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

Schoemaker, N.K.

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Author: Schoemaker, N.K.
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Chapter 7

General discussion

This dissertation aimed to contribute to the quality of foster care addressing three main objectives: The first objective was to investigate if existing parenting interventions are effective in supporting/improving parenting and child outcomes in foster care using a meta-analytic approach (Chapter 2). The second objective was to study the effectiveness of an adapted version of Video-feedback Intervention to promote Positive Parenting and Sensitive Discipline (VIPP-SD; Juffer, Bakermans-Kranenburg, & Van IJzendoorn, 2008) for foster care, i.e., VIPP-FC. The implementation of VIPP-SD in different types of families and in childcare settings was first reviewed, with special attention to VIPP-FC (Chapter 3). Subsequently, the study protocol of the randomized controlled trial (RCT) investigating the effectiveness of VIPP-FC was described (Chapter 4). In addition, the results of this RCT regarding the effectiveness of VIPP-FC on parenting behavior and attitudes were presented (Chapter 5). The third objective was to examine correlates of indiscriminate friendliness (IF) displayed by foster children. To answer this question, the relations of attachment security, parental sensitivity, and child inhibitory control with IF were examined using data collected during the pretest of the VIPP-FC RCT (Chapter 6). In the current chapter, the main findings are described and discussed. Implications for clinical practice and recommendations for future research are additionally provided.

EFFECTIVENESS OF PARENTING INTERVENTIONS FOR FOSTER CARE

Over the years several parenting interventions have been developed to support foster parents to overcome challenges they often face while taking care of children with an adverse early life history. In Chapter 2, a series of eight meta-analyses are described that examined the effectiveness of existing intervention programs for foster care and/or the related field of adoption on four parent outcomes (i.e., sensitive parenting, dysfunctional discipline, knowledge and attitudes, and parenting stress), three child outcomes (i.e., attachment security, behavior problems, and diurnal cortisol levels), and placement disruption.

Intervention Effects on Parent Outcomes

Our meta-analyses showed small to large overall effect sizes for parent outcomes, indicating that parenting interventions are effective in improving sensitive parenting and parenting knowledge and attitudes, and reducing dysfunctional discipline and parenting stress of foster and adoptive parents. We also showed that foster parents benefited more from these programs than adoptive parents: Foster parents showed larger improvements in sensitive parenting and larger reductions in parenting stress after completion of a parenting intervention compared to adoptive parents. Adoption is permanent, whereas

foster care generally is not (Triseliotis, 2002). Foster parents may experience more stress, because it may be unclear how long the child will live in their home. Foster parents may therefore have more room for improvement with regards to sensitive parenting and parenting stress compared to adoptive parents.

Larger improvements in sensitive parenting were also found in parents who took care of children who displayed high levels of behavior problems compared to parents who took care of children without severe behavior problems. Parents of children with high levels of behavior problems may experience the upbringing of their foster or adopted children as challenging and parenting interventions may help them to overcome these challenges. A study with adoptive parents (that was published after our meta-analysis) showed that VIPP-FC/A (VIPP-SD adapted to use in foster care and adoption) is effective in enhancing parental sensitivity (Barone, Barone, Dellagiulia, & Lionetti, 2018), which in turn contributed to reduced child behavior problems in the intervention group. This mediation effect was explicitly apparent if the children's temperament was characterized by high levels of negative affect (Barone, Ozturk, & Lionetti, 2018). New caregivers of out-of-home placed children with negative affective temperamental traits may experience more severe parenting challenges, because these children also experience more regulatory difficulties (i.e., more difficulties with emotional and behavioral inhibition; Doom & Gunnar, 2015). These studies thus suggest that foster families that experience more severe challenges (e.g., due to low sensitivity and/or due to high levels of child behavior problems) may benefit the most from parenting intervention programs that aim to support them to overcome their parenting struggles.

Our effectiveness study in foster care did not show positive effects of VIPP-FC on foster parents' sensitivity, sensitive discipline, or attitudes towards parenting (Chapter 5). There may have been a selection bias with the foster families who would have benefitted from VIPP-FC the most not included in the study sample, which may have resulted in a ceiling effect. At pretest, foster parents already displayed high levels of sensitive behavior and attitudes, leaving little room for improvement. Previous effectiveness studies have examined the effect of VIPP-SD on parental sensitivity and significant improvements have been found (Juffer, Bakermans-Kranenburg, & Van IJzendoorn, 2017a, 2017b). Meta-analytic results showed that VIPP-SD is effective in enhancing parental sensitivity (Juffer et al., 2017b). One study specifically included first-time mothers with low parental sensitivity (i.e., below a cutoff of 5) as measured with the Ainsworth Sensitivity Scale (Ainsworth, Bell, & Strayton, 1974; Kalinauskiene et al., 2009). The VIPP program without sensitive discipline themes was used in this study which focusses solely on providing support to enhance sensitivity and is usually used in families with infants. Results showed that maternal sensitivity improved after receiving VIPP compared to the control group (Kalinauskiene et al., 2009). It is thus important that effectiveness studies include populations who are in need of an intervention. It may therefore be useful to include foster families with

low levels of parental sensitivity in future effectiveness studies, because they can improve the most and these families need support to improve their sensitive parenting which may be beneficial for their foster children's secure attachment relationships.

Moreover, our meta-analytic review showed that if the parenting intervention was delivered in groups (with additional individual sessions) larger improvements in sensitive parenting were found compared to parenting interventions with only individual sessions. VIPP-FC consists of only individual sessions (e.g., Chapter 4) and may benefit from a combination of individual and group sessions in which foster parents can meet up and share experiences. Meta-regression analyses also revealed that for sensitive parenting more intervention sessions (up to 12) generated stronger effects. This falls within the range of the optimal number of intervention sessions found in a meta-analysis of Bakermans-Kranenburg, Van IJzendoorn, and Juffer (2003), which showed that parenting interventions with 16 sessions or less were more effective in increasing parental sensitivity than interventions with more than 16 sessions. For dysfunctional discipline and parenting stress, intervention programs with a lower number of sessions were more effective than programs with a higher number of sessions (up to 12 and up to 36 sessions, respectively). Due to the small subset of studies available for moderator analyses we were not able to distinguish between intervention programs with 16 sessions or less and more than 16 sessions as Bakermans-Kranenburg et al. (2003) did. But our meta-analytic results seem to suggest that "less is more" is also true for reducing dysfunctional discipline and parenting stress in foster care.

Lastly, our meta-analyses showed that intervention programs were more effective in improving sensitive parenting, and reducing dysfunctional discipline and parenting stress for parents of older children compared to parents of younger children (child age ranged from 0 to 10 years for sensitive parenting, from 2 to 5 years for dysfunctional discipline, and from 0 to 17 years for parenting stress). Older children are more likely to have experienced more adversities before the current placement (e.g., longer period of unresponsive care and/or higher number of previous placements), which puts them at risk of placement breakdown (Oosterman, Schuengel, Slot, Bullens, & Doreleijers, 2007). As a consequence, they may display more severe behavior problems which is more challenging for their current foster parents. These parents may therefore benefit most from parenting interventions. Our VIPP-FC effectiveness study included foster families with children between 1 and 6 years old and if multiple children within the same foster family were eligible for inclusion, the oldest child participated in the study because we expected that these children would display behavior problems more often than younger children (Chapters 4 and 5). Even though child age was not related to parental sensitivity, sensitive discipline, or attitudes towards parenting at pretest in our study (Chapter 5), child age in our RCT did fall within the age ranges of the individual studies that were included in our meta-analysis for sensitive parenting and dysfunctional discipline. Our meta-

analytic results substantiate our decision to include foster parents with the oldest eligible foster children (instead of younger children when more than one foster child had the right age in their family) because they may especially profit from extra support to handle the behavior problems that older children are more likely to display.

Intervention Effects on Child Outcomes

For child outcomes, our meta-analyses showed that parenting interventions in general seem to be effective in decreasing child behavior problems, but not in improving attachment security or normalizing diurnal cortisol levels. No significant differences were revealed by moderator analyses, except for the number of intervention sessions: Behavior problems displayed by foster and adopted children decreased more after more sessions. Because the intervention programs that were included in the meta-analyses specifically focused on supporting foster and/or adoptive parents and not on child outcomes, it has been argued that indirect effects of parenting interventions on child outcomes may be delayed. Unfortunately, long-term follow-up studies are scarce and therefore the effects of parenting interventions on child outcomes over time remain unknown.

Child outcomes for VIPP-FC in foster care have not been examined in this dissertation. The mediation effect of parental sensitivity on child behavior problems and the moderation effect of child temperament, as found in Barone, Barone, et al. (2018) and Barone, Ozturk, et al. (2018), are therefore yet unknown.

Intervention Effects on Placement Disruption

Lastly, intervention programs included in the meta-analysis were not effective in reducing placement disruption. Studies have shown that the risk of placement disruption is higher if foster children show high levels of behavior problems and smaller if they have a secure attachment relationship with their foster parents (Oosterman et al., 2007). Reductions in placement disruption due to parenting interventions may thus be indirect and this takes time. Unfortunately, longitudinal intervention studies examining effects on placement disruption are very rare: Only one study (Bondy, 1997) measured placement disruption one year after intervention completion in adoptive families, whereas the majority of the studies examined placement disruption six months after baseline. Bondy (1997) did not find a significant difference between the intervention and control group at one year follow-up, indicating that placement disruptions had occurred equally in the intervention and control group one year after intervention completion.

CORRELATES OF INDISCRIMINATE FRIENDLINESS

Foster children often display indiscriminate friendliness (IF; Bakermans-Kranenburg et al., 2011; Love, Minnis, & O'Connor, 2015; Van den Dries, Juffer, Van IJzendoorn, Bakermans-Kranenburg, & Alink, 2012). However, our meta-analytic review showed that IF was not a specific child outcome on which intervention programs for foster care focus on (Chapter 2). In addition, previous research of predictors and correlates of IF has mainly focused on (post) institutionalized children (e.g., Bruce et al., 2019; Smyke, Zeanah, Fox, Nelson, & Guthrie, 2010; Zeanah, Humphreys, Fox, & Nelson, 2017) and only a few studies have been conducted with family-reared, never-institutionalized foster children (e.g., Love et al., 2015; Pears, Bruce, Fisher, & Kim, 2010). We therefore examined correlates (i.e., attachment security, parental sensitivity, and child inhibitory control) of IF displayed by foster children (Chapter 6). Results showed that attachment security and inhibitory control were significantly positively related to reported IF but not to observed IF. Parental sensitivity was not related to neither reported nor observed IF.

Reported and observed IF were not related in our study. The setting in which the assessments were conducted and the instruments themselves may possibly explain our results. Because we used the Stranger at the Door (SatD) procedure in a laboratory setting instead of at home like in the Bucharest Early Intervention Project (BEIP; Gleason et al., 2011; Gleason et al., 2014), children may have been more prepared to come across strangers and therefore more willing to leave with the stranger when asked to do so. The Indiscriminate Friendliness Questionnaire (IFQ) may be a more robust instrument to measure IF than the SatD, because this parent-report questionnaire asks foster parents how their children generally behave when interacting with unfamiliar adults. The questions and answer options, however, seem to leave room for interpretation. Only one out of five items asks foster parents if their child is willing to leave with an adult he/she just met (Chisholm, Carter, Ames, & Morison, 1995). The other four items may be too generally formulated, and may therefore leave room for interpretation. The children in our sample had relatively low levels of IF (represented by low average scores of reported IF) compared to (post)institutionalized children (Chisholm et al., 1995). Furthermore, the IFQ may not differentiate enough between situations in which IF is displayed by the children and more normative situations not indicating IF. Also, the IFQ does not take frequency of IF into account.

The Disturbances of Attachment Interview (DAI; Smyke & Zeanah, 1999) is another caregiver-reported instrument that can be used to measure IF. This semi-structured interview consists of 12 items of which five items assess inhibited attachment behavior and three items assess Disinhibited Social Engagement Disorder (DSED also known as IF). A semi-structured interview may be a better way to measure IF, because the interviewer has the opportunity to ask additional questions or ask for example if the interpretation of foster parents is not entirely clear. In a longitudinal study examining the course of IF in clinically referred children with emotional and behavior problems,

reported IF as measured with the DAI at baseline and leaving with the stranger during the SatD four years later were not related (Scheper et al., 2019). Another study showed that children with a diagnosis of DSED according to the DAI did not automatically receive a clinical diagnosis of DSED according to the Diagnostic and Statistical Manual of mental disorders (DSM-5; American Psychiatric Association, 2013; Giltaij, Sterkenburg, & Schuengel, 2017).

Even though a combination of an observational and caregiver-report measure of IF is recommended (Bakermans-Kranenburg et al., 2011), observational (e.g., SatD) and caregiver-report measures (e.g., IFQ or DAI) seem to measure different socially friendly behaviors that may not be considered problematic. High levels of IF as measured with these instruments do not necessarily indicate eligibility for a clinical diagnosis of DSED according to the DSM-5. It should also be noted that the studies by Scheper et al. (2019) and Giltaij et al. (2017), as well as our study used a correlational study design and causal relations between attachment security, parental sensitivity, inhibitory control, and IF were therefore not examined. Including IF as a child outcome in future intervention studies makes it possible to examine if (enhanced) parenting can influence the development or persistence of IF in foster children.

RECOMMENDATIONS FOR FUTURE RESEARCH

Effective Elements of Intervention Programs

Even though our meta-analytic review revealed that parenting interventions are effective in improving sensitive parenting, dysfunctional discipline, parenting knowledge and attitudes, and reducing parenting stress of foster and adoptive parents, we did not examine which intervention program elements are effective in improving parent and child outcomes, and in preventing placement breakdown in foster families with specific characteristics. Foster families, however, may differ from each other and a parenting intervention that works for one family may not yield the same results in another family. It is important to know who (e.g., kinship caregivers) benefit most from parenting interventions and what intervention characteristic (i.e., which specific intervention element) is most effective.

Based on our recommendations from our meta-analysis, we aimed to examine the moderating role of type of foster care (kinship vs. non-kinship care) but unfortunately the VIPP-FC effectiveness study lacked sufficient power for this aim. We did control for crossover nesting of type of care and did not find evidence that the non-significant interventions effects could be explained by a crossover nesting problem for type of foster care. Research to date has revealed inconsistent results regarding the effectiveness of intervention programs in kinship and non-kinship foster families. Type of foster care is often not considered as a potential moderator, nor are results reported separately for kinship and non-kinship foster families.

Even within each type of foster care there may be different groups. It is not uncommon for grandparents to step up as an alternative caregiver if their grandchildren have to be placed out-of-home (Bunch, Eastman, & Griffin, 2008; Pleegzorg Nederland, 2019). Grandparents may, however, show different parenting behaviors and have different attitudes towards parenting than other kinship caregivers. Few studies examined the effectiveness of intervention programs specifically developed for (custodial) grandparents, and reviews have shown positive effects on parenting outcomes (Kirby, 2015; Sherr, Roberts, Hothi, & Balchin, 2018).

In addition, foster families that experience more severe challenges in the upbringing of children with a history of adversities should be specifically included in intervention studies. As argued before, these families may benefit the most from parenting intervention programs that aim to support them to overcome their parenting struggles. It is, however, important to examine what their specific challenges are because these challenges require different interventions (Kirby, 2015). Some foster parents may experience high levels of parenting stress due to financial difficulties, where others may especially experience difficulties with dealing with challenging child behavior. Previous research also suggests that younger foster children and their families are in less need of extra support because in general younger children experience fewer mental health problems (Tarren-Sweeney, 2008). For these families mild support may already be very helpful, whereas families with older children may need more intensive support. Future studies should therefore take into account individual differences between foster families and examine the effectiveness of intervention elements.

Distillation and Matching Model. As a suggestion, the Distillation and Matching Model (DMM) of Chorpita, Daleiden, and Weisz (2005) is an example of an approach that could be used to examine which specific program elements are effective for which specific families. This approach has since been used in several studies (e.g., Amand, Bard, & Silovsky, 2008; Becker et al., 2015; Boustani et al., 2015; Chorpita & Daleiden, 2009). DMM can be seen as a data mining approach that has been adapted to clinical research (Chorpita, Becker, & Daleiden, 2007; Chorpita et al., 2005). The model describes two basic methods, i.e., distillation and matching. *Distillation* involves the conceptualization of interventions as composites of individual elements rather than as single components, in order to enable subsequent empirical grouping. With *matching* relevant factors, such as family characteristics, for selecting a specific intervention are summarized. Ultimately, after following the six steps of knowledge discovery and data mining (Brodley, Lane, & Stough, 1999), DMM results in a decision tree to match clients or families to treatments. At each final node in the tree practice elements profiles are provided. These practice elements profiles represent a group of empirically determined intervention elements that suit best with the characteristics of clients (e.g., kinship foster parents). The decision tree can thus help researchers or practitioners with matching child, parents, or family characteristics to intervention programs (based on the practice elements profiles).

Common components analysis. The Common Components Analysis (CCA) proposed by Morgan, Davis, Richardson, and Perkins (2018) is another example of an approach to examine effective intervention program elements that is based on the DMM of Chorpita et al. (2005). CCA evaluates and identifies which common components are effective in improving desired outcomes in clients. Examples of common components are content (i.e., what the program teaches or provides to clients) and delivery components (i.e., how the program is delivered and which methods are used). Knowledge about the effectiveness of common components can be used when (adaptations of) intervention programs are developed or when existing programs without an empirical-base are reviewed to determine if the most effective components related to the desired outcomes have been incorporated in the intervention.

Long-term Effects of Parenting Interventions

Longitudinal studies examining the effects of parenting interventions over a longer period of time are scarce. Our meta-analytic review showed positive effects on several parent outcomes, but it is unclear whether these improvements lasted over longer periods of time. Of the included 53 individual studies, 19 studies reported results on (at least) one follow-up measurement with a relatively short interval (approximately 6 months) between the postintervention and the follow-up measurements. Moreover, the interval between pre- and postintervention measurements was also short with an average of 4 months, which may have been too little time to have resulted in positive effects on child outcomes and placement disruption. Researchers of intervention programs should aim for longitudinal intervention studies in the future.

VIPP-FC Specific Recommendations

Two specific recommendations for future effectiveness studies of VIPP-FC can be made. First, because child outcomes and neurobiological parameters of stress regulation were secondary outcome measures, the effectiveness of VIPP-FC on these outcomes have not been examined yet. These results may provide insight into the question if and how VIPP-FC can enhance attachment security, reduce or prevent child behavior problems (including IF), and improve stress regulation in both foster parents and children.

Second, our sample consisted of foster parents who seemed to function relatively well because they showed high levels of sensitive parenting behavior at pretest. They may therefore not experience a lot of parenting challenges and this may have resulted in not finding evidence that VIPP-FC is effective in improving parental sensitivity, sensitive discipline, and attitudes towards parenting. Studies that include foster families with at-risk caregivers (e.g., foster parents displaying high levels of insensitive parenting behavior) or at-risk children (e.g., children who display high levels of behavior problems, including IF) would therefore be valuable to be able to draw conclusions regarding VIPP-

FC effectiveness. Studies on IF should additionally focus on developing more robust instruments to measure IF to be able to examine possible correlates and underlying mechanisms of IF. With this knowledge, parenting interventions that specifically focus on IF of foster children can be developed and the causal effect of parenting on IF can be examined. In VIPP-FC, IF is a foster care specific theme that is discussed from the third home visit on (see Table 1 of Chapter 5). VIPP-FC is, as far as we know, the first parenting intervention to address IF and we plan to investigate the effectiveness of VIPP-FC on IF as a specific child outcome.

IMPLICATIONS FOR CLINICAL PRACTICE IN THE NETHERLANDS

Overall, our meta-analysis revealed that parenting interventions for foster care are effective in enhancing parenting behavior, knowledge and attitudes, and reducing stress in foster parents. Dutch clinicians should however keep in mind that the majority of the studies included in our meta-analysis were conducted in the USA. Health care (in general) and foster care (in specific) in the USA are different than in the Netherlands. Intervention programs that have been found to be effective in the USA may therefore not show similar effects when investigated in the Netherlands. If we want to know which parenting interventions are effective in the Dutch foster care population and for which specific foster families, more intervention studies should be conducted in the Netherlands.

It is plausible that Dutch foster parents may need less extra help and support during the foster care placement compared to foster parents from the USA, because they were sufficiently prepared by their foster care organization before placement. To screen and prepare aspiring foster parents for the placement of a child with an adverse early life history, the STAP (Collaboration, Team spirit, Aspiring Foster parents [Samenwerking, Teamgeest, Aspirant Pleegouders]; De Baat, 2014) or a comparable training is used in The Netherlands. The Dutch STAP training is based on the Model Approach to Partnership in Parenting (MAPP) from the United States and focusses on developing knowledge, attitudes, and skills needed to take care of a child with an adverse early life history (De Baat, 2014; Lee & Holland, 1991). This may have resulted in the relatively high levels of parental sensitivity in our VIPP-FC effectiveness study. To our knowledge, only one (somewhat outdated) study evaluated the implementation and effectiveness of the STAP training in the Netherlands (Bruil, Mesman Schultz, & Van der Veldt, 1992). Results showed small but positive effects of STAP in preparing aspiring foster parents for a foster care placement with improvements in parenting behavior and attitudes, and in the quality of contact between foster parents and foster care professionals.

A recent case file study in The Netherlands and Flanders showed that the main reasons for placement breakdown were parenting problems and child behavior problems (Vanderfaeillie, Goemans, Damen, Van Holen, & Pijnenburg, 2017). Qualitative research also showed that foster parents themselves state that they need (extra) support with the behavior problems of the foster child and how they can help the child with the transition to the new family (Berrick & Skivenes, 2012; Hebert & Kulkin, 2018). Both quantitative and qualitative studies have additionally shown that, according to foster parents, the preparation and guidance of foster families should focus on how foster parents can match their parenting behavior with the specific developmental needs of the child (Berrick & Skivenes, 2012; Hebert & Kulkin, 2018; Murray, Tarren-Sweeney, & France, 2011) and how they can obtain sufficient emotional and social support from their own social network (e.g., peer foster parents and foster care professionals; Crum, 2010; Hebert & Kulkin, 2018; Murray et al., 2011). Thus, even though the STAP training may have prepared the foster parents of the current study sufficiently enough for the foster care placement, other studies showed that foster parents overall indicate that they often need support to help them raise their foster children.

The burden of care is generally high for foster families and effective intervention programs are thus needed to reduce this burden to subsequently prevent placement breakdown. For the majority of foster families, the Dutch STAP training may be sufficient to address the most common challenges in foster care, i.e., knowledge, attitudes, and (parenting) skills, that are needed when taking care of a child with an adverse early life history. However, a smaller group of foster parents may be in need of more individualized help, specified to their specific situation. To help foster families in the Netherlands in the best way possible, more Dutch intervention studies are needed that examine the effectiveness of parenting interventions (often developed in the USA) in general and preferably investigate effective intervention elements in order to match intervention programs to the specific needs of foster families based on individual child, parent, or family characteristics. This is however not possible without the cooperation of foster care organizations. A close collaboration between policy makers, foster care professionals, and researchers is needed to develop and examine intervention programs.

GENERAL CONCLUSION

Research in this dissertation showed that foster families can benefit from parenting interventions that aim to support them to overcome the challenges they often face while taking care of children with an adverse early life history, but intervention programs are not effective for all foster families. Most interventions studies have been conducted in the USA and Dutch results are not always similar to the results from the USA, but may not be directly comparable due to differences in the foster care system. The effectiveness of parenting interventions should therefore be examined in the Netherlands if we want to offer the most effective help to Dutch foster families.

Contrary to our expectations, no evidence for the effectiveness of the adapted VIPP-SD program, i.e., VIPP-FC, regarding parenting behavior and attitudes have been found. Foster families may, however, have different individual needs from extra support such as VIPP-FC that can help them overcome the difficulties they may experience when raising foster children. Further research is needed to investigate which specific intervention elements are effective in supporting foster families with specific challenges or characteristics. Knowledge about effective intervention elements is useful when practitioners need to match parenting interventions to individual foster families.

Regarding one of the possible challenges, IF, more robust measures of indiscriminate friendliness need to be developed in order to investigate possible correlates and underlying mechanisms of indiscriminate friendliness. IF seems to be an underexposed child outcome in intervention programs. If more is known about correlates and underlying mechanisms of IF, intervention programs can be developed that specifically target this potentially problematic behavior.