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

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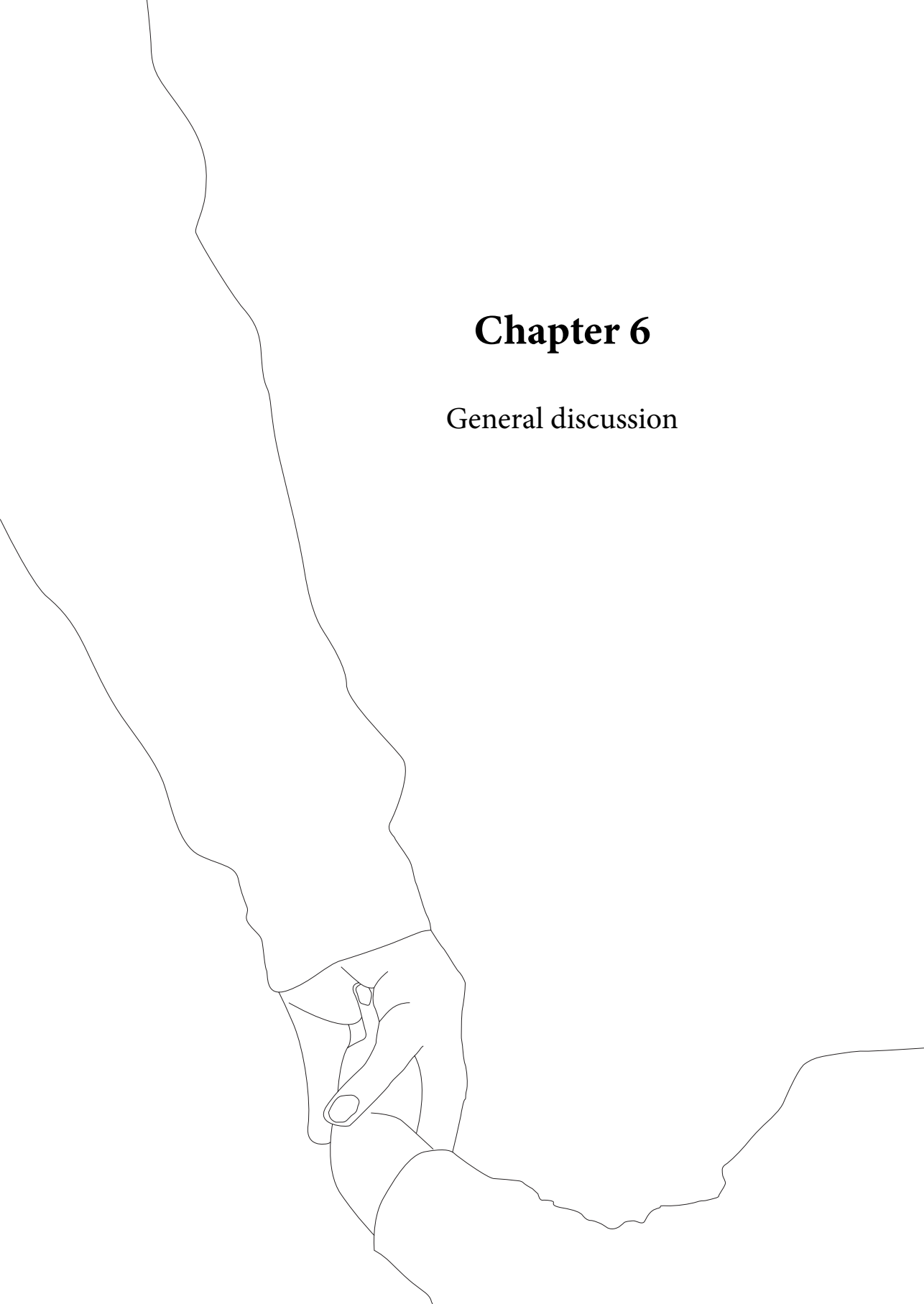
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Chapter 6

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 trial (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 recurrences 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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