

RUNNING HEAD: NURTURING ATTACHMENTS TRAINING

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Is Nurturing Attachments training effective in improving Self-Efficacy in foster carers and in reducing manifestations of Reactive Attachment Disorder in looked after children?

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Abstract

Looked after children have frequently experienced complex developmental trauma manifesting as behavioural, cognitive and emotional challenges and difficulties in forming secure relational attachments to caregivers. Nurturing Attachments training was developed specifically to support carers who are parenting such children. The present study presents a mixed-methods evaluation of this programme, focussing particularly on its impact on carer self-efficacy and behavioural manifestations of Reactive Attachment disorder (RAD) which are common among looked after children, even if they are not formally diagnosed. Ten foster carers completed measures of Self-Efficacy and RAD before and after the training. A significant increase in carer self-efficacy was found but there was no overall change in levels of children's RAD-related behaviour. Semi-structured interviews were undertaken to explore the reasons for this. They revealed three key themes: Reflection on Then and Now, Knowledge and Understanding, and Contact with Birth Parents. These demonstrated how, after training, foster carers were able to reflect on changes in their own behaviours and draw on new knowledge and understanding. However, contact with biological parents remained challenging and some children seemed to show increased RAD-type behaviours associated with this. Results are discussed with regard to implications for training foster carers.

KEYWORDS

Nurturing attachments training, foster care, looked after children, Reactive Attachment Disorder self-efficacy, evaluation

Introduction

It is well established that many looked after children are likely to have experienced multiple chronic traumatic events, often at a very early age and within their personal caregiving environment. This is a serious matter as such exposures are known to result in neurobiological impairments and difficulties in regulating behaviour and emotions due to complex developmental trauma (Ford, et al., 2007; Rushton, et al., 2003; van der Kolk, 2005). Interventions to train foster carers are, therefore, vital in helping them respond to trauma-related challenging behaviour and securing positive outcomes for the child (Dadds, 1995; Schofield and Beek, 2009). This present study reports on the evaluation of a such a training programme.

One of the main threats to well-being and retention of foster carers is challenging behaviour and the carer's lack of confidence in managing it (Leve et al., 2012; Osborn, et al., Barber, 2008; Sinclair, et al., 2004). Training can increase their ability to understand and cope, reducing the risk of placement disruption and protecting the child from further rejection (Unrau, et al., 2008). Perhaps unsurprisingly, evidence suggests that the success of trainings for birth parents does not generalise to foster carers (Webster-Stratton, 1997; Allen and Vostanis, 2005). 'Normal' parenting skills are inadequate when caring for children who have a history of ill-treatment, neglect or challenging behaviour. The lack of trust and attachment often means that such children are not motivated by their parent's wishes and approval. Because of this, the children often come to perceive themselves as deficient; they can become distressed and fearful when receiving positive parenting, leading them to sabotage any attempt to establish incentives and positive reinforcement. Thus, to be effective, carer training has to focus on the specific needs of looked after children and on

methods of that address behaviours associated with developmental trauma (Cooley and Petren, 2011; Golding and Picken, 2004; Minnis and Del Priore, 2001).

Many behavioural manifestations of complex trauma can be understood in terms of the child's efforts to minimise a perceived threat and diminish their distress. Everyday stressors may act as a reminder of past trauma through sensations, sounds and images as much as specific situations, and a child may behave as though "traumatized all over again" (Van der Kolk, 2005: 403). Unless the caregiver understands these re-enactments, children are likely to be labelled as oppositional, antisocial or unmotivated and therefore not receive the type of support they need.

Many earlier foster parenting interventions were aimed primarily to ameliorate challenging behaviour and evaluations highlighted the positive impact of trainings based on behavioural techniques. However, although carers reported their satisfaction with the training, in most cases little improvement was found in terms of child outcomes (Hill-Tout, et al., 2003). An exception was reported by Pallett and colleagues (2002) who describe an inner London initiative where 97% of participants reported feeling more confident about managing child behaviour. There was also a significant decrease in the behaviours the carers had identified as most problematic. But, despite this, the researchers questioned the appropriateness of a behavioural approach for foster parents who need a wider range of specialised skills. Three years later, Allen and Vostanis (2005) suggested that attachment theory can provide a useful model to help carers understand and respond to the complex difficulties presented by traumatised and neglected children, a proposal reinforced in a more recent review of published evaluations (Rork and McNeill, 2011).

Attachment theory explains how experience of early relationships provides a foundation for the child's emotional and behavioural development by setting an internal working model for future ones (Bowlby, 1973; Tarabulsky, et al., 2008). When children experience nurturing and sensitive parenting, they are likely to develop a secure attachment supporting the development of healthy future relationships and emotional resilience (Bowlby, 1998; Golding, 2008; Weinfield, et al., 2000). In contrast, if a child receives inconsistent and emotionally compromised responses, they may develop an insecure-avoidant attachment style characterised by the suppression of emotional needs or an insecure-ambivalent style whereby they seek attention but reject it when it is offered (Mikulincer and Shaver, 2003). Up to 80% of maltreated children develop insecure attachment patterns (van der Kolk, 2005) and these are known to adversely affect emotional, cognitive and physiological development. Indeed Spinazzola and colleagues (2018) have shown that complex developmental trauma (as opposed to post-traumatic stress disorder) results specifically from a combination of early childhood interpersonal trauma and attachment adversity.

For a child to experience recovery, there needs to be a healthy attachment between the carer and child and the provision of a secure environment. Foster carers who understand attachment are therefore well-placed to appreciate the challenges a child faces, to learn how to build a relationship with him or her and manage behaviours in a way that does not lead to further psychological distress (Golding and Picken, 2004). Many contemporary foster carer trainings aim to achieve this, often incorporating elements of Dyadic Developmental Psychotherapy (DDP) as described by Kim Golding in the previous article. As explained, DDP is influenced by the body of attachment and child development

theory and central to its operation is PACE (Playfulness, Acceptance, Curiosity and Empathy), a way of thinking and interacting which helps to deepen the emotional connection between parent and child and support secure attachment (Hughes, 2007; Hughes, et al., 2015). The training evaluated in this study is a one of those discussed by Golding, *Nurturing Attachments*, based on DDP and incorporating the PACE approach.

The 'Nurturing Attachments' Training Programme (Golding, 2014).

The Nurturing Attachments Training (NAT) programme has been fully described in Kim Golding's article but to summarise, it is an 18-session group work programme designed to provide support to parents and carers of looked after children who have experienced trauma and attachment difficulties. Its main aims are to increase understanding of the child's behavioural and emotional needs and improve foster carers' self-efficacy and capacity for reflective functioning (the ability to understand behaviour in light of underlying mental states and intentions). In turn, these also increase the child's sense of security within the family environment. The training includes explanations of attachment theory, the DPP model, the use of PACE and the House Model of Parenting and comprises three modules each composed of six sessions. Module one focuses on attachment theory and therapeutic parenting; module two introduces the House Model and secure base; and module three focuses on building relationships with the child.

The several evaluations of the Programme discussed by Kim Golding suggest that it is successful in increasing carer confidence, self-efficacy and the capacity to empathise with the child but that while these have obvious benefits for the care context, the challenges children present often persist and carers' feelings of stress and impaired well-being endure.

The Present Study

In the present study, we were especially interested in the impact of NAT on carer self-efficacy in responding to the challenging behaviours which frequently present as manifestations of Reactive Attachment Disorder (RAD). This is a condition which arises as a result of traumatic developmental experiences and results in difficulties forming a secure attachment with the primary caregiver. It is associated with a history of abusive or neglectful parenting, the disregard of a child's basic physical and emotional needs and/or an institutional upbringing (Schechter and Willheim, 2009). It has two subtypes: the inhibited type, characterised by contradictory behaviours, withdrawn presence and hypervigilance (Becker-Weidman and Hughes, 2008) and the disinhibited type, characterised by overfriendliness to strangers, aggressive behaviour and rejection of attachments (Diagnostic Manual of the American Psychological Association Fifth edition; DSM V, 2013).

The focus on RAD related behaviours is appropriate because although the overall prevalence of a formal RAD diagnosis among UK children is extremely low (less than 1%), between 35 and 45% of children in foster care studies have been found to exhibit significant RAD-type behaviours and symptoms, but without meeting the criteria for a formal diagnosis (Schechter and Willheim, 2009; Zeanah., et al., 2004). Furthermore, although carers may try to provide a secure and nurturing environment, a child displaying such behaviours may not be predisposed to accept it, leading to carers feeling inadequate and unskilled. Although the children looked after by carers on the programme had no formal diagnosis of RAD, many of their challenging behaviours were typical of those associated with it as described in DSM V. As there is evidence that foster carers who are knowledgeable of both attachment theory and RAD are effective in achieving therapeutic change for vulnerable children (Chamberlain,

et al., 1992; Golding 2014), we were keen to examine whether NAT was effective in providing that knowledge, especially as no extant evaluations have adopted this focus.

Method

The Intervention

The Programme was run by Children and Adolescent Mental Health Service Children in Care, a service for 5-19-year-olds who are looked after by the local authority in foster placements. It comprised weekly sessions, which lasted for 2.5 hours, and took place between November 2016 and March 2017. The training materials and handouts for the three modules were designed by the team's clinical psychologist based on the resources developed by Golding (2014). The group space offered opportunities for reflection, discussion and sharing of experiences, as well activities like direct teaching, group discussion, video clips and role play. A therapy game for children and families that involved participation in practitioner-led attachment-based games and activities was also used (Booth and Jemberg, 2009). The programme was facilitated by a clinical psychologist, a mental health practitioner and a trainee clinical psychologist from CAMHS, assisted by the first author. Foster carers were invited to attend by their supervising social workers or referred themselves and ethical approval was given by the university and city ethical committees.

Participants

Ten (9 female, 1 male) foster carers participated. All were registered foster carers and were white British. They varied in their level of experience, the type of care they provided, the length of time their child had been living with them. Participants 1, 5, 6, 7, 8

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and 9 looked after more than one child and so were asked to choose one of them for inclusion in the research. In addition, five children (4, 5, 6, 7 and 10) were already receiving therapeutic intervention from the CAMHS Children in Care Team. The details can be seen in the following Table.

Table 1. Participant information.

Participant number	Sex	Type of carer	Age of child in care	SEX of child	Time in placement (years: months)	No. other children in care	Attendance /18 sessions
1	F	ST	6	M	2:0	1	16
2	M	LT	10	F	3:0	0	17
3	F	LT	8	M	3:0	0	13
4	F	LT	13	F	.80	0	16
5	F	ST. LT. RP	7	F	1:80	1	15
6	F	LT	13	M	2:60	1	14
7	F	ST.LT.MB.RP	5	F	1:00	1	14
8	F	ST	10	F	2:00	3	16
9	F	ST	2	M	.70	1	15
10	F	ST	8	M	1:10	0	14

LT = long-term; ST = short-term; RP = respite care; MB = mother and baby.

Data collection

A mixed methods methodology was employed. Participants completed a specially constructed questionnaire twice, once before training commenced and after the final session.

Self-efficacy was measured using the self-efficacy subscale of the Parenting Sense of Competence Scale (Gibaud-Wallston and Wandersman, 1978; Johnston and Mash, 1989). This comprises 7-items which evaluate carers' sense of fulfilment and parental efficacy, e.g. If anyone can find the answer to what is troubling my foster/adoptive child, I am the one. Respondents answer on a 6-point scale from strongly agree to strongly disagree, hence the maximum possible score is 42 with higher scores indicating greater self-efficacy. In the present sample reliability was low pre-intervention ($\alpha=.45$) and adequate at post-intervention ($\alpha = .69$), possibly because of the small sample size combined with few scale items.

For the RAD evidence, the Reactive Attachment Disorder Questionnaire (Minnis, et al., 2002) was used, This is a 17-item measure which presents a series of behaviours a child may exhibit, for instance Is too friendly with strangers. Carers respond on a scale where 3 = exactly like my child, 2 = like my child, 1 = a bit like my child and 0 = not at all like my child. An overall score was thus obtained by summing the individual participant responses. The maximum score is 51 and high scores represent a greater prevalence of RAD behaviours. The scale showed good internal reliability with the present sample pre-training ($\alpha = .77$) and post-training ($\alpha = .83$).

Semi-structured interviews were also undertaken with each participant approximately six weeks after the completion of the training. They began by asking for

participants demographic details and moved on to experiences of attending the group, behavioural changes in both foster carer and child, relationships with the child and feedback about the course. At the end of the interview, they were given their scores from the questionnaires and these were discussed in terms of their previous comments.

A thematic analysis was then conducted using the six stage process proposed by Braun and Clarke (2006) to identify the themes that best explicated the findings; three emerged - Reflection on Then and Now, Knowledge and Understanding and Contact with Biological Parents.

Results

Quantitative Results

Table 2 presents pre-and post-intervention scores on the two questionnaires. In each case, a change index was calculated by subtracting the pre-training score from the post-training one. A positive self-efficacy index therefore represents an increase in the carers' self-efficacy and a positive RAD index is indicative of an increase in the manifestation of RAD in the child. It can be seen that the overall group mean index for the self-efficacy scale indicated a statistically significant increase in self-efficacy over the duration of the training although there was some variation among the individuals, for instance participant 2 reporting a decrease in self-efficacy and participants 1 and 9 only marginal increases.

The group mean index for the RAD scale shows an overall negative score, suggesting a reduction in the manifestation of RAD reported over the course of the training, although the change was not statistically significant. As before, the individual scores showed a mixed

result: three participants (7, 8 and 10) experienced an increase in the RAD scores and that one (9) displayed no change.

Table 2. Pre-and post-training scores on both questionnaires for each participant together with group means and change indices.

Participant	Self-Efficacy			RAD		
	Pre	Post	Index	Pre	Post	Index
01	29.00	30.00	1.00	27.00	22.00	-5.00
02	30.00	28.00	-2.00	9.00	2.00	-7.00
03	26.00	31.00	5.00	29.00	26.00	-3.00
04	22.00	31.00	9.00	17.00	13.00	-4.00
05	25.00	33.00	8.00	39.00	28.00	-11.00
06	27.00	34.00	7.00	32.00	17.00	15.00
07	29.00	35.00	6.00	25.00	30.00	5.00
08	23.00	28.00	5.00	19.00	26.00	7.00
09	22.00	23.00	1.00	18.00	18.00	0.00
10	23.00	30.00	7.00	24.00	34.00	10.00
Mean	25.60	30.30	4.70	23.90	21.60	-2.30
SDev.	(3.06)	(3.47)	(3.56)	(8.56)	(9.41)	(7.93)

Qualitative Results

In the qualitative part of the study, three themes emerged from the discussions and these will be discussed in the light of the quantitative results above.

Theme 1. Reflections on then and now

In this theme, participants compared their previous approach to dealing with behaviours with that after training,

I can stop and look instead of jumping into the wrong conclusion straight away (Participant 1)

In the respect of some of the situations I'm in now I have been able to deal with it in a different light (4)

yeah yeah, whereas before the attachment I would have been oh my god what's going on... panicking (6)

just observe them and see how they are going and then you can figure out what's the score with them (7)

These comments show how responses based on assumptions about the child during a time of heightened stress are ineffective when trying to de-escalate challenging behaviour and that, as the quantitative evidence shows, the increase levels of self-efficacy and decrease in RAD associated behaviour in their child enabled them cope better when faced with difficult situations.

But, as before, two participants (2 and 9) were not typical and showed lower or similar levels of self-efficacy post-training, suggesting that learning more has the effect of increasing dissatisfaction with carers' perceptions of their personal abilities, although participant 2 also reported a decrease in RAD related behaviour, which is encouraging, and suggests the benefits of offering further support. The importance of this is echoed by participants 5 and 6, both of whom reported an increase in efficacy and a reduction in RAD behaviours post-training.

And we say what do we know now and reflect because you forget when it has been that length of time how things were and its good for me to have the notes to be like wow we have come a long way (5)

yeah because last year I would have thought god there is going to be a placement breakdown not that you wanted one but yeah this year yeah (6)

Two participants (7 and 10) commented on how they themselves were parented and how this influenced their parenting now.

I think thinking about my own childhood and how my own upbringing reflects on who I am now. I am so much like my mother and I don't want to be (10)

I am quite domineering militarist because that's how I was raised (7)

Clearly, they had experienced a harsh upbringing and did not wish the same for their foster child but while they reported increases in parenting self-efficacy, they also noted higher levels of RAD behaviours in their child.

Theme 2. Knowledge and Understanding

Several respondents explained that understanding the reasons why children act the way they do can lead them to feel more equipped to deal with complex behaviours.

No it stems from low self-esteem lack of concentration, it's all behaviour based it isn't the fact that she can't do it (5)

And they... they don't have the skills to say I'm too scared to do that have they, they just internalise it (9)

He will cry and then go erratic and then his behaviour becomes violent and it all comes back down to the shame (10)

The figures in Table 2 show that participants 5, 9 and 10 showed an increase in self-efficacy and their comments in the interviews reinforce these results. Some also explained how the techniques presented in the training added to this:

And then I feel like I can't handle this but I just breath and bring PACE back to more of a reality base (2)

The PACE stuff for Mary is difficult because she is just not there yet we are still at the secure base bit (8)

a bit like I said, its helped me to be thoughtful and the mind-mindfulness thinking what's going on for him at the moment (10)

One of the expectations of PACE is the relationships that develop improve the mental and emotional well-being of carers and children. Participant 2's comments are interesting in this respect. He reported a reduction in the RAD score but remained self critical. In contrast, participant 10 felt more insightful and confident but reported an increase in the manifestation of RAD post-training. Indeed, she describes her child as:

being stuck in his own ways and that's the way he likes it.

This portrays a child attempting to recreate the relationships and environment he knew before entering care. Similarly, participant 7 emphasises the importance of having knowledge of children's history in structuring parenting to prevent them from experiencing further distress.

yeah that was the more challenging bit you also have to keep your temper in check when you remember that she has been abused and by more than one member of her family

Talking to a child about sensitive issues in a safe place was also mentioned as an important part of developing relationships, as one participant describes:

... [child's name] has a lot of anger and anger towards the people that abused her and she will say I love my mum but she should have done this this and this and to know all that. And we've been through tears and she sat with me and said I think all of my family knew what was happening to me and that's really sad (5)

Fundamental to all this learning, however, was increased awareness of attachment issues. Some participants already had some knowledge of these on which the training could build and it is noticeable that they scored higher in self-efficacy and lower for RAD episodes post-training.

I had already done a lot of attachment and John Bowlby when I did my degree but this sort of expanded on it (1)

um for me it was kind of a refresher in some cases because I had already done some CBT training and LD training and looked into some counselling and psychology throughout my years (5)

This suggests that some preliminary knowledge of attachment theory provides a good foundation for the Nurturing Attachment training.

Theme 3. Contact with the biological parent/parents

A noticeable feature of the study was that participants frequently highlighted an association between birth family contact and changes in the child's behaviour.

... they are looking for an adoptive family for them and contact has completely stopped and that has had a major influence on him. He has calmed down so much. Yes there was a definite correlation between contact and his behaviour (1)

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... he's getting himself all worked up and its usually around contact (6)

it was really strange to see the girls switch as soon as I pick them up, from the behaviour how they had learned to be with their mum to the behaviour of how they had learned to be with me; it was just like a total pressing the button and then okay this is how we will be. I would speak to them about it because [child's name] used to speak babyish in front of her mum because [sibling's name] used to get the attention (5)

his behaviour used to be awful after contact and actually what he did was he screamed and didn't want to leave (9)

Although all of these individuals showed increased self-efficacy post-training and felt more competent, the child's behaviour after contact remained a challenge. While their enhanced self-confidence is encouraging, the fact remains that their views on family contact were still mostly negative. For example, participants 4, 6, 7 and 8) said that their child did not want to go to contact or was indifferent about seeing parent(s).

[quoting the child] I don't know why we are bothering with contact you don't want me here anyway so I'm not going to come anymore (4)

yeah at one stage at one time he said he didn't want to go to contact (6)

[child's name] doesn't ask about mum. At all (7)

... she didn't know if she wanted to see any of them ... it is a lot of contact when she doesn't really talk about them (8)

In addition, two participants (1 and 7) highlighted their frustrations that contact seemed to diminish their child's progress and undermine their efforts:

yeah we were going along lovely after contact stopped then we had a blip which I think was linked to the fact that he was talking about grandparent and then he settled back down again (1)

[talking about contact] she had one bout which was in January and where she had been dry at night for ten days and then we went back to wetting all the time she just totally reverted (7)

Participant 6 expressed similar concerns, perceiving contact as a hinderance to her child's progress:

My argument is how can he move on how can um he get rid of this baggage that he's carrying around if he is always being reminded of it ...you know, how can he have a new life (6)

And exacerbating these difficulties, was the inescapable fact that some birth relatives were difficult to work with, as two participants explain:

Yeah she isn't making any effort to see him, she missed the last one and hasn't made any contact before it went monthly. (10)

All the empathy is for the kids, I don't have any for the parents because they know the rules they know the system and they don't do for whatever reason they don't do and you should never take it out on the child. (6)

Discussion

This aim of this study was to evaluate certain aspects of the Nurturing Attachments Training programme for foster carers - namely generating awareness of attachment theory and teaching techniques for responding to challenging behaviours. The specific aim was to measure changes in carer self-efficacy and competence in responding to RAD-type behaviours before and after training. This latter exploration was especially important because behaviours and symptoms associated with RAD are prevalent among looked after children even though relatively few of them meet the criteria for a formal diagnosis.

The quantitative analysis indicated an overall increase in participants' self-efficacy post-training. This is very much in line with the previous evaluations of NAT which showed that confidence is generally improved (Hewitt, et al., 2018; Selwyn, et al., 2016; Staines, et al., 2019). But, in contrast, the changes in RAD behaviours were smaller and not statistically

significant, although some individuals clearly benefitted. The qualitative data shed some light on the reasons for these differences.

The first theme emerging from the qualitative research concerned how participants reflected on their own progress, parenting style and behaviour of their child and on the changes that the training had produced. Reflective practice is intrinsic to NAT and this enabled carers to reminisce on past experiences in order to affect change in the present, modifying their parenting to better suit their child's emotional and behavioural needs and increasing their feelings of personal self-efficacy. Participants reported having greater awareness of the reasons behind challenging behaviours and explained how this helped them deal with it more calmly and appropriately and feel more positive about their efforts - an outcome fully in line with the aims of the intervention. As Golding (2003) stated, "increased understanding of the needs of a looked after child and how to parent therapeutically leads to fewer feelings of failure." However, some participants remained highly self-critical despite reporting fewer behavioural challenges, so the training may need to encourage carers to focus more on the child's progress than on their self-perceptions.

Other carers described the contrast between what they had learned about parenting and the way they had been parented themselves. Because traditional parenting techniques are often ineffective with children who have experienced trauma and are showing signs of RAD, carers need to develop alternative therapeutic techniques to meet the needs of their children. Breaking intergenerational patterns is difficult without the ability to understand the influence of one's own parenting but the results of this research suggest that NAT was successful in supporting carers deal with this possibility.

The second theme reflected the knowledge and understanding carers felt they had acquired during training. The overall indication was that the training was successful in facilitating insight into attachment and trauma-related behaviour and influencing practice. Participants said they have a new understanding of the emotions which underpin challenging behaviour and that the child is often acting out fear and trauma. Several talked about PACE and how they used its principles in their day-to-day parenting. However, some said they saw an increase in challenging behaviours despite their attempts to apply their new knowledge. Gil and Johnson (1993) argued that looked after children are often conditioned to display destructive behaviours in order to maintain a sense of normality in their environment. Further, Schofield and Beek (2009) described how children can adapt by becoming 'warily self-reliant' and reluctant to trust new caregivers. The initial rejection of sensitive parenting is also typical of RAD. So, in the case of NAT, it may be that a change of parenting style led to further acting out because the children are trying to adjust to a new way of interacting. This suggests a role for post-training support.

The third theme concerned difficult issue of children's contact with birth families, particularly the distress and changes in behaviour that carers attributed to it. This is worrying because while contact with separated children is intrinsically difficult, and in a few circumstances dangerous, it has to be viewed in the context of the broader and long-term needs of the child. Arrangement for contact with the biological family is the responsibility of the local children's social services department which has responsibility for implementing a care plan, so the details are beyond the control of carers. Regular contact is considered beneficial for most looked after children as it maintains the attachment relationship between the parent and child, gives children a sense of belonging and identity and eases

reunification. However, fostered children experiencing complex trauma rarely have secure attachments to their birth family and as Haight and colleagues (2003) stress, may display very different responses to contact. Some children are unable to cope and find it difficult to talk about the emotional impact of meeting relatives, as was the case for some children in our study. Participant 5 also spoke about her child's "babyish" voice when spending time with her birth mother, an example of what Cairns and Stanaway (2004) describe as a survival mechanism which children employ to get their needs for attention met - and also an attempt to control a situation that is typically associated with RAD. So, when contact is viewed in the context of van der Kolk's (2005) explanation of re-experiencing and re-enacting trauma, it is not surprising that children appear to find it distressing, with some even at risk of secondary harm (Loxtercamp, 2009).

But the issue is not whether contact is good or bad *per se*, but to recognise that it will have different aims for different children. It also takes various forms and patterns, so the key questions are why, when, how and with whom? Most looked after children eventually go home and the diminished or loss of contact with relatives confounds this process. Similarly, not everyone in the child's family is wholly good or bad and children may wish to see those they like. Isolation in care is very inauspicious for a child's future, so contact has to be seen as a manageable variable within a care plan despite the difficulties it creates for carers, while recognising that in some cases severe restrictions are necessary.

This complexity is manifest in the carers' perspectives that although they accept that contact is important, they find it frustrating and stressful. They felt that contact diminished progress in developing a secure attachment with their child, an experience reported in previous studies by Austerberry (2013) and Moyers (2006) and Sinclair (2004) who found

that almost a quarter (24%) of foster carers had experienced severe difficulties with biological parents.

The danger here, however, arises when therapeutic foster care is seen as an end in itself rather than as a means to something else. Long-term foster placements obviously need to provide security and safety but are rarely permanent options for children and there is a risk that they are shuffled out at 18 to independent living or relatives they hardly know. Also, it has to be accepted that the therapeutic work may have limited effects and the lack of robust outcome evidence raises a different set of questions about the relationship between treatment requirements and human rights. The implication of this study is not to deny that family contact is stressful and potentially harmful but to recognise that resolving this by stopping it is likely to raise grave problems in the long-term. This aspect of foster caring was not included in the training programme.

But despite all these caveats, it is important to acknowledge that participants gave some very positive feedback about the Nurturing Attachments Training.

Recommendations for Practice

Based on these findings, we make two recommendations for social workers and Nurturing Attachments Training facilitators. Firstly, some participants still lacked a good deal of self-efficacy post training. In some cases, this was exacerbated by a perceived increase in challenging behaviours as they attempted to apply new knowledge. The first recommendation therefore is for post-training follow-up. This could be in the form of 1:1 consultations in between the weekly sessions during the NAT and/or once the intervention has finished.

Secondly, a major issue highlighted by the participants was contact with birth parents, in terms of both their child's responses and their own relationship with birth families. The results highlight the needs of foster carers in managing the psychological complexities of contact and its importance for the child's future and confirms that this may not be adequately recognised. Therefore, future trainings should include material on how to perceive and handle contact in the way that promotes the best outcomes for the child. In addition, there could be an additional bolt-on intervention for carers which focuses on working with biological parents, dealing effectively with contact difficulties and ways of discussing it with children.

Limitations

The study is not without limitations. Participants were selected using opportunity sampling and may have been those with particular views and aspirations. Some children were also receiving various levels of support from CAMHS. In addition, the reliability coefficients for the self-efficacy questionnaire were low, particularly pre-intervention, probably due to the short test length (just 7-items) combined with a small sample size. Finally, there was no control group so it is difficult to determine how much the observed effects were due to the training experience, the curriculum or other factors.

Conclusions

The Nurturing Attachments Training is designed to provide support to parents and foster carers by increasing their understanding of looked after children's complex behavioural and emotional needs in order to create a safe nurturing environment. This evaluation echoes previous studies by suggesting that the intervention was successful in increasing feelings of self-efficacy among foster carers but was less effective at reducing the

RAD-type behaviours among the children. One reason for this may be that these behaviours result from deep complex trauma and re-enactment of this can continue even once the child is living in a safe environment (van der Kolk, 2005). Events such as contact with the birth family and the attempts of carers to put new parenting skills into practice may trigger manifestations of trauma. As Howe (2005) has highlighted, progress with traumatised children can be slow and a longer follow-up of participants would be informative. Previous evaluations of NAT in the UK have focussed mostly on carer confidence, DPP and reflective function so the focus in this research on the effects on behaviours associated with RAD is novel and adds to the recommendation from other studies for further developments of training best suited to the needs of children experiencing complex trauma.

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