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I'll take you under my wing: Positive parenting in foster care

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Chapter 1

General introduction

Adverse early life experiences are not uncommon among foster children: The large majority of these children have had experiences with abuse and/or neglect in their birth families and they have all been separated from their attachment figures (i.e., their birth parents) when placed in foster care (Greeson et al., 2011). These adverse experiences may contribute to difficulties in trusting new adults in their lives, which can subsequently result in the persistence or development of behavior problems such as indiscriminate friendliness (Chisholm, 1998), and in difficulties in forming a secure attachment relationship with their foster parents (Van den Dries, Juffer, Van IJzendoorn, & Bakermans-Kranenburg, 2009). Previous research indicated that specific child or foster parent characteristics are related to the reduction of developmental problems (e.g., Hiller & St Clair, 2018; Vanderfaeillie, Van Holen, Vanschoonlandt, Robberechts, & Stroobants, 2013), but studies specifically examining correlates of indiscriminate friendliness in foster children are rare.

Moreover, taking care of children who have experienced such early life adversities and who display behavior problems may be a struggle for foster parents. Foster parents may therefore benefit from parenting support, such as intervention programs. Parenting interventions that use video feedback (i.e., filming caregiver-child interactions and reviewing the video-tape with the caregiver at a later time) are known to be useful in helping parents to recognize behavioral signals of their child (Bakermans-Kranenburg, Van IJzendoorn, & Juffer, 2003). This may be especially helpful for foster parents who, in contrary to birth parents, have not known their foster child from pregnancy onwards and may be in need of help with getting to know (the possibly challenging behaviors of) their foster child.

Over the years, several intervention programs have been developed internationally and tested for its effectiveness in foster care. Some of these interventions are based on attachment theory, for example Attachment and Biobehavioral Catch-up (ABC; Dozier et al., 2006), Promoting First Relationships (PFR; Spieker, Oxford, Kelly, Nelson, & Fleming, 2012), and Foster Family Intervention (FFI; Van Andel, Grietens, & Knorth, 2012). Other intervention programs, such as Multidimensional Treatment Foster Care Program for Preschoolers (MTFC-P; Fisher & Kim, 2007), Parent Management Training-Oregon model (PMTO; Akin, Byers, Lloyd, & McDonald, 2015), and Parent-Child Interaction Therapy (PCIT; Mersky, Topitzes, Janczewski, & McNeil, 2015), are based on social learning theory. In general, these parenting interventions are individually effective in improving parental sensitivity (Bick & Dozier, 2013; Mersky et al., 2015; Spieker et al., 2012), reducing parenting stress (Fisher & Stoolmiller, 2008; Mersky et al., 2015), fostering attachment security (Dozier et al., 2009; Fisher & Kim, 2007; Pasalich, Fleming, Oxford, Zheng, & Spieker, 2016), and reducing child behavior problems (Akin et al., 2015; Dozier et al., 2006; Mersky, Topitzes, Grant-Savelle, Brondino, & McNeil, 2016; Pasalich et al., 2016), but their combined effect is unknown. In addition, it is important to know which parent or child outcomes can be effectively enhanced with which kind of intervention programs.

To contribute to the quality of foster care, the overall aim of this dissertation was to test and improve parenting interventions for foster care using three objectives. Firstly, it was meta-analytically examined to what extent existing parenting interventions are effective in improving parenting (e.g., sensitivity and discipline) and child outcomes (e.g., attachment security and behavior problems) in foster families and in a related type of family: adoptive families. Secondly, the effectiveness of an adaptation of Video-feedback Intervention to promote Positive Parenting and Sensitive Discipline (VIPP-SD; Juffer, Bakermans-Kranenburg, & Van IJzendoorn, 2008) was tested for foster care. And a last objective was to examine the relations of foster parents' sensitivity, attachment security, and child inhibitory control with indiscriminate friendliness of foster children.

FOSTER CARE AND ATTACHMENT THEORY

Adverse early life experiences may negatively influence foster children's emotional development and may consequently result in behavioral problems. The formation of a secure attachment relationship with new caregivers may prevent or reduce the development of these problems. Research has shown that securely attached children are more resilient, show better adaptability, and have a more optimal behavioral and social development compared to insecurely and/or disorganized attached children (Groh, Fearon, Van IJzendoorn, Bakermans-Kranenburg, & Roisman, 2017; Groh et al., 2014; Sroufe, Egeland, Carlson, & Collins, 2005). Unfortunately, foster children are more likely to develop an insecure disorganized attachment relationship with their foster parents than children living with and being raised by their birth parents (Van den Dries et al., 2009; Vasileva & Petermann, 2018).

Parental sensitivity plays an important role in the development of attachment relationships. Sensitive caregivers observe and interpret their children's signals correctly and subsequently respond to those signals adequately and promptly (Ainsworth, Blehar, Waters, & Wall, 1978). As a result, children seek contact with and comfort from their attachment figures in times of need, are able to resume exploring after they have calmed down, and are therefore more likely to be classified as securely attached. If caregivers respond insensitively (i.e., indifferently, inconsistently, or in a frightening way) their children are more likely to develop an insecure (disorganized) attachment (Ainsworth et al., 1978; Main & Hesse, 1990). In stressful situations, insecurely attached children show either avoidant attachment behaviors characterized by not seeking contact with and comfort from their attachment figures or resistant attachment behaviors, by seeking contact with and comfort from their attachment figures but because of poor emotion regulation they stay upset or angry (Ainsworth et al., 1978). Insecurely disorganized attached children show a temporary breakdown of otherwise secure or insecure attachment behaviors (Main & Hesse, 1990). Children with limited experiences of

sensitive parenting are additionally more vulnerable to stress and they display difficulties in the development of self-regulation (Doom & Gunnar, 2015). Research showed that the development or perseverance of behavior problems in foster children may be partially related to an insecure (disorganized) attachment relationship and a dysregulated stress system (Koss & Gunnar, 2018). Foster children who display high levels of behavior problems are at a higher risk of placement breakdown (Konijn et al., 2019; Oosterman, Schuengel, Slot, Bullens, & Doreleijers, 2007; Vanderfaeillie, Goemans, Damen, Van Holen, & Pijnenburg, 2017) and a higher number of placements additionally increases the risk of developing psychological, behavioral, and emotional problems later in life (Newton, Litrownik, & Landsverk, 2000). It is important to break this cycle because it may jeopardize every next foster care placement and the development of foster children. Intervention programs that improve the interaction between foster parent and child are needed, because in foster care, caregivers and children start building a new (caregiving) relationship that is different from those of biological parents and their children who also share a genetic bond. Parenting interventions that are developed to improve parental sensitivity and/or decreasing child behavior problems may be especially helpful in strengthening the relationship and interaction between foster parents and children in order to prevent or decrease the risk of developing an insecure attachment relationship, behavior problems, and possibly placement breakdown.

OUTCOMES FOR CHILDREN PLACED IN FOSTER CARE

As stated in the Convention on the Rights of the Child, foster care is a preferred type of care when children are – for any reason – not able to live with and be raised by their birth parents, compared to residential care, because foster care resembles a natural family environment (United Nations, 1989). It is additionally preferred to place children with kin, i.e., relatives or acquaintances within the social network of the child and his/her birth family, because children are already familiar with them (Ehrle & Geen, 2002; Winokur, Holtan, & Batchelder, 2018). However, even though foster care is a preferred type of care when an out-of-home placement is needed, research to date showed inconsistent results regarding the development of children placed in foster care over time. Upon entering foster care, the majority of foster children show developmental problems such as socio-emotional, behavior, and attachment-related problems (Hochstadt, Jaudes, Zimo, & Schachter, 1987; Steele & Buchi, 2008). These problems frequently remain prevalent during a foster care placement (Maaskant, Van Rooij, & Hermanns, 2014; Turney & Wildeman, 2017). For example, foster children often do not differentiate between familiar adults and strangers when they show affectionate and friendly behavior towards others. This behavior is also known as indiscriminate friendliness (Chisholm, 1998) and may be a consequence of inconsistent and non-responsive care before placement (Bakermans-Kranenburg et al., 2011).

In general, it is expected that the developmental problems of foster children decrease or even disappear over time after placement in a stable and safe foster family. Some studies indeed have shown that foster children display a positive development after placement (e.g., Fernandez, 2009; Zeanah, Humphreys, Fox, & Nelson, 2017), but other studies showed no improvements (e.g., Maaskant, Van Rooij, Overbeek, Oort, & Hermanns, 2016; Perkins, 2008), or even a decline in developmental outcomes (e.g., Lawrence, Carlson, & Egeland, 2006). A recent meta-analysis on longitudinal research on the development of foster children showed that children's development does not improve or deteriorate over time after taking children out-of-home and placing them in foster care (Goemans, Van Geel, & Vedder, 2015). However, whether or not a foster child displays developmental improvements over time seems to be related to several factors. Child characteristics, such as older age at placement (Hiller & St Clair, 2018) and higher number of previous placements (Newton et al., 2000), have been found to be positively associated with the development of behavior problems displayed by foster children. Foster parent characteristics, for example parental insensitivity (Vanderfaellie et al., 2013) and parental stress (Kelley, Whitley, & Campos, 2011; Murray, Tarren-Sweeney, & France, 2011), are also related to elevated levels of behavior problems in foster children. Lastly, type of foster care as a placement characteristic has been found to be related to long-term outcomes for foster children, with more behavior problems and psychopathology in children in non-kinship care (Winokur et al., 2018).

Indiscriminate Friendliness

As stated before, indiscriminate friendliness is atypical behavior often displayed by (postinstitutionalized) foster children (Bakermans-Kranenburg et al., 2011; Love, Minnis, & O'Connor, 2015; Van den Dries et al., 2009). Attachment theory can, in part, explain the development of indiscriminate friendliness. Due to inconsistent and nonresponsive care, foster children may either trust all adults including strangers because this may increase their chances of being taken care of, or they do not trust anyone at all because they have learned that they are not important and that they can only rely on themselves. These two types of behavior are included in two separate diagnoses of the Diagnostic and Statistical Manual of mental disorder (DSM-5; American Psychiatric Association, 2013), with Reactive Attachment Disorder (RAD) on the one hand and Disinhibited Social Engagement Disorder (DSED) on the other hand. RAD is characterized by inhibited social behavior, displayed as "a failure to initiate or respond to social interactions" (Love et al., 2015, p. 429), whereas DSED is characterized by indiscriminate friendliness, with children showing "a willingness to approach or interact with strangers in an overly friendly manner" (Love et al., 2015, p. 429). Research has shown that foster children are at higher risk of displaying symptoms of both RAD and DSED, probably because of the adverse early life experiences in their biological families (Cappelletty, Brown, & Shumate, 2005; Kliever-Neumann et al., 2018; Minde, 2003; Minnis, Marwick, Arthur, & McLaughlin, 2006).

Even though attachment theory could explain both attachment insecurity and attachment disorders such as DSED, the direct association between attachment insecurity and attachment disorders is not so straightforward. Some research showed that attachment insecurity and (symptoms of) attachment disorders are not related (Bakermans-Kranenburg et al., 2011; Love et al., 2015; Pears, Bruce, Fisher, & Kim, 2010; Zeanah, Smyke, Koga, & Carlson, 2005). Other studies showed that parental sensitivity not only seems to play a significant role in the development of a secure attachment relationship (Ainsworth et al., 1978) but also in the decrease of indiscriminate friendliness in foster children after placement (Love et al., 2015). A longitudinal study additionally showed that attachment security serves as a mediator in the relation between caregiving quality, e.g., parental sensitivity, and indiscriminate friendliness (McGoron et al., 2012). Caregiving quality at 30 months of age predicted attachment security at 42 months (i.e., secure attachment relationships were more common if caregiving quality was higher), which in turn predicted lower levels of indiscriminate behavior at 54 months of age. Other studies, however, showed that in spite of improved caregiving quality indiscriminate friendliness remains prevalent over time (Guyon-Harris, Humphreys, Fox, Nelson, & Zeanah, 2018; Lawler, Koss, Doyle, & Gunnar, 2016; Scheper et al., 2019; Smyke et al., 2012). So far, results from empirical studies that examined the relation between attachment and indiscriminate friendliness have been inconsistent and more research is therefore needed.

It should also be noted that individual child characteristics, such as temperament, may also be related to indiscriminate friendliness. The temperamental trait 'inhibitory control' is defined as the ability to regulate the inhibition of attentional and behavioral responses, and poor inhibitory control can therefore result in disinhibited behavior that (among others) characterizes indiscriminate friendliness (Bakermans-Kranenburg et al., 2011; Rothbart, 2007). Research indeed has shown that poorer inhibitory control is associated with higher levels of indiscriminate friendliness in foster children (Pears et al., 2010).

Previous research of correlates of indiscriminate friendliness has mainly been conducted with (post)institutionalized children and research with family-reared, never-institutionalized foster children is scarce. More studies are therefore needed to understand if indiscriminate friendliness is related to foster parent characteristics (e.g., parental sensitivity), and/or child characteristics (e.g., inhibitory control), and/or characteristics of caregiver-child relations (e.g., attachment). One of this dissertation's objectives was therefore to examine correlates of indiscriminate friendliness in foster care.

THE NEED OF PARENTING SUPPORT AND INTERVENTIONS IN FOSTER CARE

In order to promote positive developmental outcomes in foster children, intervention programs focusing on supporting parenting behavior may be helpful. Parenting interventions aimed at supporting foster parents' behavior, such as parental sensitivity, may reduce or prevent the risk of developing an insecure (disorganized) attachment relationship, a dysregulated stress system, and subsequent current behavior problems and psychopathology later in life. Several intervention programs are available to help foster parents to overcome parenting challenges and to promote foster children's development through enhanced optimal parenting behavior. Generally, these parenting interventions are based on either attachment theory (Ainsworth et al., 1978; Bowlby, 1969) or social learning theory (Bandura, 1977). One objective of this dissertation was to examine if existing parenting interventions are effective in improving parenting and child outcomes in foster care using meta-analyses.

Interventions Based on Attachment Theory

Two well-known attachment-based interventions that were used in studies in foster care are Attachment and Biobehavioral Catch-up (ABC; Dozier et al., 2006) and Promoting First Relationships (PFR; Spieker et al., 2012). Both interventions use video-feedback as an intervention method to promote sensitive parenting and improve child outcomes.

ABC is a parenting intervention for caregivers of infants and toddlers who have experienced early adversity and is therefore well-suited for foster care. The intervention consists of 10 weekly 1-hour sessions (total intervention duration of 2.5 months; Dozier et al., 2009; Dozier et al., 2006). During these sessions several topics are discussed with two broader aims: to improve sensitive parenting behaviors and to enhance children's self-regulation. Improvements in parental sensitivity (Bick & Dozier, 2013), the reduction of parental stress (Sprang, 2009), avoidant attachment behaviors displayed by foster children (Dozier et al., 2009), and child behavior problems (Dozier et al., 2006; Lind, Raby, Caron, Roben, & Dozier, 2017; Sprang, 2009), and normalization of diurnal cortisol slopes in foster children (Dozier et al., 2006) have been found after receiving ABC.

PFR is a short-term intervention that takes 2.5 months to complete, during which 10 weekly sessions of 60 to 75 minutes take place (Pasalich et al., 2016; Spieker et al., 2012). The intervention aims to help foster parents to recognize and interpret children's signals adequately by discussing attachment theory, specific needs of foster children, caregiving characteristics that promote the development of secure attachment relationships and emotion and stress regulation, how to handle challenging behavior, and foster parent characteristics

that may influence caregiving quality (e.g., sense of self and emotional regulation). Results from randomized controlled trials showed that PFR is effective in enhancing parental sensitivity and parenting knowledge (Spieker et al., 2012). A positive intervention effect on attachment security has also been found, but only in children with a placement history of more than four previous placements (Pasalich et al., 2016).

Interventions Based on Social Learning Theory

Bandura's social learning theory states that human behavior is the product of reciprocal interactions between cognitive, behavioral, and environmental factors (Bandura, 1977). Several intervention programs use this theory as a starting point to support caregivers in dealing with difficult child behavior. Multidimensional Treatment Foster Care Program for Preschoolers (MTFC-P; Fisher & Kim, 2007), Parent Management Training-Oregon model (PMTO; Akin et al., 2015), and Parent-Child Interaction Therapy (PCIT; Mersky et al., 2015) are examples of parenting interventions that are based on social learning theory and that have been investigated in foster care.

MTFC-P aims to address the developmental and socio-emotional needs of foster children in preschool by making foster parents part of the treatment practitioners team (Fisher & Kim, 2007; Fisher & Stoolmiller, 2008). Before placement, foster parents have completed an intensive 12-hour training that was focused on providing a responsive and consistent caregiving environment for the children with positive reinforcement of positive child behaviors. After placement, foster parents receive daily phone calls for supervision and support and weekly group meetings to aid the preservation of the positive caregiving environment and to reduce parental stress. Staff is additionally available 24-hours per day. Individualized treatment is provided to the children to work on gaining prosocial skills and improve overall functioning at preschool and home. Research has shown that MTFC-P is effective in decreasing experienced stress of foster parents, increasing secure attachment behavior and reducing avoidant attachment behavior in foster children (Fisher & Kim, 2007; Fisher & Stoolmiller, 2008).

PMTO aims to support caregivers of children and adolescents with externalizing behavior problems (Akin et al., 2015). The intervention usually lasts up to 6 months with weekly sessions during which the PMTO practitioner focusses on five parenting topics: positive involvement, skill building, supervision and monitoring, problem-solving, and appropriate discipline (Forgatch & Patterson, 2010). Because Akin studied the effectiveness of PMTO with biological and families who adopted children from foster care, outcomes specifically for foster parent functioning are unknown. In this combined group, child social emotional functioning, prosocial skills, and behavior problems improved after PMTO completion (Akin et al., 2015; Akin, Lang, McDonald, Yan, & Little, 2019; Akin, Lang, Yan, & McDonald, 2018).

PCIT focusses on reducing child behavior problems by decreasing the occurrence of coercive cycles in the interaction between foster parent and child (Mersky et al., 2016; Mersky et al., 2015). Coercive cycles originate if parents reinforce unwanted negative behavior of their children with coercion or capitulation (Patterson, 1982). For example, a mother asks her child to do something (e.g., clean up toys), her child refuses, gets angry, and starts to cry, mother insists and gets annoyed, her child becomes more angry and cries even louder, mother gives in to have her child stop with the negative behavior, her child gets his way and learns that negative behavior pays off, with the result that the unwanted negative behavior continues to exist. To address these coercive cycles, PCIT is a group intervention including six to eight foster parent-child dyads simultaneously with additional individual phone consultation. The intervention consists of two stages provided during an intensive 2-day training. On the first day, child-directed interaction (CDI) is promoted by enhancing authoritative parenting and positive parent-child interactions, and on the second day, parent-directed interactions (PDI) in which effective discipline and behavior management skills are addressed. After the 2-day training, foster parents complete daily homework exercises and receive regular phone calls to refresh their knowledge of PCIT and to practice the skills at home. Positive effects of PCIT have been found for parenting behavior, e.g., parental sensitivity, and parenting stress (Mersky et al., 2015). PCIT was also effective in reducing internalizing and externalizing child behavior problems (Mersky et al., 2016).

Video-feedback Intervention to promote Positive Parenting and Sensitive Discipline in Foster Care (VIPP-FC)

An intervention that combines both attachment and social learning theory is Video-feedback Intervention to promote Positive Parenting and Sensitive Discipline (Juffer et al., 2008). VIPP-SD aims to support parental sensitivity and sensitive discipline in order to promote secure attachment relationships and to reduce or prevent child behavior problems in families with zero to six-year-old children. The effectiveness of VIPP-SD on sensitive parenting and positive child outcomes has been demonstrated in several populations (Juffer, Bakermans-Kranenburg, & Van IJzendoorn, 2017a, 2017b), but not yet in foster care. One of the objectives of this dissertation was to adapt VIPP-SD for use in foster care (resulting in VIPP-FC) and to examine the effectiveness of VIPP-FC on parent outcomes in a Dutch sample.

FOSTER CARE IN THE NETHERLANDS

As member of the United Nations, the Netherlands abides the Convention on the Rights of the Child and aims to place children and adolescents in a family environment, e.g., foster care, instead of in a residential institution when out-of-home placement is needed (Rijksoverheid, 2014; United Nations, 1989). Research from 2003 has shown that kinship foster care seemed to have no advantages nor disadvantages with regards to foster parent

and child outcomes over non-kinship foster care in the Netherlands (Strijker, Zandberg, & Van der Meulen, 2003). However, it may be easier to include birth parents in the process when the new caregiver of their child is someone familiar as is the care in kinship foster care. With kinship placements the children's environment is also unlikely to change drastically, because they can for example continue attending the same school as before placement. Foster parents are therefore initially searched for within the familiar social network of the child and his/her birth parents (Pleegzorg Nederland, 2019). Results from international scientific reviews have shown that children in kinship care experience less unplanned and undesired placement disruptions (also known as breakdowns), display lower levels of behavior problems, and have a better overall (mental) health compared to children in non-kinship care (Bell & Romano, 2017; Winokur et al., 2018). In addition to being familiar to the child, kinship foster parents in general also provide continuity, for example because they help maintaining contact with the birth parents and because the children are often able to attend the same school as before placement (Ehrle & Geen, 2002).

In 2018, 22,741 Dutch children and adolescents lived with a foster family (Pleegzorg Nederland, 2019). Almost half of these children (45%) lived with kin and about half of the children were younger than 12 years old (0-4 years: 15%, 5-11 years: 40%). Breakdown rates in the Netherlands lie between 23 and 46% (Strijker, Knorth, & Knot-Dickscheit, 2008; Strijker & Zandberg, 2004; Van Oijen, 2010; Van Rooij, Maaskant, Weijers, Weijers, & Hermanns, 2015). Differences may be due to research design (e.g., case file study (Strijker & Zandberg, 2004; Van Rooij et al., 2015) or retrospective longitudinal study (Strijker et al., 2008)) and period during which the foster care placement took place (e.g., placements between August 1996 and December 1997 in Strijker and Zandberg (2004) and placements between January 2002 and July 2004 in (Van Oijen, 2010)). Moreover, research showed that the first 18 months after placement are crucial because the risk of breakdown is the highest during this period (Vanderfaeillie et al., 2017). Child behavior problems are most frequently mentioned as the cause of breakdown, but parenting stress and parenting problems are also common reasons to terminate a foster care placement (Van Rooij et al., 2015; Vanderfaeillie et al., 2017).

Dutch Intervention Studies in Foster Care

Although the large majority of intervention studies present results from the United States of America, some have been conducted in the Netherlands. These studies examined the following parenting interventions: Foster Family Intervention (FFI; Van Andel et al., 2016), MTFC-P (Jonkman et al., 2017), and PMTO (Maaskant et al., 2017; Maaskant et al., 2016), of which FFI is the only attachment-based intervention. As stated before, MTFC-P and PMTO are based on social learning theory, but the results from the Netherlands are, however, not as positive as the results yielded by international (and specifically, North American) studies.

FFI aims to help foster parents of infants and toddlers recognize and deal with the stress their foster children may experience after placement, even though the distress is not so clearly displayed by the children (Van Andel et al., 2012). The intervention consists of six home visits of 1.5 hours during which video feedback is used and topics regarding foster parent-child interaction and attachment are discussed. In between home visits, foster parents make homework assignments which are discussed during the next visit. FFI was not effective in reducing stress in foster parents nor children, but positive effects on parental sensitivity and child responsiveness during interactions were found (Van Andel et al., 2016).

Effectiveness of MTFC-P was examined in comparison to treatment as usual and to regular foster care (i.e., no indications for treatment foster care; Jonkman et al., 2017). MTFC-P did not prove to be more effective than the usual treatment foster care in improving child behavior problems, attachment disturbances, trauma symptoms, hypothalamic-adrenal-pituitary (HPA) axis functioning, and parenting stress. Symptoms of disinhibited attachment (i.e., indiscriminate friendliness) and overall attachment disorder (symptoms of inhibited and disinhibited attachment combined) were additionally *more* apparent in the MTFC-P group than in the regular foster care group at posttest. The children in the regular foster care group also showed a decrease in externalizing behavior problems, after receiving no intervention at all, while the children in the MTFC-P group showed an increase in externalizing behavior problems. Compared to regular foster care, however, MTFC-P dyads showed a decrease in parenting stress and secure base distortions (Jonkman et al., 2017).

PMTO has found to be effective in reducing parental stress and enhancing parental warmth (often seen as an element of parental sensitivity) in foster parents of preschool children in the Netherlands (Maaskant et al., 2017). Nonetheless, at follow-up four months later, these intervention effects had disappeared and the levels of parental stress and parental warmth of the foster parents in the intervention group were comparable to those in the control group (Maaskant et al., 2016).

Compared to the results from the United States of America, as previously described, these Dutch results are not completely similar. This may be explained by heterogeneity of the samples and differences in the foster care systems between countries. Meta-analytic results can provide insight in the overall effectiveness of parenting interventions for foster care, while taking heterogeneity into account. Moreover, research on the effectiveness of intervention programs for Dutch foster parents is needed to help and support Dutch foster families as good as possible with the parenting challenges they may face. An adapted version of VIPP-SD for foster families, VIPP-FC, seems to be a promising intervention program to support foster families. First, because previous research has shown positive effects of the attachment-based VIPP-SD in different populations (Juffer et al., 2017a, 2017b). Based on this

research, the Netherlands Youth Institute has acknowledged VIPP-SD as effective with strong indications (Nederlands Jeugdinstituut, 2019). And second, because the foster parent-child interaction improved after FFI completion (Van Andel et al., 2016). This intervention shares a comparable theoretical background as VIPP-SD and is – as far as known – the only available attachment-based intervention specifically for foster parents in the Netherlands (Nederlands Jeugdinstituut, 2019).

OUTLINE OF THE DISSERTATION

The first aim of this dissertation is to investigate if existing parenting interventions are effective in supporting/enhancing specific parenting and child outcomes in foster families. In Chapter 2, a meta-analytic review was performed to examine the effectiveness of intervention programs for foster care and adoption to answer several questions. First, can parenting interventions directly improve parenting? Second, can parenting interventions indirectly enhance child outcomes and placement disruptions? And third, are specific sample, study design, and intervention characteristics related to the effects of the intervention programs?

The second aim is addressed in the following chapters that specifically focus on VIPP-SD and its use in foster care. Chapter 3 reviews how the VIPP-SD program has been used in different types of families and in childcare settings, with special attention to one of the most recent adaptations, i.e., VIPP-SD for foster care (VIPP-FC). The study protocol of the randomized controlled trial examining the effectiveness of VIPP-FC is described in Chapter 4. Chapter 5 reports the results regarding the effectiveness of VIPP-FC on parenting behavior and attitudes of foster parents using a randomized controlled trial design.

The third aim of this dissertation is to examine correlates of indiscriminate friendliness displayed by foster children. In Chapter 6, the associations of several predictors with indiscriminate friendliness (i.e., parental sensitivity, attachment security, and child inhibitory control) are investigated from data collected during the pretest of the VIPP-FC study.

Lastly, Chapter 7 includes a general discussion of the results presented in this dissertation and provides implications for clinical practice and recommendations for future research.