Fostering traumatized children

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CHAPTER I

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“Wy groeien vast in tal en last. Ons tweede Vaders klagen.
Ay ga niet voort door dese poort, Of helpt een luttel dragen.”
[We are growing in number and cost. Our second fathers complain.
Ay do not go through this gate, or help us maintain.]

This text of Christian mercy from the famous Dutch poet Joost van den Vondel (1587-1679), can be read above the entrance gate of the Burgerweeshuis [Citizen Orphanage] in Amsterdam, founded by wealthy citizens in 1520, this year exactly 500 years ago. The orphans could stay until they were grown up, and got a legacy of two hundred guilders at departure, a considerable amount of money in that time (Endlich, 2002). During their stay, the boys learned crafts, such as woodworking, while the girls were taught handicrafts. When they had learned a craft they were employed at several working houses in the city (Engels, 1989). Since hundreds of children were involved, the rules were strict and the punishment frequently severe. Even on the street, the orphans had to behave nicely, because they were very recognizable by their clothes (Endlich, 2002).

Children of the Citizen Orphanages, established in several cities in the Netherlands, sometimes were outsourced to rural families where they were usually exploited in the farming business or the household. At the end of the 19th century, Frans Beudeker changed this practice, placing several children in Amsterdam families. In 1868, he reported about their positive development, thanks to the selection of foster parents, a tuition scheme, control and guidance (Bakker et al., 2006). Later on in 1874,
inspired by the development of family nursing in Scotland and Berlin, vicar Scheltema in Friesland donated an annual grant, establishing the Association in the Interest of Orphan Nursing, the beginning of organized foster care in the Netherlands (Bakker et al., 2006).

In the beginning of the 20th century, the number of orphans decreased and the number of children that was separated from their parents increased because of the Child Laws of 1905, which protected children against neglect, development toward delinquency, and labor exploitation. Child Protection Services, guardianship associations, the children’s homes and foster care became the foundation of the present youth care. Far more children were placed in children’s homes than in foster care (Van der Lans, 2013), and guidance of families and children at home was not yet available. In the Netherlands, it was not until the 1980s and 1990s that youth care developed a substantial range of ambulatory care (Engels, 1989). This development was stimulated by the creation of Medisch Opvoedkundig Bureau’s (MOB), modeled after the Child Guidance Clinics of the Mental Hygiene Movement in the United States. These MOB’s later merged into youth care departments of Riagg’s (regional institutions for outpatient mental health care) (Konijn & Schuur, 1992). Also, in 1970 alternative low threshold organizations for adolescents like the Youth Advice Centre were introduced (Sluys, 1980).

The Amsterdam Citizen Orphanage was the forerunner of Spirit Youth Care - from July 1, 2020 called Levvel, Specialists for youth and family - the organization where I work as a researcher since 2008. After more than twenty years of research at the University of Amsterdam, the Trimbos Institute and the Netherlands Youth Institute, I started working as a researcher for Spirit with its long history and innovative reputation. It was my job to stimulate investigations on the quality of the provided care, enabling improvement of that quality following the findings. In five centuries, the Amsterdam Citizen Orphanage grew from a children’s home that captured around 200 children into a youth care organization that provides care and treatment for about 4000 children and their families. It developed from mainly Christian charity to high professional specialized care and treatment for children, adolescents and parents, and for foster families (Engels, 1989). Nowadays, 63% of the clients of Spirit receive specialized ambulatory care, 21% of the children and adolescents stay for a short or longer while in a family-home or group facility, and 38% in foster families (Konijn, 2020).

Little is known about the content, delivery, or client outcomes of the vast majority of practice-based care as usual in the Netherlands and abroad (Garland et al., 2008). Goense (2016), inspired by Durlak and Dupre (2008), called on youth services to define what is being done, as practice cannot improve what it does not measure accurately, and it cannot measure what it does not define. With appointing a researcher, Spirit endorsed this statement. Alongside the University of Amsterdam, De Bascule, NEJA and ZonMw, Spirit actively contributed to the research for this dissertation, facilitating further development of the quality of youth care and treatment, especially foster care.
In the period 2010 to 2014, the transition in Dutch youth care system was being prepared. Under the new Youth Law of 2015, 393 Dutch municipalities took over the responsibility for the care and treatment of children, adolescents, and families, from the 12 counties, simultaneously with a 15% budget reduction (www.nji.nl). In addition, the municipalities re-allocated budget from the specialized youth care to local teams to establish primary youth care - a layer in the youth care system that was not fully developed until then. Therefore, the municipalities in the region of Amsterdam announced in 2012 a comprehensive reduction of the residential capacity in the area, mostly facilitated by Spirit. At that time, each year almost 600 children and adolescents lived (temporarily) in group facilities of Spirit. To discuss alternative care, a study of the problems and the needs of these children and families was carried out (Konijn & Van der Steege, 2013). Although not happy with the reduction, Spirit shared the vision of the policymakers, substantiated by scientific research that children should not grow up in an institution (Gutterswijk et al., 2020; Strijbosch et al., 2015; Van Uzendoorn et al., 2020). The most favorable place for children to grow up is at home with their own parents and if that is not possible, in another (foster) family, preferably kin, or in a family-oriented setting. This is in line with United Nations Convention the Rights of the Child and outcomes of several studies that residential group care considered as a ‘last resort’ for youth (Harder, 2018; United Nations, 1989; Whittaker et al., 2015). Therefore, the search for alternative perspectives for the children and adolescents who after 2012 no longer could be included in residential group care was focused on family-based care and tailored to their specific needs (Konijn & Van der Steege, 2013).

An important side outcome of this study in 2012 was the insight that, besides the traumatizing effect of the out-of-home placement itself, more than 50% of the children and adolescents had experienced parental neglect, maltreatment, physical and/or sexual abuse in their birth families (Konijn & Van der Steege, 2013). This is in line with other studies that found 15 to 63% of residential placed children with experiences of neglect and abuse (James et al., 2012; Lee & Thompson, 2009; Leloux-Opmeer et al., 2016). Of the foster children, the proportion of youth with such experiences was 70% (Greeson et al., 2011; Leloux-Opmeer et al., 2016), and at Spirit foster care even 88% (Konijn, Selvius & Minderman, 2019). Although some children and adolescents in residential care received trauma-focused treatment from a mental health care professional, many children could not be motivated for such treatment. So, the majority of these children stayed - without appropriate treatment - with social workers, family-home parents or foster parents, who may know little about the impact of adverse childhood experiences on their development. Although nowadays it is difficult to imagine given the recent attention to the impact of trauma and adverse childhood experiences, but around 2012 knowledge on the effects of trauma was not part of the curriculum of the professional education of social workers. And although training for family-home parents and foster parents did focus on the subject of trauma-informed parenting, this was in a minimal
way. So it was questionable whether the professionals, family-home parents and foster parents were adequately equipped to meet the needs of these traumatized children they cared for. Together with our cooperation partner for child and adolescent psychiatry De Bascule, we searched for an additional training for professionals, family-home parents and foster parents to meet this gap. We found the training ‘Caring for children who have experienced trauma’ (Grillo & Lott, 2010), translated by Coppens and Van Kregten (2012), and family-home parents, group care workers and foster parents of Spirit and De Bascule followed that training.

Seven years after the budget cut in 2012, the use of residential facilities of Spirit has been reduced with one-third (Konijn, 2020). Also, a transformation took place in the type of out-of-home care. While in 2012 most out-of-home placed children lived in foster care and group homes, in 2019 most of these children stayed in foster families, family-homes, or small scale group homes (Konijn, 2020; Nijhof et al., 2020). In the same period, the number of foster families in the Amsterdam region increased with 30% from 1,136 in 2012 to 1,486 in 2019 (Konijn, 2020), while in the Netherlands as a whole, in that period the number grew with 13% from 16,300 to 18,486 (Pleegzorg Nederland, 2019). So the growth in the number of foster families and children in foster care was relatively large in the Amsterdam region. This concerned children who earlier probably were placed in group homes. Because children in residential care and their families appear to have the most severe problems (Leloux-Opmeer et al., 2016), foster parents may need additional support in managing the sometimes puzzling behavior of these children who are coping with traumatic stress and attachment problems.

Most children tend to be placed in foster care due to parental neglect, maltreatment and/or abuse, often combined with parental psychopathology (Strijker & Van Oijen, 2008). These adverse experiences may lead to traumatic stress and attachment problems, culminating in difficult behavior of the child, a tough challenge for foster parents. Sensitivity of the foster parents to the needs and signals of their foster child is important for establishing secure attachment relationships, which are imperative for positive child development (Verhage et al., 2016). For the development of secure attachment relationships, stability of foster care placements is a prerequisite. Every time a child has to move, it may have to adjust to new primary caretakers, a new school, a different environment, a different neighborhood, and new friends (Strijker et al., 2008). Often this results in difficulties to build new secure attachments, and in problem behavior (Becker et al., 2007; Humphreys et al., 2015; Strijker et al., 2008), which has been shown to be the strongest predictor of placement instability (Oosterman et al., 2007; Rock et al, 2015), and therefore increases the risk of a next placement breakdown. This spiral has of a clear negative influence on the foster child’s development (Aarons et al., 2010; Akin et al., 2015; Humphreys et al., 2015), culminating in internalizing and externalizing problem behavior, social, and academic problems, a negative self-esteem, psychopathology, and distrust in adults (Humphreys et al., 2015; Oosterman et al., 2007; Rock et al, 2015). However, not every child with an unstable placement develops
problems, because resilience is a key factor in how children cope with previous negative experiences (Lutman et al., 2009). Notwithstanding, prevention of breakdown is the main goal of foster parents’ and foster children’s support, thus enhancing the chance of establishing secure attachment relationships.

Before I introduce the four studies that were carried out in this context, I will first elaborate a bit on two key concepts ‘attachment relationships’ and ‘parental mind-mindedness’ for establishing stability in foster children’s lives.

**Attachment relationships and parental mind-mindedness**

Attachment theory was first formulated by the British psychoanalyst John Bowlby, in the 60s of the 20th century (Bretherton, 1992). Bowlby stated that to grow up mentally healthy a child should experience a warm, intimate, and continuous relationship with his mother (or permanent mother substitute) in which both find satisfaction and enjoyment (Bowlby, 1951). Children need to develop a secure relationship with at least one primary caregiver to explore from and to return to for normal social and emotional development (Bretherton, 1992). Bowlby reported that an early separation of mother and child leads to affectionless and maladjusted children (Bretherton, 1992). The Canadian psychologist Margaret Ainsworth, with whom Bowlby intensively co-operated, developed the Strange Situation method with which attachment theory could be tested empirically. She showed that parental responses lead to the development of patterns of attachment. In turn, these attachment patterns lead to internal working models of attachment that guide the individual’s feelings, thoughts and expectations in later relationships (Bretherton, 1992). Secure attachments were significantly correlated with parental sensitivity (Ainsworth, Bell & Stayton, 1972). In the 90s of the 20th century, the British psychologist Elizabeth Meins, rethinking this concept of sensitivity, formulated the concept of parental mind-mindedness. Meins emphasized Mary Ainsworth’s seminal work on maternal sensitivity and her explicit focus on the caregiver’s capacity to accurately perceive and interpret her infant’s signals and communications (McMahon & Bernier, 2017). Meins (1997) defined mind-mindedness as the parent’s proclivity to see his or her child as a person with a mind, an individual with own thoughts, feelings, emotions, wishes, and longings. Mind-minded parents are able to take the perspective of their child and to adequately interpret their signals (Meins et al., 2003), a necessary condition for sensitive and appropriate responding (Demers et al., 2010b), and thus building trust and establishing a secure attachment relationship (Bernier & Dozier, 2003; McMahon & Bernier, 2017; Meins, 1999).

When parents lack sufficient sensitivity or – worse – violated their children’s trust by maltreating them, serious problems in their psychosocial functioning occur (Op den Kelder et al., 2018). This kind of childhood trauma negatively affects the development of the stress regulatory system of the brain (Burkholder et al., 2016; Kim & Cicchetti, 2010; Perry et al., 1998). Poor emotion regulation can lead to aggressive and violent behavior, and to anxiety and depression (Leenarts et al., 2013). The more exposure to childhood
abuse, the more risks for alcoholism, drug abuse, depression, suicide attempts, and somatic diseases in adult life (Felitti et al., 1998).

Not only abused children developed attachment problems with linking problem behavior, but also children who were seriously neglected. For an important part, this was learned from the children in Romanian orphanages. After the fall of Ceausescu in 1989, the world was shocked by what was found in those children’s homes. The children stared expressionlessly at visitors and into cameras, and were eerily silent because they had learned that crying was of no use (Gerhardt, 2004). When researchers studied the brains of these severely neglected orphans, they found a ‘virtual black hole’ right behind the eyes, where the orbitofrontal cortex should have been (Gerhardt, 2004). This is the part of the brain that enables us to manage our emotions, to relate sensitively to people, to make decisions and to experience pleasure (Gerhardt, 2004). Many of these Romanian children were adopted by Canadian and American couples who were moved by the images of these children on television. They were included in research projects to monitor the children’s development (Marcovitch et al., 1997). Until these studies on the Romanian orphans, neglect was considered as less severe than abuse for brain development, attachment, emotion-regulation, and behavior (Marcovitch et al., 1997). These studies underlined the already known importance of attachment relationships for child development. But the research also showed the tremendous resilience of young children. After three to five years most of the Romanian adoptees had recovered from their developmental difficulties (Marcovitch et al., 1997). Therefore, adoption or foster care can be critical to the well-being of maltreated and neglected children.

**AIM AND OUTLINE OF THIS DISSERTATION**

In this dissertation, we examined some implications of the transition in Dutch Youth Care system, focusing on foster care. As mentioned, since 2012 more children with potential difficult behavior because of their attachment history and adverse childhood experiences were placed in foster care. Improvement of stability seems to be the utmost important goal of foster care support, enabling foster children to develop a secure attachment relationship, essential for a positive development. The aim of this dissertation was to gain insight in and knowledge on the (risk) factors that may increase the risk for foster care breakdown, and the (protective) factors and interventions that may improve the wellbeing of foster children, and enhance their placement stability.

**Risk factors for instability of foster care placements**

Although permanency is the main aim of long-term foster care, enabling to establish secure attachment relationships between foster children and foster parents, a substantial proportion of placements (20 to 50%) ends prematurely (e.g., Farmer et al., 2005; Leathers, 2006; López López et al., 2011; Minty, 1999). Foster children of whom the foster placement ceases, move either to another foster family, to residential care,
(unplanned) back to their parent(s) at home, or run away to an unknown place (James, 2004; Leathers, 2006). Enabling prevention of breakdown, knowledge on the factors associated with high risk for placement instability, is necessary. In 2007, Oosterman and colleagues published a meta-analysis on breakdown of foster care placements, and in 2015 Rock and colleagues published a review of quantitative as well as qualitative studies on this subject. The following associations were found, which were used as starting point for the meta-analytic study in Chapter 2.

Relatively old age of the child at placement, the child’s externalizing behavioral problems, and a history of unstable placements and residential care proved to be significantly associated with foster care breakdown (Oosterman et al., 2007; Rock et al., 2015). Also the quality of parenting – the extent to which foster parents were effective at setting boundaries, tolerant, emotionally involved and child-centered – was important for continuation of a placement (Oosterman et al., 2007; Rock et al., 2015). The reviews differed with respect to type of foster care, that is, kinship or non-kinship care. While Oosterman and colleagues did not find a significant association between the type of foster care and placement breakdown, Rock et al. (2015) and also Winokur et al. (2018) found evidence that kinship placements tend to be relatively stable. The proportion of kinship care differs between countries and regions. In the Netherlands, 45% of the foster children lived with kin (Pleegzorg Nederland, 2019) and in the region of Amsterdam, 62% (Konijn, 2020). These percentages are in the midst of the international variance. For instance, in England the proportion of kinship care is 18% (Department of Education, 2019), in the United States 32% (AFCARS Report, 2019), and in Spain 80% of all foster care placements (Lopez Lopez et al., 2011). Kinship placements are often preferred because these provide stability in the child’s life and preserve family relationships (Bell & Romano, 2017; Sallnäs et al., 2004; Strijker et al., 2003), thus creating the necessary conditions for the development of secure child-caregiver attachment relationships. Besides kinship care, Rock et al. (2015) also identified placement with siblings as a protective factor. Notably, also placement with siblings preserves and offers continuation of family relationships.

Since the meta-analysis of Oosterman et al. in 2007, many new primary studies on foster care placement breakdown and disruption have been conducted, and also a new approach to meta-analysis had become available (Assink & Wibbelink, 2016). In Chapter 2, we reported the results of a new series of meta-analyses of factors possibly associated with (in)stability of foster care placements.

Child’s behavior, caretaker-child relationship, and mind-mindedness

Given the high proportion of children placed in foster care with traumatic experiences in their birth families, passing through an out-of-home placement can be an additional traumatic experience possibly leading to post-traumatic stress symptoms (PTSS). One in four children who have experienced interpersonal trauma develops a post-traumatic stress disorder (Alisic et al., 2014). Failure to detect PTSS may have a
negative impact on children’s development, such as development of behavior problems and disturbed child-caregiver relationships (DeNigris, 2008). Foster parents have the important task to understand the child’s problematic behavior and trauma symptoms in terms of the child’s needs, feelings and behaviors (Demers et al., 2010b), in other words: to be mind-minded with their foster child (Meins, 1997). Mind-mindedness is the parents’ ability to respond appropriately to their child’s needs, and, as such, it is the core element of parental sensitivity and secure parent-child attachment relationship (Bernier & Dozier, 2003; McMahon & Bernier, 2017; Meins, 1999; Zeegers et al., 2019).

Understanding the child’s mental states has also a positive impact on the child’s development, improving the development of emotion regulation and self-awareness, and for prevention of internalizing (Spruit et al., 2020; Zeegers et al., 2019) and externalizing behavior problems (Colonnese et al., 2019; Madigan et al., 2016). In Chapter 3, we investigated the level of mind-mindedness of different caretakers of out-of-home placed children (foster parents, family-home parents, and residential group care workers). Also, the study investigated the association among caregivers’ report of trauma symptoms, children’s behavior problems and their capacity to provide mental descriptions (and their emotional valence) of their child. Results provide crucial information on the importance of adopting interventions that target caregivers’ recognition of the child’s mental states in order to improve their sensitivity towards children’s post-traumatic stress symptoms, and subsequently decrease related internalizing and externalizing behavior problems.

**Evaluation of the training ‘Caring for children who have experienced trauma’**

The training ‘Caring for children who have experienced trauma’, developed by the National Child Traumatic Stress Network (Coppens & Van Kregten, 2012; Grillo & Lott, 2010), aims to break the negative circle of traumatic stress. That is: the foster child’s behavior problems may increase parenting stress in foster parents, and in turn, parenting stress may worsen the problem behavior in the foster children, hereby increasing the risk for experiencing additional traumatic events, such as placement breakdown and/or moving to another foster family, causing possibly (again) more behavior problems in foster children (Grillo & Lott, 2010). Breaking this negative circle of traumatic stress may contribute to stability of foster care placements. The training aims to enhance foster parents’ knowledge on childhood trauma, which may improve their sensitivity to their foster child’s needs - their level of mind-mindedness, and may decrease their parenting stress, which in turn is assumed to lead to less behavior problems in the foster children (Goemans et al., 2018). Also the training may increase the number of foster children profiting from trauma-focused treatment. While trauma-focused treatment is often indicated and available (Lindauer, 2015; Pollio & Deblinger, 2017), few foster children are successfully referred (Leenarts et al., 2013). In Chapter 4, we investigated whether this foster parents’ training attained the set goals, and can be
indicated as an important element in the foster parents’ support in order to prevent foster care placements instability.

The evaluation was carried out in a study on 48 foster parents who completed questionnaires assessing their knowledge on trauma, the behavior of their foster child, child’s PTSS, and parenting stress. In an interview situation, they were also asked to describe their child, assessing their level of mind-mindedness. Finally, the proportion of children receiving trauma-focused treatment was extracted from a qualitative analysis of the mind-mindedness interviews with the foster parents, and case file analyses. These data were gathered at four measure moments during 1.5 years of research: at the beginning of the first training session (T1 Pretest), at the end of the last session (T2 Post-test), and at three (T3 Follow-up 1) and six months follow up (T4 Follow-up 2). Additionally, the foster parents filled out an evaluation form of the training at T2.

Factors and interventions associated with (in)stability in foster care

Although the foster parents’ training ‘Caring for children who have experienced trauma’ is not very intensive, containing only eight weekly sessions, it is not only important to evaluate the set goals as we did in Chapter 4, but also its direct contribution to placement stability. Apart from this training, professionals perform other interventions in addition to regular foster family support. These interventions target the improvement of foster parents’ knowledge on the impact of trauma, the sensitivity of foster parents, their parenting skills, and the foster parent-child relationship. The interventions include an attachment-based video-feedback intervention called Basic Trust and the multidimensional program Treatment Foster Care. Attachment-based interventions like Basic Trust may prevent breakdown by enhancing parental sensitivity and mind-mindedness, which in turn, may improve child-caregiver attachment security (Polderman, 1998; Colonnesi et al., 2013; Zeegers et al., 2019). Treatment Foster Care (TFC; Turner & Macdonald, 2011) aims to prevent breakdown by decreasing problem behavior in foster children. This behavioral change is to be achieved by the following elements (Van der Kooij & Bolle, 2014). First, TFC starts with the training ‘Caring for children who have experienced trauma’ (Coppens & Van Kregten, 2012; Grillo & Lott, 2010). So we investigated the relation between foster care instability and this training in a stand-alone version and as part of a multidimensional foster care program. Second, TFC aims to improve the parenting skills of foster parents and also the interaction with their foster child (Kerr & Cossar, 2014). Third, the foster children receive trauma-focused treatment, sometimes preceded by a Dragon Tamer Training, which enables the children to profit from the treatment. Fourth, the biological parents’ acceptance of the foster care placement and their cooperation with the foster parents. These elements are considered to be important conditions for stable foster care placements (Rock et al., 2015).

In Chapter 5, we investigated the association between several putative risk and protective factors and foster care placement instability in a case file review study of
2,000 foster care placements over a four year period (2015-2018), including 1,316 foster families (35.9% kin) and 1,542 foster children (49.4% boys, mean age = 7.54 years). Besides the mentioned interventions – the foster parents’ training, the Basic Trust intervention and TFC – the study examined the following factors: the foster child’s gender and age at placement, the number of previous foster care placements, the type of foster care (kinship or non-kinship care) and whether the placement was with siblings - if they had any. The ultimate aim of this study was to investigate which risk or protective factors predicted foster care placement instability, especially focusing on the question whether foster children who were placed in a foster family receiving additional training and/or treatment would experience significantly less placement breakdown.

**General discussion and conclusions**

We conducted four studies with different methods: a series of multilevel meta-analyses (Chapter 2), a correlational study (Chapter 3), an intervention study (Chapter 4) and a case file review study (Chapter 5). Four ways of gathering information on the factors and interventions improving foster parents’ knowledge on childhood trauma, understanding and improving their relationship with the foster child, and thus stabilizing foster care placements. In Chapter 6, we discuss the findings of the studies, the strengths and limitations of this dissertation, the implications for youth care practice, and recommendations for future research.