More than I expected: a qualitative exploration of participants' experience of an online adoptive parent-toddler group

Francesca Di Lorenzo, Lydia Barge, Lisa Thackeray, Sarah Peter & Isabella Vainieri

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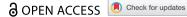
Francesca Di Lorenzo[a,b], Lydia Barge[b], Lisa Thackeray[a,b], Sarah Peter[b] and Isabella Vainieri[a,b]

[a]Research Department of Clinical, Educational & Health Psychology, University College London, London, UK; [b]Evidence Based Practice Unit, Anna Freud National Centre for Children and Families, London, UK

ABSTRACT

The question of how best to support adoptive parents has been attracting increasing attention in recent years. This paper aims to explore participants' experience of a new online intervention for adoptive parents and toddlers, which was adapted from an existing psychoanalytic Parent-Toddler Group (PTG) model. Participants were recruited from the parents attending the intervention, and four took part in a semi-structured post-intervention interview, aimed at exploring their experience of the PTG. Findings showed that, despite difficulties with the online setting of this intervention, participants overall experienced it positively, and particularly valued the supportive element of the group and the improvements in the parent-child relationship. However, challenges included engaging toddlers in the online setting, and participants' confusion over the expectations and outcomes of the group. Based on these findings, suggestions were made for further research and adaptations of this model for future adoptive parenting interventions and support.

Introduction

Since 2015, the number of children awaiting adoption in England has been rising steadily (Department for Education [DfE], 2019, 2020a). At the same time, despite a recent upsurge in the numbers of prospective adopters, and an increasing adoption rate amongst same-sex couples, overall numbers of adoptions year on year have continued to fall (Consortium of Voluntary Adoption Agencies [CVAA], 2020; DfE, 2020a).

Even those children who are adopted face significant challenges. Overall, the likelihood of adopting a child with experience of trauma and/or with additional needs is very high. Abuse or neglect is the most common reason for a child to enter care in England and Wales (DfE, 2019), and early abuse is associated with an increased risk of developing mental health difficulties, physical health conditions and neurocognitive impairments throughout the lifespan (Hughes et al., 2017; Kavanaugh et al., 2016; McCrory et al., 2017; Petruccelli et al., 2019). In a 2017 UK survey, nearly

half of adoptive parents reported that their child had recognised Special Educational Needs or a disability, and 60% had an Educational Health Care Plan (Adoption UK, 2017). In addition, a related survey revealed that 20.5% of these families reported that they were facing serious challenges, and a further 44.5% reported a 'challenging but stable' situation (BBC/Adoption UK, 2017).

Certainly, the challenges faced by any adopted child should not be underestimated; even those adopted during infancy are at a slightly elevated risk of a range of cognitive and psychological difficulties throughout their lifetime (Brodzinsky et al., 1998; Palacios & Brodzinsky, 2010; Keyes et al., 2008; van den Dries et al., 2009). However, for those adopted from foster care, there is also significant evidence for adoption as a successful 'intervention'. Lloyd and Barth (2011) found substantial improvements in developmental outcomes for adopted children, compared to those who remained in foster care after five years, while Hjern et al. (2019) have found that adopted siblings have better outcomes in adulthood on a wide range of measures, including criminality, education and suicidality, compared to those who remained in foster care.

Generally, adoption outcomes are themselves difficult to predict, given the varied experiences of each adopted child (Pace et al., 2021; Palacios & Brodzinsky, 2010). However, risk factors for adoption breakdown have been found to include: parent and child characteristics, such as the child being older at the point of adoption; previous experiences of abuse; parental qualities, and child and parental attachment (Palacios et al., 2019). Many of these factors can be considered under the umbrella of *family functioning* (Epstein et al., 1978), a concept which is increasingly seen as essential for predicting outcomes for adoptive children (Barth & Brooks, 1997; Brodzinsky & Smith, 2018; Ji et al., 2010; Kelly et al., 1998; Tarroja, 2015). Family functioning characteristics, such as parental stress and quality of family relationships, have been identified as important mediators of pre-adoption risk factors (Harwood et al., 2013), as well as predictors of outcomes, including adoption breakdown (Erich et al., 2005; McConnachie et al., 2020; Rosnati, 2005; Rueter et al., 2009).

This evidence has led to increasing interest in supporting adoptive parents' needs (Lee et al., 2018; Selwyn et al., 2014). Given the particular challenges and contexts of adoption, adoptive parents are likely to experience specific difficulties, distinct from those of non-adoptive parents (Biehal et al., 2009; Meakings et al., 2018; Tarren-Sweeney, 2016). For example, adoptive parents may experience strain relating to overly high expectations about adoption (Barth & Berry, 1988), and difficulties with attachment (Dance & Rushton, 2005; Grotevant et al., 1999).

These challenges are one of the reasons that many adoptive parents value and benefit from professional support and interventions (Selwyn et al., 2014; Sturgess & Selwyn, 2007; Waterman et al., 2018). For example, adoptive parents who have accessed parent-support groups following adoption have been found to be less likely to experience adoption breakdown (Hartinger-Saunders et al., 2014). While there is a wealth of research into the value of professional adoption support for both parents and children (e.g., Barth & Miller, 2000; Minnis, 2003; Ní Chobhthaigh & Duffy, 2018; Rushton & Dance, 2002), access to that support is limited, with many parents reporting that the support received is simply too little, too late (Selwyn et al., 2014).

In response to this need, the UK government introduced the Adoption Support Fund (ASF) in 2015, offering all adoptive families living in England a yearly stipend and

thereby enabling access to post-adoption therapeutic support. While support is thus relatively more accessible, the evidence-base for the interventions being delivered to adoptive families in England through the ASF has been found to be lacking (Lewis & Ghate, 2015; National Institute for Health and Care Excellence, 2015; Wijedasa & Selwyn, 2017).

What research there is suggests that group-based adoptive parenting interventions, such as 'Nurturing Attachments' and 'AdOpt' can be effective, particularly in improving parental self-efficacy (Gibbons et al., 2019; Harold et al., 2017; Hewitt et al., 2018). Filial therapy interventions, particularly 'Child-Parent Relationship Therapy' (CPRT), have shown effectiveness on a range of parent- and child-based measures (Bratton et al., 2010; Carnes-Holt & Bratton, 2014; Carnes-Holt, 2010; Opiola & Bratton, 2018; Opiola, 2016).

Overall, however, as a review of such interventions concluded, 'the evidence-base for interventions with adoptive parents is still in its infancy' (Ní Chobhthaigh & Duffy, 2018, p. 87). This insufficiency is further compounded by the wide range of very similar adoptive-parenting interventions, which limits the potential to develop the evidence-base for any single method of support (Stock et al., 2016).

Existing research has also tended not to discriminate between different adoptive parent populations. This is particularly relevant given the rising proportion of same-sex adoptive couples in England and Wales (CVAA, 2020). Some research has suggested that gay adoptive father families show different characteristics to heterosexual parent families, including increased parental sensitivity and child attachment security (Feugé et al., 2018; McConnachie et al., 2019). Research has also identified higher levels of parental wellbeing, and lower levels of children's externalising behaviours in adoptive gay father families, when compared to adoptive heterosexual parent families (Golombok et al., 2014). However, evidence also strongly indicates that it is parenting and family functioning characteristics that are most closely associated with children's outcomes, regardless of parents' sexual orientation (Farr et al., 2010; Golombok et al., 2014; McConnachie et al., 2020). There remains, however, a lack of research in this area, particularly in relation to parental experience of adoption and support (McConnachie et al., 2020).

Another under-researched factor key to providing effective adoption support is child age. Research and interventions have tended to encompass children aged between 0 to 12 years, with no specific attention paid to toddler-aged children (Stock et al., 2016). Given that 70% of the children adopted from care in England are adopted between ages one and four, specific support for this age group is important (DfE, 2020b). Nevertheless, there is a significant lack of therapeutic services and research to support adopted toddlers and their parents (Crasnow et al., 2020).

Recognising this gap, in 2019 the co-authors of this paper adapted their existing therapeutic Parent-Toddler Group (PTG) model to create a PTG specifically for adoptive parents and their toddlers. The PTG is a therapeutic playgroup for parents and toddlers, facilitated by psychoanalytically-trained group facilitators, usually including a child and adolescent psychotherapist. It is designed with the specific developmental needs of toddlers (aged between ten months and three years) and their carers in mind, with a focus on supporting parents and toddlers through the strong, often contradictory, emotions that typify toddlerhood (see Zaphiriou Woods &

Pretorius, 2013). Drawing on psychoanalytic principles, the PTG focuses on providing a consistent, 'holding' environment for both parent and toddler, in which the toddler's development can be thought about and guided through the facilitators' observations and interactions with both toddlers and parents (Winnicott, 1960/1965; Zaphiriou Woods & Pretorius, 2013). The model uses toddler-led play as a way for the facilitators to observe and vocalise toddlers' feelings, both setting limits and supporting the parent-child relationship, through modelling sensitive interactions and through making relevant interpretations. Unlike psychoeducational models of group support, the PTG uses the frame of a structured weekly session to emphasise and enable spontaneous, creative play amongst toddlers and their parents.

The Covid-19 pandemic and 'social distancing' policies which began in March 2020 meant that the format of the group had to be significantly revised, and delivered online. Its aims, however, remained the same. Although there is very little research on online parent-child groups in any population, an online format could enable a far wider reach for adoptive parenting interventions.

Objective

This study will qualitatively explore the experiences of the participants taking part in an online adoptive PTG. By qualitatively analysing post-intervention interviews, this study aims to contribute to existing research on adoption support and, in particular, on adoptive parents' experience of such support. Focusing solely on parental experiences, this study will address the lack of research into what parents themselves value and need in terms of adoption support. It will therefore not consider the impact of the intervention on toddlers, or clinical material from the sessions themselves. It is hoped that by specifically considering the parental experience of the intervention, new avenues for further research and clinical consideration will be identified. As a part of its exploration of participants' experience, this study will also contribute to a nascent understanding of the benefits and limitations of an online platform for therapeutic adoption support.

Methods

Sample summary

Five participants and four toddlers, in three family groupings, took part in the online adoptive PTG. Four of these participants, representing all three families, participated in service evaluation interviews, which were the basis of this study. Of these, Participants 1, 3 and 4 were gay men, and Participants 3 and 4 were married to one another. Participant 2 was female and in a heterosexual relationship. The age range of participants spanned from 37 to 50, while the age range of their toddlers was between 21 months and three years.

Intervention

The design of the intervention, and the age-range of the toddlers participating, constituted significant revisions of the original PTG model. The novel online setting

of the group not only impacted recruitment to the group, but meant that the original focus on spontaneous and unstructured play was less feasible. A barrier to carrying out sustained and detailed observations of play was the fact that children moved freely in and out of the camera's view, so could not always be seen by the group facilitators. More structure was therefore considered necessary to serve the psychoanalytic aims of the group in this online context, for example asking children to bring toys to show the group. The therapists also asked parents to describe and comment on their children's play, both during and outside of the group sessions.

The newly-redesigned online adoptive intervention ran for 15 sessions, 75 minutes each, once a week between December 2020 and March 2021, using Microsoft Teams. The format consisted of four introductory sessions for each family, with one of the two facilitators (a psychotherapist and a clinical psychologist). In these sessions, the families were introduced to the observational tool 'Watch Me Play!' (WMP), a manual which guides parents in observing their children at play in a structured manner (Wakelyn & Katz, 2020). WMP was introduced to the format of the intervention as a way to ensure that parents' observational skills, reflective functioning and play with their children were still being supported, given that the online format might otherwise limit the spontaneous interactions between parents, toddlers and facilitators that were so important to the original PTG approach (Zaphiriou Woods & Pretorius, 2013).

There then followed ten group sessions, led by both facilitators. Group sessions began with a welcome song for the children, followed by a discussion with the parents about their week. During this discussion, the facilitators observed the children, and tried to bring them into the conversation and make links with their play when appropriate. After a snack, there was a remote equivalent of 'free play', where parents and therapists observed the children and reflected on their play. Initially, this was followed by a discussion of WMP, but facilitators felt that there was insufficient time for this, and focused instead on addressing families' specific needs, as raised in each session. The sessions ended with a 'goodbye' song for the children.

Design and sampling

The novel approach to delivering a parent-toddler group, and the small number of participants in the intervention, meant that an inductive qualitative design was considered most appropriate. As part of a routine service evaluation, semi-structured interviews were conducted with four of the five intervention participants, representing all three of the participating families. Access to the pseudonymised interview transcripts was then shared with the first author.

Interviews

The interview schedule was devised by the service evaluation team, in consultation with the first author. All interviews were then conducted by a trained member of the service evaluation team (LB). Interviews focused on participants' experiences of the group, beginning with specific aspects, such as '*How did you find the structure of the group?*', leading onto broader questions, such as '*Overall, how would you describe your*

experience of the groups?'.[1] The scope of the schedule was limited by the time allotted to each interview, which was half an hour.

Procedure

Interviews were recorded using Microsoft Teams and then transcribed and pseudonymised by the research team. The team also accessed specific demographic information including sex, relationship status, and sexual orientation, which were collected from participants. All those taking part in the interviews were provided with an information sheet, and gave written and verbal consent prior to their interview. The study received full ethical approval from University College London (UCL) Research Ethics Committee (project number 19513/002).

Data analysis

Pseudonymised interview transcripts were analysed using Thematic Analysis. Braun and Clarke's (2006) six-step Thematic Analysis provided a clear framework in which participants' experiences of the intervention could be analysed and grouped into implicit themes. Constructing themes involved multiple readings of the transcripts and transcribing one audio recording in order to create familiarity with the data. Following this familiarisation process, the transcripts were annotated with as many initial codes as possible. Thematic mapping was then used to construct candidate supraordinate themes. Subordinate themes were created to ensure that the nuances of the data were sufficiently represented by each theme. For example, within the theme '*Together and apart: meeting parents' needs*', codes such as 'online isolation', 'benefits of being online for parents', and 'what if it had been in person?' were grouped into the sub-theme '*online connections, online limitations*'. Codes such as 'value of sharing', 'a safe space' and 'value of similarity' were grouped under the sub-theme '*A safe space to share*'. The transcript data was then revisited with these themes and sub-themes in mind, and themes themselves were revisited, to ensure that individual nuances of the data and participants' experiences had been retained, as pertinent to the aims of the study. Finally, a set of representative themes was established and named.

Trustworthiness

An actively reflexive approach was adopted throughout the process of analysis, in which the impact of authors' perspectives, background and experiences on their interpretation of the data were continuously evaluated (Johnson & Rasulova, 2017), including through use of a reflective journal (Ortlipp, 2008). In particular, the potential impact of the authors' affiliation with the intervention's service provider was continuously reflected upon. Throughout the process, the value of a team-based, collaborative approach was recognised; the first author's interpretations were regularly discussed with co-authors, whose suggestions and emendations were incorporated (Russell & Kelly, 2002).

Results

This section presents the results of the Thematic Analysis conducted to explore the participants' experience of the online adoptive PTG.

Theme one. Together and apart: meeting parents' needs

This theme describes the ways in which parents felt their needs were met by the intervention, reflecting experiences of connecting and sharing with other parents, as well as the limitations to this connection, owing to the online format of the intervention. Across the two sub-themes, participants describe feeling together and connected, whilst simultaneously physically and emotionally separate and disconnected.

Online connections, online limitations

For three of the participants, being online made it difficult to feel connected to others in the group. For Participant 2, it meant that *'you would just feel quite distant from everybody, and find it hard to join in'*. These same participants drew contrasts with the possibilities of in-person connections: *'probably in person the relationships would have been stronger because when you have to meet people virtually it's quite hard to build those new relationships'* (Participant 3).

For Participant 1, however, there were some advantages to connecting online: *'I personally felt more at ease from day one because I was at home. So I wonder to what extent it wasn't easier to open up about the very intimate things we were discussing from my own living room'*.

While all participants said they would have preferred an in-person group, they also emphasised that they did manage to find 'connection' online. Participant 4 described *'the chance to connect with other parents'* as *'really helpful'*, and Participant 3 talked about how *'making these connections [has] been reassuring'*. Indeed, Participants 1 and 2 both used the word *'community'* to describe the group. Participant 1 exemplified the surprise expressed by most of the participants at their ability to connect online, when he said *'I feel like we formed more significant connections than I expected'*.

'A safe space' to share

All of the participants highlighted the value of the group as a place to share with people going through similar experiences: *'I felt like we could 'cause we have such specific experiences of being new parents, adoptive parents, that it was good. It was good to have space to share'* (Participant 1). Participant 3 highlighted the particular value of having two sets of *'gay dads'* in the group.

The safety of this space was also important to the participants, all of whom used the phrase *'a safe space'* to describe the group. This was particularly important for Participant 2, who reflected that the group was *'so loving, there is no judgement in it, and I think that's what was so empowering'*. For Participant 3, *'actually having this arena, where [...] sharing experiences was not only acceptable, but in fact desirable'* was *'the most useful thing'* about the groups. The supportive – and unexpected – power of this *'safe space'* was also emphasised by Participant 2, who commented: *'I don't think I expected it to be as much of a support, and that I would need it as much'*.

Theme two. 'It's harder for the kids': meeting toddlers' needs

This theme's title reflects Participant 4's comment that the intervention 'worked well for us. I think … I think it's harder for the kids'. The theme explores the ways in which participants seemed uncertain as to how much their children gained from the groups, especially in comparison to themselves as parents.

Online battles

Many of the participants gave accounts of how 'getting four kids to interact in a consistent way at the same time is quite hard' (Participant 4). The practical difficulties of toddlers playing on screen were significant for many participants, well-summarised by Participant 2's comment that 'I battled. I really battled'.

There was a strong sense from all the participants that their children would have gained more from an in-person group. Participant 3 thought that 'the kids would put more out of there […] if we'd been in the same place'. Similarly, Participant 1 highlighted that 'what I miss from the real-life experience of the group is for Child X to have formed sort of tighter connections with the children'.

'I didn't expect it was going to happen': what toddlers gained

Participants also described some ways that their toddlers gained from the group. All described noticing, to their surprise, that their children formed connections with the other children in the group. As Participant 4 put it, 'I didn't expect it was going to happen. But it did'.

More specifically, Participant 1 described how his child gained directly from the group, saying that 'the song that they sing [at the end of each session in the PTG] child X to this day uses it for to manage separation' (sic). For Participant 2, the one to one sessions were hugely beneficial for her daughter, who 'just blossomed […] and, like found her voice [and] found that she could ask for things'. Participant 4 described how his child gained from the practice of WMP, which had led to his child 'playing with animals, doing animal stories and noises and really loving that which we hadn't really seen before'. In different ways, as these extracts illustrate, participants described ways that their toddlers did gain from specific aspects of the intervention.

'A conflict of interest': finding a balance?

The participants' narratives of the intervention often distinguished their own needs from those of their toddlers, such as in Participant 3's description of how 'you will share your experiences, the children will play as well'. Participants 2, 3 and 4 seemed to experience these two things as being in conflict. Participant 2 described 'feeling guilty 'cause Child X was you know, feeling … a little bit like oh, this is my time but I'm you know, not getting much attention. […] yeah so there was a conflict of interest'.

For Participant 2, the group seemed better able to meet her needs without her child present. She described how, when she attended sessions alone because her child was at nursery, 'it was actually quite nice as well, because, um, it allowed me to just, you know, focus completely on on on the group rather than being, you know, distracted by child X'. Participants 3 and 4 also reported benefits of attending without their two toddlers. Because of their sleep schedule, their children only attended the second half of each

group session. Both participants saw this as '*a positive*' (Participant 3), that enabled '*quite a nice balance 'cause we got a bit of time without the kids to have a bit more of an adult conversation first*' (Participant 4).

For Participants 3 and 4, the group did seem to manage to balance parent and toddler needs, and provide '*the best of both worlds*' (Participant 3). For Participant 4, '*it just became a richer experience [...] It was definitely a group for the toddlers, but it also was a great safe space for us as adults*'.

Theme three. Learning to be a parent

Participants also described different ways that they learnt from the intervention, in terms of both professional guidance and peer support. This was encapsulated by Participant 1's description of the intervention as '*a safe space to learn to be a parent, in a way that you wouldn't necessarily, if . . . if someone didn't guide you through it*'.

'A magic wand': the power of the professional

Many of the participants conveyed a deference to professional opinion, and a desire for professional support: '*we felt like any sort of help, even someone like with a hat and a top hat and a magic sort of wand came saying I can help you. I would have said yes I will take whatever you can give me*' (Participant 1).

For Participants 1, 3 and 4, there was a distinct and reassuring power attributed to the professionals' opinions. As Participant 3 put it, '*it was actually just nice to talk to someone who knew what they were doing*'. Participant 4 described how this was especially powerful in the context of the Covid lockdown, saying that '*to have a professional observe the kids and say they're fine, they're doing fine was really was really affirmative actually, for us because at the moment when there's no, no-one does that*'.

Learning from the group

Participants 1, 3 and 4 also described how their initial expectations of '*nuggets of wisdom*' (Participant 3) from facilitators were confounded, and that a more experiential mode of learning, both within the group and beyond, was encouraged instead. Participant 1 reflected this clearly when he said '*it took me a while to understand that it's like therapy. You do the learning, you do the talking and they're there to sort of facilitate. But you know, it's all on me as a participant to, to make it happen*'.

Participant 4 described realising that '*the work was going on between the sessions if you will, as we internalised it and worked with the kids*'. This internalisation of the experience of the group, and of the approach of WMP in particular, were reflected on by all of the participants, who reported that their learning from WMP remained important to them and their interactions with their children.

The idea of learning from within the group itself was also apparent; Participant 1 connected his newfound ability to '*stand back and listen to what my kid is saying*' with his '*learning in the group*'. Participant 2 expanded on this idea when she described the intervention as '*a process of learning and having a place to observe and, you know, just reflect, and just observing other parents*'. Three of the participants also described learning

from what others shared in the group, and from Participant 2 in particular. The three participants described this participant as '*incredibly insightful*' (Participant 1), helping them to realise that their experiences are '*not unusual, and nothing's wrong*' (Participant 3). Learning from the group was thus both a practical and reflective process for the participants.

Theme four. 'You don't need power to be in control': changing parent-toddler relations

This theme takes its title from Participant 4, who described realising that '*you don't need power to be in control*' when it came to parenting. Closely related to Theme three, this theme reflects the ways that participants described their changing relationship with their children.

'Something to notice and think on'

All participants described ways in which the intervention helped them to '*stand back and listen to what my kid is saying*' (Participant 1) and '*be more aware*' of their child's needs (Participant 2). The participants experienced WMP in particular as '*turning the volume on them as children*' (Participant 4), helping them see their children as separate from their anxieties as parents. Participant 3 encapsulated this approach when he described noticing the impact his presence had on his daughter's play as '*something to notice and think on*'.

'I'm so confident': finding empowerment

Participant 1 reflected all of the participants' accounts when he said that '*it was a lot to come to the conclusion that [...] however we reacted to something it's fine, it's alright. It's not the end of the world*'. This realisation was connected to a new confidence and sense of control for Participant 1: '*I learned overall that [...] to be in control of your kid doesn't have to be a power struggle. And I think for me, that was the most genius thing that I learnt from the group, and I feel like I'm so confident and so in control even when he's freaking out*'.

For all the participants, an important part of finding this empowerment as a parent was letting go of '*the need to get it right all the time*' (Participant 3). As Participant 2 explained, the group '*empowered me to not beat myself up [to] just go in for five minutes of, of the Watch Me Play you know and that that's, that's ok*'. As these extracts indicate, the participants seemed empowered to reflect on and engage with their children, and to do so with less anxiety and more enjoyment than before.

Theme five. Changing expectations, uncertain outcomes

This theme reflects the often uncertain ways that the participants described the intervention and its effects, and reported a changing experience across the intervention.

All participants reported apprehension and being '*a little bit in the dark*' about how the intervention would work (Participant 3). For some, their initial expectations were not met; as Participant 1 put it, '*it wasn't that the group was disappointing, it was that I thought the group was going to be something else*'. Participant 3 similarly talked in

veiled terms about disappointed expectations, saying that an explanation of '*what the point of the group is [...] would have been useful to manage expectations*'.

Uncertainty about the group's objectives and structure came up repeatedly when the participants were asked to describe the group. Explanations were often couched in apologies, such as '*it probably sounds really vague and woolly*' (Participant 4), and were often stated in rather vague terms, such as '*I would describe it as a really positive experience that helped me*' (Participant 1).

This extended to an uncertainty about how much of an impact the intervention actually had. For many of the participants, the intervention came very soon after adopting their children, such that '*it's hard to disentangle what was the product of the group and what's just ... I feel like we know ... we know them better now, they know us better*' (Participant 4). Even Participant 2, who had adopted her toddler over two years previously, expressed uncertainty over whether her daughter's development was a result of the intervention, or simply '*concurrent with little child X's little growth patterns*'. Evidently, an element of uncertainty pervaded many aspects of the participants' experience of the intervention, and their evaluation of it.

Discussion

This study explored parents' experience of an online adoptive PTG. A thematic analysis was conducted on semi-structured interviews with four of the five participants. Five main themes were established: *Together and apart: meeting parents' needs*; '*It's harder for the kids': meeting toddlers' needs*; *Learning to be a parent*; '*You don't need power to be in control': Changing parent-toddler relations*, and *Changing expectations, uncertain outcomes*.

The findings of this study echo many of those identified by Barros et al. (2008) in their qualitative analysis of (non-adoptive) parents' experience of the in-person PTG, as well as Crasnow et al.'s (2020) evaluation of the in-person pilot of this adoptive PTG. Both studies found that the 'sharing' and supportive aspects of the groups were valued very highly by participants. This study's finding in Theme one (*Together and apart: meeting parents' needs*) and Theme three (*Learning to be a parent*), that participants valued learning both from other parents and from facilitators, and the experience of emotional support from the group more generally, also concurs with broader evidence that facilitator-led groups for adoptive parents provide an important source of emotional and practical support for parents (Bryan et al., 2010; Faver & Alanis, 2012; Miller et al., 2018). Parents seemed to value the containment and 'holding' provided by both facilitators and fellow participants (Winnicott, 1960/1965). In fact, one facilitator reported that parents had more 'space to connect emotionally' than in an in-person group, where more time is given over to toddler interactions (Barge et al., 2022, p. 16). The original PTG's function of 'holding' parents may therefore have in fact been enhanced by an online setting (Zaphiriou Woods, 2000).

The value that participants placed on sharing their own experiences with fellow adoptive parents is especially important given how common experiences of social isolation are amongst adoptive parents (Weistra & Luke, 2017). Findings that gay parents experience higher levels of social stigma relative to heterosexual parents (Farr & Vázquez, 2020; Goldberg & Smith, 2014) offer some explanation as to why support

groups are likely to be especially valuable to gay adoptive parents (Tornello et al., 2011). As is evident in Theme one, the presence of other '*gay dads*' was indeed particularly welcome, as is mentioned in the sub-theme '*A safe space' to share*. This experience of a '*safe space*', in which participants were 'held' and had their experiences 'mirrored' back to them (Winnicott & Robert Rodman, 1971/2005, p. 154), became the defining feature of all participants' accounts, and was a crucial way in which the intervention seemed to exceed all participants' expectations of an online group.

While parents were perhaps more forthcoming about their own experiences of support, when asked, they did also report that their toddlers had developed and gained something from the 'holding' power of the group, most particularly in terms of managing separation. This is evident in Theme two ('*It's harder for the kids': meeting toddlers' needs*), and Participant 4's comment that his toddler continued using the song regularly sung in the group to '*manage separation*'.

However, in both Theme one and Theme two, Participant 2 in particular emphasised the frustrations of an online group for both herself and her toddler. She was unique amongst the participants in emphasising the value of her one to one sessions over those of the group, as described in the sub-theme '*A conflict of interests': Finding a balance?*. She was also the only participant who had not recently adopted, and who also had an older adopted child with whom she reported facing significant challenges. Her experience recalls Slade's (2006) suggestion that parents with more complex needs are likely to benefit more from one to one support than from a group-based model. Given the value that the participants placed on sharing their experiences with those in similar situations, it may be that Participant 2 also experienced some feelings of exclusion based on her demographic differences from the other members of the group. Managing parents' feelings of ambivalence in the face of their toddlers' thrust to 'assert and define their emerging selves' is a key aim in the PTG model (Zaphiriou Woods & Pretorius, 2013, p. 143); Participant 2's frustration may well also reflect such ambivalence. In this case, the group may have been able to help this participant engage with one of the most difficult aspects of the parent-toddler relationship.

Participant 2's experience also supports Crasnow et al.'s (2020) original hypothesis that the adoptive PTG would be a particularly helpful intervention for new parents, supporting the often difficult transition to adoptive parenthood (Crasnow et al., 2020; Doss et al., 2009; Simpson et al., 2003). In the sub-theme '*A magic wand*' within Theme three, the reassuring figure of the facilitator as 'expert' was highlighted by all the other participants, all of whom were new parents. This finding is supported by evidence that new parents in particular value and benefit from practical, professional support (Gilmer et al., 2016; Guest & Keatinge, 2009; Reticena et al., 2019). Miller et al.'s (2018) review of adoptive parent support groups similarly found that the presence of a facilitator and the provision of 'education/training' were key aspects of a successful group. For the new parents in this group, who were facing both the challenges of new parenthood and the possible stigma of gay parenthood, the facilitators seemed to take on 'magical' abilities in conferring acceptance and advice and offering approval.

These considerations are particularly important in relation to the frustrated expectations described in Theme five, *Changing expectations, uncertain outcomes*. Frustrations around a lack of didacticism and guidance from the facilitators were identified both in this study and in Crasnow et al. (2020) evaluation, where some

participants felt that the facilitators were 'withholding' their knowledge (p. 20). However, these ambivalent feelings are an important part of the more fundamental, experiential 'learning' prioritised and facilitated in the PTG model. While perhaps unexpected for some participants, the growing understanding of the psychoanalytic, reflective and observational approach of the group was in fact an important way in which the intervention exceeded the participants' expectations. This was particularly evident in the sub-theme 'Something to notice and think on' of Theme four, in which the participants described the development of a more reflective parenting capacity. The participants' descriptions of 'turning up the volume' on their children and learning to 'stand back and listen', clearly suggest that they were able to internalise the observational approach of the PTG model and its facilitators. Given that this learning is a key aspect of the original PTG model, it appears that such psychoanalytic, experiential learning can also be achieved through an online format.

As Theme four describes, this learning seemed to have improved the participants' relationships with their children, and their confidence as parents. This supports the literature on the value of increasing parents' reflective capacities (Cooper & Redfern, 2015; Fonagy & Allison, 2012; Onions, 2018). It also concurs with the improvements in reflective functioning associated with the original PTG model (Camino Rivera et al., 2011; Zaphiriou Woods & Pretorius, 2013). The original PTG model's aim of supporting the understanding and management of the strong emotions of toddlerhood, and the anxieties and guilt arising from them, is particularly important in the context of adoption. The specific challenges faced by adopted children and their parents, including children's neurocognitive developmental difficulties, and difficulties with attachment, as identified in the introduction to this study, have the potential to add further strain to the parent-toddler relationship. In this group, as parents learnt to 'notice and think on' their children's behaviour, they themselves became more able to contain the complexities of both their children's experience and their own, as well as to distinguish between the two. The group therefore served a vital function in supporting adoptive toddler families in particular.

As is evident in the sub-theme 'Learning from the group', the participants emphasised how this learning came through experience, rather than through the didacticism found in many other adoptive parenting interventions (Stock et al., 2016). This finding demonstrates the impact of the psychoanalytic approach to this group, such that the 'here and now' took precedence over a more psychoeducational model, and in doing so had a significant and lasting positive impact on the participants' relationships with their toddlers.

The sub-themes Learning from the group and 'Something to notice and think on' reflect that many participants related these improvements in the parent-child relationship to their practice of WMP between sessions. WMP seemed to be an effective way of strengthening the parent-child relationship without the direct presence of a facilitator (Wakelyn & Katz, 2020). The practice of playing, as modelled by WMP and facilitators, but without the additional stress and anxiety incurred by the online setting, seemed to have the most significant impact on participants' relationship with their children.

While the specific benefits apparent from a psychoanalytically-informed model mean that we should be cautious in drawing direct comparisons to other models, this finding

does illustrate the similarity between the online PTG model and the filial therapy-based intervention 'Child-Parent Relationship Therapy' (CPRT). CPRT uses parental recordings of children's play as the basis for a parent-only group, and has also demonstrated improvements in parents' reflective functioning and empathy (Opiola & Bratton, 2018; Socarras et al., 2015; Staines et al., 2019). As identified in Theme two, a parent-only group, with WMP practised between sessions, seemed to be acceptable and even preferable for the majority of participants in this study. Evaluations of parent-only adoptive support groups, such as 'AdOpt', 'Nurturing Attachments' and 'CPRT', show the acceptability and effectiveness of this approach for parents (Harold et al., 2017; Opiola & Bratton, 2018; Staines et al., 2019).

The acceptability of a parent-only group, however, contrasts with Crasnow et al. (2020) evaluation of the 2020 in-person pilot group. There, participants reported very positively on the relationships formed between their children in the group, and the parent-child relationship was the 'dominant story' of the group (Crasnow et al., 2020, p. 18). In this study, by contrast, the participants generally emphasised the limitations of their children's relationships with one another. It was rather the parent-parent, or facilitator-parent, relationships that seemed the 'dominant story'.

This shift in the 'story' of the group itself towards one of parental support is a significant move away from the distinctive dual focus of the original PTG approach. Toddlerhood is a time where issues of triangulation and separation come to the fore, and the original PTG set out to address these issues (Furman, 1992). For this group to have lost many of these 'triangular' relationships is therefore a significant loss for the PTG model. Although providing effective support for parents and the parent-child relationship, the online PTG seems to have lost something of what made the original PTG a significant form of therapeutic support for toddlers and their families (Zaphiriou Woods & Pretorius, 2013).

It may not only be the changes to the structure and setting of the group that contributed to these differences with the original model; the context of the Covid-19 pandemic may account for the dominance of the parent-support narrative. Lockdowns and school closures had a significant adverse impact on parental stress and child externalising behaviours (Brown et al., 2020; Hiraoka & Tomoda, 2020; Patrick et al., 2020). At the same time, as Participant 3 mentioned in relation to the sub-theme 'A magic wand': the power of the professional, access to social and professional support was significantly limited by the pandemic (Jones et al., 2020). We might wonder, therefore, whether this PTG was required to fulfil a more fundamental and far-reaching function in the lives of its members than would normally be expected.

Existing adoption support research typically focuses on in-person settings, meaning there is little research with which to compare the specific impact of lockdowns on an online setting (Stock et al., 2016; Williams et al., 2018). However, Hicks and Baggerly's (2017) evaluation of an online version of CPRT identified many of the same benefits and limitations of an online group to those identified in Theme one. These included the benefit of not having to travel to sessions, and the limits to spontaneous communication. This suggests that the online model carries some clear and consistent implications for participants, regardless of the context of Covid-19.

However tempting it is to focus on the challenges of the online setting, we should not lose sight of the significant challenges of toddlerhood and adoptive parenting itself.

Speaking about her experience as a facilitator of this online PTG, Sarah Peter (personal communication, 9 June 2021) discussed the participants' uncertainty in relation to fears around being good enough (Winnicott, 1960/1965). In her account, feelings of uncertainty and anxiety in the group seemed to reflect the participants' fears about their own parenting abilities, particularly as gay parents. Peters' suggestion that the group was ultimately able to function as a 'good-enough group' by 'holding' these anxieties and modelling a reflective approach to parenting, is consistent with this study's findings. Ultimately, this online PTG played an important and positive role in the participants' lives, so much so that all of them said they would recommend the group to other adoptive parents.

Overall, findings suggest that the online adoptive PTG can have clear benefits for parents and for the parent-child relationship. Furthermore, it appears that the online PTG can retain some, but not all, of the elements and benefits of the original PTG model. However, an amended online PTG may have been more acceptable to parents, consisting of a parent-only group, one to one therapeutic sessions with parent and toddler, and training on WMP to use between sessions. Alternatively, fewer, or shorter, parent-toddler group sessions might have been a way to confer some of the aims and benefits of the original PTG, while reducing participants' anxiety and sense of struggle. Given that all participants reported uncertainty about what to expect from the group, clearer articulation of the approach, structure and aims of the intervention may also be needed. While these adaptations would represent a further departure from the original PTG model, it would also recognise the inevitable impact of an online setting for both parents and toddlers.

Limitations and strengths

The findings of this study should be interpreted with caution, owing to the small sample size and small scale nature of the intervention itself. This was further limited by the fact that the four participants represented only three families, of which two were gay male couples, engendering a very limited sample. These limitations mean that the generalisability of these findings is very low. In this, the study shares many of the limitations of adoption research more generally (Holmgren & Elovainio, 2019).

The study was also limited by the novel online format of the intervention, which meant that the structure of the group was significantly altered, compared to the original PTG. Further alterations over the course of the intervention, such as allowing parents to attend without their toddlers, responded to the practical and emotional needs of participants but further distanced the group from the original PTG model. This means that comparisons with, and implications for, the in-person original PTG are limited. The impact of the Covid-19 pandemic also meant that many aspects of 'normal life' had been put on hold for the participants, further limiting the generalisability of findings.

The design of future online adoptive parent-toddler (or similar) groups should be informed by further research into the different aspects of this intervention, particularly the online parent-toddler group, as well as further evaluations of this model as a whole. This research would benefit from bigger and more varied samples than has been possible in this study, as well as quantitative analyses of validated outcome measures.

The aims of this study were limited to exploring the participants' experience of the intervention. One important step in contextualising the findings of this study would be integrating a recent AFNCCF report evaluating the PTG's impact on toddlers, and exploring clinicians' experience of the intervention (Barge et al., 2022). However, given the importance of adoptive parents' own perspectives in informing adoption support (Egbert & Lamont, 2004), and findings that some adoptive parents feel their emotional needs are neglected within existing post-adoption provision (Lee et al., 2018), this study's focus on parents' individual experience is a significant strength.

Clinical implications

This study's findings indicate that an online setting does not preclude effective therapeutic parent-toddler support. It does, however, require creativity and flexibility in terms of combining group, individual and between-session support to best support toddlers alongside their parents in an online setting.

The positive findings of this study should support the establishment of further online groups with a psychoanalytic orientation. Expanding the offer of an online model would also significantly increase the reach of adoption support services.

The challenges identified in this model, particularly in relation to the experiences of different groups of adoptive parents, also indicate the importance of considering these groups when designing and recruiting for adoptive parenting support. The differences identified between an in-person and online PTG further clarify what is valuable about an in-person setting, particularly for toddlers. This has important implications for supporting toddlers, who are currently under-served in existing adoption support and research.

The findings of this study encourage us to consider parents' perspectives and their needs in both the design and implementation of therapeutic adoption support. This attention will not only help expand the provision of effective online support, but help to focus the development of in-person services where they are most needed.

Conclusion

This study explored parents' experiences of a novel online intervention, in unprecedented circumstances. It contributes to the growing evidence-base for adoptive parenting interventions, particularly in the early years, and is one of the first to evaluate an online model of adoption support. As the title of this study suggests, the intervention was felt to be 'more' than participants had expected, while also limited – perhaps as participants had expected – by the online setting. The online model appears to have been effective in supporting adoptive parents and the parent-child relationship, although differences in comparison to the in-person PTG model, particularly for supporting toddlers, are apparent. Understanding the impact of the online setting for both toddlers and parents remains an area for further research. However, this study's findings suggest that this online adoptive PTG can be effective in supporting and containing both parents and the parent-child relationship; significantly more so than participants themselves might expect.

Note

1. To access the interview schedule used to conduct these interviews, readers are invited to contact Dr. Isabella Vainieri at i.vainieri@ucl.ac.uk.

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No potential conflict of interest was reported by the author(s).

Notes on contributors

Francesca Di Lorenzo holds an MSc in Psychoanalytic Developmental Psychology [PDP]. This paper was written in fulfilment of her Master's qualification.

Lydia Barge is a doctoral candidate at UCL and holds an MSc in Developmental Psychopathology. She worked as the evaluation officer at Early Years and Prevention Department at the Anna Freud National Centre for Children and Families [AFNCCF] and conducted the post-intervention interviews for this study.

Lisa Thackeray is a research tutor at the AFNCCF, and was the module convenor for qualitative research for the PDP MSc.

Sarah Peter is a child and adolescent psychotherapist, and works at the AFNCCF in the Early Years and Prevention Department. She was one of the facilitators for the intervention evaluated in this study.

Isabella Vainieri is a research fellow at the faculty of Brain Sciences at UCL and research supervisor for the PDP MSc. As part of her role, she supervised this paper.

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