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

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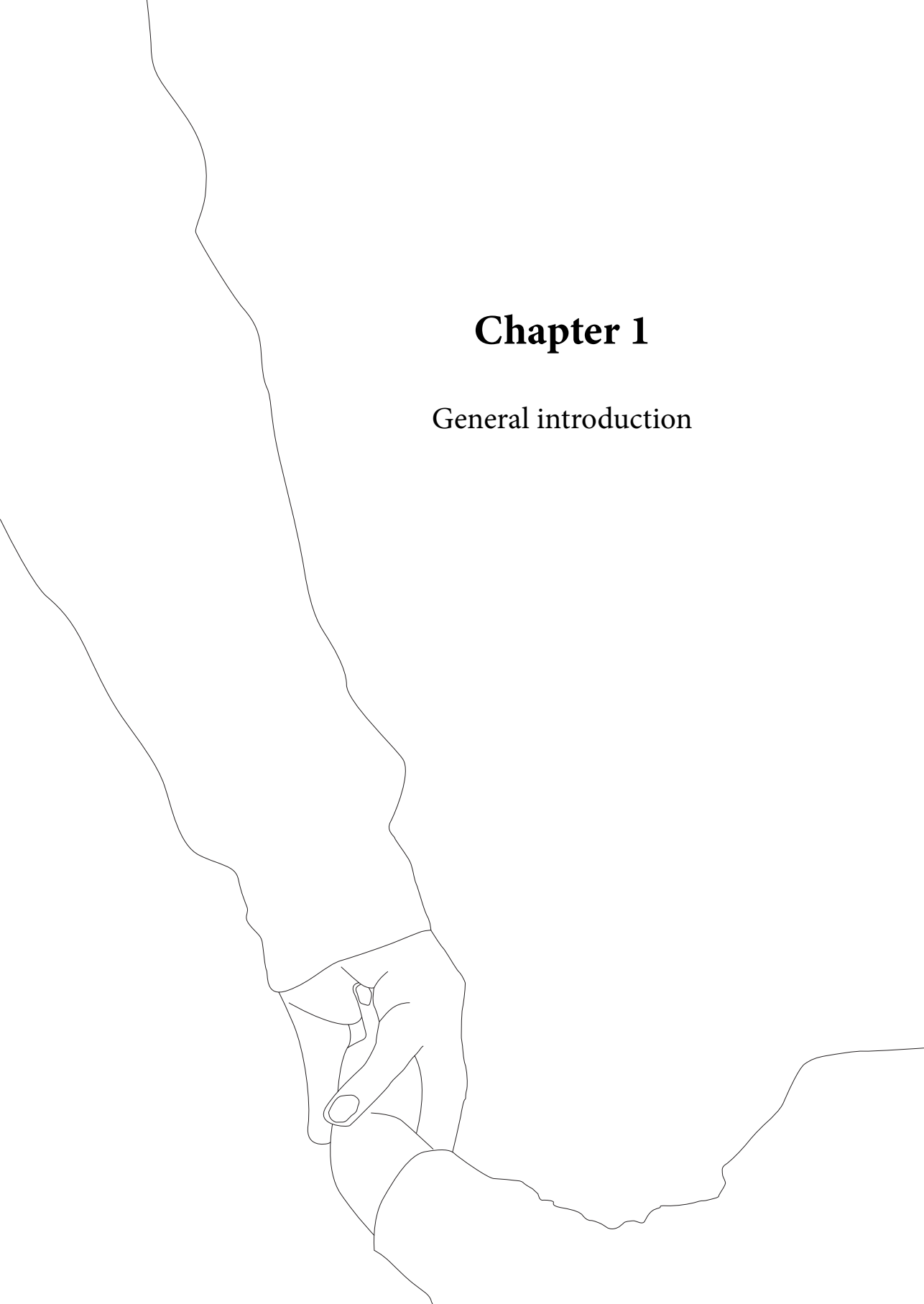
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Chapter 1

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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