Fostering traumatized children

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CHAPTER 6

GENERAL DISCUSSION
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In 2018, in the Netherlands 1 in 200 children and adolescents under 22 years (0.5%) - more than 20,000 children each year - lived in foster families (Pleegzorg Nederland, 2019). Many of these children who cannot live at home with their parents due to child abuse or neglect, often combined with psychopathology, addiction or other problems of the parents (Strijker et al., 2008), are placed in foster families, preferably kin (Bell & Romano, 2017). The most important goal of foster care is to provide loving care and a secure attachment relationship with adults in order to enhance a positive development of emotion regulation in children, which can prevent internalizing and externalizing behavior problems (Madigan et al., 2016; Spruit et al., 2020). In addition, this can prevent parenting stress in foster parents, which may increase the risk for placement breakdown (Goemans et al., 2018). A premature ending of a foster care placement or a move from one foster family to another has been proven to be a great risk for the development of foster children (Aarons et al., 2010; Akin at al., 2015; Herrenkohl et al., 2003; Humphreys et al., 2015). Therefore, prevention of this kind of instability in the life of foster children is an important goal of foster family support. Knowledge on factors that predict breakdown and instability in general would be the first step in designing appropriate foster care interventions.

In Chapter 2, we conducted a meta-analytic study of factors that may explain why foster care placements sometimes end prematurely. In Chapter 3, we investigated the associations between factors that possibly influence this (in)stability of placements: children’s post-traumatic stress symptoms, emotional symptoms, conduct problems, prosocial behavior, the quality of the caregiver-child relationship, and the mind-mindedness of caregivers. Understanding the relations between these factors could indicate what foster parents’ support should focus on. In Chapter 4, we evaluated the effects of the training ‘Caring for children who have experienced trauma’ on improving the foster parents’ knowledge on childhood trauma and their level of mind-mindedness, reducing parenting stress in the foster parents, and the problem behavior and PTSS in their foster children. In Chapter 5, we examined whether this training and two other interventions - an attachment-based video-feedback intervention Basic Trust and Treatment Foster Care – eventually did affect the continuity of foster care placements. In this General Discussion, Chapter 6, we present the main findings, evaluate the strengths and limitations of this dissertation, look back at what we learned about the issues raised in this dissertation, discuss the implications and the proceeds of the studies for youth care practice and future research, and draw conclusions.
Foster child’s behavior, foster parental behavior, and placement in kinship care appear to be the most important factors associated with (in)stability of foster care placements. In Chapter 2, we reported a series of ten meta-analyses on the results of 42 studies on putative predictors for foster care instability. A modest effect was found for behavioral problems of the foster child ($r = .35$), and poor quality parenting ($r = .29$), which were associated. Children with traumatic experiences in the birth family were at risk for developing attachment problems, which may lead to externalizing and/or internalizing behavior problems (Brumariu, 2015; Madigan et al., 2016). In turn, these behavior problems may cause parenting stress in foster parents who have difficulties setting boundaries and lack emotional involvement (Goemans et al., 2018). Parenting stress has been found to be a strong predictor of negative foster children’s developmental outcomes (Goemans et al., 2020).

Placement in non-kinship care as compared to kinship care constituted a greater risk for foster care instability ($r = .31$), probably because more children with psychopathology stayed in non-kinship families than in kinship care (Bakker, 2014; Oosterman et al., 2007; Rock et al., 2015; Winokur et al., 2014, 2018). In addition, kinship care could be seen as a buffer against placement breakdown (Sallnäs et al., 2004). Being family seems to generate more dedication and emotional involvement than recruitment by youth care organizations, as is the case with non-kinship foster parents (Rock et al., 2015). Somewhat smaller effects were found for others factors. Older children at start of placement ($r = .25$) and children with a history of maltreatment before placement ($r = .14$) were more at risk for placement instability, and placement with sibling(s) did protect against breakdown ($r = .16$). All effects showed generalizability across continents and time.

The findings of the present meta-analytic study were the starting point for designing the other studies in this dissertation. First, the findings seemed to suggest that helping foster parents preventing and dealing with the foster child’s problem behavior could promote placement stability. Better understanding the child’s mental states, such as emotions, feelings and desires, designated as mind-mindedness (Meins, 1997), has been associated with less conduct problems in children (Fishburn et al., 2017). We investigated the relations between these concepts (Chapter 3). Second, more knowledge on the impact of trauma could also help foster parents to better understand and deal with the puzzling and challenging behavior of their foster child (Sullivan et al., 2016), and diminishing their parenting stress (Gigengack et al., 2017). We evaluated a foster parents’ training with these aims (Chapter 4). Third, interventions aiming to decrease the child’s problem behavior and parenting stress in foster parents, placement in kinship families, and with siblings, should contribute to more placement stability. We investigated the associations between these factors and interventions targeting (in)stability of foster care placements (Chapter 5).
Significant relations between caregiver’s mind-mindedness, child’s trauma symptoms, and behavior problems. Caregiver’s mind-mindedness is the ability to represent a child as a person with own thoughts, feelings, emotions, wishes, and longings (Meins, 1997). A mind-minded caregiver is able to adequately interpret the child’s signals (Meins et al., 2003), to respond sensitively, thus fostering a secure attachment relationship (Bernier & Dozier, 2003; McMahon & Bernier, 2017; Meins, 1999; Zeegers et al., 2017). In Chapter 3, we tested the associations among caregivers’ mind-mindedness (general, and with positive, neutral, negative valence), children’s emotional symptoms, conduct problems and prosocial behavior. In addition, we included child PTSS and the quality of the caregiver-child relationship as mediators of these associations. This study concerned not only foster parents, but also social workers in residential care and family-home parents. Compared to residential care workers who seem to have poor therapeutic relationships with the children they care for (Harder, 2019), we found a higher level of mind-related comments in foster parents. This means that foster parents are better able to provide a representation of the child based on the child’s mental states than on their behavior. All caregivers and foster parents gave significantly more negative mental comments than positive and neutral ones, indicating that they were aware of the many problems of the children they cared for, as may be expected from parents of children or adolescents receiving youth care (Leloux-Opmeer et al., 2016).

In line with other studies, general mind-mindedness of caregivers proved to be negatively associated with children’s conduct problems (Colonnese et al., 2019; Fishburn et al., 2017; Hughes et al., 2017). Positive mind-mindedness was found to be positively related to the children’s prosocial behavior (Lundy, 2013; Meins et al., 2013), and negative mind-mindedness was positively associated with the recognition of the child’s PTSS. The more negative mind-mindedness, the more post-traumatic stress symptoms caregivers recognized, which in turn was related to more emotional and behavioral problems in children. The results showed that being able to take the perspective of the child helps caregivers understanding the child’s behavior problems, and recognizing trauma symptoms in their children. The caregivers could explain their behavior in terms of mental states, such as anxiety, lack of trust, frustration, or lack of self-confidence, negative mind-relate remarks, reflecting the serious problems the children in youth care encounter. This underlines the applicability of the concept of mind-mindedness in youth care. The findings seem also to suggest that interventions targeting caregivers’ recognition of the child’s mental states could improve their sensitivity toward the child’s traumatic stress, and subsequently decrease related internalizing and externalizing behavior problems. However, it is also important to stimulate caregivers to describe the child in terms of positive mental states that denote the more adaptive aspects and the resilience of the child. Having a good and in-depth representation of the child is the key to help it most appropriately. Next question was: can we change the way caregivers represent their child, can we help them in becoming caregivers who are more sensitive?
The training ‘Caring for children who have experienced trauma’ may start breaking the negative circle of traumatic stress. Children with a history of maltreatment and thereafter one or more out-of-home placements often experience a negative circle of traumatic stress. This implies that a history of maltreatment often leads to insecure attachment relationships, distrust in guardians and adults, and the development of internalizing and externalizing behavior problems. In turn, these problems cause parenting stress in foster parents, increase the child’s behavior problems, risking breakdown of future placements, and so on (Brumariu, 2015; Goemans et al., 2015; Madigan et al., 2016; Rock et al., 2015; Strijker et al., 2008). In Chapter 4, we investigated whether improving foster parents’ knowledge on the impact of trauma on children and enhancing their level of mind-mindedness were associated with a reduction of child PTSS, parenting stress and behavior problems.

Foster parents highly appreciated the training ‘Caring for children who have experienced trauma’ (Coppens & Van Kregten, 2012; Grillo & Lott, 2010), and gained significantly more knowledge on trauma that persisted three months after the last training session. This was in line with other research on trainings in trauma-informed foster parenting (Gigengack, et al., 2017; Lotty et al., 2020). The proportion of foster children receiving trauma-focused treatment increased every measurement moment, suggesting that the training encouraged the foster parents to motivate their foster child to start and persevere treatment. The post-traumatic stress symptoms decreased three months after the last session, and this reduction was independent of the attendance of trauma-focused treatment. Although parenting stress did not diminish, foster parents who gained most trauma knowledge did report a small decrease. In addition, general mind-mindedness did not significantly change, but mind-mindedness with a positive valence substantially increased, while mind-mindedness with neutral valence was reduced, and the level of negative mind-mindedness remained the same. Being associated with sensitivity (Demers et al., 2010b), the increase of positive mind-mindedness suggests that after the training the foster parents respond to their child’s signals with more warmth and positive affect (McMahon & Meins, 2012). Foster children’s behavior did not change after training of their foster parents. It is plausible to suggest that decreasing conduct problems in children takes more than a foster parents’ training.

The training substantially increased the knowledge on the impact of trauma and changed the way foster parents looked at their child, improving their sensitivity and understanding. The findings suggest that the training should be a fixed element in the preparations of foster parents. However, changing behavior of foster children and decreasing parenting stress in foster parents clearly appear to need interventions that are more intensive.
A history of foster care placements has the highest risk for instability, while treatment of the foster family seems to decrease the risk for placement breakdown. In Chapter 5, we examined whether the training ‘Caring for children who have experienced trauma’ (Coppens & Van Kregten, 2012; Grillo & Lott, 2010), the attachment-based intervention Basic Trust (Colonnesei et al., 2013; Polderman, 1998; Zeegers et al., 2019), and Treatment Foster Care (TFC; Turner & Macdonald, 2011) could prevent placement breakdown, accounting for the child’s gender, age at start of placement, the type of foster care (kinship or non-kinship foster care), placement with siblings and the number of prior foster care placements.

The number of previous foster care placements had the highest impact on the risk for breakdown, but interventions like Basic Trust and Treatment Foster Care diminished this risk significantly. This means that foster families that received interventions targeting quality of parent-child relationships, foster parents’ parenting skills and the foster child’s problem behavior experienced significantly less breakdown than foster families that only received regular support of social workers. The foster parents’ training in the stand-alone version did not decrease the risk for breakdown, but as one of the elements of Treatment Foster Care, it may contribute to prevention of instability.

**GENERAL DISCUSSION**

Premature ending of a foster care placement forms a risk for a successful relationship between foster parent and foster child in long-term foster care. A child needs a positive relationship with an adult, preferably its parent or, if not possible, a foster parent to develop his or her emotion regulation system, which in turn is a precondition for growing up to be a (mentally) healthy adult (Newton et al., 2000; Strijker et al., 2008) and avoid homelessness (Kelly, 2020). The most important factors that threaten the stability of foster care placements are internalizing and externalizing behavior problems of the foster children, and low quality of foster parenting (Chapter 2).

The meta-analysis (Chapter 2) and case file review study (Chapter 5) yielded seemingly ambiguous outcomes for three factors. First, the history of foster care placements proved to be a very important risk for future instability according to the case file review study. Success of the first placement seemed to be crucial; every next breakdown increased the risk for a following one significantly. In the meta-analysis, however, several studies produced different outcomes for this factor, resulting in no overall significant association between previous care history and foster care instability. These opposite results suggest that previous foster care placement breakdown may have a greater impact on foster care instability than residential care placements. However, this hypothesis has been contradicted by the meta-analysis of Oosterman et al. (2007) and the review of Rock et al. (2015), who found a significant positive association between residential care placements and foster care breakdown. More research is needed on this subject. Second, in the meta-analytic study kinship care was
related significantly and positively to placement stability. In our case file review study, however, this factor had no added value compared to the number of previous foster care placements and treatment delivery. Post-hoc analyses showed that the protective effect of kinship placement was present in simple correlation analysis, but disappeared in multivariate analysis including previous foster care placements. In a multivariate model that did not include placement history, kinship care was a significant moderator of foster care stability. Treatment does not take away the risk of being placed in a non-kinship family; the higher number of previous placements is of importance. Third, in the meta-analysis placement with siblings did buffer against breakdown. However, in the case file review study, placement without siblings did not affect instability, probably because foster children who were placed with siblings lived more often in kinship care, experienced less previous foster care placements and stayed more often in foster families that received one of the examined foster care interventions; all factors that were significantly associated with placement stability.

Preventing the child’s behavior problems and parenting stress in foster parents, especially during the first placement, seems to be of utmost importance for effective foster care support, in addition to increasing the likelihood of stability through kinship foster care and placement with siblings. For a positive development of foster children, continuity of relationships seems to be most important. The relationship with siblings, who share the same family, may be the most valuable relationship available to an out-of-home placed child, and may be critical to his or her sense of connection and emotional support (Kothari et al., 2017). A placement with kin can provide a familiar environment for the child, and continuation of the relationship with the birth parents and other family members (Honomichl & Brooks, 2010). Family relationships stimulate empathy, altruism and dutifulness (Andersen & Fallesen, 2015; Holtan, Handegård, Thørnblad, & Vis, 2013), probably reasons why kinship placements have been shown to be relatively stable.

Even when placement with kin or siblings is not possible, a positive relationship with non-kinship foster parents can be of great importance in the life of out-of-home placed children. A positive and secure relationship with their foster parents may protect foster children from developing behavioral and emotional problems (Brumariu, 2015; Madigan et al., 2016). Foster parents seem to be able to take the perspective of their foster child and to understand its feelings, emotions, wishes, and longings, better than most other caretakers in youth care, because they showed a relatively high level of mind-mindedness (Chapter 3). All caretakers reported a relatively high level of mind-mindedness with a negative valence, indicating that they understood the children’s anxieties and frustrations. Positive mind-mindedness, associated with sensitivity (Demers et al., 2010b), has been shown to prevent conduct problems and stimulate prosocial behavior in children. Therefore, improving mind-mindedness, especially with positive valence, should be an important goal of interventions and treatment targeting foster parents.
What elements of foster care support are probably effective? Firstly, interventions and treatments for foster families should target the knowledge on the impact of trauma in children (Kelly & Salmon, 2014; Sullivan et al., 2016) and improvement of (positive) mind-mindedness in foster parents. The training ‘Caring for children who have experienced trauma’ showed to increase both (Chapter 4). The attachment-based intervention Basic Trust, aiming at improvement of foster parents’ mind-mindedness, did also promote continuity of foster care placements (Chapter 5). Therefore, this dissertation not only provided an indication of the importance of the concept of mind-mindedness in foster care support, but also presented some evidence for the potential efficacy of mind-mindedness for stability in foster care placements.

Second, if a child has already developed problem behavior, a successful foster care intervention should tackle this. Because conduct problems in foster children seem to be associated with child’s PTSS (Chapter 3), trauma-focused treatment is indicated. However, not many children seem to be motivated for this kind of treatment (Leenarts et al., 2013), probably because it concerns a repetition of traumatic events and memories. The foster parents’ training ‘Caring for children who have experienced trauma’ may play a role in encouraging foster parents to motivate their foster child to start and persevere trauma-focused treatment (Chapter 4). In addition, Treatment Foster Care, targeting the foster child’s behavior as well as the foster parents’ parenting skills and competence, contributed to placement stability (Chapter 5). Notably, treatment can make the difference.

Strengths and limitations

All empirical studies that are part of this dissertation, except for the meta-analysis, were conducted in daily practice of a youth care organization under clinically representative conditions, showing high levels of external validity. Moreover, the research questions addressed salient dilemmas of professionals on the work floor, struggling with breakdown of foster care placements of children who may experience serious attachment problems. Therefore, the prospects for knowledge utilization in daily practice seems rather high. Nevertheless, a number of limitations deserve to be mentioned.

First, issues that never or rarely have been investigated in primary studies could not be addressed in the meta-analysis. For example, the impact of relationships between foster parents and birth parents, the presence of biological children in the foster family, and type of previous out-of-home placement on placement instability could not be examined.

Second, the evaluation of the training ‘Caring for children who have experienced trauma’ was compromised by high dropout of respondents and missing data that, however not exceptional for a field study (Bell et al., 2013), negatively affected statistical power and limited the interpretation of the results. Although foster parents, family-home parents, and residential group workers received the training, only foster parents
could be included in the evaluation study, because the dropout in the other groups was too high, especially in the follow up measurements. However, the data of the family-home parents and residential group workers could be included in the path analyses with data from the first measurement moment, enabling the examination of associations between the measured concepts (Chapter 3). Notably, the reason for dropout was not only due to missed measurement moments by the respondents or not completed questionnaires, but also because of discontinuity of the child they cared for during the research period of 1.5 years. Caregiver’s reports on mind-mindedness, PTSS and behavior problems of children over time should concern the same child, and children often moved to another facility or type of care. Most continuity of relationships was present in foster care compared to residential care. Moreover, although a control measurement moment (T0) was planned six weeks before T1 at the start of the training, not enough foster parents and residential workers could be included, so eventually, the evaluation lacked a control condition. Needless to say that this did limit the possibility of our evaluation study to draw firm (causal) conclusions, ruling out alternative explanations for possible effects.

Third, in the evaluation study of the training and the case file review study data from only one source of information could be used. The path analysis of the relations between the measured concepts (Chapter 3) and the evaluation study of the training (Chapter 4) used data only from foster parents. The multilevel analysis of factors associated with placement breakdown (Chapter 5) was limited to data from the case file administration of social workers. Data from multiple informants and different perspectives, such as foster parents, foster children, social workers, and/or birth parents, would have generated outcomes with greater validity. In the case file review study, neither information on foster children’s problem behavior was available nor treatment integrity of the interventions.

**Implications for clinical practice**

Despite the limitations, this dissertation has important implications for clinical practice. Given the negative impact of premature termination of foster care placements for foster children, the meta-analytic identification of important risk and protective factors for placement stability may contribute to the improvement of prevention. Since behavior problems of foster children - probably originating from traumatic stress and insecure attachment relationships - combined with limited parenting skills of foster parents are the main reasons for breakdown, the matching of foster children and foster parents seems of utmost importance. Given the importance of the relationship between foster parents and child for the child’s positive development, remarkably little attention has been given in research to appropriate matching practices (Zeijlmans et al., 2018). Our study indicated representational mind-mindedness to be an essential characteristic of foster parents for preventing behavior problems in foster children (Chapter 3). Parents’ mind-mindedness was found to be related to parents’ sensitivity (Demers et al.,
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2010b), children’s attachment security (Zeegers et al., 2018) and parenting stress (Larkin et al., 2020). Responsive and sensitive foster parents who have sufficient parenting skills may reduce the risk for placement breakdown (James, 2004). With this in mind, the level of mind-mindedness could well be an important screening factor for foster parents, as an indicator of their sensitivity and responsiveness to the child’s (attachment-related) needs. A training like ‘Caring for children who have experienced trauma’ should perhaps be a prerequisite before starting a foster care placement, for it may enhance the knowledge on the impact of childhood trauma and positive mind-mindedness. To conclude, the implications for the placement procedure, our study also indicated that children should preferably be placed with kin, if possible, and together with their siblings, if they have any (Chamberlain et al., 2006; Holtan et al, 2013; Perry et al., 2012).

After start of the placement, regularly screening for (especially externalizing) behavior problems, post-traumatic stress symptoms, parenting stress and difficulties in the relationship between caregiver and child may enable social workers to intervene timely to prevent placement breakdown (Goemans et al., 2015; Goemans et al., 2020; Hurlburt et al., 2010). Recently the Netherlands Youth Institute started the Foster Care Monitor to follow the development of foster children, and identify timely the development of risks for premature placement termination (Lekkerkerker et al., 2016). Besides the socio-emotional development of the child, the social worker regularly has to discuss subjects such as relationship quality between the foster parent and his or her child, the relationship between the foster child and the birth parents, and the cooperation between the foster parents and the birth parents. In addition, the parental behavior of the foster parents, and the impact of the foster care placement on the biological children of the foster parents have to be discussed. This monitor has not yet published any results, but it seems a promising tool for the prevention of foster care placements breakdown. Some structured screening questionnaires for PTSS, emotional and behavioral problems in foster children, and parenting stress in foster parents could be helpful to substantiate, or disprove or correct, the impressions of social workers, foster parents and foster children.

When screening indicates the necessity of treatment for the foster child, the foster parents’ training ‘Caring for children who have experienced trauma’ can help foster parents to encourage their foster children effectively to start and continue trauma-focused treatment. This kind of treatment is essential for children with serious post-traumatic stress symptoms for their development into a mentally healthy adult. Effective treatments for problems caused by traumatic stress, parenting stress and attachment difficulties are available (Slade & Warne, 2016), as also our case file review confirmed (Chapter 5). Attachment-based video-feedback interventions, such as Basic Trust, and Treatment Foster Care including the foster parents’ training, could probably contribute to the prevention of premature termination of placements. It is important to implement these and other available evidence-based interventions for foster parents.
and their children in order to diminish the problems that threaten the continuity of the relationships of foster children with important others, in particular attachment figures.

**Implications for future research**

This dissertation produced interesting findings and important recommendations for future research. First, our meta-analytic study showed a lack of studies assessing several factors that are assumed to affect foster care instability. Our case file review study (Chapter 5) underlined the importance of research on the effects of youth care history on breakdown of foster care placements, as the number of previous placements had the highest impact on the instability of subsequent placements. More research on different kinds of previous placement trajectories is needed. Furthermore, one may think of research on the quality of several relationships.

1. Relationships between foster parents and birth parents of the child, because a good relationship between these parties may increase the chance that both child and parents accept the foster care placement, which in turn is expected to enhance positive outcomes (Kalland & Sinkkonen, 2001).

2. Relationships between the child and the birth parents during foster care, because good quality relationships may repair disrupted ties (Kufeldt, Kufeldt, & Dorosh, 1996).

3. Relationships between the biological children of the foster parents and the foster children, because the presence of biological children in the foster family may increase the risk for placement breakdown, but may also facilitate successful fostering, depending on the age differences of the children and gender combinations (Kalland & Sinkkonen, 2001; Oosterman et al., 2007; Rock et al., 2015).

The associations between these factors and foster care breakdown can possibly be examined with data from the Foster Care Monitor of the Netherlands Youth Institute. Finally, more research is needed on what works best when matching foster children with foster parents and how this could be further improved (Zeijlmans et al., 2018).

Secondly, this dissertation indicated that mind-mindedness might be an appropriate concept to further develop and inform foster care support, and possibly also other relationship-oriented components of foster care interventions. After Fishburn and colleagues (2017), we added some knowledge on aspects of the mind-mindedness of foster parents, family-home parents, and residential care workers. Foster parents had a higher level of mind-related speech than residential care workers, indicating that mind-mindedness probably is a relational construct instead of trait-like personality characteristic (Meins et al., 2014), since foster parents have closer relationships with their children than most residential group workers have (Harder, 2019). Foster parents, family-home parents, and residential group workers made more negative than positive and neutral mind-related remarks, which is in line with the number of difficulties of the children they cared for.
Most research on mind-mindedness has been carried out in community samples and with parents (mostly mothers) of baby’s and young children. In youth care and foster care, caregivers often work with adolescents. Although our study showed mind-mindedness to be a promising concept to examine relationships between foster parents, youth care professionals and adolescents, more research is needed on this subject. It would be interesting to examine whether interventions targeting caregivers’ mentalization can enhance their sensitivity toward children’s post-traumatic stress symptoms, and subsequently decrease related internalizing and externalizing behavior problems. Probably, experimental-longitudinal research is needed to answer these questions, and in addition to data collected with questionnaires and interviews, observational measures and data from multi-informants should be considered.

Third, although we found first indications for a positive role of the foster parents’ training ‘Caring for children who have experienced trauma’ in diminishing the risk for placement breakdown, more research is needed: studies with more participants, data from multi-informants among which foster children themselves, and preferably a randomized controlled trial to rule out alternative explanations for intervention effects. In addition to parenting stress, these studies could also explore parental competence and self-efficacy, because these concepts prove to be highly interrelated (Hess et al., 2004), and parenting or caregiver interventions may have effects on perceptions of parental competence and self-efficacy, which may have impact on the effectiveness of these interventions.

Finally, our findings suggest that treatment can positively influence placement stability. Most interventions have been evaluated for the effect on the development of foster children, the foster parent-child relationship, but rarely for the direct impact on continuity of foster care placements. A prospective (quasi-)experimental study, assessing client characteristics, the applied intervention elements and the degree of treatment integrity, should examine whether treatment can reduce placement instability, what works best and for whom, to support the shift from evidence-based interventions to personalized treatment (Ng & Weisz, 2016).

CONCLUSIONS

In the context of an increasing number of children with serious problems placed in foster care since 2012 (see General Introduction), 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. A combination of meta-analytic research, a correlational study, an intervention study, and a case file review study have examined those factors and interventions. Most important risk factors were behavior problems of foster children and low parenting skills of foster parents. Protective factors were kinship care and placement with siblings, indicating that
continuity of family relationships may buffer against foster care breakdown. Mind-mindedness was identified as an important underlying concept to enhance the sensitivity and the responsiveness of foster parents towards their children, which could contribute to the prevention of behavior problems and parenting stress by improving the relationship between foster parent and foster child. Interventions like Basic Trust and Treatment Foster Care aim to enhance mind-mindedness and the relationship between foster parents and foster child. In this dissertation, we acquired knowledge on the content and outcomes of foster care support. With this knowledge youth care practice can be improved. The foster parents and foster children of Levvel, the Amsterdam youth care organization, where most research was carried out and the findings will be implemented, are likely to most directly benefit from the findings of this dissertation.