-based intervention conducted over a brief period of a few months and should at least include systematic observations of parent-child interactions. Subsequently, this assessment of parents' response to a relevant intervention should be used as an additional source of information to support placement decisions. It is argued that such an approach could be particularly valuable for those cases that are equivocal and where an initial risk assessment does not lead to clarity regarding a possible placement decision (e.g., there is no immediate threat to the child's safety which would require acute child placement) (Harnett, 2007).

An important question in assessment is how parenting competence should be operationalized. Although there is no clear consensus on the definition (Choate & Engstrom, 2014), parental sensitivity seems to be one of the core constructs in this context (Cyr & Alink, 2017; Cyr et al., 2012). Parental sensitivity refers to the parent's ability to adequately perceive, interpret, and respond appropriately and in a timely fashion to signals of the child (Ainsworth, Bell, & Stayton, 1971) and has been linked to a range of positive child outcomes, such as social functioning (e.g., Van Zeijl et al., 2006), self-regulation (Eisenberg et al., 2001), and cognitive skills (e.g., Bernier, Carlson, & Whipple, 2010). One of the possible mechanisms through which these positive effects occur is the attachment-relationship: A sensitive parent can serve as a secure base for the child and thereby stimulate the development of a secure attachment-relationship (Ainsworth, Blehar, Waters, & Wall, 1978; Bowlby, 1982; Juffer, Bakermans-Kranenburg, & Van IJzendoorn, 2016). Meta-analytic evidence is consistent with sensitivity as one of the causes of secure attachment (Bakermans-Kranenburg, van IJzendoorn, & Juffer, 2003). The attachment-relationship between parents and children has been identified as relevant for parenting capacity assessments in child protection cases (Azar et al., 1998; Budd & Holdsworth, 1996; Cyr & Alink, 2017; Cyr et al., 2012; Schmidt, Cuttress, Lang, Lewandowski, & Rawana, 2007). As has been argued, children's attachment to their parents is a key element in the process of child maltreatment: As an example of the most extreme insensitive parenting, maltreatment negatively affects the attachment-relationship, which therefore cannot function as a buffer to protect children from the prolonged stress they experience due to the maltreatment and other stressful events (Cyr & Alink, 2017). Consequently, maltreated children are likely to develop a disturbed stress regulation with negative long-term consequences for their development. A recent study showed that an attachment-based intervention that is aimed at improving parental sensitivity can lead to positive outcomes for children in maltreating families: children showed improved attachment patterns and reduced behavioral problems (Moss et al., 2011). These results underscore the relevance of parental sensitivity as a parenting skill to be addressed in the case of child maltreatment.

Following this line of reasoning, the assessment of parents' capacity to change in terms of sensitivity may help increase the quality of placement decisions by providing information with straightforward relevance for the security and developmental outcomes of children. As

stated before, this capacity to change should be assessed using an evidence-based intervention (Cyr & Alink, 2017; Cyr et al., 2012; Harnett, 2007). A good candidate intervention for such an assessment would be the Video-Feedback Intervention to promote Positive Parenting (VIPP), which is a short-term, attachment-based video-feedback intervention that focuses on improving parental sensitivity (Juffer, Bakermans-Kranenburg, & Van IJzendoorn, 2008). An evaluation of parenting capacities based on VIPP could overcome some of the current decision-making limitations (Budd, 2001) in the following ways. First, the parent-child relationship can be evaluated over time and based on direct observations, because VIPP consists of six sessions over a period of three months, in which the parent and child are videotaped during common, daily interactions. Moreover, VIPP focuses on positive interactions, so that parents' strengths are highlighted and can be observed. VIPP is effective in improving parental sensitivity (Juffer, Bakermans-Kranenburg, & Van IJzendoorn, 2017), also in samples at risk for child maltreatment (Negrao, Pereira, Soares, & Mesman, 2014). Similar interventions (i.e., that are short-term and attachment-based, and include video-feedback) were shown to increase parental sensitivity in maltreating samples as well (Bernard et al., 2012; Moss et al., 2011). When parents' progress in terms of sensitivity is evaluated based on VIPP or a similar intervention, this information can be interpreted with regard to the question how likely it is that home-based support will improve parenting and thereby reduces the risk of (re)occurrences of child maltreatment (Cyr & Alink, 2017). Providing such highly relevant, concrete, and objective information might create a more transparent decision-making process with a potentially more accurate predictive picture about adequate parenting. This may lead to a better-informed decision that leaves less room for idiosyncratic factors as well as taking guesses. The impact of such information would be, in the first round, more decision-making agreement among professionals, and in the second round, a more valid decision about the future of this child and his or her family.

In addition to the previously mentioned limitations of decision-making in child protection cases, several studies have indicated differences in decision-making between different groups of professionals (Britner & Mossler, 2002; Fleming, Biggart, & Beckett, 2015; Summers, Gatowski, & Dobbin, 2012). For example, a previous study revealed differences between social workers and judges with respect to the information they used to determine whether an out-of-home placement would be necessary: Social workers focused more on the severity of the abuse and the outcome of previous care than judges, who focused more on the likelihood that child maltreatment would reoccur and whether the child would be able to recount being abused (Britner & Mossler, 2002). Another study indicated that risk assessments about child maltreatment differed between experienced professionals and students, with students estimating higher risks than professionals (Fleming et al., 2015). However, not all studies report differences between students and experienced professionals. For instance, a recent vignette study found that both students and experienced professionals made similar child protection decisions, but differed from starting professionals (Devaney, Hayes, & Spratt, 2017). Altogether, these findings suggest that professionals who play different roles in child protection cases (e.g., children's court judges versus social workers), or have different levels of experience, might differ in their decision-making process and specifically in their use of information about parents' response to the intervention.

The present study

This study was a first effort to investigate whether information about parents' response to an attachment-based intervention impacts decision-making agreement in child protection cases. We investigated this by stimulating decision-making about vignettes that consisted of case descriptions based on existing child protection reports. These reports reflected diagnostic evaluations of parenting capacity in child protection cases that are usually the basis for determining whether an out-of-home placement would be necessary in the Netherlands. We supplemented the reports with a short paragraph in which parents' response to an attachment-based video-feedback intervention similar to VIPP was described. We considered decision-making agreement as an indicator of the quality of decisions in this study, because only reliable decisions can be valid. Our main hypothesis was that participants agreed more often on placement decisions for vignettes that included such a description than for vignettes that contained only standard information. Moreover, to investigate whether results were similar for vignettes that included a positive description of parents' response and those that included a negative description, we explored differences in decision-making agreement between these two types of vignettes and vignettes that contained only standard information. Finally, we tested whether effects differed depending on participants' background (social work or child law) or their level of experience.

Method

Sample

The sample of this study consisted of different groups of professionals and Master students who are or will be involved in the Dutch child protection system. When there are concerns about child maltreatment in the Netherlands, the Child Protection Board (CPB) can be asked to conduct an investigation that results in an advice for the children's court judge (e.g., whether child placement would be required or an intervention should be conducted). When a child is put under supervision, a social worker from Child Protection Services (CPS) is involved as family guardian. This social worker will monitor the family throughout the supervision order and can request the children's court judge to revise the decision if necessary (e.g., to end the supervision order or to place the child out of home). These requests are investigated by the CPB as well. We included a total of 144 participants in this study: 34 social workers (including both professionals from the CPB and social workers in CPS), 25 children's court judges, 42 Master students in Education and Child Studies, and 43 Master students in Child Law. The mean age of the students was 26.45 years (*SD* = 6.21; range: 21-49 years), and the majority of the students were female (93.9%). For social workers, the mean age was 41.37 years (*SD* = 11.47; range: 24-64 years), and again the majority were female (85.0%). Social workers had on average 14.18 years of work experience in youth care (*SD* = 10.67), with a range from 0 to 45 years. Children's court judges were on average 52.63 years old (*SD* = 7.17 years; range: 37-64 years) and 92.0% were female. They had worked with child protection cases for 6.14 years on average (*SD* = 3.47), ranging from 1 to 12 years.

Professionals from the CPB were recruited after obtaining approval from the National Board of Child Protection. The supervisors of six of the ten Dutch CPB offices agreed to be contacted regarding the study. The remaining four offices were already involved in a differ-

ent study and therefore did not have the time to participate in the current study. Of the six supervisors who were contacted, five agreed to send out an e-mail to their employees with information regarding the study and contact information. Social workers in CPS in the area of Utrecht (the Netherlands) were contacted by sending them an e-mail through their supervisors. Children's court judges were recruited after obtaining approval from the National Board of Justice. An information email was sent through the National Board of Family and Child Law, of which all Dutch children's court judges are members (N = 164 at the time of recruitment). Professionals who were interested in participating could contact the researchers. Finally, Master students in Education and Child Studies and in Child Law were recruited during classes at two Dutch universities. After a short presentation about the study by one of the researchers, students who were interested could write down their e-mail address for the researchers, so that they could be contacted.

Procedures

Ethical approval for this study was obtained by the ethical committee of the Institute of Education and Child Studies at Leiden University and the ethics committee for legal and criminological research at Vrije Universiteit Amsterdam. All participants signed informed consent before participating. Appointments for the study took on average 3 hours, during which the participants were presented with four vignettes. After reading a vignette and optionally making notes, participants were asked to think out loud while reasoning about the case. Next, they were asked to fill out some questionnaires about the vignette. For the professionals, the appointments took place at their office or at their home, depending on their preference, and for Master students, all appointments took place at the universities. After the appointment, Master students received a gift card and professionals received a small gift.

Instruments

Vignettes

The vignettes used in this study reflected assessments of parenting capacity in Dutch child protection cases. Sixteen unique vignettes were composed based on eight existing cases of the CPB, which were edited so that they were unidentifiable and contained no more than four pages. The vignettes reflected cases of children aged between 1 and 6 years. After some background information, the vignettes provided information regarding the child's development, the parenting context, social support, and previous interventions (e.g., parents' response to sessions with a psychiatrist focusing on parental psychopathology or alcohol use or a general parenting intervention not focused on sensitive parent-child interactions). Based on these eight vignettes, a second version was created by adding a paragraph that contained a self-constructed description of the parents' response to an attachment-based video-feedback intervention (see Appendix 2.A for an example). For four of these vignettes, this description reflected positive effects of the intervention, whereas for the remaining four vignettes the description implicated that the parent did not show significant progress following the intervention. The descriptions were added randomly to the eight vignettes, regardless of whether they were positive or negative. Each participant was randomly presented with four vignettes, including two experimental vignettes with and two control vignettes without the description

regarding parents' response to the intervention. The order in which the vignettes were presented was counterbalanced (see Appendix 2.B for an overview of the design).

Background questionnaire

A short questionnaire was used to ask about the participants' gender, age, and education. The professionals were additionally asked about their occupation and the number of years they were working at their current jobs.

Think-aloud procedure

To obtain insight in how participants used the information about parents' response to the intervention, we used a think-aloud procedure. After the participants finished reading each vignette, they were instructed to think out loud about the vignette while discussing anything that came to mind regarding the placement of the child. If a participant remained silent for more than 30 seconds, the researcher used primes to encourage the participant to keep talking about the vignette, for example "What are you thinking about right now?" (see e.g., Bus & Kruizenga, 1989). In order to practice prior to the first think-aloud procedure, the participants were asked to think out loud while solving a calculation and by counting the number of windows in their home from their memory (Ericsson & Simon, 1993). All think-aloud procedures were recorded; recordings for one vignette ranged from 30 seconds to 45 minutes. All recordings were transcribed and double-checked by research assistants.

Vignette questionnaire

For each vignette, participants were asked to indicate what their advice or decision would be, based on information given: (a) case can be closed, no further professional involvement necessary, (b) supervision order, but the child can live with parent(s), (c) supervision order and out-of-home placement in family network (e.g., child can live with grandparent(s)), (d) supervision order and out-of-home placement in foster family, (e) supervision order and out-of-home placement in residential youth care, or (f) other. Consistent with the Dutch practice, social workers and students in Education and Child Studies were asked to give their advice about the case, whereas children's court judges and students in Child Law were asked to make a decision. As the main interest of this study was the degree to which participants agreed on whether or not to place a child out of home, the items were dichotomized into no out-of-home placement (options a and b) versus out-of-home placement (options c, d, and e) for the analyses. Options a and b were combined as the vignettes that were used in this study were of such severity that only eight participants indicated option a (case can be closed) in their response. In case the participants indicated option f, it was decided based on the content of their response whether their advice or decision should be treated as "no out-of-home placement", "out-of-home placement", or as missing.

Use of information regarding parents' response to the intervention

To obtain more insight in how participants used the information regarding parents' response to the attachment-based intervention while judging the vignettes, a six-point rating scale was developed. This scale ranged from (1) the participant did not mention parents' response at all, to (6) the description about parents' response was completely decisive for the advice or decision of the participant. Higher scores thus indicated that the participant paid more atten-

tion to the description of parents' response to the intervention. Six coders were trained and independently coded all transcribed think-aloud recordings of the experimental vignettes. Ambiguous transcripts were discussed during supervision meetings and the inter-rater agreement was checked by independent double-coding of two transcripts after every ten transcripts. Intraclass correlations between pairs (*ICC*[1,1]) for all double-coded transcripts (n = 45) were good to excellent (range: = .73-.91).

Statistical analyses

Decision-making agreement was computed by first determining the percentage of participants who advised an out-of-home placement and the percentage of participants who advised against an out-of-home placement for each individual vignette. Subsequently, each participant received a score reflecting whether the participant agreed with the decision of the majority of the participants (1) or not (0). Because each participant evaluated two experimental vignettes and two control vignettes, this resulted in four scores for each participant; two reflecting decision-making agreement on experimental vignettes and two reflecting decision-making agreement on control vignettes. Finally, for each participant two decision-making agreement scores were computed for the two types of vignettes, which could range from 0 = no agreement with the majority on either vignette, 1 = agreement on one of the two vignettes, to 2 = agreement on both vignettes. For interpretation purposes we converted all reported decision-making agreement scores into percentages.

Because the decision-making agreement scores were non-normally distributed and equal variances could not be assumed, Generalized Estimating Equations (GEEs) were performed to investigate the differences in decision-making agreement between experimental and control vignettes and to test for possible moderation effects of professional experience, professional background, and the use of the information regarding parents' response to the intervention. GEE is an extended form of the Generalized Linear Model in SPSS that can handle repeated measurements with non-normal data. In the reported analyses, decision-making agreement was modeled as a continuous variable and an unstructured correlation matrix was specified. In the GEEs we tested for the main effect of type of vignette (experimental versus control vignettes), controlled for the main effects of professional experience (students versus professionals), professional background (social work versus law), and the use of the information regarding parents' response to the intervention. Moreover, we tested all two-way interactions with type of vignette. Because of the sequential nature of our analyses, we used the Type I sum of squares approach to test for significance (see e.g. Stupica, Sherman, & Cassidy, 2011). Significant interactions were further investigated by comparing estimated marginal means pairwise using the least significant difference method. For the experimental vignettes, half of the vignettes included a positive description indicating that the parent improved, and the other half included a negative description indicating that the parent did not show significant progress. Therefore, two separate models for positive and negative experimental vignettes were additionally tested: one comparing the positive experimental vignettes to control vignettes and the other model comparing the negative experimental vignettes to control vignettes. As the experimental vignettes were distributed randomly across participants, regardless of whether they reflected a positive or negative evaluation, not all participants received both a positive and negative experimental vignette. Therefore the sample sizes were slightly smaller than the complete sample (n = 120 for analyses comparing positive experimental vignettes to control

vignettes and $n = 108$ for analyses comparing negative experimental vignettes to control vignettes) in these analyses. Finally, we conducted post-hoc analyses to explore if only vignettes that appeared ambiguous in the control condition (i.e., percentage agreement around 50%) increased the decision-making agreement with the experimental vignettes, a similar model was tested containing decision-making agreement scores for ambiguous control vignettes and matched experimental vignettes ($n = 136$; participants were included if they had read at least one ambiguous control or one matched experimental vignette. Similar results were found when only participants who had read both an ambiguous control and a matched experimental vignette were included [$n = 51$]).

Results

Descriptive statistics

For the experimental vignettes, 45% of the participants advised an out-of-home placement for one of the two cases and 10% advised an out-of-home placement for both cases. These percentages were respectively 53% and 14% for the control vignettes. Participants thus advised an out-of-home placement more often for control vignettes than for experimental vignettes ($t(143) = 2.05$, $p = .042$, $d = 0.24$). Professionals ($M = 1.20$, $SD = 0.93$) advised an out-of-home placement less often than students did ($M = 1.57$, $SD = 0.90$, $t(142) = 2.31$, $p = .022$, $d = 0.40$). No difference was found between participants with a background in social work ($M = 1.43$, $SD = 0.97$) and in child law ($M = 1.47$, $SD = 0.87$; $t(142) = -0.23$, $p = .814$, $d = 0.04$). Agreement percentages for the individual vignettes ranged from 50-81% for control vignettes and from 52-88% for experimental vignettes. Decision-making agreement across all vignettes neither differed between students ($M = 66.84$, $SD = 21.47$) and professionals ($M = 73.92$, $SD = 21.70$, $t(142) = -1.84$, $p = .068$, $d = 0.33$), nor between participants with a background in social work ($M = 68.09$, $SD = 22.21$) or in child law ($M = 70.22$, $SD = 21.27$, $t(142) = -0.57$, $p = .559$, $d = 0.10$).

Professionals on average paid more attention to the information about parents' response to the intervention ($M = 3.25$, $SD = 0.96$) than students did ($M = 2.89$, $SD = 1.00$), $t(142) = -2.03$, $p = .045$, $d = 0.37$. No difference was found between participants from different professional backgrounds. On average, participants paid more attention to the information about parents' response in positive experimental vignettes ($M = 3.61$, $SD = 1.53$) than in negative experimental vignettes ($M = 2.43$, $SD = 1.22$), $t(83) = 5.94$, $p < .001$, $d = 0.85$.

Overall difference in decision-making agreement between experimental and control vignettes

Even though the first GEE model comparing decision-making agreement between all experimental and control vignettes revealed a significant main effect for type of vignette ($p = .045$, see Table 2.1), comparing the estimated marginal means revealed that the difference between control and experimental vignettes was not significant (mean difference = 0.12, $p = .122$, $d = 0.24$). Moreover, none of the covariates or interactions were significant, see Table 2.1. This indicates that there was no overall difference in decision-making agreement between experimental and control vignettes (see Table 2.2 and Figure 2.1).

Difference in decision-making agreement between positive experimental and control vignettes

The GEE model testing for differences between positive experimental and control vignettes revealed that there was a significant main effect of type of vignette, see Tables 2.1 and 2.2. This indicates that participants agreed more often on positive experimental vignettes than on control vignettes (mean difference = 0.24, p = .008, d = 0.32), see Figure 2.1. Although professional experience was a significant covariate (mean difference = 0.30, p <.001; professionals showed more decision-making agreement than students in general), the fact that none of the interaction terms were significant indicates that the difference in decision-making agreement between control and positive experimental vignettes was not affected by any of the covariates.

Difference in decision-making agreement between negative experimental and control vignettes

The GEE model comparing decision-making agreement between negative experimental and control vignettes showed that only the interaction between professional experience and type of vignette was significant, see Table 2.1. Thus, no main effect for type of vignette was found (mean difference = 0.06, p = .604, d = 0.19). To follow up on the interaction effect, pairwise comparisons of estimated marginal means were performed. These comparisons revealed that for students, decision-making agreement was higher for negative experimental vignettes than for control vignettes (mean difference = 0.33, p = .015, d = 0.47), while for professionals there was no difference in decision-making agreement between the negative experimental vignettes and control vignettes (mean difference = 0.21, p = .186, d = 0.31), see Figure 2.2 and Table 2.2.

Difference in decision-making agreement between ambiguous control and matched experimental vignettes: post-hoc analysis

Based on the percentages agreement for the different control vignettes, a selection of the most ambiguous vignettes was made that included three vignettes with an agreement percentage around 50% (i.e. respectively 50, 55, and 55%). The GEE model testing for differences between ambiguous control and matched experimental vignettes showed that there were main effects for type of vignette, professional experience, and the use of the description of parents' response, see Tables 2.1 and 2.2. The main effect for type of vignette indicated that participants showed higher decision-making agreement for the experimental vignettes than for ambiguous control vignettes (mean difference = 0.29, p = .026, d = 0.41), see Figure 2.1. Although the covariates professional experience (mean difference = 0.33, p = .013; professionals agreed more often on their decisions than students) and the use of information regarding parents' response to the intervention (B = 0.23, SE = 0.26, p = .006; stronger focus on parents' response was related to more decision-making agreement in general) were significant, none of the interaction terms with type of vignette were significant. This indicates that the increase in decision-making agreement for the selection of ambiguous vignettes did not depend on any of the covariates.

Table 2.1
Wald Chi-Square values for all generalized estimating equations model effects predicting differences in decision-making agreement.

	Control versus all experimental vignettes ($N = 144$)	Positive experimental versus control vignettes ($n = 120$)	Negative experimental versus control vignettes ($n = 108$)	Ambiguous control versus matched experimental vignettes ($n = 136$)
Intercept	1519.28**	1148.05**	720.16**	396.90**
Type of vignette	4.01*	5.88*	1.94	8.46**
Professional experience	3.48	14.22**	0.32	7.53**
Professional background	0.18	1.02	0.04	0.04
Information regarding parents' response	1.55	0.58	0.45	7.34**
Type of vignette*professional experience	2.11	0.13	7.10**	0.62
Type of vignette*professional background	0.23	0.09	0.18	0.05
Type of vignette*information regarding parents' response	2.43	1.49	0.78	0.58

*$p<.05$, **$p<.01$. Note: n = number of participants included in the analyses (total $N = 144$). For the analysis comparing ambiguous control and matched experimental vignettes, participants were included if they had at least read one ambiguous control or one matched experimental vignette. Similar results were yielded when only participants that had read both an ambiguous control and a matched experimental vignette were included ($n = 51$).

Table 2.2

Descriptive statistics of GEE analyses testing for differences in decision-making agreement between experimental and control vignettes.

	Total (N =144)	Positive experimental and control vignettes (n = 120)	Negative experimental and control vignettes (n = 108)	Ambiguous control and matched experimental vignettes (n = 136)
	M (SD)	*M (SD)*	*M (SD)*	*M (SD)*
Experimental vignettes	72.92 (31.22)	77.35 (38.00)*	70.37 (43.25)	72.34 (41.88)**
Social	73.03 (32.08)	75.41 (39.39)	72.73 (42.84)	72.00 (41.85)
Law	72.80 (30.46)	79.47 (36.65)	67.93 (43.96)	72.73 (42.39)
Students	72.45 (32.21)	71.88 (41.22)	76.39 (40.22)**	68.55 (44.57)
Professionals	73.92 (29.32)	89.19 (26.71)	58.34 (47.06)	79.69 (35.60)
Control vignettes	65.28 (32.54)	66.25 (31.86)*	62.97 (33.75)	53.80 (48.74)**
Social	63.16 (29.85)	63.28 (29.87)	61.82 (30.37)	51.04 (48.91)
Law	67.65 (35.37)	69.64 (33.95)	64.15 (37.18)	56.82 (48.93)
Students	61.23 (32.53)	61.73 (31.89)	59.03 (33.91)**	46.03 (48.61)
Professionals	73.92 (31.16)	75.64 (30.07)	70.84 (32.46)	70.69 (45.35)

*p<.050, **p<.010, decision-making agreement on experimental vignettes (upper part of table) was compared with decision-making agreement on control vignettes (lower part of table). Interaction effects with several subgroups of participants were tested: (1) to compare participants with a social background to participants with a law background, and (2) to compare Master students to professionals. Asterisks indicate a significant difference in decision-making agreement between experimental vignettes and the corresponding group of control vignettes.

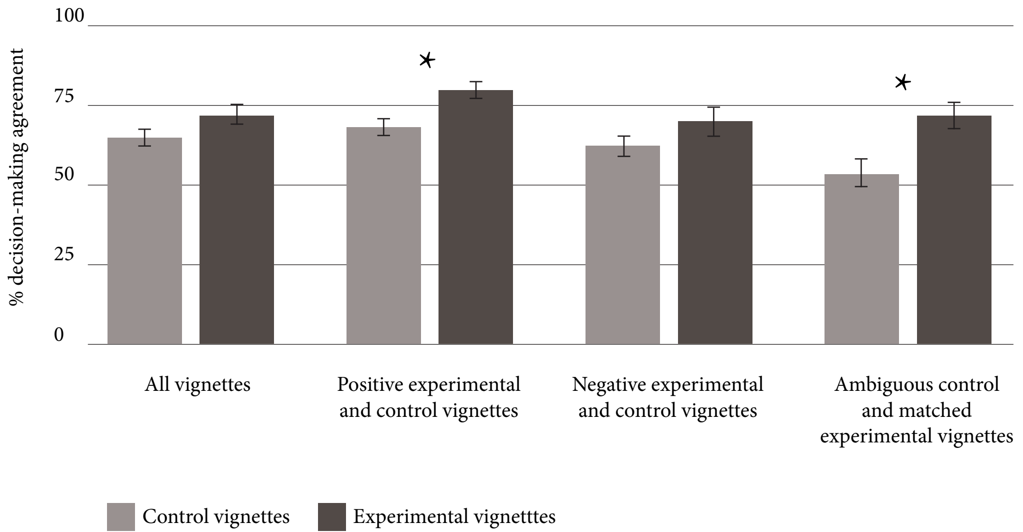


Figure 2.1. Main effects for differences in decision-making agreement between experimental and control vignettes.

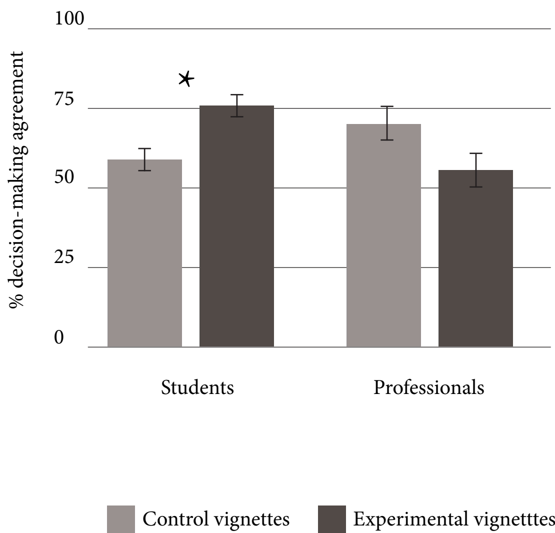


Figure 2.2. Interaction effect for differences in decision-making agreement between negative experimental and control vignettes for students and professionals.

Discussion

This vignette study was a first effort to investigate whether the quality of placement decisions can be enhanced by extending child protection reports with a description of parents' response to an attachment-based intervention. Overall, decision-makers did not agree more often on whether or not an out-of-home placement was necessary for case reports that included a description of parents' response to the intervention than for regular case reports. However, for the cases that were most ambiguous, we found an overall increase in decision-making agreement when a description of parents' response was included. Moreover, when we looked specifically at the inclusion of a positive description of parents' response, we found increased agreement as well. Finally, case reports that included a negative description resulted in more decision-making agreement for Master students, but not for professionals. These findings provide preliminary evidence that using information regarding parents' response to an attachment-based intervention to support placement decisions in child protection cases may increase the quality of decision-making.

The finding that overall, we did not find increased agreement among decision-makers when a description regarding parents' response to an attachment-based intervention was added to the case reports is not in line with our hypothesis. However, although the goal of our study was to test the effects of adding this description to equivocal CPS cases, preliminary analyses indicated that for some of these cases, the agreement on whether or not to place the child out of home was already relatively high (around 70-80%). Therefore, the finding that adding the description to a selection of ambiguous cases (for which the agreement was around 50%), led to more uniform decision-making is promising. This might suggest that especially for cases that remain equivocal after an initial risk assessment, the information regarding parents' response to an attachment-based information can provide clear and relevant information that enables decision-makers to make more objective decisions. However, because we performed this analysis in an exploratory manner, further research is necessary to establish this finding more firmly.

Furthermore, we found that when the description reflected a positive response of the parent to the attachment-based intervention, all participants showed higher decision-making agreement. However, when the description indicated that the parent did not show significant progress following the intervention, only Master students, and not professionals, showed more decision-making agreement. Preliminary analyses indicated that participants focused more on positive descriptions of parents' response to an intervention than on negative descriptions while they were judging the cases (large effect size), and that professionals generally focused more on the description of parents' response than students did (small effect size). However, we found that the extent to which participants focused on this information while thinking aloud did not influence any of the results. A possible explanation for the different effects of the negative description could be related to professionals' and students' perception of risks for the child. For instance, in a previous study it was found that students generally estimated higher risks in families in child protection than experienced professionals (Fleming et al., 2015). Based on these results, it could be speculated that students are more affected by negative information than professionals and that this influences their decision-making. On the other hand, experienced professionals could be more inclined, based on their experi-

ences with individual cases, to think that if one intervention does not significantly improve parenting skills, another intervention provided under different circumstances could still be effective for these parents. This might explain why professionals were more affected by positive descriptions than by negative descriptions. In future studies, it would be interesting to further explore the different effects of positive and negative descriptions of parents' response to an intervention and to uncover factors that caused the differences between professionals and students.

Interestingly, the differences in decision-making agreement between case reports with and without a description of parents' response to the intervention were not affected by the extent to which decision-makers focused on this information while thinking out loud. Perhaps the absence of such an effect is related to the procedure of our study. We asked participants to think out loud right after they had first read the case report. Prior to stating their advice or decision about the case, we asked the participants to fill out a risk assessment questionnaire (as would be usual in practice). It could be that their reasoning about the case was influenced by this risk assessment, and that this changed the value they attached to the description of parents' response. However, as we did not explicitly ask the decision-makers whether or not their decision about the case was influenced by this information, this issue remains unclear. On the other hand, the fact that the only difference between the two types of case reports was the description about parents' response suggests that participants were at least implicitly influenced by this information.

Based on a previous study reporting that children's court judges used different information for their placement decisions than social workers (Britner & Mossler, 2002), we expected differences between these subgroups in our study as well. However, in none of the analyses we found differences between participants with a background in social work and a background in child law. The fact that we did not find such differences indicates that although decision-makers vary in their education and their position in the decision-making process, the information about parents' response to an attachment-based intervention has a similar effect: they converge more in their decisions. This might further underscore our assumption that providing this information to decision-makers can lead to more objective decisions.

Altogether, the general picture that can be derived from our results is that providing decision-makers with information regarding parents' response to an attachment-based intervention can lead to more decision-making agreement and thus increase the predictability of such decisions. Even though the effect sizes were small and we did not find increased agreement in all analyses, given the high impact of placement decisions all improvements of the decision-making process could be considered as relevant. Although we did not explicitly ask the professionals and students how they used the information regarding parents' response for their decisions, the fact that decision-makers were more uniform in most of our analyses may suggest that this information can enable them to form a more objective view of the parent's abilities, and hence the child's safety, to guide their decisions. Using information regarding parents' response to an intervention to support placement decisions is a procedure that has been suggested by several researchers to increase the quality of decisions (Cyr & Alink, 2017; Cyr et al., 2012; Harnett, 2007). Reaching more consensus on decisions is an essential step in the process of improving the quality of decision-making, because without sufficient reliability (i.e., multiple professionals agreeing on the optimal course or courses of action for the same case), decisions cannot be valid (i.e., beneficial for children's quality of life in the future, re-

sulting in fewer new reports of child maltreatment).

The description of parents' response was based on an attachment-based video-feedback intervention focused on the improvement of parents' sensitivity, a universal parenting skill that is essential to children's development (e.g., Ainsworth et al., 1971; Bernier et al., 2010; Eisenberg et al., 2001; Van Zeijl et al., 2006) and presumably especially relevant in families where child maltreatment occurs (Cyr & Alink, 2017; Cyr et al., 2012). Even though the presence of risk factors, such as parents' psychological problems or substance abuse, can set severe limitations to the parents' abilities to take care of the child, when a case remains equivocal despite the presence of these risk factors, it might be especially valuable information whether actual parenting behavior that is critical to the child's development, such as parental sensitivity, can be improved by the parent (Cyr et al., 2012). The current findings are, although preliminary, in favor of this assumption. Although it might be argued that parents' response to a certain intervention, provided at a certain time point does not prove whether or not a parent is able to change in response to other interventions, provided at other time points, it could be reasoned that when a placement decision has to be made within a limited amount of time, a recent evaluation of the effects of an evidence-based intervention provides a valuable indication for this decision. The fact that presently only a very limited number of interventions are available that have been proven to prevent or stop child maltreatment (Euser, Alink, Stoltenborgh, Bakermans-Kranenburg, & Van IJzendoorn, 2015) suggests that more research in this area is highly necessary. If there is more knowledge on which types of families respond better to which types of interventions and under which circumstances, this could help to further disentangle this issue.

Our assumption that parental change in sensitivity is an important aspect to consider in decision-making is also in line with two recent meta-analyses which identified parenting interventions among the most effective interventions to reduce child maltreatment (Euser et al., 2015; Van der Put, Assink, Gubbels, & Boekhout van Solinge, 2018). However, parents reported for maltreatment likely suffer from additional problems such as severe psychopathology, which require supplementary treatment. Ideally, given the complexity of problems encountered in maltreating families, an intervention aimed at parental sensitivity should be embedded in a PCA program that also focuses on other apparent risk factors in a family, so that parents' changes in sensitivity can be interpreted within this broader context. In addition, when such a PCA leads to a positive recommendation regarding child placement (i.e., children return to or stay at home with their parents), this should likely always be followed up with additional family support to which the parent(s) seem susceptible and to both monitor the family and continue the process of improvement.

Limitations

In light of the current findings, several limitations of this study should be noted. First, we used vignettes to simulate decision-making in child protection cases and supplemented the vignettes with a fictional paragraph about parents' response to an intervention. Participants were asked individually to provide their decision or advice, without the possibility of discussing the case with colleagues and consulting sources (e.g., talk to parents or involved social workers), as would be usual in practice. Therefore, our study design did not completely resemble decision-making in practice. However, the vignettes were based on existing child protection cases, and we asked a panel of professionals in child protection services for their

feedback, and adapted the vignettes until they indicated that the content of the vignettes was representative for the case information they would normally receive. Another strong aspect of the use of vignettes in this study design is that it allowed us to randomly add the description of parents' response to the vignettes in counterbalanced order, so it is possible to draw causal inferences about improvements in decision-making agreement based on this information. This design was required as a first step in research before exploring the effects of using evaluations of parents' response to an intervention in clinical practice. Another limitation is related to the assessment of how participants used the information about parents' response: We did not explicitly ask participants how this information affected their decisions. Although the think out loud transcripts did give more insight in the extent to which participants focused on this information while they were judging the cases, this measure is quite implicit. In future studies, adding more explicit measures would be useful to form a clearer picture of how this information should be used by decision-makers in practice.

Conclusion and implications

In this study we showed that extending CPS case reports with a description of parents' response to an attachment-based intervention generally increased decision-making agreement and as a result, may enhance the quality of placement decisions. Since a higher quality of decisions can only be reached when there is sufficient reliability, this is a valuable finding in the process of improving decision-making. Although the results of this study are promising, clinical investigations are warranted to investigate if the validity of decisions improves as well with this approach. Accordingly, in future studies it will be important to focus on whether the use of a diagnostic instrument to evaluate parents' response to an intervention benefits children's quality of life. If for instance the response to intervention turns out in future studies to be a good predictor of the extent to which families benefit from parenting support and thus reduce the risk of recurring child maltreatment, placement decisions may be made not only with more confidence but also with better outcomes for children.

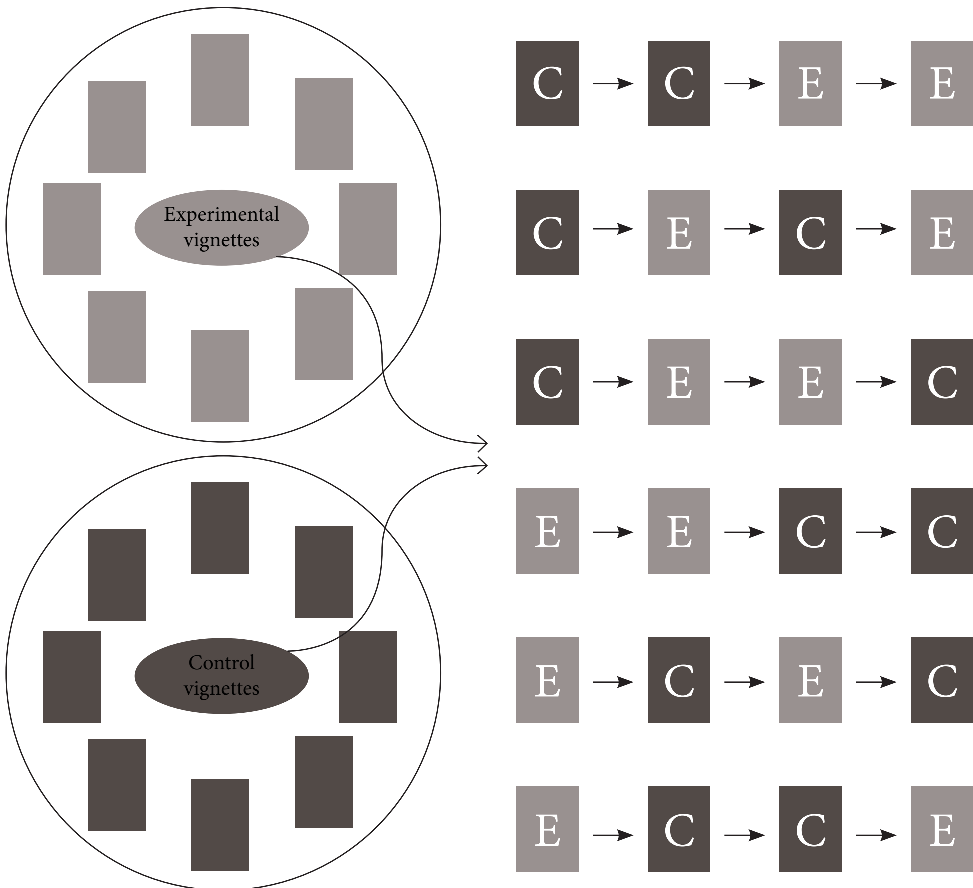
Appendix 2.A

Example of a supplemented paragraph to one of the vignettes (translated from Dutch)

"The Child Protection Board asked the case-manager to start a video-interaction training with mother to provide a structured evaluation of mothers' parenting capacities. Mother completed 6 (intensive) sessions. The intervener notes that at the start of the training, it was difficult to motivate mother to cooperate. The main reason for this was that mother was afraid that her drug addiction would be addressed in the training. After the intervener made clear that the training would focus on parenting capacities and mothers' interactions with T., mother was prepared to cooperate. The intervener notes that mother clearly improved during the last two sessions. She approaches T. in a more positive manner and is able to set restrictions to his behavior, although she still finds it difficult to offer him an alternative or explain to him why something is not allowed. Furthermore, the intervener notes that he observed that mother now enjoys playing with T. more, and she observes and follows T. well while they are playing. This is a clear change compared to the start of the training. Mother is more positive towards T. and he receives more affection and warmth.".

Appendix 2.B

Figure B1. Examples of random presentation of two experimental (E) and two control (C) vignettes to participants according to a counterbalanced repeated measures design.



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Chapter 3

The quality of out-of-home placement decisions: Individual characteristics of and agreement among decision-makers

Whitney D. de Haan, Sabine van der Asdonk, Caroline J. Forder, Sheila R. van Berkel, & Lenneke R.A. Alink

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Current concerns about objectivity of decision-making in out-of-home placements

Decision-making in child protection cases should be objective, well-structured and based on empirical evidence (Harnett, 2007). Historically, Lady Justice – the allegorical personification of moral justice – wears a blindfold, indicating that judicial decisions should be impartial and unbiased by subjective factors (Hamilton, 2005). Practice is otherwise, unfortunately. Previous research has shown that professionals often disagree about decisions regarding out-of-home placements (Bartelink, van Yperen, Berge, de Kwaadsteniet, & Witteman, 2014) and the decisions are furthermore influenced by characteristics of decision-makers (which include children's court judges and child welfare professionals) such as work experience (Benbenishty, Segev, Surkis, & Elias, 2002), professional background (Britner & Mossler, 2002), or psychological factors (Rodrigues, Calheiros, & Pereira, 2015), suggesting that Lady Justice's blindfold may offer a lesser guarantee of impartiality and freedom from bias than is commonly thought and desired. Whilst it is obviously of great importance to practitioners on the Bench and Bar alike to become aware of the operation of such factors, the existing state of knowledge on the matter is inconclusive. Some studies have reported no discrepancies arising from decision-makers' work experience or background, and studies regarding the influence of psychological factors are scarce and inconclusive (Arad-Davidzon & Benbenishty, 2008). Furthermore there is little empirical evidence on effective ways to improve the quality of decision-making. Our study addresses these limitations. In the first part of the study we examined whether and to what extent work experience, professional background and psychological factors influence decision-making regarding out-of-home placements. In the second part of the study we investigated whether the quality of out-of-home placement decisions could be improved by providing decision-makers with information about parents' response to an intervention. We used professional agreement as an indicator for the quality of out-of-home placement decisions, because more agreement between professionals signifies enhanced objectivity.

Judicial and child welfare professionals decide the same cases differently

In the Netherlands, and in many other countries including the United Kingdom and the United States of America, judicial and psychological professionals work alongside each other in the decision-making process regarding out-of-home placements. Children's court judges consult with child welfare professionals to obtain information about the family circumstances and history of care regarding the family from which removal of a child is requested. Research shows that these two groups of professionals disagree regarding both the kind of information that should be used and as to the final outcome (Britner & Mossler, 2002). One striking example of this disagreement is that members of the judiciary are more inclined to place children in protective care whereas child welfare professionals are more inclined to advise voluntary parenting classes or therapy (Britner & Mossler, 2002). These findings suggest that children's judges and child welfare professionals take their decisions from different perspectives, which feature undermines the claim to objectivity of decision-making. Also there is an indication from research that the amount of professional experience which an individual has may influence his or her out-of-home placement decisions, more specifically manifested in the tendency of inexperienced professionals to make a higher risk assessment than do experienced professionals, which outcome is found in some studies (Bartelink et al., 2014) whilst some

other studies reveal no differences.

Hypothesis 1: Mind-set and attitude play a role in decision-making

It has been argued that implicit cognitive theories should be deployed to analyse decision-making in the field of out-of-home placements (Garb, 2005), as it is thought that characteristics such as a professional's mind-set towards change in general and the professional's attitude towards out-of-home placements in particular, may play an important role in the decision-making process (Davidson-Arad & Benbenishty, 2016). Mind-set towards change refers to the implicit belief that a professional has regarding human behaviour, and more specifically to his or her belief in the possibility that other people are capable of changing their behaviour (Dweck, Chiu, & Hong, 1995). Professionals with a fixed mind-set towards change believe that other people, more specifically, parents, are not capable of changing their behaviour, whereas professionals with a more flexible mind-set believe that other people can ring the changes. Another important psychological factor to consider is the attitude of a professional towards out-of-home placements in general (Davidson-Arad & Benbenishty, 2016). The professional's belief regarding the harmfulness or effectiveness in general of an out-of-home placement may bear upon his or her decision in an individual case.

Hypothesis 2: Knowledge of parental response to an intervention enhances quality of decision-making

Although various studies have demonstrated limitations in current decision-making practices, there are at the present time no evidence-based procedures for carrying out a diagnostic evaluation of parenting capacities, an essential element when considering whether a child should be removed from home. Several researchers have suggested that the implementation of a more highly structured protocol than is used at present to assess parenting capacity might contribute to a higher quality of decision-making (Harnett, 2007). Such protocol should contain an evaluation of parents' response to a short-term, evidence-based intervention in which relevant parenting behaviour is the main focus and which includes systematic observations of the parent-child interaction. Based on existing theories regarding child development and maltreatment, it can be argued that the focus of such evaluation should be on parental sensitivity (Cyr & Alink, 2017), a general parenting skill which is defined by adequately perceiving, interpreting, and responding to child signals, which characteristic has been universally identified as important for children's development. Several short-term video-feedback interventions have been proven to effectively increase parental sensitivity (Juffer, Bakermans-Kranenburg, & Van IJzendoorn, 2016). Hence, were parents' response to such an intervention to be evaluated, this would give a significant indication of the likelihood that the parent is able to improve his or her parenting skills and could therefore provide highly relevant, concrete, and objective information to underpin and justify out-of-home placement decisions.

A message for judicial and family law practitioners

Taking into account the complexity of out-of-home placement decisions and the far-reaching, sometimes devastating, impact of these decisions on families, it is essential that practitioners and policymakers alike gain understanding of the different factors affecting these decisions and give consideration to how these decisions can be improved. The results of the present

research are of particular relevance to judicial professionals, given their key role in the decision-making process. The insights should trigger a children's judge to reflect critically on his or her mind-set and the influence which this may have on decisions. We further believe that the research is invaluable to family law practitioners, who are thus given the opportunity to identify arguments which reveal the influence of the decision-makers mind-set and thus to challenge decisions which lack an objective and relevant justification.

This study

In the following paragraphs we provide an account of the study which is in the completion stages in the Netherlands into the influences which bear upon professional decision-making regarding out-of-home-placements of children. The objectives were to investigate (1) whether the individual characteristics – especially the beliefs - of decision-makers influence their decisions regarding out-of-home placements, and (2) whether the decisions of different professionals regarding an out-of-home placement converge to a greater degree when those decision-makers are provided with an evaluation of parents' response to an intervention, for which convergence would be an indication for improved quality of decisions. The investigation was conceived and conducted through inter-disciplinary collaboration of researchers at Leiden University and the VU University Amsterdam. A parallel study is currently being conducted by a team in Scotland.

Method

A total of 144 participants were recruited for the study: 25 children's court judges, 34 child welfare professionals (social workers and officers from the Child Protection Board), 43 Master students in Child Law, and 42 Master students in Education and Child Studies. Having obtained approval for the study from the Dutch National Board of Child Protection and the National Board of Justice, the two groups of professionals (judges on the one hand and child welfare professionals on the other hand) were approached by an informative e-mail, in reaction to which interested professionals contacted the researchers. Master students were recruited through short presentations and contacted the researchers by e-mail if they were interested in participating.

Research appointments took place at the professional's office or home, or, for Master students, at the university. Participants were asked to read and evaluate four different vignettes, being descriptions of a realistic situation in a particular case in which the question whether out-of-home placement was needed arose. Two of these vignettes contained only the information as is presently supplied to courts and child welfare professionals in the Netherlands, and two vignettes were supplemented with a paragraph consisting of a (fictional) description of parents' response to a video-feedback intervention that was aimed at enhancing parental sensitivity. Some of these descriptions were positive regarding parent's response (i.e., the parent increased in sensitivity following the intervention), while other descriptions were negative regarding parent's response (i.e., the parent did not increase in sensitivity following the intervention). Participants were asked to think aloud while evaluating the vignettes and to indicate for each vignette whether or not they would decide to place the child out of home. Moreover, they filled out a questionnaire that concerned whether they believed that people and more specifically parents have the capacity to change their behaviour, their opinion about out-of-home placements in general and their background characteristics such as their work

experience and professional background. Ethical approval was obtained by the Ethical Review Boards of Education and Child studies at Leiden University and the ethics committee for Legal and Criminological research at VU University.

Attitudes and mind-set of professionals[1]

The results show that some, but not all, individual characteristics bear upon the professional's decision regarding out-of-home placement.

- Professionals who believe that parents do not have the capacity to improve their parenting skills (fixed mind-set) decided more often in favour of out-of-home placement than professionals who believed that parents do have the capacity to improve their parenting skills (flexible mind-set).
- The belief that parents were not able to improve their parenting skills was more prevalent among children's court judges than among child welfare professionals.
- Moreover, professionals who considered an out-of-home placement to be less harmful to children in general were more inclined to place children out-of-home than professionals who considered an out-of-home placement to be more harmful.
- Work experience, professional background, and the professional's view of the effectiveness of an out-of-home placement did not bear upon their decisions.

Quality of decision-making[2]

Regarding the part of the study which examined the degree of convergence between the decisions of the different professionals and students when deciding on an out-of-home-placement, it was found that the description of parents' response to a video-feedback intervention increased professional agreement in certain circumstances.

- When we looked specifically at a selection of vignettes which reflected cases that were perceived as highly controversial, adding the description of parents' response to a video-feedback intervention led to more convergence among both professionals and students.
- Moreover, we found different effects for descriptions of positive parental response to the intervention (i.e., describing that the parent improved in terms of sensitivity following the intervention) and for descriptions of a negative parental response (i.e., describing that the parent did not improve sufficiently in terms of sensitivity following the intervention):
- For vignettes which included a positive description, both professionals and students converged to a greater degree in their decisions, than for vignettes which did not include a description of parents' response to an intervention.
- For the vignettes which included a negative description, different effects were found for professionals than for Master students. Professionals (children's court judges as well as child welfare professionals) did not converge to a greater degree in their decisions when they evaluated a vignette with a negative description than when they evaluated a vignette not including a description. Contrariwise, Master students did converge more in their decisions when they evaluated a vignette with a negative description than when they evaluated a vignette not including a description.

[1] *For an overview of data-analysis methods, see Appendix 3.A*
[2] *For an overview of data-analysis methods, see Chapter 2 of this dissertation*

Towards more objective decision-making

In the first part of this study it was shown that professionals with a fixed mind-set are more inclined to place children out of home than professionals with a more flexible belief regarding parents' capacity to change. Children's court judges more often have such a belief than child welfare professionals. Furthermore, professionals who consider out-of-home placements to be harmful are less likely to decide for an out-of-home placement. These results show that at least some individual characteristics of professionals affect their decision-making. As the factors mentioned are highly subjective and moreover sub-conscious, this finding does not bode well for the objectivity of decision-making and is therefore a cause for concern. Contrariwise, we regard as positive the finding that work experience, professional background, and decision-makers' beliefs regarding the effectiveness of out-of-home placement did not influence the decisions. In the second part of this study, it was found that decision-makers, when provided with a description of parents' response to an intervention, generally converged more in their decisions regarding out-of-home placements than when they were not provided with such description. More specifically, adding a description of parents' response to an intervention increased agreement among decision-makers when it concerned a controversial case or when the description was positive regarding parents' response to the intervention. When the description was negative regarding parents' response to the intervention, Master students converged more in their decisions, while for professionals this did not make a difference. These findings suggest that the subjectivity of decisions may be decreased by adding information regarding parents' capacity to improve their parenting skills to child protection case reports.

Several limitations of the current study should be noted. This study used vignettes in which anonymized and abbreviated child protection cases were described. Participants were asked to evaluate these vignettes individually, without the opportunity of requesting more information or discussing the case with other professionals. This absence of consultation compromises the extent to which the vignettes represent the actual decision-making practices in the Netherlands. However the vignettes were based on existing child protection cases and a panel of professionals was asked to evaluate the representativeness of the vignettes for the information they would normally receive, which meant that the vignettes were adapted to resemble practice as much as possible. Lastly, the individual factors of professionals were only assessed with questionnaires, which practice might mean the results are biased based due to a risk that the professionals may have filled in answers which they consider to be socially desirable.

Judges and family law practitioners be aware

All in all, the results of this study imply that judicial and child welfare professionals need to become aware of implicit personal factors which bear upon – and reduce the objectivity of – their decision-making. Family law practitioners need to become aware of the factors as well, in order to prepare themselves to question inadequate reasoning and apply appropriate legal remedies. Further research is needed to explore how the influences identified in this study can be decreased. The fact that including the description of parents' response to an intervention generally increased convergence of decision-making between professionals indicates that the quality of out-of-home placement decisions may be enhanced by providing decision-makers with concrete information about the extent to which parents are able to improve their parenting skills. The increase in convergence among decision-makers suggests that this information

helps them to make a more objective decision. Although more (clinical) investigations in this area are required, the results of this study may ultimately offer a way to make Lady Justice's blindfold provide a better safeguard against unintended bias and partiality than is presently the case.

Appendix 3A

Statistical analyses for the association between individual characteristics and out-of-home placement decisions

Hierarchical regression analyses were used to investigate the association between professionals' individual characteristics and the number of out-of-home placement decision (see Table A1). For a more detailed overview, see De Haan et al. (2019).

Table A1
Multiple regression for individual characteristics and out-of-home placement decisions (response variable: Number of out-of-home placement decisions).

	B	*SE B*	β	R^2
Step 1				.00
Professional background	-.12	.16	-.06	
Work experience	-.01	.01	-.04	
Step 2				.07
Effectiveness	.09	.05	.14	
Harmfulness	-.12	.06	-.18*	
Step 3				.14*
Parent-specific mind-set	-.55	.17	.28**	
Dispositional mind-set	-.00	.10	-.02	

Note. Professional background: Social = 0, Law = 1.
*p <.05, **p <.01. β from final model.

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Chapter 4

Effectiveness of an attachment-based intervention for the assessment of parenting capacities in maltreating families: A randomized controlled trial

Sabine van der Asdonk, Whitney D. de Haan,
Sheila R. van Berkel, Marinus H. van IJzendoorn,
Ralph C. A. Rippe, Carlo Schuengel, Chris Kuiper,
Ramón J. L. Lindauer, Mathilde Overbeek, &
Lenneke R. A. Alink

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Abstract

Even though Parenting Capacity Assessments (PCAs) are essential for child protection services to support placement decisions for maltreating families, presently no evidence-based PCA protocols are available. In this randomized controlled trial, we tested the quality of an attachment-based PCA protocol based on Video-feedback Intervention to promote Positive Parenting and Sensitive Discipline (VIPP-SD). We recruited 56 parent-child dyads (M^{age} children = 3.48 years) in family residential clinics that conduct PCAs to support placement decisions. After pre-test, families were randomized to receive the Regular Assessment Procedure (RAP) (n = 28), or an additional assessment based on VIPP-SD (n = 28). An immediate post-test and a 10-month follow-up were conducted. Multilevel models showed that therapists felt equally confident about their recommendations regarding child placement for both groups. Moreover, children in the VIPP-SD group did not show fewer behavior problems and did not experience recurring child maltreatment less often than children in the RAP group. Finally, parents who received VIPP-SD were generally evaluated as less capable than parents who received RAP. Thus, we found no evidence that PCAs incorporating the VIPP-SD protocol outperformed PCAs as usual. Possible reasons for this lack of effectiveness, such as insufficient power due to small sample size, are discussed.

Keywords: child maltreatment, parenting capacity, placement decisions, attachment-based intervention, RCT

Introduction

Child maltreatment constitutes a major public health concern; it affects millions of children worldwide and is associated with a broad spectrum of negative and long-lasting developmental outcomes (Gilbert et al., 2009). When child maltreatment is suspected or substantiated in a family, child protection services may consider out-of-home placement. Essential for deciding whether or not a child should be placed out of home are assessments of parenting capacities (PCAs). Unfortunately, currently no evidence-based methods for PCAs are available. Considering the complexity of placement decisions and their impact on the lives of children and their parents, valid PCA protocols are needed to effectively support placement decisions. One proposal for improved PCA protocols is that parenting capacities should be evaluated based on parents' response to an evidence-based intervention (Harnett, 2007). Building on this proposal and existing theories regarding child maltreatment and its etiology, several researchers have suggested using an attachment-based intervention for this purpose (Cyr & Alink, 2017; Cyr et al., 2012; Lindauer, Bakermans-Kranenburg, Van IJzendoorn, & Schuengel, 2010). Parallel to a recent Canadian study (Cyr, Paquette, Dubois-Comtois, & Lopez, 2015), the current randomized controlled trial (RCT) is among the first to empirically evaluate whether the quality of placement decisions can be improved by structurally evaluating parents' response to an attachment-based intervention.

Parenting capacity assessments

Although a number of guidelines have been developed for PCAs (e.g., American Psychological Association, 1998; Budd, 2001), empirical evidence on the effectiveness of these assessments is scarce (Vischer, Grietens, Knorth, & Mulder, 2017). In addition, several limitations of PCAs in practice have been reported: These assessments often concern only one time point, do not include observations of parent-child interactions in the home environment, and emphasize parents' weaknesses more than their strengths (Budd, 2001, 2005). In order to improve the quality of these assessments, several researchers have suggested using a more structured and dynamic approach (Cyr et al., 2012; Harnett, 2007; Lindauer et al., 2010). The approach they propose consists of structurally assessing parents' capacity to change relevant parenting behavior by evaluating parents' response to an evidence-based intervention. The intervention should be conducted in a short time period, include systematic observations of the parent-child relationship in the home setting, and focus on the strengths of parents. It is argued that such an approach would be particularly valuable for cases that are equivocal and where an initial (risk) assessment does not demonstrate a clear picture of the child's well-being (Harnett, 2007).

Focus on attachment-based interventions

Based on the existing knowledge on maltreatment, parents' response to an attachment-based intervention aimed at improving parental sensitivity would provide highly relevant information for a PCA (Cyr & Alink, 2017; Cyr et al., 2012; Lindauer et al., 2010). Parental sensitivity, which refers to parents' ability to notice, interpret, and respond to child signals in an appropriate and prompt manner while adapting to the child's changing developmental needs (Ainsworth, Bell, & Stayton, 1974), is universally considered as an important indicator

of positive child development (Ainsworth et al., 1974; Mesman, Van IJzendoorn, & Bakermans-Kranenburg, 2012) and has often been identified as relevant for PCAs (Cyr & Alink, 2017; Cyr et al., 2012; Lindauer et al., 2010; Teti & Candelaria, 2002; Ward, Brown, & Hyde-Dryden, 2014; White, 2005). Several studies have shown that attachment-based interventions aimed at improving parental sensitivity have positive effects for maltreating parents, or parents at risk for maltreatment, and their children (Bernard et al., 2012; Moss et al., 2011; Negrao, Pereira, Soares, & Mesman, 2014; Steele, Murphy, Bonuck, Meissner, & Steele, 2019). These studies found positive outcomes both at the level of the parent-child relationship (i.e., increased quality of parental sensitivity and the attachment-relationship and less harsh discipline) and at the level of child development (i.e., improved self-regulation skills and fewer behavioral and emotional problems). Besides their focus on improving parental sensitivity, these interventions have in common that they are short-term, include video-feedback, and focus on parents' strengths. The effectiveness of these interventions has been strongly supported by empirical evidence, which increases the informational value of response to intervention or lack thereof (Cyr et al., 2012; Harnett, 2007; Lindauer et al., 2010). A recent Canadian study found that implementing a PCA protocol based on an evidence- and attachment-based video-feedback intervention enabled clinicians to better predict reoccurrences of child maltreatment (Cyr et al., 2015). Although these results are promising, more studies are necessary, (1) to establish these effects more firmly, and (2) to evaluate whether such a protocol could also be effective in other countries with different child protection systems.

Evaluating the quality of placement decisions

The quality of a procedure for PCAs depends on the reliability and validity of subsequent placement decisions. Relating this to the current study, the reliability of the proposed assessment approach has recently been investigated in a vignette study where we demonstrated that providing decision-makers with information about parents' response to an attachment-based intervention can lead to increased agreement on placement decisions (Van der Asdonk et al., 2019). This is an important foundation for the current study, because sufficient reliability is a prerequisite for strong validity. Although validity might be a difficult construct to appropriately evaluate in this context, the validity of placement decisions should at least be reflected in (a) professionals' confidence that their recommendation regarding the child's placement is accurate (face validity) and (b), because the main goal of child protection services is to act in the best interest of children's well-being, an improved quality of life for children (predictive validity). Importantly, several longitudinal studies have shown that reunifications of maltreated children with their parents are often not stable over time and that some parents will abuse or neglect their children again in the future (Biehal, Sinclair, & Wade, 2015; Lutman & Farmer, 2013). This indicates that severe parenting problems may still exist and children's quality of life does not always improve following placement decisions. Moreover, mixed results have been reported regarding children's mental well-being, with some studies showing worse outcomes for children who were reunified with their parents than for children who remained in out-of-home care (Biehal et al., 2015), and other studies finding opposite results (Lloyd & Barth, 2011). These findings do not only emphasize the complexity of placement decisions, but also stress the need for studies that take children's well-being into account when evaluating methods to improve the quality of decisions. Therefore, in the current study we looked at reoccurrences of child maltreatment and children's emotional and behavioral problems as

indicators of their quality of life following placement decisions. In addition, we looked at the severity of parenting problems for birth parents following placement decisions as a proxy of children's well-being.

Reasoning biases in decision-making

One aspect that has been found to compromise the quality of decision-making is related to common reasoning biases in decision-making (Kahneman, Slovic, Slovic, & Tversky, 1982). In a study that investigated professional reasoning in child protection reports, it was shown that professionals can be prone to hold on to their initial judgements about a family, even when they are faced with new and contradictory evidence (Munro, 1999). One way to prevent such intuitive reasoning mistakes might be by providing more concrete, relevant, and objective information for professionals to guide their decision-making. Such concrete information may be produced by a structured, attachment-based assessment protocol (Cyr et al., 2012; Lindauer et al., 2010), because it informs professionals about parents' ability to benefit from an intervention to improve important parenting skills. If this information can indeed reduce reasoning biases in child protection cases, this should be reflected by a higher tendency of professionals to change their initial judgements after receiving additional information provided by the assessment protocol.

Current study

The current RCT tested the effect of evaluating parents' response to an attachment-based intervention on the quality of placement decisions in the Netherlands. For this purpose, we developed a procedure for PCAs based on the Video-feedback Intervention to promote Positive Parenting and Sensitive Discipline (VIPP-SD; Juffer, Bakermans-Kranenburg, & Van IJzendoorn, 2017), an assessment procedure that is similar to the protocol developed by Cyr et al. (2012). VIPP-SD is an evidence-based intervention for improving parental sensitivity, also for families at risk for maltreatment (Juffer et al., 2017). We implemented VIPP-SD in four family residential clinics throughout the Netherlands to which families are referred for a PCA in the context of a decision regarding a possible out-of-home placement or reunification with their child(ren). At the end of the families' assessment period, the therapist provides a recommendation on which the child's subsequent placement is usually based. We hypothesized (1) that recommendations about the necessity of out-of-home placement at the start of families' assessment period were more often modified by therapists after VIPP-SD than after the regular assessment procedure, (2) that therapists felt more confident on their recommendations based on VIPP-SD than on their recommendations based on the regular assessment procedure, (3) that children for whom a recommendation was based on VIPP-SD showed fewer emotional and behavioral problems than children for whom a recommendation was based on the regular assessment procedure, and (4), for the group of children who returned to their parents after the assessment, that there were fewer reoccurrences of child maltreatment in families for whom a recommendation was based on VIPP-SD than in families for whom a recommendation was based on the regular assessment procedure. In addition to these primary research questions, we explored whether the evaluation of parenting capacities differed between families who received VIPP-SD and families in the regular assessment procedure. Finally, for the group of children who returned to their parents after the assessment, we explored whether families for whom a recommendation was made based on VIPP-SD received

less intensive parenting support, indicating less severe parenting problems, after leaving the clinic than families for whom a recommendation was made based on the regular assessment procedure.

Method

Participants

Fifty-six families participated in this study. Recruitment took place from May 2015 until December 2017 in four family residential clinics that are located in different regions of the Netherlands. These clinics constitute a unique setting in the Dutch child protection system which enables highly intensive observation and treatment of families for whom a placement decision is being considered (either in the context of an out-of-home placement or a reunification). Families usually reside in these clinics for 24 hours a day on weekdays (and, if necessary, during weekends) for a period of two to three months, during which they are regularly observed by family workers and receive highly intensive support at all levels of the family system. The evaluation of families' trajectory at the clinics is used as a recommendation for the children's court judge or involved family guardian, depending on who referred the family to the clinic. For the current study, families were selected based on the following inclusion criteria: (1) the family was referred to the clinic for an evaluation of their parenting capacities in the context of a decision regarding out-of-home placement or reunification with their child(ren), (2) the child's age was between 6 months and 7 years, (3) the primary caregiver spoke a basic level of Dutch, (4) the primary caregiver did not have a (severe) intellectual disability that affected his or her ability to understand the instructions of the intervention, and (5) the primary caregiver did not have severe mental health problems which required acute intervention. If a family that met our inclusion criteria started their assessment in the clinic, one of the staff members informed the researchers so that they could explain the study to the families. The recruitment goal was set on 71 families. A power analysis in G*Power 3.0 (Faul, Erdfelder, Lang, & Buchner, 2007) conducted prior to this study indicated that for 60 randomized participants and two-tailed significance tests at $\alpha = .05$, power to detect medium effects on primary study outcomes would be .80. The majority of approached families (79%) agreed to participate. We asked the primary caregiver to participate. If there was more than one child in the family, the youngest child between 1 and 7 years was invited to participate. Overall, 41 families (73% of enrolled families) completed the post-test. All families, except for those who indicated they did not want to participate anymore ($n = 6$), were approached again for follow-up. The final follow-up sample consisted of 34 dyads (61% of the original sample). See Figure 4.1 and Appendix 4.A for a more detailed description of the sample flow.

About half of the children (55%) from the original sample ($N = 56$) were boys, and the children were on average 3.48 years old ($SD = 1.74$). Primary caregivers had an average age of 32.32 years ($SD = 6.43$) and were primarily mothers (93%). Most parents were single parents (64%). For 55% of the families, referral to the clinic concerned assessment regarding a possible reunification with the participating child.

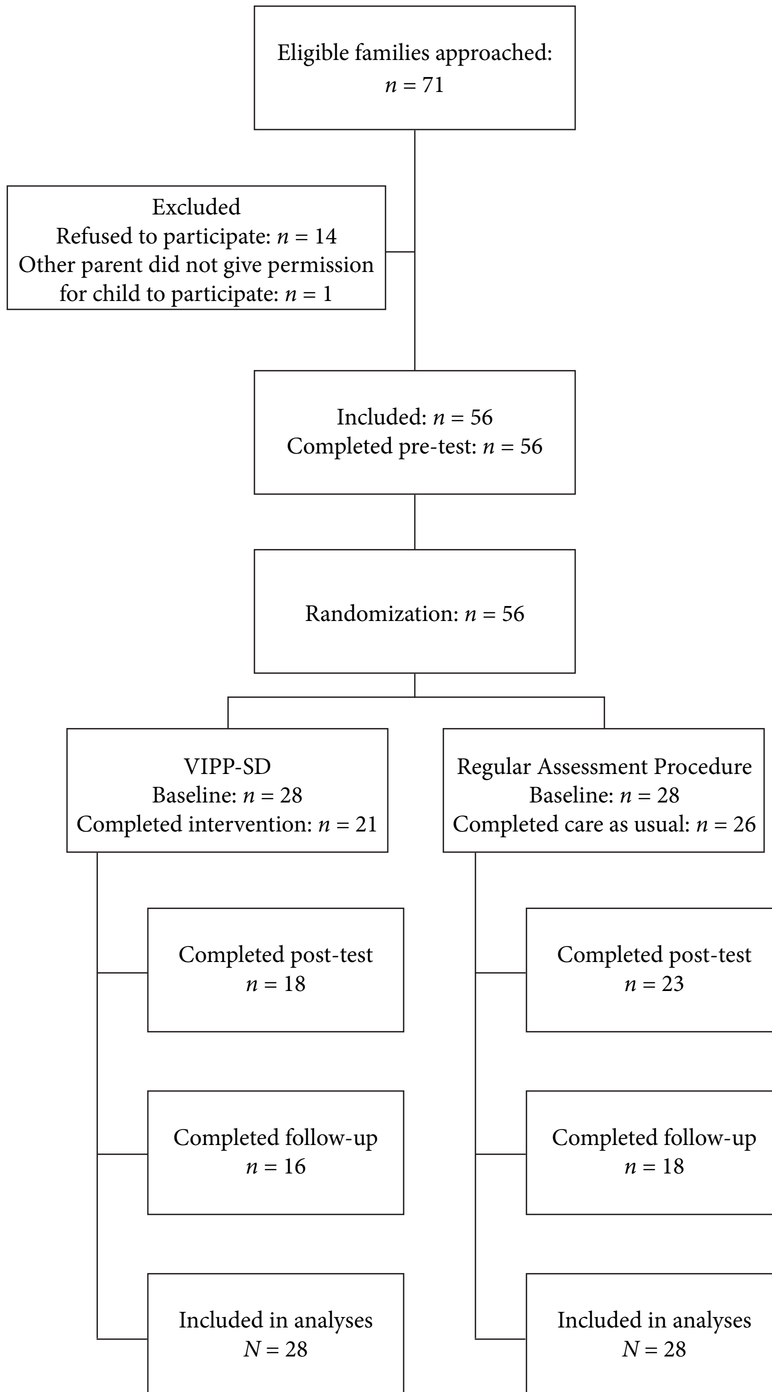

Figure 4.1. Flow chart of sample throughout the study.

Procedure

This research was approved by the Dutch Central Committee on Research Involving Human Subjects, the ethical review board of the Institute of Education and Child Studies at Leiden University, and the Ethics Committee for Legal and Criminological Research at Vrije Universiteit Amsterdam. The study is registered in the Netherlands Trial Register (Trial NL7632). The pre-test was conducted as soon as was possible after the parent(s) signed informed consent for the study and consisted of a two-hour appointment in a lab setting at the clinic. In addition, the therapist responsible for the family's recommendation on future placement filled out a short questionnaire about the family. After pre-test, families were randomly assigned to either VIPP-SD (n = 28) or the regular assessment procedure (n = 28). Randomization was done by one of the researchers with a computer-generated blocked randomization sequence that was stratified for the four clinics, so that for each clinic the families were equally divided over the two conditions. The post-test was similar to the pre-test and took place on average 9.5 weeks after pre-test. Initially, we aimed to conduct two follow-up assessments at 8 and 12 months. However, due to practical issues making it complicated to complete two follow-up assessments with the families (i.e., phone numbers changed, multiple efforts required to reach parents at their homes for one appointment) it was decided to conduct only one follow-up assessment for each family. This assessment took place approximately 10 months after post-test (range: 8 – 16 months) and consisted of a 1-hour home visit during which the primary caregiver filled out questionnaires and a semi-structured interview was conducted by a trained researcher. Four participating children lived in a foster family at the time of the follow-up assessment. To contact the foster family, parental permission was required, which was granted for two of these children. Foster parents were asked to fill out questionnaires through email – preceded by a telephone appointment to provide information on the study and to request informed consent. After pre- and post-test, families received a gift card of 20 euros, and after follow-up they received a small gift.

Assessment of parenting capacities

Regular assessment procedure

The regular assessment procedure (RAP) consisted of care as usual at one of the clinics. Although the four clinics were not completely uniform in their treatment programs, the general structure was similar: all parents received various forms of treatment aimed at improving family dynamics, including observations of parent-child interactions, group sessions with other parents, and individual sessions for the parent(s). Some parents and children additionally received specialized therapy based on their individual needs (e.g., trauma therapy or emotion-regulation training). To limit similarities with VIPP-SD, none of the families in the RAP condition received video feedback. The standard period for family treatments differed between the clinics (range: 8 - 12 weeks). In all clinics, an evaluation was conducted at the end of the assessment period in which the therapist and involved family workers evaluated parents' progress during their treatment in the clinic. This evaluation resulted in a recommendation that was provided to either the involved family guardian, social worker, or children's court judge, depending on who had referred the family to the clinic. To be able to use the content of this evaluation for research purposes, we composed a structured parenting capacity evaluation form and asked the therapists to fill out this form for each family at the end of the

family's assessment period. This form consists of 15 items on a six-point Likert-scale, of which five items concern general aspects of the therapeutic relationship and parents' attitude during the intervention (e.g., "Was the parent open to change his/her behavior?"), and ten items concern changes in parents' behavior following the intervention (e.g., "The parent shows progress in adequately responding to negative child signals, such as crying and resistant or naughty behavior"). The internal consistency of the assessment form was high (α for all 15 items = .93). In each clinic, there was one therapist (with a Master degree) who was responsible for families' recommendations. The family workers generally had a Bachelor degree and worked directly with the families.

VIPP-SD

We slightly adapted VIPP-SD by adding an explicit evaluation of parenting capacities at the end of the intervention. Thus, VIPP-SD in this study consisted of (1) an intervention and (2) an assessment form. For the intervention part, either VIPP or VIPP-SD (Juffer, Bakermans-Kranenburg, & Van IJzendoorn, 2008) was delivered to the family, depending on the child's age: parents of a 6- to 12-months-old received VIPP (*n* = 3) and parents of a child older than 12 months received VIPP-SD. VIPP focuses on improving parental sensitivity through video feedback and consists of six sessions in which the parent-child dyad is videotaped during common, daily interactions such as playing together or a meal. VIPP-SD additionally focuses on improving sensitive discipline strategies of the parent. For a detailed overview of VIPP(-SD), see Juffer et al. (2008). VIPP-SD was delivered by family workers at the clinics who were trained to be VIPP-interveners for this study. For six parent-child dyads, a trained (assistant) researcher provided VIPP-SD because no trained family worker was available at that time. Each VIPP-SD trajectory was monitored during supervision meetings with one of the trained researchers. After the final session, we asked the intervener to fill out the parenting capacity assessment form to evaluate parents' response to VIPP-SD and to integrate the assessment form in the evaluation of the family at the end of their treatment period (as described above in the RAP section). Finally, similar to the RAP group, we asked the therapists to fill out an evaluation form for their recommendation regarding the child's placement.

Instruments

Recommendation regarding child placement

At pre- and post-test, we asked the therapist to indicate the current recommendation for this family: (a) a supervision order, but the child can stay or be reunified with its parent(s), (b) (extended) supervision order and out-of-home placement of the child – in own network, (c) – in foster care, (d) – in residential care, or (e) other. We dichotomized these items into (0) no out-of-home placement versus (1) out-of-home placement.

Therapists' confidence in their recommendation

After the therapists gave their recommendation about the child's placement at pre- and at post-test, we asked them to indicate on a ten-point scale how confident they felt about their recommendation. A higher score indicated more confidence.

Children's emotional and behavioral problems

The preschool version of the Child Behavior Checklist (CBCL) was used to assess children's emotional and behavioral problems (Achenbach & Rescorla, 2000). The CBCL consisted of 100 items regarding the child's behavior in the past two months which are rated on a three-point scale (0 = not true, 1 = somewhat or sometimes true, and 2 = very or often true). We asked the primary caregiver to fill out the CBCL at pre- and post-test and at the follow-up assessment. For two children who lived in foster care at follow-up, the involved foster parent filled out the CBCL. The CBCL has been proven valid and reliable (Achenbach & Rescorla, 2000). Sum scores for total problems (α in current sample = .98) were used. Because of an extremely high number of missing post-test scores for the CBCL (71% of the forms were missing, compared to 46% for both pre-test and follow-up), we decided not to use the post-test data, so that only CBCL scores at pre-test and follow-up were compared.

Recurring child maltreatment

For those children who were living with their parents at follow-up (n = 32; 94%), we assessed whether there had been reoccurrences of child maltreatment in the 10 months that followed leaving the clinic. For this purpose, a trained (assistant) researcher conducted the Maternal Maltreatment Classification Interview (MMCI; Cicchetti, Toth, & Manly, 2003) with the primary caregiver. The MMCI is a semi-structured interview during which the primary caregiver is asked about events of child abuse and the family's contact with child protection services. We used the version that was translated into Dutch by Reijman et al. (2014). We asked the primary caregiver to answer the questions about the 10 months after they had left the clinic. The MMCI was coded using the Modified Maltreatment Coding System (English, Bangdiwalab, & Runyan, 2005). After coding, each family received a score reflecting whether child maltreatment had reoccurred (1) or not (0). Two trained (assistant) researchers double-coded all interviews, reliability was excellent (κ = 1.00, n = 28).

Intensity of parenting support at follow-up

During the MMCI with the biological primary caregiver at follow-up, we additionally asked about the involvement of professional care specifically aimed at parenting since they left the clinic. We coded their answers on a seven-point scale, ranging from 0) no extra care (other than standard post-treatment care), to 6) parenting support is currently present more than once per week. All interviews were independently coded by two trained coders, reliability was high (Intraclass Correlation Coefficient [*ICC*], single measures = .98, n = 26).

Evaluation of parenting capacities

We used the parenting capacity assessment form that was developed for this study to get an indication of parents' capacities following VIPP-SD or RAP as evaluated by the involved therapist or VIPP-intervener (for a more detailed description of this form, see procedure section of this paper). Higher average scores across the 15 items in the analyses indicated that the involved therapist or intervener evaluated the parent as more capable.

Statistical analyses

Data inspection revealed that the numerical variables approached a normal distribution after winsorizing outliers more than ± 3.29 standard deviations from the mean. One family could

only be reached for follow-up after 23 months. For this family, we decided to still use the data retrieved from the MMCI (recurring maltreatment and intensity of parenting support), as the interview specifically aimed at the first 10 months after leaving the clinic. CBCL scores for this family were not used, because this construct is likely more difficult to rate objectively in retrospect. Little's MCAR test (Little, 1988) showed that values were missing completely at random ($\chi^2(138) = 139.97$, $p = .44$). To follow an intent-to-treat approach and maximize power, multilevel multiple imputation (Rubin, 1987; White, Carpenter, & Horton, 2012) was performed on the data ($N = 56$) in RStudio (version 1.1.463) (RStudioTeam, 2016). See Appendix 4.B for a detailed overview of imputation procedures.

For therapists' confidence in their recommendation and children's behavioral and emotional problems, three-level linear mixed effect models accounting for repeated measures over time (level 1) and nesting of families (level 2) within clinics (level 3) were incrementally compared using likelihood ratio test for imputed datasets in the mitml package. The final model included the fixed effects of time (coded as 0 = pre-test, 1 = post-test/follow-up), the main effect for condition (coded as 0 = RAP, 1 = VIPP-SD), and the interaction between time and condition. For modifications in therapists' recommendation regarding child placement, a similar model was fitted with a binomial family structure. For recurring maltreatment, generalized linear mixed effect models accounting for nesting of families (level 1) in clinics (level 2) were performed with the lme4 package with a binomial family structure. We compared models incrementally with likelihood ratio tests. We explored the influence of two potential covariates: (1) time between post-test and follow-up (because of the large range in time) and (2) children's age (because of the relatively broad age range in our study). However, because neither of these covariates affected any of the results, we reported only the most parsimonious models without covariates. After testing our main hypotheses, we explored potential differences between VIPP-SD and RAP families in the evaluations of their parenting capacities at post-test and in the intensity of parenting support at follow-up. For this purpose, we compared two linear mixed effect models accounting for the nesting of families within clinics. Significance of model and parameter estimates was determined at $\alpha = .05$. Complete case analyses yielded similar outcomes (available upon request). Odds ratios were computed as estimates of effect sizes for dichotomous outcome variables (i.e., modifications in therapists' recommendation regarding child placement and recurring child maltreatment), and beta's were used as estimates of effect sizes for continuous outcome variables (see e.g., Lorah, 2018).

Results

Preliminary analyses

For an overview of demographic and outcome variables of the total sample, see Table 4.1. The majority of children (88%) were living with their parent(s) at the follow-up assessment. For 94% of the children, their living situation at follow-up was consistent with the final recommendation the family received in the clinic. There were no differences between the VIPP-SD and RAP groups at pre-test variables (see Table 4.1). Moreover, comparisons on demographic and target variables between families who dropped out during the research project and families who completed the project showed that there were no significant differences (p's $>.10$). Pooled correlations between all variables of interest are displayed in Table 4.2.

Table 4.1
Descriptive statistics for demographic and target variables.

	All families		VIPP-SD		Regular Assessment		
	M[a]	*SD*[a]	*M*[a]	*SD*[a]	*M*[a]	*SD*[a]	F/χ^{2b}
Demographic	*N* = 56		*n* = 28		*n* = 28		
Age child	3.48	1.74	3.78	1.88	3.19	1.57	1.04
Gender child (% boys)	55%		54%		57%		0.07
Age parent	32.32	6.43	33.69	7.10	31.50	7.35	0.20
Gender parent (% female)	93%		93%		93%		<0.00
Number of siblings	2.52	1.39	2.44	1.67	2.61	1.09	0.26
Outcome variables at pre-test							
Therapists' recommendation (% out-of-home placement)	50%		46%		54%		0.35
Therapists' confidence	6.07	1.57	5.91	1.51	6.08	1.69	0.66
CBCL total	36.56	28.87	36.66	29.45	36.47	29.27	0.16
Outcome variables at post-test	*n* = 41		*n* = 18		*n* = 23		
Therapists' recommendation (% out-of-home placement)	29%		36%		22%		
Therapists' confidence	7.74	1.04	7.92	0.97	7.59	1.10	
Evaluation of parenting capacities	4.04	0.75	3.80	0.83	4.30	0.57	
Outcome variables at follow-up	*n* = 34		*n* = 16		*n* = 18		
CBCL total	36.92	22.43	44.23	25.43	31.32	18.71	
Recurring maltreatment (*N*)	*n* = 9		*n* = 5		*n* = 4		
Intensity of parenting support	4.02	2.22	3.15	2.26	4.56	2.07	

[a]unless indicated otherwise
[b]Chi-square tests and one-way ANOVA's were performed to test whether there were pre-test group differences between families in the VIPP-SD and RAP conditions

Table 4.2
Pooled Pearson Correlations between study variables of interest (N = 56).

	2	3	4	5	6	7	8	9	10	11	12
Pre-test variables											
1. Age child	.12	.20	-.14	-.12	.04	-.02	-.06	-.09	.14	-.19	-.04
2. Gender child[1]		.03	-.06	.07	-.04	.21	.01	.02	.00	-.09	-.02
3. Age parent			.14	-.12	.10	.16	-.04	-.18	.27	.20	.18
4. Therapists' recommendation[2]				.16	.09	.33*	-.06	-.26	-.01	.11	.27
5. Therapists' confidence					.03	.32*	.18	.01	-.07	-.09	.11
6. CBCL total						.06	-.07	.06	.28	.05	.15
Post-test variables											
7. Therapists' recommendation[2]							.03	-.40*	.03	-.06	.08
8. Therapists' confidence								.03	-.02	-.04	-.20
9. Evaluation of parenting capacities									-.01	-.05	-.04
Follow-up variables											
10. CBCL total										.13	.03
11. Recurring child maltreatment											.06
12. Intensity of parenting support											

*$p<.05$
[1]coded as girl = 1
[2]coded as out-of-home placement = 1

Table 4.3

Fixed effects of linear mixed models, dependent (binomial) variable is therapists' recommendation regarding child placement (N = 56).

	Model 1	Model 2		Model 3		Model 4	
	B (SE)	*B (SE)*	*OR*	*B (SE)*	*OR*	*B (SE)*	*OR*
Fixed effects							
(Intercept)	0.41 (0.06)*	0.69 (0.14)*		0.67 (0.15)*		0.84 (0.19)*	
Time		-0.19 (0.08)*	0.83	-0.19 (0.08)*	0.83	-0.30 (0.11)*	0.74
Condition				0.04 (0.12)	1.04	-0.30 (0.28)	0.74
Time*Condition						0.23 (0.16)	1.26
Variance components							
Clinic level[1]							
Family level	1.09 (0.31)	1.37 (0.36)		1.36 (0.36)		1.50 (0.44)	
Change in model fit (*F*)		4.52*		0.14		1.76	

Time: 0 = pre-test, 1 = post-test; Condition: 0 = Regular Assessment Procedure, 1 = VIPP-SD

*p <.05

[1]Nesting of families within clinics could not be fitted with this model

Table 4.4
Fixed effects of linear mixed models for therapists' confidence in their recommendation and total CBCL scores (N = 56).

	Model 1	Model 2		Model 3		Model 4	
	B (SE)	*B (SE)*	β	*B (SE)*	β	*B (SE)*	β
DV: Therapists' confidence							
Fixed effects							
(Intercept)	6.94 (0.21)*	4.43 (0.48)*		4.33 (0.51)*		4.58 (0.66)*	
Time		1.67 (0.29)*	.73	1.67 (0.29)*	.73	1.50 (0.40)*	.66
Condition				0.19 (0.33)	.06	-0.31 (0.98)	-.16
Time*Condition						0.33 (0.59)	.15
Variance components							
Clinic level	0.27 (0.16)	0.30 (0.16)		0.30 (0.16)		0.29 (0.16)	
Family level	0.01 (0.05)	0.51 (0.22)		0.51 (0.22)		0.51 (0.21)	
Residual	1.62 (0.07)	1.27 (0.09)		1.27 (0.09)		1.28 (0.09)	
Change in model fit (*F*)		29.43*		0.47		0.46	
DV: CBCL total							
Fixed effects							
(Intercept)	38.17 (3.43)*	38.13 (10.00)*		35.24 (10.47)*		44.34 (13.75)*	
Time		0.03 (6.06)	.00	0.03 (6.06)	.00	-6.04 (8.13)	-.17
Condition				5.78 (6.79)	.16	-12.42 (20.41)	-.35
Time*Condition						12.14 (12.15)	.34
Variance components							
Clinic level	0.72 (1.44)	0.72 (1.44)		0.85 (1.64)		0.86 (1.64)	
Family level	12.99 (3.73)	12.97 (3.79)		12.71 (4.00)		13.20 (3.58)	
Residual	22.62 (2.17)	22.61 (2.26)		22.61 (2.26)		22.20 (2.07)	
Change in model fit (*F*)		0.40		0.82		1.35	

Time: 0 = pre-test, 1 = post-test (for therapists' confidence) or follow-up (for CBCL)
Condition: 0 = Regular Assessment Procedure, 1 = VIPP-SD
*$p < .05$

Table 4.5
Fixed effects of generalized linear mixed models, dependent variable is recurring child maltreatment (N = 56).

	Model 1	**Model 2**	
	B (SE)	*B (SE)*	*OR*
Fixed effects			
(Intercept)	0.35 (0.09)*	0.30 (0.12)*	
Condition		0.10 (0.17)	1.11
Variance			
Clinic level	0.22 (0.24)	0.23 (0.24)	
Change in model fit (*F*)		0.32	

Condition: 0 = Regular Assessment Procedure, 1 = VIPP-SD
*p <.05

Modifications in therapists' recommendations regarding child placement

For modifications in therapists' recommendations regarding child placement, the unconditional growth model showed the best fit (see Table 4.3). Only the fixed effect of time was significant and indicated that compared to pre-test, therapists' recommendations at post-test more often favored that the child could stay with its parents, see Table 4.1. Recommendations for VIPP-SD families were not more often modified than recommendations for RAP families.

Therapists' confidence in their recommendation

Therapists' confidence in their recommendation varied more over time (*ICC* = .81) and between therapists (*ICC* clinic level = .14) than between families (*ICC* = .01). The unconditional growth model including the fixed effect of time showed the best fit and indicated that for both conditions, therapists felt more confident on their recommendation at post-test than at pre-test (see Tables 4.1 and 4.4). The fixed effect of the interaction between time and condition was not significant, which indicates that therapists did not feel more confident over time about their recommendations for VIPP-SD families than about their recommendations for RAP families.

Behavioral and emotional problems

Children's behavioral and emotional problems varied more over time (*ICC* = .61) and between families (*ICC* = .36) than between clinics (*ICC* = .03). Adding fixed effects to the unconditional means model did not improve model fit (see Table 4.4). This indicates that generally, children did not change over time in their level of behavioral and emotional problems. Moreover, children who received a placement decision after participating in VIPP-SD did not show a stronger decrease in behavioral and emotional problems over time than children who received RAP.

Recurring child maltreatment

For recurring child maltreatment, the unconditional means model showed the best fit, see Table 4.5. This indicates that there were no differences in experienced recurring child maltreatment between children in the VIPP-SD group and children in the RAP group.

Exploratory analyses

For the evaluation of parenting capacities at post-test, the fixed effect of condition improved model fit compared to the empty model ($F(1, 1012.76) = 5.25$, $p = .02$; $B = -0.51$, $\beta = -.48$, $SE = 0.23$, $p = .02$). The fixed effect estimate indicates that on average, families in the VIPP-SD group were evaluated as less capable than families in the RAP group (see Table 4.1). With respect to the intensity of parenting support at follow-up, there was no difference between VIPP-SD and RAP families ($F(1, 255.89) = 1.88$, $p = .17$; fixed effect for condition: $B = -1.05$, $\beta = -.33$, $SE = 0.75$, $p = .17$).

Discussion

PCAs are an important basis for placement decisions, although thus far no evidence-based methods for this purpose are available. This study was among the first to investigate through

an RCT whether the quality of placement decisions for maltreating families could be improved by implementing a structured, attachment-based PCA. We investigated this in four Dutch family residential clinics that conducted PCAs in the context of a potential out-of-home placement decision – a setting which is unique in the Dutch child protection system. In addition to the regular assessment procedure, half of the families received an assessment based on VIPP-SD, an attachment-based video-feedback intervention (Juffer et al., 2017). We evaluated the quality of the assessment procedures in terms of face validity (therapists' confidence that their recommendation regarding the child's placement was accurate) and predictive validity (children's well-being at follow-up). In addition, we hypothesized that therapists would be more reluctant to change their initial recommendations for families who received a regular assessment procedure than for families who received VIPP-SD. None of our hypotheses were confirmed in this study: therapists did not feel more confident about their recommendations for families whose assessment was based on VIPP-SD, neither did they modify their initial recommendations more often for families who received an assessment based on VIPP-SD than for families who received the regular assessment procedure. Moreover, children in families who received an assessment based on VIPP-SD did not differ from children in families who received the regular assessment procedure with respect to (a) their level of problem behavior and (b) their chance of experiencing recurring child maltreatment in the 10 months following the placement decision. Thus, we did not find evidence that implementing VIPP-SD in PCAs for maltreating families increased the validity of placement decisions.

In addition to our main hypotheses, we explored whether there were differences between families who received VIPP-SD and families in the regular assessment group in the evaluation of their parenting capacities at the end of the assessment period and in the intensity of parenting support they received in the 10 months following the assessment. Although we did not find any group differences on the latter, we were surprised to find that parents who received VIPP-SD were evaluated as less capable by their interveners than parents in the regular assessment procedure. Even though this could indicate that parents who received VIPP-SD actually were less capable, the lack of other group differences (e.g., chance of recurring child maltreatment or intensity of parenting support at follow-up) contradicts this interpretation. One explanation might be that the VIPP-interveners were more conscious of the parenting capacities that needed to improve (i.e., aspects of parenting related to sensitivity and sensitive discipline), which may have made them more critical evaluators of these aspects than therapists who assessed families in the regular assessment procedure. It should be noted here that the interveners and therapists could not be blind to families' condition, and due to practical considerations we did not conduct an initial evaluation of parenting capacities. These aspects make it complicated to derive any strong conclusions from this finding.

The absence of beneficial effects of the VIPP-SD protocol for PCAs in this study is unexpected, given that many researchers have argued to use attachment-based interventions in PCAs (Cyr & Alink, 2017; Cyr et al., 2012; Lindauer et al., 2010) and two recent randomized studies have provided initial evidence that such a procedure can lead to a higher quality of placement decisions (Cyr et al., 2015; Van der Asdonk et al., 2019). An explanation for the lack of effects in the current study could be related to the quality of the regular assessment procedure in the Dutch clinics. When families are referred to these clinics, they are residing there for a couple of months during which they are observed by experienced family workers and receive various treatment forms adapted to their individual needs. Families and family

workers are thus highly involved in the treatment process. It is possible that within the context of this highly intensive program, VIPP-SD does not contribute to an improved PCA, because therapists responsible for families' placement recommendations might already be able to form a clear picture of the parenting capacities based on the regular intensive assessment procedure. The fact that therapists generally felt quite confident about their recommendations at post-test and children's living situation at follow-up was in most cases still consistent with the therapist's recommendation, might underscore this assumption. It should be noted that this setting for PCAs is quite unique to the Netherlands and therefore the results of this study cannot be directly generalized to other countries or compared to the recent Canadian study, where the regular assessment procedure was far less intensive as it included no more than twelve 3-hour home visits (Cyr et al., 2015).

Limitations

Conducting an RCT with maltreating families in this context poses many challenges. The potential size for the study sample was limited as there were, at the time this project was conducted, only four clinics for PCAs in the Netherlands and our focus was on a specific age range. Even though we had a high response rate (79%), the sample was quite small. Another common problem with this population is a high attrition rate (e.g., Steele et al., 2019), although we still managed to reach almost two-thirds of the families for follow-up. Even though we used multilevel imputation to maximize power, this procedure takes the uncertainty of missing data into account by producing larger standard errors and more strict significance tests (Van Ginkel, Linting, Rippe, & van der Voort, 2019). A priori power calculations suggested a sample size of 60 based on an expected medium effect size and a power of .80. As the actual final sample size was lower, actual power to detect the hypothesized effect will be below .80. The observed effect size should thus have been considerably larger than hypothesized a priori, in order to detect it with the actual sample size. This leaves the possibility open that some effects were present, but could not be detected in this study.

A second limitation is related to the measurement of therapists' recommendations: during data inspection we noted systematic differences in the way the initial recommendation forms were filled out by the therapists. For two therapists, 73 and 89% of the initial recommendations favored an out-of-home placement, whereas for the other two therapists 75 and 90% of the initial recommendations favored that the child could stay with his/her parent(s). In practice, therapists do not have to provide a recommendation regarding child placement at the start of a PCA; we solely added this measure for research purposes. Therefore, it could be that these differences were related to therapists' interpretation of the initial recommendation form.

Finally, we relied on parent reports for follow-up data. One potential problem is that the parents who were traceable for and open to a follow-up assessment were a selected group. Although they did not differ from parents who dropped out on demographic or target variables, it could be that after the assessment, dropped out families experienced more problems than the families who continued to participate. For instance, the majority of children (88%) were living with their parents at follow-up; it could be that there had been more out-of-home placements for dyads who dropped out and that this biased the results. Another drawback of the use of parent reports is related to the validity of such reports. Previous studies have shown that abusive parents or parents with psychopathology tend to overreport their children's prob-

lem behavior (Najman et al., 2001; Reid, Kavanagh, & Baldwin, 1987), which suggests that they are not always reliable reporters of their children's actual behavior. It could be that the results of this study would have been different if we had obtained additional access to more objective reports of children's well-being.

Future directions

We found no evidence that the PCAs incorporating the VIPP-SD protocol outperformed the PCAs as usual. However, the current study may provide important reference points for future research in this area. First, by conducting this study we showed that it is possible to empirically evaluate the effectiveness of a PCA protocol in improving the quality of subsequent placement decisions through a randomized research design – which, to our knowledge, has not been done previously besides by the parallel Canadian study (Cyr et al., 2015). In future studies, it will be important to overcome some of our current challenges by determining a priori what effect size would be needed in order to find clinically relevant results, and setting the required sample size accordingly.

A second implication is related to the unique child protection setting in which the current study was conducted: Because referral to an assessment in one of the Dutch clinics is usually considered as parents' last chance after a long trajectory of home-based support and due to the high costs not all families can be referred there, it would be interesting to explore the effects of implementing VIPP-SD or a similar intervention in an earlier stage. For instance, if a family is put under supervision for suspected or substantiated child maltreatment and home-based support is imposed on the family, the VIPP-SD assessment protocol might contribute to a better-informed indication of their parenting capacities and therefore lead to better decisions regarding child placement. Based on two recent studies which provided initial evidence in favor of the use of attachment-based assessments protocols (Cyr et al., 2015; Van der Asdonk et al., 2019), it would be worthwhile to further investigate the effectiveness of different implementations of this approach.

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Appendix 4.A

Detailed description of sample flow throughout randomized trial

In total, 56 families were included in the project. Following randomization, nine families dropped out (seven in the intervention group and two in the regular assessment group) for different reasons: the parent did not want to receive VIPP (n = 2), the child was placed in foster care before the final evaluation took place (n = 6), and for one mother-child dyad VIPP was stopped after one session due to individual circumstances (this dyad still took part in the post-test). The post-test did not take place for an additional seven parent-child dyads (four in the intervention group), because the parent did not want to participate anymore (n = 2), the child was already placed into foster care (n = 2), or because the family left the clinic early with a positive evaluation and could not be reached anymore (n = 3). The follow-up did not take place for 22 families (12 in the intervention group), because the parent did not want to participate anymore (n = 12), the parent was untraceable (n = 6), or because the parent was unavailable for an appointment (e.g., because of severe psychiatric problems) (n = 4).

Appendix 4.B

Multiple imputation procedures

Four methods were used in conjunction: the 'MI' function in the Amelia package (Honaker, King, & Blackwell, 2011), the 'mice' function from the mice package (Van Buuren & Groothuis-Oudshoorn, 2011), and the 'panImpute' and 'jomoImpute' functions from the mitml package (Grund, Robitzsch, & Lüdtke, 2016) to assess robustness of the imputed datasets as well as access the full range of analysis options. The maximum number of iterations was set at 10 and a fixed starting seed was set for reproducibility. Pooling of results on 50 imputation sets was performed using the summary functions from mitml and miceadds, as well as using the 'summary' and 'modelRandEffStats' functions from the merTools package (Knowles, Frederick, & Whitworth, 2018). All models were random-intercept models; as the already small sample showed high incompleteness, random slopes were not estimated in order to avoid consecutive estimations and uncertainty under weakened model identifiability.

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Improving parent-child interactions in maltreating families with the Attachment Video-feedback Intervention: Parental childhood trauma as a moderator of treatment effects

Sabine van der Asdonk, Chantal Cyr, & Lenneke R. A. Alink

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Abstract

An emerging body of research is demonstrating the effectiveness of attachment-based interventions for maltreating families. However, several studies have shown that parents' own traumatic childhood experiences may interfere with the effectiveness of these interventions (Moran, Pederson, & Krupka, 2005; Steele, Murphy, Bonuck, Meissner, & Steele, 2019). The current study investigated in a sample of maltreating families who had been referred to Child Protection Services whether the effects of the Attachment Video-feedback Intervention (AVI) on parent-child interactive quality were moderated by parental childhood trauma. Participating families were randomized to receive AVI (n = 29) or a Psychoeducative intervention (PI; n = 19), or they were in a comparison group without an intervention-component (RS; n = 40). At pre-test, parents filled out the Childhood Trauma Questionnaire and both pre- and post-test videotapes of parent-child interactions were coded for interactive quality. Multiple regression analyses revealed that parents who received AVI showed improved parent-child interactive quality at post-test compared to parents in PI and RS groups. However, parents with more severe levels of childhood trauma showed less improvement post-intervention. Future research should explore whether clinical attention with a specific focus on trauma would be more beneficial to maltreating parents with severe childhood trauma.

Keywords: child maltreatment, attachment-based interventions, parental trauma, RCT, AVI

Introduction

Child maltreatment is a highly prevalent global problem with long-term detrimental consequences for victims (Gilbert et al., 2009). Efforts to prevent or reduce child maltreatment are most likely to succeed through effective interventions that are tailored to families' individual needs. Even though there is an emerging body of evidence demonstrating the effectiveness of attachment-based interventions for maltreating families (e.g., Bernard et al., 2012; Cicchetti, Rogosch, & Toth, 2006; Moss et al., 2011; Steele et al., 2019), much remains unknown regarding possible mechanisms or moderators of these intervention effects. Identifying which families are most or least likely to benefit from these interventions would be most informative to clinical practice and future research. One important moderating factor may be parents' own experiences of maltreatment in their childhood (Moran et al., 2005; Pasalich, Fleming, Spieker, Lohr, & Oxford, 2019; Steele et al., 2019). The current randomized controlled trial (RCT) investigated in a maltreating sample whether the effects of the short-term, Attachment Video feedback Intervention (AVI) on parenting were moderated by parental childhood trauma.

Attachment in maltreating families

The parent-child relationship can provide an important buffer for children in times of stress, through which they learn to regulate their emotions and behaviors. Through a sensitive parent, who is able to respond to child signals in an adequate and prompt manner (Ainsworth, Blehar, Waters, & Wall, 1978), children are able to develop a secure attachment (De Wolff & Van IJzendoorn, 1997), which is an important indicator of their future development (Fearon, Bakermans-Kranenburg, Van IJzendoorn, Lapsley, & Roisman, 2010; Groh, Fearon, van IJzendoorn, Bakermans-Kranenburg, & Roisman, 2017; Groh et al., 2014; Groh, Roisman, van IJzendoorn, Bakermans-Kranenburg, & Fearon, 2012; Sroufe, Egeland, Carlson, & Collins, 2005). However, maltreating families are often characterized by enduring dysfunctional parent-child interactions in which the parent shows unpredictable, hostile, rejecting, and/or unresponsive behavior towards the child (e.g., Cicchetti & Valentino, 2006; Crittenden & Ainsworth, 1989; Lyons-Ruth, Connell, Zoll, & Stahl, 1987). Consequently, children in these families are confused: On the one hand they need their parent to provide security for the distress they experience, but on the other hand their parent is the source of their distress. It is therefore not surprising that a high proportion of maltreated children show a disorganized or insecure attachment to their parents (Cyr, Euser, Bakermans-Kranenburg, & Van IJzendoorn, 2010; Van IJzendoorn, Schuengel, & Bakermans-Kranenburg, 1999), which can lead to a wide range of negative developmental outcomes later in their lives (Carlson, 1998; Fearon et al., 2010). In order to change these pervasive, dysfunctional interactive patterns in maltreating families, one area of intervention research has focused on testing the effects of attachment-based interventions aimed at improving parental sensitivity.

Attachment-based interventions for maltreating families

In line with meta-analytic evidence identifying a focus on parenting behavior among the most important components to effectively intervene in maltreating families (Euser, Alink, Stoltenborgh, Bakermans-Kranenburg, & Van IJzendoorn, 2015; Van der Put, Assink, Gub-

bels, & Boekhout van Solinge, 2018), and the hypothesized relevance of attachment-theory in this context (e.g., Tarabulsy et al., 2008), several randomized control trial (RCT) studies have demonstrated positive effects of attachment-based parenting interventions in maltreating samples. Some of these studies evaluated the effectiveness of moderate- to long-term interventions, including the Child- or Infant-Parent Psychotherapy (approximately 1 year; Cicchetti et al., 2006; Lieberman, Van Horn, & Ippen, 2005; Toth, Maughan, Manly, Spagnola, & Cicchetti, 2002) and the Group Attachment-Based Intervention (GABI - 26 weeks; Steele et al., 2019). However, because time and money resources can be limited in child protection settings, short-term interventions often appear more attractive. Three recent RCT studies investigated the effects of short-term, attachment-based interventions for maltreating families or at risk for maltreatment (Bernard et al., 2012; Moss et al., 2011; Negrao, Pereira, Soares, & Mesman, 2014). Among these interventions are the Attachment and Biobehavioral Catch-up (ABC) intervention (Bernard et al., 2012), the Attachment Video-feedback Intervention (AVI; Moss et al., 2011), and the Video-feedback Intervention to promote Positive Parenting (VIPP; Juffer, Bakermans-Kranenburg, & Van IJzendoorn, 2017). Common elements of these interventions are that they have a structured protocol, they are conducted within a few months (with about six to ten sessions), include home visits, use video feedback, focus on parents' strengths, and are based on attachment theory. These attachment-based intervention studies have shown to be effective in improving child attachment (i.e., fewer children with a disorganized attachment and more children with a secure attachment post-intervention), child mental and motor development (Dubois-Comtois et al., 2017) and parent-child interactive quality, and in reducing emotional and behavioral problems (Bernard et al., 2012; Moss et al., 2011; Negrao et al., 2014).

Parental trauma as intervention moderator

Even though a growing number of RCTs are demonstrating the effectiveness of short-term, attachment-based interventions for maltreating families, there is still little knowledge regarding which families are more or less likely to benefit from these interventions. Many maltreating parents are faced with difficulties of various kind and severity levels, which may impede treating efficacy. For instance, they are more likely than non-maltreating parents to suffer from psychopathology, to experience low levels of social support and high levels of stress, and to have experienced childhood adversities themselves (Stith et al., 2009). It could be speculated that for parents who suffer to a greater extent from these difficulties, it can be more challenging to benefit from (parenting) interventions. More knowledge on which of these factors may increase or decrease intervention effects would be highly relevant to inform clinical practice, especially considering that even interventions with moderate to high effect sizes do not have beneficial effects for all parents. By obtaining more knowledge on moderating factors and mechanisms for intervention effects, interventions could be better matched to specific families who are most likely to benefit. This way, ultimately more families can be successfully helped through these interventions.

In the context of interventions for maltreating families, one potential moderating factor may be parents' own history of child maltreatment. The intergenerational transmission of child maltreatment, which has been established in several meta-analyses (Assink et al., 2018; Madigan et al., 2019), implicates that maltreating parents are at increased risk to have experienced maltreatment in their own childhood. Several studies have demonstrated that these

traumatic experiences can interfere with one's ability to benefit from an intervention. For instance, a meta-analysis showed that depressed patients with a history of child maltreatment benefited less from depression treatment than depressed patients without such a history (Nanni, Uher, & Danese, 2012). In the context of parenting interventions, Moran et al. (2005) found in their RCT that a short-term attachment-based intervention (eight sessions) was not effective in improving child attachment security or maternal sensitivity for adolescent mothers who had unresolved attachment representations or who had experienced physical or sexual abuse in their childhood. In a recent study, Steele et al. (2019) found that the effects of GABI on several parenting behaviors of mothers at very high risk for maltreatment were moderated by their exposure to adverse childhood experiences: The intervention was less effective for mothers who had high levels of adverse childhood experiences. Even though the sizes of these interaction effects were small and not found for all outcome variables, these findings suggest that parents who have experienced child maltreatment in their childhood represent a specific group for whom it is more difficult to intervene successfully. However, another recent study regarding the effects of an attachment-based intervention including a sample of parents involved with child welfare services reported the opposite effect: Only parents with a history of physical childhood abuse showed significant improvements in parental sensitivity following the intervention (Pasalich et al., 2019). These contradictory findings call for more research in order to derive more conclusive evidence regarding the moderating effect of parental childhood trauma. In addition, this has yet to be tested in a sample of child protection cases for which maltreatment was substantiated by Child Protection Services (CPS) for all of the children included in the sample.

Present study

The goal of the present study was to investigate whether the effects of a the AVI with maltreating parents were moderated by parental childhood trauma. We investigated this with an RCT in a Canadian sample of families with substantiated child maltreatment who were referred to a CPS agency for an assessment of their parenting capacities. A prior report on this sample (Cyr et al., 2012; Cyr, Dubois-Comtois, Paquette, Lopez, & Bigras, submitted for publication) replicated results of the first AVI study by Moss et al. (2011) with maltreating families. Moss et al. (2011) had found that parents who received AVI showed increased parental sensitivity post-intervention compared to parents who received regular child welfare services. In our prior report, we showed increased quality of parent-child interaction for parents exposed to a parenting capacity assessment protocol including the AVI, in comparison to parents receiving assessment services with psychoeducational intervention activities or receiving assessment services with no intervention. In the current study, similar to Moran et al. (2005) and Steele et al. (2019), we expected to find that parents with high levels of childhood trauma would benefit less from the AVI intervention.

Methods

Sample

The final sample of this study included 88 children aged between 0 and 5 years (M^{age} = 16.90 months, SD^{age} = 20.70; 59% boys), and their primary biological caregiver (M^{age} = 27.57 years,

SD^{age} = 6.67; 86% mothers). For all families, child maltreatment had been substantiated and legally documented in CPS records. Recruitment of families took place (1) in a CPS clinic in Montreal, where families were referred to for a parenting capacity assessment (PCA) and (2) through CPS case workers who requested PCAs from regular CPS evaluators not part of the clinic. Families were approached for participation if they were soon to be starting a PCA trajectory and if they had a child aged between 0 and 5 years. Children with severe medical or developmental problems, such as autism spectrum disorder, were excluded from participation. Some families participated with more than one child; however, for each family one child was appointed as the target child for this research. To avoid dependency of children within families, we included only the target children in the current study. Families recruited at the clinic were randomized to either an assessment protocol with the embedded Attachment Video-feedback Intervention (AVI) as the intervention component (target group) or to an assessment protocol including Psychoeducational Intervention (PI) activities. Families were assigned to the next available practitioner, following a 1:1 allocation sequence. Other families who agreed to participate and were not referred to the PCA clinic, but received PCA services with no intervention, were part of the Regular Services group (RS). These families could not be randomized but were included in the research project as a comparison group.

If families who met the selection criteria were referred for a PCA, they were approached for the research by a CPS evaluator. If parents were interested in the project, the research coordinator made an appointment (telephone or face-to-face) with the parent(s) to explain the research protocol. Although a PCA is mandatory by law in cases of child maltreatment, parents were free to decide if they wanted to participate in the study. Parents who agreed to participate with their child signed informed consent. In total, 218 eligible families were approached, of which 95 (44%) did not participate, either because they refused participation (n = 93) or they were withdrawn by researchers because the child was hospitalized at intake (n = 2). A total of 123 parent-child dyads started the pre-test and 88 completed the post-test laboratory and home visits (29 in AVI group, 19 in PI group, and 40 in RS group). See Figure 5.1 for an overview of attrition and participation throughout the project.

Inspection of demographic variables confirmed that the study population was an extremely high-risk group, with 86% of the parents being unemployed or living on social welfare, 76% of the parents not having a high school diploma, and 30% of the parents being from an ethnic minority group. CPS legal case records were used to classify maltreatment. Classification of child maltreatment by CPS corresponded to widely accepted definitions (Cicchetti & Valentino, 2006): sexual abuse (sexual or attempted sexual contact between caregiver and a child), physical abuse (injuries non-accidently inflicted by an adult on a child), neglect (failure to provide minimal physical care), and emotional abuse (failure to provide for psychological safety and security or basic emotional needs). A majority of the children had experienced neglect (78%), 32% had experienced emotional abuse, 27% had experienced physical abuse, and 13% had experienced sexual abuse. Fourteen children were living in foster care when the intake took place; for these children the PCA concerned the question of whether the child could be reunified with its biological parent(s).

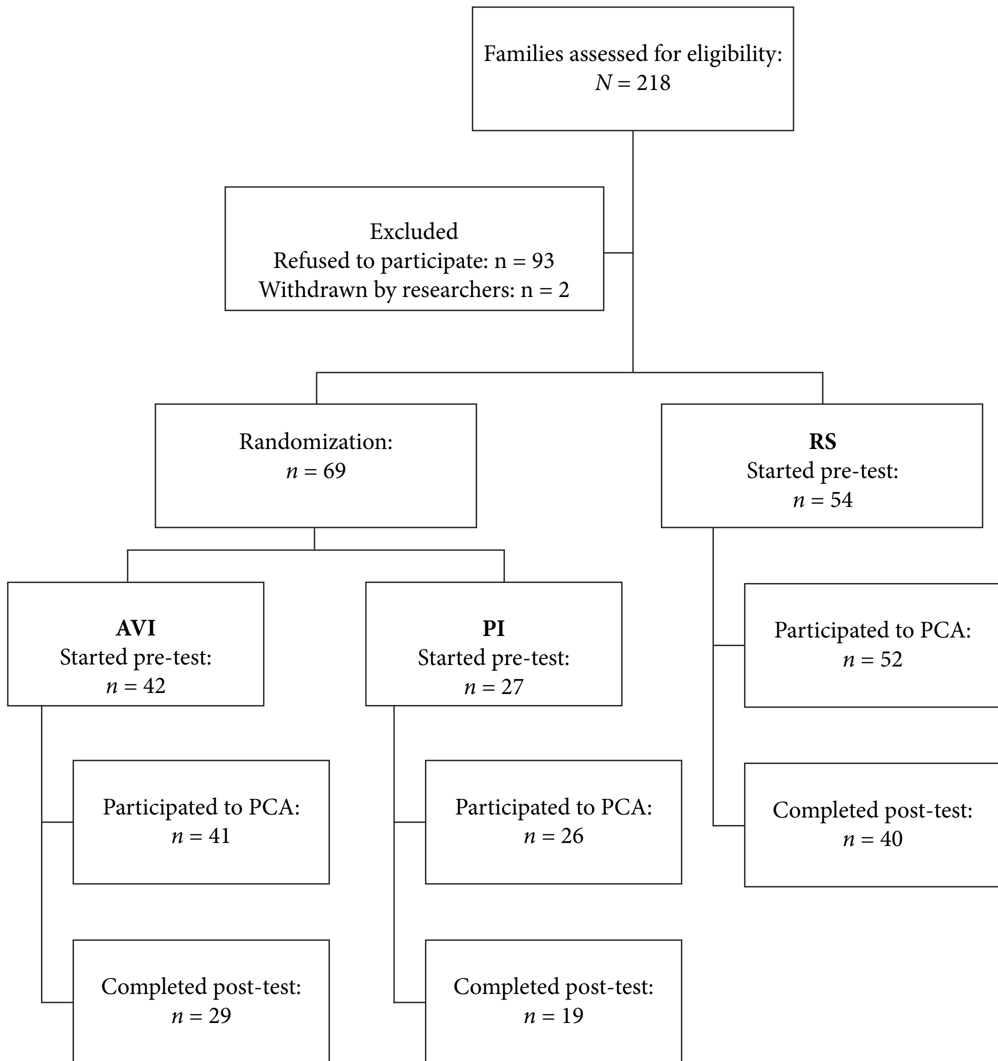

Figure 5.1. Flow chart of sample throughout the study (AVI: Attachment Video-feedback Intervention; PI: Psychoeducational intervention; RS: Regular PCA services; PCA: Parenting capacity assessment).

Procedure

Pre- and post-test

The pre- and post-test both consisted of a 1-hour lab visit and a 1-hour home visit which were planned within 1 week from each other. In case the child was living with foster parents at pre-test, the biological parent was asked to participate. During the visits, the parent was asked to fill out questionnaires and observations of parent-child interactions were conducted. The PCA started within 1 week after pre-test for each family. The post-test was similar to pre-test and took place two weeks after the PCA was completed. The ethics committee of the Montreal's CPS Agency approved the research protocol.

Parenting capacity assessment groups

Comparison group: RS

The RS group was a non-randomized comparison group consisting of families for whom the PCA was conducted by a CPS evaluator not part of the PCA clinic. The CPS evaluators for these families relied on the Assessing Parenting Capacity Manual (De Rancourt, Paquette, Paquette, & Rainville, 2006) to conduct PCAs, which is an adapted French version of the Steinhauer guidelines (Steinhauer et al., 1995). The guidelines describe how an assessment of risk factors for child maltreatment and parents' ability to recognize their own difficulties can be made through discussions with the parent and observations of the parent-child relationship. This guideline helps to obtain information regarding social and family contexts, child physical and emotional development, parental impulse control, parenting behavior, and history of prior professional support. In this version of the PCA, there was no intervention component. All CPS evaluators had a college degree in psychoeducation. The PCA for parents in the RS group took place in approximately four to five sessions (M = 4.55; SD = 2.05), conducted within approximately 2 months (M = 1.93; SD = 2.17). Parents in the RS group received significantly fewer sessions than parents in the AVI (t = -8.49, $p < .001$) and PI (t = -5.01, $p < .001$) groups.

Randomized groups: AVI and PI

Families who were referred to the PCA clinic were randomized to receive a standardized PCA protocol including an intervention component consisting of either AVI or a psycho-educational intervention (PI). For both intervention groups, the PCAs were conducted within approximately 2 months (AVI: M = 2.13; SD = 0.63; PI: M = 1.73; SD = 0.73) and consisted of a maximum of twelve 3-hour sessions (AVI: M = 10.39; SD = 2.91; PI: M = 8.39; SD = 3.42). For AVI families, about 6.83 (SD = 2.33) of the received sessions were video-feedback sessions. Each session consisted of: (1) a discussion with the parent according to the previously mentioned Steinhauer guidelines (Steinhauer et al., 1995), (2) observations of parent-child interactions during daily activities and routines such as feeding, and (3) intervention activities. The intervention, either the AVI or PI, started from the second session (the first session was used to gather information on the family). The interventions, although equally intensive, differed with respect to their theoretical framework.

Attachment Video-feedback Intervention (AVI). The AVI (Moss et al., 2011) is a short-term intervention for maltreating parents and their children between 0 and 5 years old. During

the AVI, parents' positive behaviors are highlighted by making them aware of their strengths and the positive impact of their behavior on their child. These reinforcements are provided to the parent through the video-feedback of a 10-minute tape of parent-child interactions (as well as throughout the sessions when relevant). During feedback, the video is paused at positive moments to reinforce parental sensitivity and reciprocity in parent-child interactions and capacity for reparation. The parents are actively invited to share observations and thoughts about their own and child's behavior. In addition to enhancing sensitive parenting behavior, the AVI aims to reduce frightened, frightening, and inappropriate behaviors of the parent. The PCA evaluators for this study were trained by attachment experts and all had a college degree in psychoeducation and more than 5 years of experience in conducting PCAs with CPS. Supervision meetings were regularly organized (once every two weeks and later once every month). For a more detailed overview of the AVI protocol, see Cyr et al., 2012; Cyr et al., submitted for publication; Moss et al., 2018.

Psychoeducative Intervention (PI). The PI consisted of educative and didactic activities which were normally used by CPS to stimulate parenting capacities. The activities that were used were selected from existing programs such as the Abecedarian project and ALI program which have shown beneficial effects for children of high risk families with cognitive and language development difficulties (Campbell & Ramey, 1994; Ramey & Campbell, 1984; Verreault, Pomerleau, & Malcuit, 2005; Whitehurst et al., 1988). The goal of the sessions is to teach parents about child development and parenting skills. During daily activities (e.g., feeding or nap time) and prompted didactic activities (e.g., interactive reading), parents look at demonstrations or receive instructions from the evaluator for ways to stimulate the child. Through modeling of desired parenting behaviors, positive parenting skills are promoted. PCA evaluators of the PI protocol could discuss cases among themselves and supervision meetings were organized with CPS supervisors. Similar to the AVI evaluators, all PI evaluators had a college degree in psychoeducation and more than 5 years of experience in conducting PCAs with CPS.

Measures

Demographic variables

During the first pre-test (home) visit, the primary caregiver filled out a questionnaire on sociodemographic variables.

Children's CPS files

Files were consulted by research assistants to gather information on the children's types of maltreatment and their care arrangements at pre-test (in placement or not).

Quality of parent-child interaction

Quality of the parent-child interaction was observed during the lab visits at both pre- and post-test. The parent-child dyad was filmed during a 10-minute snack time episode, during which magazines and toys were available. The scales that were used to code parent-child interaction quality consisted of eight 7-point subscales (e.g., communication, emotional expression, and enjoyment) and one overall scale, ranging from high quality (sensitive parenting, reciprocity in interactions, positive shared affect) to poor quality (indifferent/conflictual).

Previous studies have demonstrated that these interactive scales can distinguish children with different attachment classifications and are both concurrently and longitudinally related to child problem behavior (Moss, Bureau, Cyr, Mongeau, & St-Laurent, 2004; Moss, Cyr, & Dubois-Comtois, 2004). Because a principal component analysis showed that one factor explained most variance (81%), we decided to use only the overall scale. The videotapes were coded by four coders who were blind to other study measures and did not evaluate the same dyad twice. Interrater reliability was high: the intraclass correlation of the four coders ranged from .79-.89 (based on 20% of the sample).

Parental childhood trauma

To measure parental childhood trauma, the Childhood Trauma Questionnaire (CTQ; Bernstein et al., 1994) was filled out by the primary caregiver during pre-test. The CTQ is a self-report questionnaire that contains 70 items concerning exposure to adverse childhood experiences. The items relate to different forms of maltreatment (physical, sexual, and emotional abuse, and physical and emotional neglect) and are rated on a 5-point scale ranging from never true to very often true. Example items include "People in my family hit me so hard it left me with bruises or marks" or "People in my family said hurtful or insulting things to me". We used aggregated overall scores in the analyses; higher scores indicated that the parent had experienced more childhood trauma (α in current sample = .96).

Analyses

Although 88 dyads completed post-test, only 66 of these parents had also filled out the CTQ at pre-test. Little's Missing Completely At Random (MCAR) test including relevant covariates (e.g., gender, age, parental education, type of maltreatment) was not significant ($\chi2$ (86) = 80.46, p = .65), which implies that missing CTQ values were likely missing completely at random. In order to include all 88 participants who completed post-test measures, we used multiple imputation to impute missing values on the CTQ. Multiple imputation is considered a solid approach to handle missing data (Rubin, 1987; Van Ginkel, Linting, Rippe, & van der Voort, 2019). We used predictive mean matching as a method for imputation and specified 50 iterations (fully conditional specifications). Relevant covariates (included in Table 5.1) were included as predictors in the imputation procedure. Following recommendations from Enders, Baraldi, and Cham (2014) and Von Hippel (2009), we computed interaction terms prior to imputation. Results were pooled from 50 imputed datasets. To investigate whether the effects of AVI on parent-child interactive quality were moderated by parental childhood trauma, we conducted a regression analysis including pretest parent-child interactive quality scores, parental childhood trauma, and the main effects for condition (two dummy-coded variables with AVI as the reference group: 1) PI vs AVI and 2) RS vs AVI) in the first model, and two interaction terms (PI vs AVI X parental trauma and RS vs AVI X parental trauma) in the second model. Parental childhood trauma and the two interaction terms were centered by using the mean score for each imputed dataset. Data inspection on complete cases revealed that all numerical variables approached a normal distribution and no outlier was present (z-values were within ±3.29 from the mean). Pooled F-tests for the different regression models were obtained using the mixed model macro by Van Ginkel (2019). Because there is yet, to our knowledge, no pooling method available in SPSS for Beta's and the values of R^2 in regression analyses, we averaged Beta's across all imputed results to get a rough indication of

the effect sizes for the regression model and coefficients (Van Ginkel, 2019).

After these analyses on 88 participants, we additionally performed a regression analysis on imputed data for the whole sample (N = 123), to be able to include all randomized families and to maximize power. We used a similar imputation procedure and imputed data for the variables parental childhood trauma (26.8% missing due to incomplete pre-test visits) and parent-child interactive quality at pre-test (6.5% missing due to technical problems) and post-test (28.5% missing). We compared model estimates and regression coefficients between both approaches. All analyses were performed in SPSS Version 25 with a significance level of α = .05.

Results

Preliminary analyses

Chi-square tests and one-way analyses of variance (ANOVAs) were performed to check for group differences between the AVI, PI, and RS groups (see Table 5.1). The RS group differed from the AVI and PI groups with respect to the occurrence of sexual abuse in the participating families (this occurred more often in the AVI [14%] and PI groups [32%] than in the RS group [3%]). Moreover, parents in the RS group reported higher levels of parental childhood trauma than parents in the AVI group. No significant group differences were found on any of the other demographic or study variables. The fact that the AVI and PI groups did not differ on any of the covariates indicates that randomization was successful. Finally, chi-square tests and one-way ANOVAs showed that there were no differences on demographic or pre-test study variables between parent-child dyads who completed the project and those who dropped out. For an overview of all descriptive statistics and results, see Table 5.1.

Presence of parental childhood trauma

All of the parents reported having experience childhood trauma to some extent and most of them (62%) reported moderate to severe levels of childhood trauma on the CTQ. Specifically, descriptive analyses on each of the subscales revealed that 17% of the parents reported clinical levels of physical neglect, 47% emotional neglect, 35% physical abuse, 30% emotional abuse, and 38% sexual abuse (percentages are partly overlapping: 38% of the parents reported clinical levels of childhood maltreatment on more than one subtype). Thus, high levels of parental childhood trauma were present in this sample.

Table 5.1
Descriptive statistics for the two intervention groups, comparison group, and drop-out (N = 123).

	Participating Families									Dropped out families		
	Total Participating families		Randomized groups[b]				Comparison group[c]					
			Attachment Videofeedback Intervention (AVI)		Psychoeducational Intervention (PI)		Regular PCA[d] Services (RS)					
	(N = 88)		(n = 29)		(n = 18)		(n = 41)					
Study variables pre-test	*M*	(*SD*)	*M*	(*SD*)	*M*	(*SD*)	*M*	(*SD*)	*F*	*M*	(*SD*)	*F*
Parental trauma (*n* = 66)	11.81	(5.18)	9.42	(3.74)	11.44	(4.66)	13.59	(5.67)	4.53*	11.98	(4.72)	0.03
Parent-child interactive quality	3.24	(0.91)	3.24	(0.83)	3.42	(1.12)	3.15	(0.86)	0.57	3.11	(0.85)	0.49
Sociodemogaphic												
Child age (months)	16.90	(20.70)	19.03	(21.40)	13.32	(17.51)	17.06	(21.82)	0.43	17.90	(17.28)	0.07
Parent age (years)	27.57	(6.67)	27.57	(6.44)	27.57	(7.92)	27.58	(6.67)	0.00	27.17	(6.56)	0.07
	n	%	*n*	%	*n*	%	*n*	%	X^2	*n*	%	X^2
Child gender (boys)	52	59	17	59	14	74	21	53	2.40	18	51	0.60
Child in foster care	14	16	7	24	3	16	4	10	2.51	10	29	2.56
Adolescent mother/father	20	23	5	17	5	26	11	28	1.05	11	31	0.75
Parental education												
(No high school diploma)	67	76	24	83	13	72	30	73	1.05	29	83	0.66
Unemployed/social welfare	76	86	25	86	18	95	33	83	1.64	29	83	0.45
Ethnic minority	26	30	8	28	6	32	23	30	0.10	10	29	0.05
Child maltreatment[a]												
Neglect	69	78	21	72	13	68	35	88	3.69	26	74	0.24
Sexual abuse	11	13	4	14	6	32	1	3	10.03*	4	11	0.00
Psychological abuse	28	32	9	31	4	21	5	38	1.62	12	34	0.15
Physical abuse	24	27	5	17	6	32	13	15	2.20	14	40	2.29

Note. [a]Child maltreatment classifications were based on child official records obtained from Child Protective Services. [b]Families recruited at the Parenting Capacity clinic. [c]Maltreating families recruited outside the clinic. [d]PCA: Parenting Capacity Assessment.

Table 5.2
Multiple regression analysis with imputed CTQ scores, and parent-child interactive quality at post-test as the outcome variable (n = 88).

	Model 1		**Model 2**	
Predictors	*B (SE)*	β	*B (SE)*	β
(Intercept)	2.00 (0.40)		1.88 (0.40)	
Parent-child interactive quality pre-test	0.49 (0.12)	.40**	0.49 (0.12)	.40**
Parental childhood trautma	-0.00 (0.02)	-.01	-0.03 (0.03)	-.12
PI-dummy[1]	-0.63 (0.30)	-.24*	-0.33 (0.32)	-.13
RS-dummy[1]	-0.56 (0.26)	-.26*	-0.34 (0.27)	-.15
PI-dummy*Parental childhood trauma			0.15 (0.07)	.26*
RS-dummy*Parental childhood trauma			0.15 (0.06)	.35*
F		5.89**		3.37*
ΔR^2 (adj.)		.23		.07
Total R^2		.23		.25

[1]dummy-coded: PI = psychoeducational intervention, RS = regular PCA services; AVI = Attachment Video-Feedback Intervention (reference group)
*p<.05
**p<.01

Intervention effects moderated by parental childhood trauma

Results of the multiple regression analysis on CTQ-imputed cases (n = 88) are summarized in Table 5.2. The regression model including the main effects for the intervention confirmed that parents in the AVI group showed greater improvements in quality of interaction than parents in both the PI (β = -.24) and RS (β = -.26) groups ($F(4,81) = 5.89$, $p < .01$) and this accounted for 23% of the variance. The second model including the two interaction terms of the dummy variables X parental childhood trauma was also significant ($F(2,78) = 3.37$, p = .04) and accounted for an additional 7% of the variance. The regression coefficients for the interactions of PI vs AVI X parental childhood trauma (β = .26) and RS vs AVI X parental childhood trauma (β = .35) were both significant (see Table 5.2).

Repeating the analysis when multiple imputation was applied to all randomized participants on both CTQ and post-test measures (N = 123) led to a similar pattern for the direction of regression coefficients and model estimates. However, although the interaction of RS vs AVI X parental childhood trauma remained significant (B = .14, β = .34, t = 2.24, p = .03), the interaction term of PI vs AVI X parental childhood trauma was marginally significant in this model (B = .14, β = .24, t = 1.84, p = .07). Hence, to be most conservative, we only explored the interaction effect comparing the AVI to the RS groups. In Figure 5.2, intervention effects are illustrated for subgroups of parents with high and low levels of parental childhood trauma. A visual inspection of the slopes for the AVI and RS groups indicated that the AVI intervention was more effective in improving parental sensitivity for parents with lower levels of childhood trauma.

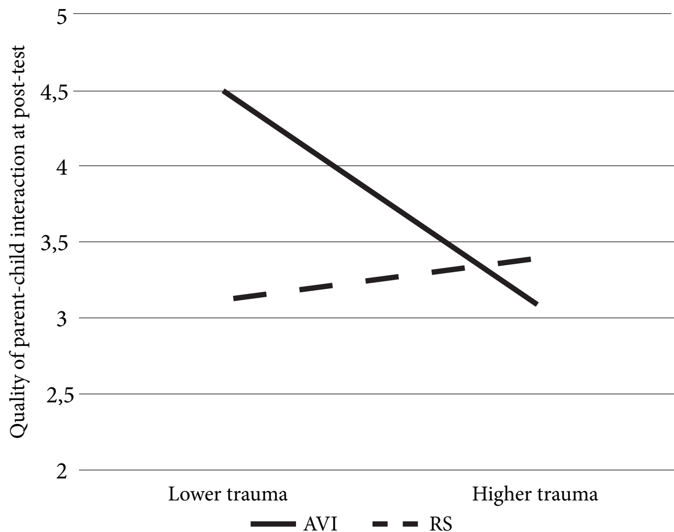

Figure 5.2. Visual illustration of the moderating role of parental childhood trauma on AVI intervention effects. Slopes are displayed for lower (< 1 *SD* from the mean) and higher (> 1 *SD* from the mean) levels of parental childhood trauma (AVI: Attachment Video-feedback Intervention; RS: Regular PCA services).

Discussion

This study aimed to add to the current knowledge on effective attachment-based interventions for maltreating parents and their children by identifying which families are more or less likely to benefit from these interventions. Results of this study showed that a short-term, attachment-based video-feedback intervention was effective in enhancing parent-child interactive quality in maltreating families. These findings, which have been shown in a previous report on this data (Cyr et al., submitted for publication), concur with an increasing amount of evidence for the effectiveness of short-term attachment-based interventions for (at risk) maltreating families (Bernard et al., 2012; Moss et al., 2011; Negrao et al., 2014) and support the implication that the pervasive, disruptive interactions which are often observed in maltreating families can be improved through a focus on parent-child attachment. However, specific to this study is the finding that some parents are less likely to benefit from these interventions. Precisely, the more AVI parents reported severe levels of childhood trauma, the less they showed improvements in parent-child interactive quality. It should be noted however that the size of this interaction effect was small in magnitude, similar to Steele et al. (2019). In addition, the levels of parents' adverse childhood experiences in our sample were very high: All parents reported traumatic childhood experiences to some extent, with the majority even reporting severe levels of childhood trauma. Hence, the current study suggests that the AVI should be a preferred strategy for parents with childhood trauma, but for those with severe levels of childhood trauma, findings of this study provides further evidence that a more specific (trauma-specific) or more intensive intervention approach may be required for these families.

Similar moderating effects of parental childhood trauma have been observed in previous studies regarding the effects of attachment-based video-feedback interventions in adolescent mothers (Moran et al., 2005) and mothers at risk for maltreatment (Steele et al., 2019), and have also been reported in a meta-analytic study with respect to general treatment outcomes for depressed patients (Nanni et al., 2012). Nevertheless, not all studies have reported moderating effects of childhood trauma in this direction. A recent RCT with a sample of parents referred to CPS found the opposite effect: Parents who experienced physical abuse in their childhood benefited more from a short-term attachment-based intervention than those without such experiences (Pasalich et al., 2019). One difference with the current study is that Pasalich et al. (2019) only included childhood abuse, and not childhood neglect histories in their analyses. In the analyses for this study, we did not distinguish between different types of child maltreatment, but rather considered the overall presence of parents' childhood abuse and neglect experiences. Parents with complex childhood trauma, involving an exposure to various and multiple traumatic events of various consequences, and perhaps resembling parents of our own study who had more severe levels of childhood trauma, may precisely be those more resistant to treatment effects.

One explanation for the fact that AVI parents with severe levels of childhood trauma benefited less from the intervention than those with lower childhood trauma might be related to the negative effects of these childhood adversities on their current functioning. Through the often chronic stressful experiences of child maltreatment, children's stress regulation can be severely disrupted, increasing their risk to develop psychopathology such as posttraumatic

stress disorder later in their lives (De Bellis & Zisk, 2014). Parents who have been maltreated as a child are thus at greater risk to show trauma symptoms, including intrusion (e.g., flashbacks of the traumatic event) and avoidance symptoms (e.g., avoiding thoughts about the traumatic event [American Psychiatric American Psychiatric Association, 2013]) that can be reenacted by the mere presence of their child or the thought of having to care for them. In addition, these parents are at greater risk to show other types of trauma-related psychopathology (Kessler et al., 2010). This may not only increase their likelihood of showing more negative interactive patterns with their own children (Lyons-Ruth & Block, 1996), but it may also affect their ability to fully engage in an intervention, especially a parent-child training intervention. For instance, it could be that witnessing video sequences from their own interactions with their child is particularly stressful as this might activate emotions of fear, confusion, anger, or helplessness related to the trauma of their past negative interactions with their own caregivers. They also might be less engaged in the intervention in order to avoid having to re-experience these trauma-related emotions. This could certainly interfere with the parents' ability to profit from new and more positive parent-child interactions, which is what the AVI intends to promote to facilitate the integration of new information on how to behave with the child. This might imply that parents who are severely affected by their traumatic childhood experiences would need a concurrent or prior specific intervention component focused on the processing of their individual trauma to optimally benefit from an attachment parenting intervention focused on parent-child interactions.

Another explanation for the weakened intervention effects for parents with severe levels of childhood trauma could be that they have more difficulties in reflective functioning. One study showed that maltreating parents' trauma-related mentalization – which refers to parents' ability to reflect on the impact of their own traumatic childhood experiences – was related to an increased risk of disorganized attachment in their children (Berthelot et al., 2015). A trauma informed component could therefore be that more attention should be paid to promote parents' reflective functioning – helping parents distinguish between their own past experiences as a child and those occurring with their actual child, as well as the impact of their traumatic childhood experiences on their actual relationship with their child – in order for them to benefit more from a parenting intervention. Even though this might be challenging, because many parents with adverse childhood experiences might consider mentalizing as threatening and frightening and they may have limited intellectual resources to do so, the fruitfulness of such an approach has also been shown promising by a panel of stakeholders who work with traumatized parents (Berthelot, Lemieux, & Lacharite, 2018). Perhaps one way to successfully integrate a mentalization focus in short parenting interventions is to provide more sessions so that the parent-intervener relationship can be strengthened. If the parent is able to use the intervener as a secure base, it might be easier to open up, explore, and reflect on their traumatic experiences.

Limitations

Some limitations of this study should be mentioned. First, we used a retrospective self-report measure to assess parents' childhood trauma experiences. Because there is generally little overlap between prospective and retrospective reports of child maltreatment (Baldwin, Reuben, Newbury, & Danese, 2019) and potential risks of self-report measures include either over- or underreporting of child maltreatment, it may be that this is not a true reflection of

the actual presence of parents' childhood maltreatment in this sample. On the other hand, excellent reliability and validity rates of the CTQ have been reported, also in clinical samples (Bernstein, Ahluvalia, Pogge, & Handelsman, 1997; Bernstein et al., 1994) and in the current sample (α = .96), which suggests that this measure should provide a reasonable indication of the actual presence of childhood maltreatment in this sample. Another limitation is related to the current study design, as this included a non-randomized comparison group. Evidence for the interaction effect was most convincing for the comparison between parents who received AVI and parents who were not randomized and received a regular parenting capacity assessment (which did not include an intervention component), and in this latter group, higher levels of childhood trauma were reported by the parents. When the two randomized groups (AVI and PI) were compared, the interaction effect was significant in the complete case analysis, but only marginally significant after multiple imputation was applied. However, considering that the psychoeducative intervention group (PI) was quite small (*n* with complete data = 18) and the regression coefficients of the interaction effects were similar in the complete and imputed analyses, this might be attributed to power issues.

Implications for clinical practice

The finding that maltreating parents who were most severely affected by their own childhood adversities responded less well to an attachment-based parenting intervention implicates that identification of this group is important for clinical practice. Perhaps these parents need an extra intervention component focused on the processing of their individual trauma (Madigan, Vaillancourt, McKibbon, & Benoit, 2015), or they might benefit more from interventions with a higher intensity so that they can develop a secure bond with their provider through which they feel safe to mentalize about their past trauma experiences. Obviously, more research is needed to refine actual interventions and better match the individual needs of parents with adverse childhood experiences.

Conclusion

In conclusion, this study replicated previous findings that a short-term, attachment-based video-feedback intervention can be effective in enhancing parent-child interactive quality in a sample of maltreating parents. In addition, a small but significant interaction effect was found, such that parents with more severe levels of childhood trauma are less likely to benefit from this intervention.

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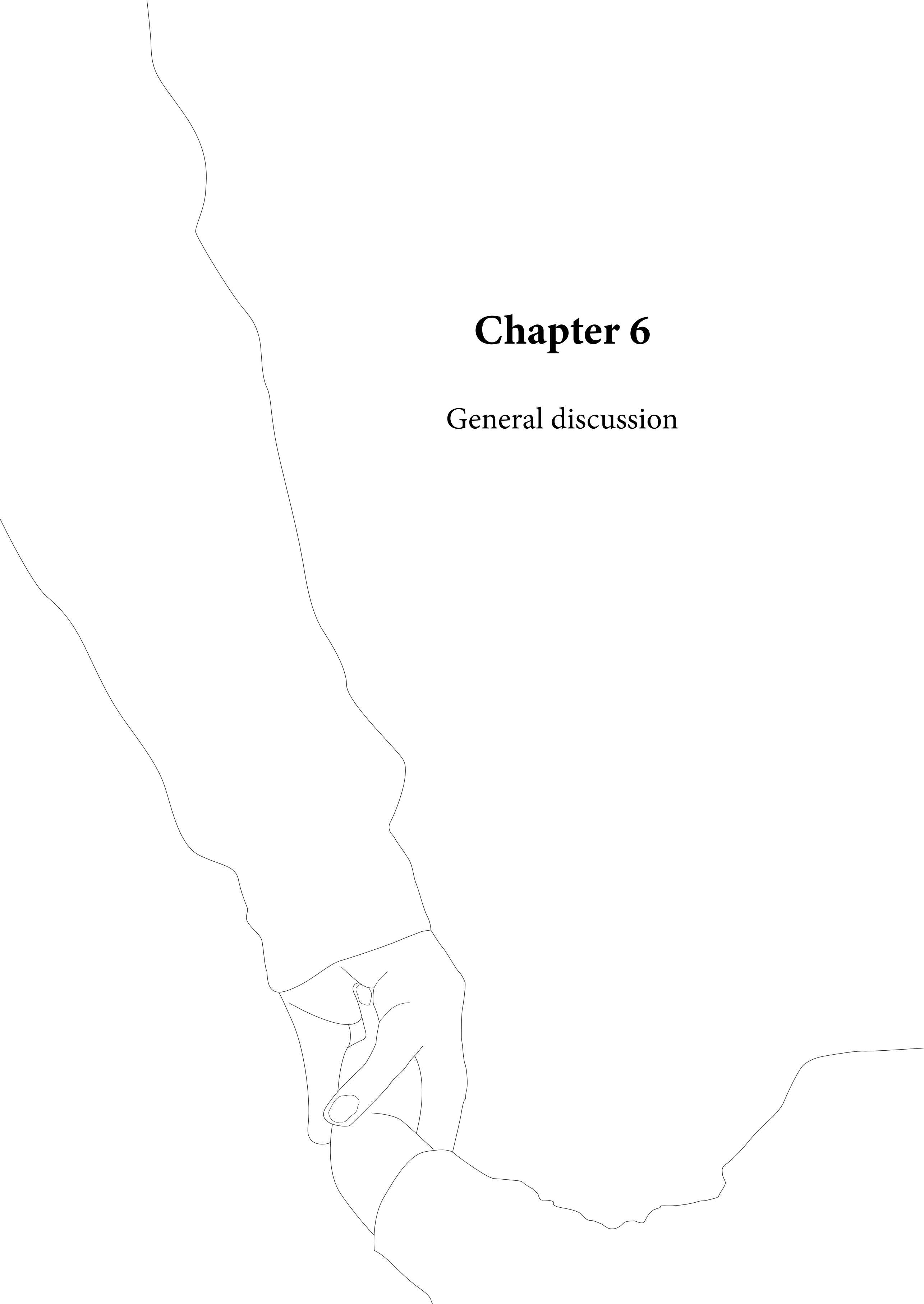

Chapter 6

General discussion

This dissertation focused on the role of attachment-based interventions in child protection cases involving young children. In the vignette study that was described in Chapters 2 and 3, we examined whether individual characteristics of (future) judicial and child welfare professionals impacted their decision-making and whether providing these professionals with information about parents' responses to an attachment-based intervention could increase their decision-making agreement. In Chapter 4, we tested whether implementing an attachment-based intervention in parenting capacity assessments in clinical practice contributed to more valid placement decisions. Finally, in Chapter 5, we focused on a question relevant for implementation of attachment-based interventions in child protection cases, by testing whether parents who had experienced more severe levels of childhood trauma were less likely to benefit from an attachment-based intervention. Implications and considerations related to the studies included in this dissertation will be discussed in the current chapter.

Subjective factors affect decision-making

One goal of the vignette study that was described in Chapters 2 and 3 was to investigate how individual characteristics of (future) decision-makers – including their work experience, professional background, and psychological factors – affect placement decisions. These results were described in Chapter 3. In line with previous research (Bartelink et al., 2018; Davidson-Arad & Benbenishty, 2010, 2016), we found that (future) professionals less often decided to place children out of home when they generally considered out-of-home placements as more harmful. Children's court judges more often had such a negative attitude toward out-of-home placements than child welfare professionals. In addition, this study was the first to show that (future) professionals with a more flexible mind-set regarding parents' ability to change – indicating that they have the implicit belief that parents are generally capable of changing their parenting skills – less often decided to place children out of home. Work experience, professional background, and professionals' attitude toward the effectiveness of out-of-home placements did not affect decision-making in this study.

The results of this study implicate that some individual characteristics of judicial and child welfare professionals involved in child protection cases affect their decisions or recommendations with respect to out-of-home placements. These findings might be explained by the fact that the diversity, unpredictability, and complex interplay of problems often encountered in maltreating families can make it difficult to predict children's future well-being and hence, to support decisions about child placement. Decision-making in child protection cases in practice is even further complicated by factors such as time pressure, a high workload, and lacking or contradictory case information (Munro, 1999, 2008). Under such uncertain conditions, people are more prone to intuitively rely on to their own implicit ideas and beliefs, which increases the chance that they will make systematic reasoning biases in their decisions (Kahneman, Slovic, Slovic, & Tversky, 1982; Munro, 1999). This might also explain why professional agreement regarding placement decisions in child protection cases is generally low, despite the introduction of structured decision-making guidelines and risk assessment methods (Bartelink, van Yperen, & ten Berge, 2015).

The finding that professionals' attitude toward the harmfulness of out-of-home placements and their mind-set regarding parents' ability to change affected how often they decided for an out-of-home placement is something that (future) professionals should be aware of. As argued previously, subjective influences in the decision-making process may not be easily

eliminated; on the one hand because of the complex and unpredictable nature of problems often encountered in families in child protection settings, and on the other hand because professionals in child welfare are often faced with a high workload, time pressure, and vague or incomplete case information (Munro, 1999, 2008). Yet, it would be important to increase (future) professionals' awareness of this impact by explicitly addressing this issue in education of future professionals and post-academic teaching for those professionals who work in child protection settings.

One related reason for the subjective influences on decision-making in child protection cases could be that decision-makers lack sufficient evidence about children's future risk of harm. If more concrete, objective, and relevant evidence predictive of children's future well-being could be added to the decision-making process, this could lead to more agreement on and a stronger predictive value of placement decisions. The subsequent parts of this dissertation focused on the empirical evaluation of one procedure that might add such relevant evidence to the decision-making process.

Attachment-based interventions to support placement decisions

An important hypothesis of this dissertation was that the implementation of attachment-based interventions in parenting capacity assessments for maltreating families would lead to a higher quality of subsequent placement decisions (e.g., Cyr & Alink, 2017; Cyr et al., 2012). We operationalized a higher quality of placement decisions by improved reliability (i.e., stronger agreement among professionals on whether or not an out-of-home placement should follow; this was tested in Chapters 2 and 3) and validity (i.e., face validity – which refers to professionals' confidence that their recommendation regarding child placement is accurate – and predictive validity – which should be reflected in positive developmental outcomes for all children and fewer recurring child maltreatment for those children who stay with their biological parents; this was tested in Chapter 4). The results of these two chapters were not clear-cut with respect to the effectiveness of attachment-based parenting capacity assessments.

Reliability

In the vignette study that was described in Chapters 2 and 3, we tested whether informing decision-makers with an evaluation of parents' response to an attachment-based intervention would lead to increased reliability of placement decisions. We considered decision-making agreement as an indicator of the quality of placement decisions, because more agreement between professionals implies increased objectivity. We compared decision-making agreement among participants for "control vignettes", which consisted of shortened and anonymized case descriptions from the Child Protection Board, and "experimental vignettes", which consisted of the exact same case descriptions, but with one added (fictive) paragraph describing parents' response to an attachment-based intervention. The results of this study were not unequivocal, but generally confirmed that including information about parents' response to an attachment-based intervention in the vignettes led to increased decision-making agreement. This result was most apparent for vignettes that included a positive evaluation of parents' response to the intervention and for vignettes that concerned the most ambiguous cases. This latter finding would fit with our hypothesis that implementing an attachment-based intervention to support placement decisions would be most fruitful for ambivalent cases for which an initial assessment does not lead to a clear picture regarding the family situation and hence,

the child's safety.

Of course, the fact that we found an increased agreement among decision-makers when they had received additional case information about parents' response to an attachment-based intervention does not ensure that these decisions would also lead to better outcomes for children in practice (i.e., an improved validity). Yet, reliability is an essential component of improved decisions, because without sufficient reliability decisions cannot be considered valid. Therefore, the current study was an important first step before investigating in practice whether placement decisions supported by attachment-based interventions would also result in better outcomes for children.

Validity

The hypothesis that implementing attachment-based interventions in assessments of parenting capacities would also lead to improved validity of placement decisions was tested in the randomized controlled trail (RCT) that was described in Chapter 4. This study was conducted in a unique setting in the Netherlands, because it took place in four residential family clinics where highly intensive evaluations of parenting capacities are being conducted to support placement decisions. We randomized 56 parent-child dyads over two groups: A regular parenting capacity assessment group, for whom the parenting capacity assessment was based on care as usual, and an attachment-based parenting capacity assessment group, for whom the assessment was additionally based on Video-feedback Intervention to promote Positive Parenting and Sensitive Discipline (VIPP-SD; Juffer, Bakermans-Kranenburg, & Van IJzendoorn, 2016). Results of this study did not reveal any significant differences between the two groups on any of the outcome measures, which was contrary to our expectations. A few explanations may account for these unexpected null-findings.

First, even though a parallel Canadian study did find that a parenting capacity assessment based on an attachment-based intervention enabled therapists to better predict future reoccurrences of child maltreatment (Cyr et al., 2015), the context in which the current study was conducted differed in some important ways. One is related to the unique setting of the Dutch family clinics in which our study was conducted: Families who reside in these clinics receive highly intensive support over the course of a couple of months. Parenting capacity assessments of such intensity are, to our knowledge, not being conducted internationally. For instance, in the Canadian study by Cyr et al. (2015), the families were visited at their own homes for a maximum of twelve 3-hour sessions – which is far less intensive than the support that is provided to families in the Dutch clinics. It could be that VIPP-SD does not contribute to more valid placement decisions in this specific context, because therapists might already be able to make a well-informed evaluation of parenting capacities based on the regular intensive assessment procedure. A second explanation for the lack of significant findings is related to some methodological issues such as a small sample size that have affected the statistical power of the current study.

Parents' past trauma impedes the effectiveness of attachment-based interventions

We examined the effectiveness of attachment-based interventions in child protection settings more closely in a Canadian study (Chapter 5) that involved the same sample as the study by Cyr et al. (2015). The sample of this study included maltreating families who were referred to

Child Protection Services for an assessment of their parenting capacities in the context of a potential out-of-home placement decision. This sample was thus very similar to the sample of our Dutch intervention study that was described in Chapter 4. The parent-child dyads who were included in this Canadian study (children were aged 0-5 years) were either randomized to receive the Attachment Video-feedback Intervention (AVI; Moss et al., 2018) – an intervention that is quite similar to VIPP-SD – or a psychoeducational intervention, or they were included in a non-randomized comparison group which did not include a specific intervention but only concerned an assessment of their parenting capacities. We replicated previous reports of the effectiveness of short-term, attachment-based interventions for (at risk) maltreating families (Bernard et al., 2012; Moss et al., 2011; Negrao, Pereira, Soares, & Mesman, 2014), by demonstrating that parents who had received AVI showed the strongest improvements in parent-child interactive quality post-intervention. In addition, in line with our hypothesis, we found that the intervention effects were smaller for parents who reported more severe levels of childhood trauma. It should be noted that this interaction effect was most apparent for the comparison between parents who received AVI and the non-randomized comparison group that did not include an intervention component. Nevertheless, considering that the number of families in the randomized psychoeducational intervention group (*n* with complete data = 18) was considerably lower than in the other groups, this might be attributed to power issues.

These results confirm that a one size fits all approach does not work for the complex population of families in child protection settings. More specifically, these findings suggest that parents with more complex and severe levels of childhood trauma represent a specific group for whom a different, more trauma-informed intervention approach is needed. It could be that these parents need an extra intervention component that addresses their own trauma prior to or simultaneously with an attachment-based intervention aimed at their parenting, in order to maximize their potential to show improved parenting skills post-intervention. Another approach that might better suit these parents' needs would be to focus on improving their reflective functioning – for instance on how their own traumatic childhood experiences may interfere with their current relationship with their child. This might be achieved by increasing the intensity of the intervention, so that the parent is able to develop a secure bond with the intervener through which it will be safer to reflect on the impact of the parent's past experiences on his or her current functioning in general and as a parent (e.g., Berthelot, Lemieux, & Lacharite, 2018).

The effectiveness of attachment-based parenting capacity assessments

Taking the results of this dissertation together, only tentative conclusions can be drawn about the effectiveness of attachment-based parenting capacity assessments to support placement decisions. Results of the vignette study did confirm that implementing an attachment-based intervention in the decision-making process can lead to increased reliability, which would suggest an enhanced quality of decisions because this implies more objective decision-making. We would argue that this emphasizes the relevance of an evaluation of parents' response to an attachment-based intervention to inform decision-makers. More specifically, an evaluation of parents' responses to an attachment-based intervention can give a valuable indication of the likelihood that parents are able to improve important parenting skills, and can therefore be used as concrete evidence to support placement decisions in child protection cases. Even though in the intervention study we did not find evidence that attachment-based parenting

capacity assessments outperformed parenting capacity assessments as usual in terms of validity of subsequent placement decisions, this does not mean that it would not be worthwhile to explore different implementations of attachment-based interventions in parenting capacity assessments, including other contexts than the family residential clinics in which the current study was conducted.

That is, it should be noted that the Dutch clinics in which we conducted our RCT to evaluate the effectiveness of the attachment-based parenting capacity assessment protocol constitute a unique setting in the child protection system. Referral to a parenting capacity assessment in one of these clinics is usually considered as parents' last chance after a long trajectory of home-based support and involves extremely intensive observation and treatment. It could be that in this setting, implementing an attachment-based intervention does not lead to substantial, clinically relevant improvements in the quality of subsequent placement decisions. In addition, because of the high costs that come with a trajectory in these clinics, only a selective group of families for whom a placement decision is being considered can be referred there. For these reasons, it would be interesting to explore the effectiveness of an attachment-based parenting capacity assessment protocol in different contexts. Perhaps a good setting would be an earlier stage in the decision-making process. For example, if a family is put under supervision for suspected or substantiated child maltreatment and they receive home-based support in this context, evaluating parents' response to a short-term attachment-based intervention might lead to a better-informed indication of their parenting capacities and consequently contribute to better placement decisions. The parallel Canadian study showed that such an approach can enhance the predictive validity of placement decisions (Cyr et al., 2015); it would be important to investigate whether such an approach would be effective in the Netherlands as well.

Even though the results of the vignette study that was described in this dissertation and recent international evidence (Cyr et al., 2015) do advocate for the use of attachment-based interventions in parenting capacity assessments, some important challenges remain in the development and fine-tuning of parenting interventions for maltreating families in child protection cases. Ideally, interventions that are used as a basis for parenting capacities assessments have been rigorously tested in empirical studies and are tailored to families' individual needs (Harnett, 2007). This notion is compromised by the fact that not that many evidence-based parenting interventions are available for maltreating parents (Euser, Alink, Stoltenborgh, Bakermans-Kranenburg, & Van IJzendoorn, 2015; Van der Put, Assink, Gubbels, & Boekhout van Solinge, 2018) and that not all parents equally benefit from these interventions. Although it could be that some parents actually lack the skills to sufficiently improve their parenting capacities with an intervention, the findings of Chapter 5 of this dissertation implicate that parent traumatization is an important factor to take into account in intervention programs. If interventions are better tailored towards the needs of parents who are severely affected by their traumatic childhood experiences by adopting a trauma-informed approach, this would likely increase the number of parents who are able to significantly improve their parenting capacities and thereby diminish the risk of an out-of-home placement of their children. Given the high prevalence of trauma in maltreating parents (Madigan et al., 2019), it is important that more research is directed at investigating the effectiveness of more trauma-informed intervention programs.

Finally, it is important to note that evaluations of parents' response to an attachment-based

intervention should always be interpreted in the light of other risk and protective factors that are present in the family. We would argue that an evaluation of parents' response to an attachment-based intervention would be particularly valuable for families where an initial cross-sectional risk assessment does not lead to a clear picture regarding the child's well-being. Although risk factors such as a lack of social support, substance abuse, or parental psychopathology can severely interfere with parents' capacity to take care of the child, when it remains equivocal whether or not the child should be placed out of home, it would be critical to know whether parents are able to improve important parenting skills when they are supported by an evidence-based intervention (Cyr et al., 2012; Harnett, 2007).

Limitations and implications for future studies

The findings of this dissertation result in several relevant reference points for future research. First, with respect to examining subjective influences on the decision-making process, it will be important to further develop and validate questionnaires that assess professionals' mind-set and attitudes. We found that these psychological characteristics, rather than other characteristics such as work experience, affected their decision-making. However, the questionnaires that were used to measure these aspects had some limitations. The questionnaire regarding professionals' attitudes toward the effectiveness and harmfulness of out-of-home placements consisted of only two items, and the questionnaire concerning their mind-set towards parents' ability to change was based on items that were specifically constructed for this research. Both questionnaires should be further developed and validated in further studies, so that more firm conclusions can be drawn about the influence of these psychological characteristics on decision-making.

Because presently no evidence-based protocols to assess parenting capacities are available in the Netherlands, it is of paramount importance that empirical studies evaluating the effectiveness of new assessment protocols will be conducted again in the future. To our knowledge we were the first – parallel to a Canadian research group (Cyr et al., 2015) – to conduct an RCT to evaluate the effectiveness of a parenting capacity assessment protocol to support placement decisions. More such rigorous studies should be conducted to increase the amount of empirical evidence that can be integrated in protocols and guidelines to support placement decisions. The need for this is also emphasized by the fact that the evidence-base for decision-making guidelines in child protection cases is currently quite scarce, both internationally (Bartelink et al., 2015) and in the current Dutch guidelines (Bartelink, Addink, Udo, van der Haar-Bolwijn, & van Yperen, 2019).

In designing future studies in this context, it should be taken into account that a high attrition rate among families in a child protection settings is common (e.g., due to changing addresses or phone numbers or severe parental psychopathology). This can be partly overcome by additionally including other sources of information than only parent reports, such as official reports of recurring child maltreatment and reports from involved child welfare professionals. An extra advantage of these methods is that more objective information regarding children's well-being can be retrieved (Najman et al., 2001). In addition, it would be informative to adopt a more longitudinal approach in future studies. The current dissertation focused on very young children including infants and toddlers. Considering their vulnerability for negative effects of child maltreatment (e.g., De Bellis & Zisk, 2014) and the often long-term problems in these families, it would be important to examine which factors contribute

to either long-term stability or instability of placement decisions and other indices relating to children's quality of life.

Finally, the last study that was described in this dissertation implicates that future studies should investigate how individual differences between families that affect the effectiveness of parenting interventions should be addressed in intervention programs. In this dissertation, we found that parents' past childhood maltreatment experiences is one factor that should be taken into account. Future studies should identify what intervention approach would better suit the needs of parents with complex and severe levels of childhood trauma. For instance, a more intensive, trauma-informed intervention approach with more emphasis on reflective functioning (Berthelot et al., 2018) or an additional focus on parents' individual trauma.

Conclusion

Deciding on out-of-home placements in child protection cases is extremely complex. With this dissertation, we hope to provide a few reference points for one direction through which the quality of placement decisions might be improved. Overall, the results of this dissertation confirm that placement decisions in child protection cases are impacted by subjective factors including professionals' own attitudes and mind-set. Because we argue that the influence of subjective factors can be reduced by inserting relevant evidence into the decision-making process, we tested the effectiveness of one procedure that might produce such information. Evidence for the notion that implementing an attachment-based intervention in parenting capacity assessments can enhance the quality of placement decisions was partially found in this dissertation: We found initial evidence for improved reliability, but not for improved validity, of placement decisions. Taking these findings together with international evidence (Cyr et al., 2015), we do tentatively conclude that attachment-based interventions can contribute to an improved the quality of placement decisions. However, more research is needed to determine what implementation would be most fruitful in the Dutch child protection context. Finally, our finding that maltreating parents with more severe levels of childhood trauma benefited less from an attachment-based intervention implicates that we need to consider families' individual needs when conducting interventions in this setting – and that more trauma-informed interventions might be needed for this purpose. This way, not only more parents will benefit from these interventions, their responses to these interventions might also be a more valid source of information to support placement decisions.

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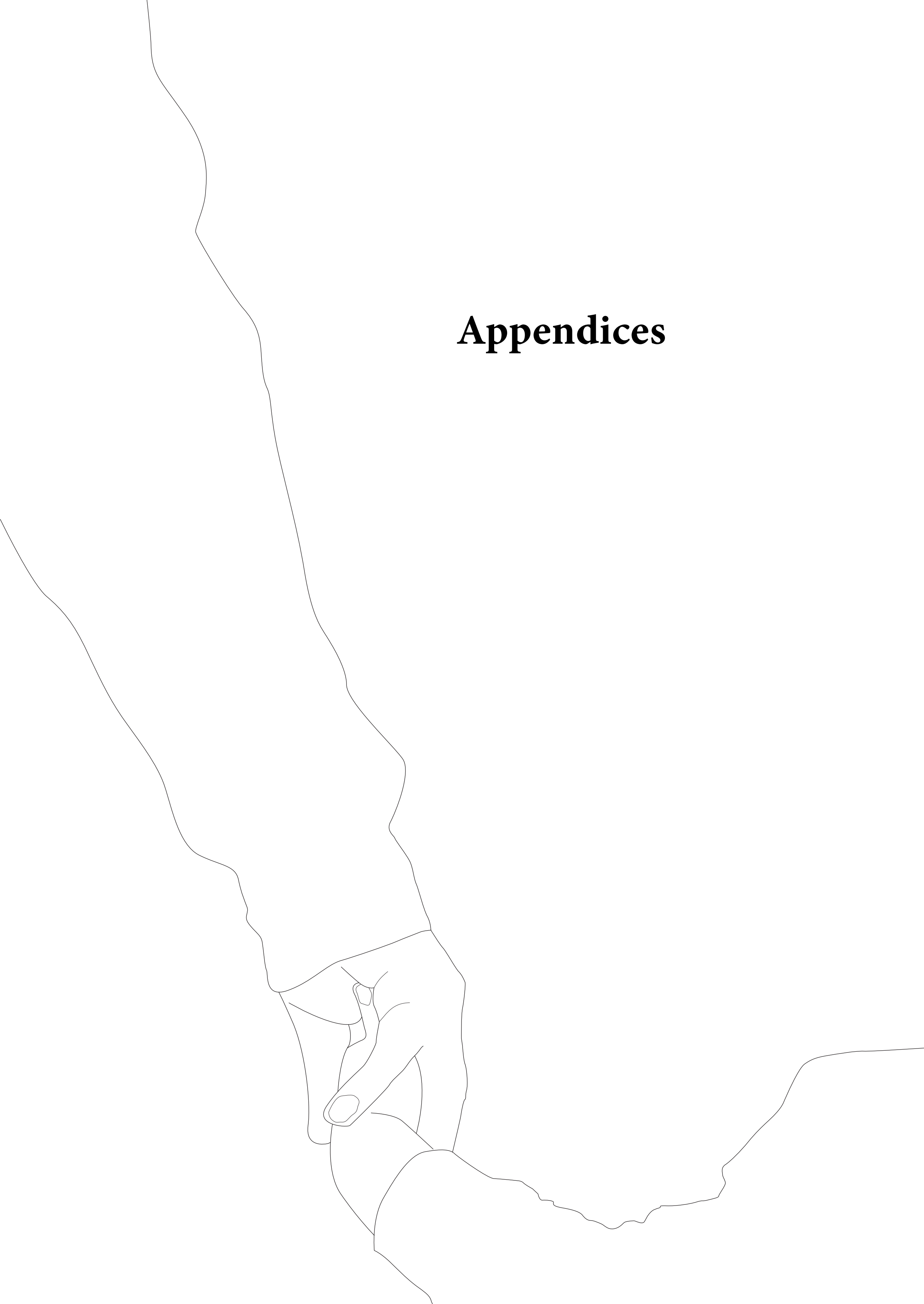

Appendices

Nederlandse samenvatting (Summary in Dutch)

Inleiding

Kindermishandeling is een veelvoorkomend fenomeen met ernstige gevolgen voor de ontwikkeling van kinderen (Gilbert et al., 2009; Norman et al., 2012; Romens, McDonald, Svaren, & Pollak, 2015; Stoltenborgh, Bakermans-Kranenburg, Alink, & van IJzendoorn, 2015). Het omvat alle vormen van fysieke, seksuele en emotionele mishandeling en/of verwaarlozing en komt het vaakst voor binnen relaties die het meest proximaal zijn voor het kind (World Health Organization, 1999). Wanneer kindermishandeling plaatsvindt in een gezin, is het uithuisplaatsen van kinderen een uiterste maatregel die kan worden genomen om hen te beschermen. Uithuisplaatsingsbeslissingen zijn één van de moeilijkste beslissingen waarmee professionals in de jeugdzorg worden geconfronteerd, omdat deze beslissingen een drastische impact hebben op het leven van kinderen en hun ouders. Vanwege deze grote impact is het van uiterst belang dat uithuisplaatsingsbeslissingen met zo groot mogelijke zekerheid kunnen worden genomen en leiden tot de best mogelijke uitkomsten voor de ontwikkeling van kinderen.

Beslissen over uithuisplaatsingen is zeer ingewikkeld – niet alleen vanwege de complexiteit en onvoorspelbaarheid van problemen in gezinnen waarin kindermishandeling plaatsvindt, maar ook omdat professionals vaak tegenstrijdige en onvolledige informatie krijgen, onder tijdsdruk werken en een hoge caseload hebben (Munro, 1999, 2008). Bovendien ontbreken momenteel bewezen effectieve procedures om uithuisplaatsingsbeslissingen te ondersteunen. De complexiteit van uithuisplaatsingsbeslissingen wordt tevens weerspiegeld in wetenschappelijke studies waaruit blijkt dat er vaak gebrekkige overeenstemming bestaat tussen professionals (Bartelink, Addink, Udo, van der Haar-Bolwijn, & van Yperen, 2019; Bartelink, van Yperen, & ten Berge, 2015; Britner & Mossler, 2002) en dat subjectieve factoren invloed uitoefenen op het beslisproces (Benbenishty et al., 2015; Munro, 1999). Het is dus van groot belang dat meer onderzoek wordt uitgevoerd naar effectieve procedures om de kwaliteit van uithuisplaatsingsbeslissingen te verbeteren.

Eén mogelijke procedure die zou kunnen bijdragen aan een verbeterde kwaliteit van uithuisplaatsingsbeslissingen is om met behulp van een bewezen effectieve interventie een dynamische beoordeling van de opvoedingscapaciteiten van ouders uit te voeren (Cyr & Alink, 2017; Cyr et al., 2012; Harnett, 2007). Gehechtheidsinterventies gericht op het vergroten van de sensitiviteit van ouders zouden hier mogelijk geschikt voor kunnen zijn. Informatie over de vooruitgang die ouders laten zien na dit soort interventies (of het gebrek daaraan) kan namelijk een belangrijke indicatie geven van de mate waarin zij in staat zijn om belangrijke opvoedingsvaardigheden te verbeteren, waarmee de kwaliteit van de ouder-kindrelatie – en daarmee ook het welzijn van het kind – kan worden bevorderd (Cyr & Alink, 2017; Cyr et al., 2012). Wetenschappelijk onderzoek op dit gebied is echter nog zeer schaars. In dit proefschrift werd onderzocht of gehechtheidsinterventies kunnen bijdragen aan een verbeterde kwaliteit van uithuisplaatsingsbeslissingen voor gezinnen met jonge kinderen. Daarnaast werd onderzocht welke ouders meer of minder baat hebben bij gehechtheidsinterventies in deze context.

Subjectieve factoren beïnvloeden uithuisplaatsingsbeslissingen

Verschillende onderzoeken hebben uitgewezen dat beslissingen in kinderbeschermingszaken worden beïnvloed door subjectieve factoren. Zo is aangetoond dat er verschillen bestaan tussen ervaren en onervaren professionals en tussen pedagogen en kinderrechters wanneer zij dezelfde casus beoordelen (Britner & Mossler, 2002; Devaney, Hayes, & Spratt, 2017; Fleming, Biggart, & Beckett, 2015). Ook is in verschillende studies gevonden dat persoonlijke opvattingen van professionals samenhangen met hun oordeel over een casus (Bartelink et al., 2018; Davidson-Arad & Benbenishty, 2010). In de eerste studie die staat beschreven in dit proefschrift (hoofdstukken 2 en 3), werden verschillende vignetten over geanonimiseerde en ingekorte casussen van de Raad voor de Kinderbescherming voorgelegd aan 144 professionals (medewerkers van de Raad voor de Kinderbescherming, gezinsmanagers en kinderrechters) en masterstudenten (Pedagogische Wetenschappen en Jeugdrecht) die een belangrijke (toekomstige) rol spelen in het beslisproces. We vroegen elk van hen om vier casussen te lezen en aan te geven wat voor beslissing ze zouden nemen of adviseren met betrekking tot een mogelijke uithuisplaatsing van het kind. We vonden dat twee subjectieve factoren van invloed waren op deze beslissingen: de attitude van de deelnemers ten opzichte van de schadelijkheid van uithuisplaatsingen en hun *mindset* ten opzichte van de capaciteit van ouders om te veranderen. Deelnemers die een negatievere attitude hadden ten opzichte van uithuisplaatsingen (in andere woorden: een uithuisplaatsing als schadelijker beschouwden voor kinderen) besloten minder vaak tot een uithuisplaatsing. We vonden dat kinderrechters in het algemeen een negatievere attitude hadden ten opzichte van uithuisplaatsingen dan medewerkers van de Raad voor de Kinderbescherming en gezinsvoogden. Met betrekking tot *mindset* vonden we dat deelnemers met een meer vaste *mindset* ten opzichte van verandering (in andere woorden: niet geloven dat ouders in staat zijn om hun gedrag te veranderen) vaker besloten tot een uithuisplaatsing. Het aantal jaren werkervaring, de professionele achtergrond en de attitude ten opzichte van de effectiviteit van uithuisplaatsingen hadden geen van alle invloed op het beslisproces.

Deze bevindingen zijn in lijn met eerder onderzoek waaruit naar voren kwam dat individuele eigenschappen van professionals het beslisproces beïnvloeden (Bartelink et al., 2018; Davidson-Arad & Benbenishty, 2010, 2016). Een verklaring voor deze bevindingen is dat het door de diversiteit, onvoorspelbaarheid en complexe samenhang van de problemen die spelen in mishandelende gezinnen zeer moeilijk is om het toekomstig welbevinden van kinderen te voorspellen – en daarmee ook om uithuisplaatsingsbeslissingen goed te kunnen onderbouwen. Dit verklaart tevens waarom regelmatig wordt gevonden dat professionals, ondanks het bestaan van gestructureerde richtlijnen en risicotaxatie-instrumenten, tot verschillende conclusies komen over eenzelfde casus (Bartelink et al., 2015). Wanneer het beslisproces verrijkt kan worden met concreter bewijs met een voorspellende waarde voor het toekomstig welzijn van kinderen, zou dit mogelijk tot betere uithuisplaatsingsbeslissingen leiden. In hoofdstukken 2 en 4 van dit proefschrift werd een procedure geëvalueerd die hier mogelijk aan zou kunnen bijdragen.

Dynamische ouderschapsbeoordelingen in het beslisproces

Een belangrijk onderdeel van het beslisproces is een beoordeling van de opvoedingscapaciteiten van ouders. Richtlijnen voor uithuisplaatsingsbeslissingen schrijven voor dat als eerste

een cross-sectionele risicotaxatie zou moeten worden gemaakt over de balans tussen de ontwikkelingsbehoeften van het kind en de huidige opvoedingscapaciteiten van ouders (Bartelink, ten Berge, & van Vianen, 2017). Indien dit niet tot een eenduidige conclusie leidt over het al dan niet uithuisplaatsen van het kind, zou een meer dynamische beoordeling van de opvoedingscapaciteiten moeten plaatsvinden, waarbij wordt geëvalueerd in hoeverre ouders in staat zijn om binnen een bepaalde periode te profiteren van aangeboden hulpverlening. Hoewel nog vrijwel geen empirisch onderzoek is gedaan op dit gebied, biedt het raamwerk van Harnett (2007) hier goede kaders voor. Dit raamwerk werd ontwikkeld om beperkingen die in eerder onderzoek waren gerapporteerd te ondervangen. Uit eerder onderzoek bleek namelijk dat ouderschapsbeoordelingen vaak geen directe observaties van de ouder-kindrelatie bevatten, niet in de thuisomgeving werden uitgevoerd, meer gericht waren op de beperkingen van ouders dan op hun krachten en werden gebaseerd op slechts één momentopname (Budd, Poindexter, Felix, & Naik-Polan, 2001). Volgens het raamwerk van Harnett (2007) zou een meer gestructureerde beoordeling van opvoedingscapaciteiten moeten plaatsvinden op basis van een bewezen effectieve interventie. Een dergelijke interventie zou aan de volgende eisen moeten voldoen om de eerder genoemde beperkingen te ondervangen: er worden systematische observaties gemaakt van de ouder-kindrelatie in de thuisomgeving, er wordt gefocust op de krachten van ouders en de interventie is kortdurend.

Het belang van ouderlijke sensitiviteit

Een belangrijke vraag die hieruit voortvloeit is wat de focus zou moeten zijn van een interventie in een dergelijke procedure. Veel onderzoekers hebben beargumenteerd dat de focus zou moeten worden gericht op de sensitiviteit van ouders (Azar, Lauretti, & Loding, 1998; Cyr & Alink, 2017; Cyr et al., 2012; Schmidt, Cuttress, Lang, Lewandowski, & Rawana, 2007; Teti & Candelaria, 2002; Ward, Brown, & Hyde-Dryden, 2014; White, 2005). Ouderlijke sensitiviteit heeft betrekking op het vermogen van ouders om signalen van hun kind correct op te merken, hier de juiste betekenis aan te verbinden en er prompt en adequaat op te reageren (Ainsworth, Bell, & Stayton, 1974). Ouderlijke sensitiviteit hangt samen met allerlei positieve uitkomsten voor de emotionele, sociale en cognitieve ontwikkeling van kinderen (Bakermans-Kranenburg, van IJzendoorn, & Juffer, 2003; Bernier, Carlson, & Whipple, 2010; Eisenberg et al., 2001; Van Zeijl et al., 2006). Een belangrijk mechanisme hiervoor is de gehechtheidsrelatie tussen ouder en kind (Ainsworth, Blehar, Waters, & Wall, 1978; Bowlby, 1982; Juffer, Bakermans-Kranenburg, & van IJzendoorn, 2016). Sensitieve ouders laten namelijk voorspelbaar, coherent en positief gedrag zien ten opzichte van hun kinderen, waardoor kinderen hun ouder als veilige basis kunnen gebruiken wanneer ze stress ervaren. Met behulp van deze veilige basis leren kinderen om hun eigen emoties en gedragingen te reguleren en ontwikkelen ze een veilig intern werkmodel als blauwdruk voor toekomstige relaties.

In het geval van kindermishandeling biedt de ouder vaak geen veilige basis voor het kind: de ouder-kindrelatie wordt namelijk gekenmerkt door negatieve, onvoorspelbare en dysfunctionele gedragingen van de ouder. Hierdoor hebben mishandelde kinderen een sterk verhoogd risico om een gedesorganiseerde en/of onveilige gehechtheidsrelatie ten opzichte van hun ouders te ontwikkelen, wat hen kwetsbaar maakt voor het ontwikkelen van psychopathologie en andere negatieve ontwikkelingsuitkomsten (Cyr, Euser, Bakermans-Kranenburg, & van IJzendoorn, 2010; Fearon, Bakermans-Kranenburg, van IJzendoorn, Lapsley, & Roisman,

2010). Dit geldt in het bijzonder voor jonge kinderen, aangezien zij niet alleen extreem afhankelijk zijn van de zorg van hun ouders, maar ook extreem kwetsbaar voor de langetermijngevolgen van kindermishandeling (Chen & Baram, 2016). Wanneer ouderlijke sensitiviteit wordt bevorderd met een gehechtheidsinterventie, kan de kwaliteit van de ouder-kindrelatie worden verbeterd, waarmee tevens de ontwikkeling van het kind positief wordt gestimuleerd (Juffer, Bakermans-Kranenburg, & van IJzendoorn, 2017). Het is dan ook belangrijk dat een beoordeling van de opvoedingscapaciteiten van ouders informatie geeft over hun vermogen om sensitief opvoedgedrag te verbeteren.

Gehechtheidsinterventies ten behoeve van ouderschapsbeoordelingen

In de afgelopen decennia hebben verschillende studies de effectiviteit van gehechtheidsinterventies voor mishandelende gezinnen (of gezinnen met een hoog risico daarop) aangetoond (Bernard et al., 2012; Cicchetti, Rogosch, & Toth, 2006; Lieberman, Van Horn, & Ippen, 2005; Moss et al., 2011; Negrao, Pereira, Soares, & Mesman, 2014; Steele, Murphy, Bonuck, Meissner, & Steele, 2019). Enkele van deze interventies worden in een relatief korte periode van twee of drie maanden aangeboden (Bernard et al., 2012; Moss et al., 2011; Negrao et al., 2014), wat deze interventies geschikt zou kunnen maken voor een dynamische ouderschapsbeoordeling. Andere gemeenschappelijke kenmerken van deze interventies die overeenkomen met de criteria van Harnett (2007) zijn dat 1) de interventies in de thuisomgeving worden aangeboden, 2) ouder-kindinteracties systematisch worden geobserveerd, 3) de interventies zich richten op de krachten van ouders en 4) verschillende gerandomiseerde studies de effectiviteit van deze interventies hebben aangetoond. Wanneer wordt geëvalueerd hoe ouders reageren op een dergelijke gehechtheidsinterventie, zou dit concrete en objectieve informatie opleveren over de capaciteit van de ouder om belangrijke opvoedvaardigheden te verbeteren. Hiermee kan mogelijk een betere inschatting worden gemaakt van het toekomstig welzijn van het kind, waarmee uithuisplaatsingsbeslissingen mogelijk beter kunnen worden onderbouwd.

Een belangrijke hypothese van dit proefschrift was dan ook dat het implementeren van gehechtheidsinterventies in ouderschapsbeoordelingen zou leiden tot verbeterde uithuisplaatsingsbeslissingen voor gezinnen met jonge kinderen. De kwaliteit van uithuisplaatsingsbeslissingen werd onderzocht op zowel betrouwbaarheid als validiteit. Een hogere betrouwbaarheid zou betekenen dat er meer overeenstemming bestaat tussen professionals over of er wel of geen uithuisplaatsing zou moeten volgen; dit impliceert een grotere mate van objectiviteit. De validiteit van beslissingen kan worden onderverdeeld in verbeterde indruksvaliditeit – wat verwijst naar de zekerheid van professionals over de juistheid van hun beslissing – en predictieve validiteit – wat verwijst naar het toekomstig welzijn van kinderen.

In de vignettenstudie die in hoofdstukken 2 en 3 werd beschreven hebben we onderzocht of (toekomstige) professionals meer overeenstemming over uithuisplaatsingsbeslissingen lieten zien wanneer zij aanvullende informatie kregen over de mate waarin ouders vooruitgingen in hun opvoedvaardigheden na een gehechtheidsinterventie. We vergeleken hun beslisovereenstemming tussen twee typen vignetten: "controlevignetten", welke bestonden uit ingekorte en geanonimiseerde casussen van de Raad voor de Kinderbescherming, en "experimentele vignetten", welke uit precies dezelfde casussen bestonden, maar dan met een (fictieve) aanvullende alinea waarin werd beschreven in welke mate ouders vooruitgang lieten zien in hun op-

voedvaardigheden na een gehechtheidsinterventie. In het algemeen bevestigden de resultaten van deze studie dat het toevoegen van deze beschrijving leidde tot verhoogde overeenstemming over uithuisplaatsingsbeslissingen. Dit kwam het sterkst naar voren voor vignetten die beschreven dat de ouder(s) vooruitgang liet(en) zien na de interventie en voor de vignetten waarvan de casusbeschrijving als het meest ambivalent werd beschouwd. Deze laatste bevinding sluit aan bij onze hypothese dat het implementeren van gehechtheidsinterventies in het beslisproces het meest vruchtbaar zou zijn voor ambivalente casussen waarbij een eerste risicotaxatie niet tot een eenduidig beeld leidt over de toekomstige veiligheid van het kind.

De hypothese dat het implementeren van gehechtheidsinterventies in ouderschapsbeoordelingen ook zou leiden tot een verbeterde validiteit van uithuisplaatsingsbeslissingen werd onderzocht in een gerandomiseerd onderzoek dat staat beschreven in hoofdstuk 4. Dit onderzoek vond plaats in vier gezinsklinieken in Nederland waar zeer intensieve ouderschapsbeoordelingen worden uitgevoerd ter ondersteuning van beslissingen over uithuisplaatsing of hereniging. In dit onderzoek werden 56 gezinnen random verdeeld over twee groepen: één groep voor wie de beoordeling werd gebaseerd op de standaard hulpverlening die werd geboden in de kliniek, en één groep voor wie de beoordeling aanvullend daarop werd gebaseerd op de *Video-feedback Intervention to promote Positive Parenting and Sensitive Discipline* (VIPP-SD; Juffer, Bakermans-Kranenburg, & Van IJzendoorn, 2016). VIPP-SD is een bewezen effectieve, kortdurende gehechtheidsinterventie waarin gebruik wordt gemaakt van video feedback. De validiteit van beslissingen werd onder andere onderzocht door te meten hoe zeker de gedragsdeskundigen in de klinieken zich voelden over hun advies met betrekking tot uithuisplaatsing van het kind (indruksvaliditeit) en hoe vaak kinderen die met hun biologische ouder(s) naar huis gingen na de ouderschapsbeoordeling opnieuw werden mishandeld (predictieve validiteit). In dit onderzoek werden geen significante verschillen gevonden tussen beide groepen, wat strookt met onze hypothese. Hiervoor kunnen verschillende verklaringen worden genoemd. Ten eerste vond deze studie plaats in een unieke setting: gezinnen die in de gezinsklinieken verblijven worden gedurende een periode van zes tot twaalf weken zeer intensief geobserveerd en ondersteund. Voor zover wij weten worden ouderschapsbeoordelingen van een dergelijke intensiteit niet in andere landen uitgevoerd. In een parallelle Canadese studie die wel aantoonde dat een gehechtheidsinterventie tot verbeterde uithuisplaatsingsbeslissingen leidde (Cyr et al., 2012), werd in de controleconditie een veel minder intensieve ouderschapsbeoordeling uitgevoerd. Deze bevatte namelijk maximaal twaalf huisbezoeken van ongeveer 3 uur. Het zou dus kunnen dat VIPP-SD in ons onderzoek niet aantoonbaar bijdroeg aan een verbeterde ouderschapsbeoordeling ten opzichte van de al zeer intensieve reguliere procedure. Een tweede mogelijke verklaring voor het uitblijven van significante effecten in onze studie is gerelateerd aan methodologische beperkingen van het onderzoek, waarmee de power om significante effecten te detecteren werd ondermijnd.

De invloed van traumatische jeugdervaringen van ouders

Hoewel steeds meer onderzoek positieve effecten van gehechtheidsinterventies aantoont voor gezinnen waarin kindermishandeling plaatsvindt, is er nog weinig bekend over onderliggende mechanismen van gehechtheidsinterventies voor deze doelgroep. Het is belangrijk om hier meer kennis over te krijgen, zodat interventies op maat kunnen worden geboden aan

gezinnen om zo optimale resultaten te bereiken. Op deze manier zou ook de implementatie van gehechtheidsinterventies in ouderschapsbeoordelingen kunnen worden verbeterd. Mishandelende ouders kampen vaak met een scala aan problemen, waaronder psychopathologie, financiële problemen, gewelddadige en/of instabiele relaties en een beperkt sociaal netwerk. Daarnaast hebben ze vaak een belast verleden doordat ze ook in hun eigen jeugd werden mishandeld door hun ouders (Madigan et al., 2019). Wanneer ouders met veel van deze problemen kampen, zou verwacht kunnen worden dat hun vermogen om van een opvoedinterventie te profiteren minder groot is. Dit zou zeker kunnen gelden voor ouders die in hun eigen jeugd zijn mishandeld. Tijdens een gehechtheidsinterventie worden ouders namelijk direct geconfronteerd met videobeelden van interacties met hun kind. Voor ouders die in hun eigen jeugd mishandeld zijn, activeert dit mogelijk stressgevoelens gerelateerd aan hun eigen jeugdtrauma's. Dit kan het voor hen extra uitdagend maken om optimaal te profiteren van deze interventie. Verschillende onderzoeken hebben al aangetoond dat traumatische jeugdervaringen van ouders de effecten van gehechtheidsinterventies kunnen modereren (Moran, Pederson, & Krupka, 2005; Steele et al., 2019). Dit is echter nog niet aangetoond in een steekproef van ouders waarvan is aangetoond dat zij kindermishandeling hebben gepleegd.

De hypothese dat jeugdtrauma's van de ouder de effecten van een gehechtheidsinterventie modereren werd onderzocht in een Canadees onderzoek dat in hoofdstuk 5 beschreven staat. Dit onderzoek bevatte een steekproef van mishandelende ouders die waren verwezen naar de kinderbescherming voor een ouderschapsbeoordeling omdat er mogelijk een uithuisplaatsingsbeslissing zou volgen. Deze steekproef is dus vergelijkbaar met de steekproef uit hoofdstuk 4 van dit proefschrift. Er deden 88 ouder-kindparen mee aan dit onderzoek, waarvan de kinderen 0 tot 5 jaar oud waren. De gezinnen werden random verdeeld over twee verschillende groepen: één groep voor wie de ouderschapsbeoordeling werd gebaseerd op een kortdurende gehechtheidsinterventie die lijkt op VIPP-SD, de *Attachment Video-feedback Intervention* (AVI) (Moss et al., 2018) en één groep voor wie de ouderschapsbeoordeling werd gebaseerd op een interventie die uit psycho-educatie bestaat. Daarnaast werd gebruik gemaakt van een niet-gerandomiseerde vergelijkingsgroep die bestond uit gezinnen voor wie een ouderschapsbeoordeling plaatsvond zonder specifieke interventie. De resultaten van dit onderzoek bevestigden onze hypothese: hoewel de AVI effectief bleek in het verbeteren van de kwaliteit van de ouder-kindrelatie, hadden de meest getraumatiseerde ouders minder baat bij de interventie. Dit impliceert mogelijk dat deze groep ouders een meer trauma-sensitieve aanpak behoeft om optimaal te kunnen profiteren van een gehechtheidsinterventie.

Aanbevelingen voor de klinische praktijk en vervolgonderzoek

Op basis van de resultaten van dit proefschrift kunnen slechts voorzichtige conclusies worden getrokken over het verbeteren van de kwaliteit van uithuisplaatsingsbeslissingen. Toch biedt dit proefschrift verschillende relevante implicaties voor de klinische praktijk en toekomstig onderzoek. Een eerste implicatie die volgt uit de vignettenstudie die werd beschreven in hoofdstukken 2 en 3 is om (toekomstige) professionals bewust te maken van de mogelijke invloed van hun persoonlijke opvattingen en *mindset* op het beslisproces, bijvoorbeeld door hier aandacht aan te besteden in (postacademisch) onderwijs. Daarnaast biedt de vignettenstudie bewijs voor de hypothese dat het implementeren van gehechtheidsinterventies in het beslisproces kan bijdragen aan meer overeenstemming over uithuisplaatsingsbeslissingen.

Dit zou kunnen wijzen op een verbeterde kwaliteit van beslissingen, omdat een verhoogde betrouwbaarheid een hogere mate van objectiviteit impliceert. Hoewel we in het interventieonderzoek dat plaatsvond in de gezinsklinieken (hoofdstuk 4) geen bewijs vonden voor een verbeterde validiteit van beslissingen, is hier wel bewijs voor gevonden in een parallelle Canadese studie (Cyr et al., 2012). Meer onderzoek op dit gebied is dus noodzakelijk. Mogelijk zouden gehechtheidsinterventies in Nederland beter in een eerder stadium kunnen worden ingezet voor ouderschapsbeoordelingen. Wanneer gezinnen namelijk naar een gezinskliniek worden verwezen voor een beoordeling van hun opvoedingscapaciteiten, wordt dit meestal gezien als de laatste kans van ouders na een lang en intensief ambulant hulpverleningstraject. Opname in de gezinskliniek omvat zeer intensieve observaties en beoordelingen voor een periode van zes tot twaalf weken. Binnen deze zeer intensieve setting kan moeilijker worden aangetoond dat een gehechtheidsinterventie van substantiële toegevoegde waarde is. Bovendien zijn er hoge kosten verbonden aan een traject in een gezinskliniek, waardoor niet alle gezinnen hiernaar kunnen worden doorverwezen. Om deze redenen zou het relevant zijn om te onderzoeken of en hoe gehechtheidsinterventies in een eerder stadium van het beslisproces zouden kunnen worden ingezet. Als een kind bijvoorbeeld onder toezicht wordt gesteld vanwege (vermoedens van) kindermishandeling, kan informatie over de mate van vooruitgang die ouders laten zien in hun opvoedvaardigheden na een gehechtheidsinterventie wellicht leiden tot een betere indicatie van hun opvoedingscapaciteiten, wat vervolgens weer kan bijdragen aan verbeterde uithuisplaatsingsbeslissingen.

Tot slot dient te worden opgemerkt dat er nog veel uitdagingen bestaan in het ontwikkelen en verfijnen van gehechtheidsinterventies voor gezinnen waarin kindermishandeling plaatsvindt. De resultaten van de Canadese studie die werd beschreven in hoofdstuk 5 van dit proefschrift bevestigen dat niet alle ouders optimaal kunnen profiteren van dergelijk interventies. De meest getraumatiseerde ouders lieten minder vooruitgang zien in hun opvoedvaardigheden na een gehechtheidsinterventie. Wanneer interventies meer toegespitst zouden worden op de specifieke problemen die deze ouders ervaren, zou mogelijk een groter aantal ouders in staat zijn om hun opvoedvaardigheden substantieel te verbeteren. Dit zou tevens het risico op een uithuisplaatsing van hun kind kunnen verminderen. Aangezien veel mishandelende ouders een belast verleden hebben (Madigan et al., 2019), is het belangrijk dat hier meer onderzoek naar wordt verricht.

Beperkingen van dit proefschrift

Dit proefschrift heeft een aantal beperkingen die vermeld dienen te worden. Ten eerste dienen de vragenlijsten die werden gebruikt in de vignettenstudie nog verder ontwikkeld te worden. Zo bestond de vragenlijst over attitudes ten opzichte van de effectiviteit en schadelijkheid van uithuisplaatsingen slechts uit twee items en waren de items over de *mindset* van professionals ten opzichte van de capaciteit van ouders om te veranderen specifiek voor dit onderzoek ontwikkeld. Wanneer deze vragenlijsten beter worden gevalideerd, kunnen meer solide conclusies worden getrokken over de invloed van deze subjectieve factoren op het beslisproces. De interventiestudie die staat beschreven in hoofdstuk 4 van dit proefschrift was, parallel aan een Canadees onderzoek (Cyr et al., 2012), het eerste gerandomiseerde onderzoek waarmee de effectiviteit van een procedure voor het beoordelen van ouderschapsvaardigheden werd getoetst. Meer van dit soort onderzoek zou moeten worden uitgevoerd, waarbij lessen

kunnen worden getrokken uit de uitdagingen die we in ons onderzoek tegenkwamen. Zo is het belangrijk om rekening te houden met een grote kans op uitval van gezinnen gedurende het onderzoek. Daarom zouden naast ouderrapportage ook andere bronnen moeten worden meegenomen in vervolgonderzoek, bijvoorbeeld dossiers van Veilig Thuis of rapportages van betrokken professionals uit de jeugdzorg. Tot slot is het van belang dat meer longitudinaal onderzoek wordt uitgevoerd. Dit proefschrift richtte zich op zeer jonge kinderen, waaronder baby's en peuters. Gezien de grote kwetsbaarheid van deze kinderen voor de negatieve gevolgen van kindermishandeling, is het van belang om te onderzoeken welke factoren op de lange termijn bijdragen aan de stabiliteit van uithuisplaatsingsbeslissingen en aan andere indicatoren van de kwaliteit van leven voor kinderen.

Conclusie

Beslissen over uithuisplaatsingen is zeer complex. Met dit proefschrift hopen we enkele aanknopingspunten te bieden voor één manier waarop uithuisplaatsingsbeslissingen mogelijk kunnen worden verbeterd. De resultaten van dit proefschrift bevestigen dat het beslisproces wordt beïnvloed door subjectieve factoren, waaronder de persoonlijke opvattingen van professionals en hun *mindset*. Omdat we beargumenteren dat het implementeren van een gehechtheidsinterventie in het beslisproces de kwaliteit van uithuisplaatsingsbeslissingen kan verbeteren, hebben we de effectiviteit van een dergelijke procedure onderzocht. Onze hypothese werd deels bevestigd in dit proefschrift: we vonden bewijs voor een verhoogde betrouwbaarheid, maar niet voor een verbeterde validiteit van beslissingen. Als we deze bevindingen samennemen met internationaal bewijs (Cyr et al., 2012), kunnen we voorzichtig concluderen dat gehechtheidsinterventies kunnen bijdragen aan verbeterde uithuisplaatsingsbeslissingen. Meer onderzoek is echter nodig om te achterhalen op welke manier dit het beste geïmplementeerd zou kunnen worden in Nederland. Tot slot hebben we in dit proefschrift aangetoond dat de meest getraumatiseerde ouders minder vooruitgang lieten zien na een gehechtheidsinterventie. Dit impliceert dat het belangrijk is om rekening te houden met individuele verschillen tussen gezinnen en dat deze groep ouders wellicht een meer trauma-sensitieve interventieaanpak behoeft. Op deze manier kunnen niet alleen meer ouders optimaal profiteren van gehechtheidsinterventies, maar kunnen hiermee ook meer valide beoordelingen van hun opvoedingsvaardigheden worden gemaakt.

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Curriculum Vitae

Sabine van der Asdonk werd geboren op 17 april 1992 te Weert. In 2010 behaalde ze haar vwo-diploma aan het Peellandcollege in Deurne. Aansluitend volgde zij de bacheloropleiding Pedagogische Wetenschappen aan de Universiteit Leiden. In 2013 startte Sabine met de research master *Developmental Psychopathology in Education and Child Studies* (specialisatie orthopedagogiek), welke zij in 2015 afrondde. Gedurende haar masteropleiding volgde Sabine een klinische stage bij het Preventief Interventie Team in Amsterdam, waar zij haar basisaantekening diagnostiek behaalde. Aansluitend aan haar master werkte Sabine voor korte tijd als onderwijs- en onderzoeksassistent bij het Instituut Pedagogische Wetenschappen van de Universiteit Leiden. Daaropvolgend startte zij in 2016 bij de programmagroep Forensische Gezinspedagogiek en Jeugdhulpverlening als promovenda op een onderzoeksproject naar een diagnostisch instrument ter verbetering van uithuisplaatsingsbeslissingen. Sabine heeft binnen dit project onderzocht of gehechtheidsinterventies kunnen bijdragen aan verbeterde uithuisplaatsingsbeslissingen voor gezinnen met jonge kinderen. De resultaten hiervan staan beschreven in dit proefschrift. Naast haar werk als promovenda is Sabine sinds 2016 tevens werkzaam als docent. In 2018 ontving Sabine subsidies van het Leids Universiteits Fonds en het Jo Kolk studiefonds, waarmee zij voor een maand een bezoek bracht aan het onderzoekslab van Prof. dr. Chantal Cyr aan de *Université du Québec à Montréal* in Canada. Samen met Prof. dr. Cyr onderzocht Sabine wat de invloed is van traumatische jeugdervaringen van ouders op de effectiviteit van een kortdurende gehechtheidsinterventie. De resultaten van dit onderzoek staan tevens beschreven in dit proefschrift. In 2019 ontving Sabine, samen met onder anderen Prof. dr. Lenneke Alink, een subsidie van ZonMw voor een onderzoek naar de effectiviteit van een trauma- en gehechtheidsgericht behandelprogramma voor getraumatiseerde gezinnen na huiselijk geweld. Sabine is momenteel werkzaam op dit project als postdoctoraal onderzoeker bij het Instituut Pedagogische Wetenschappen van de Universiteit Leiden. Daarnaast blijft ze werkzaam als docent.

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