Developing group-based parent training for foster and adoptive parents

Parent training interventions are among the best-researched strategies to improve the adjustment of children within their families. In 2006, group-based parent training interventions were further promoted by the publication of guidance from the National Institute for Health and Clinical Excellence (NICE) and the revised edition of *Drawing on the Evidence* (British Psychological Society, 2006). This guidance endorses parent training based on Social Learning Theory as an intervention to help children with conduct disorder. It provides helpful advice on the process of parent training that might also be applicable to training for foster and adoptive parents. Kim Golding explores the development of parent training for helping parents and carers of children living in foster care and adoptive homes. The difficulties that some of these children display are complex and enduring. Parent training programmes, as part of a package of care, may be a helpful intervention for children demonstrating challenging behaviours within the context of neurodevelopmental difficulties and poor early attachment experience.

Kim Golding is a Child Clinical Psychologist, Worcestershire Primary Care Trust.

Key words: parent training, fostering, adoption, child development, Attachment Theory, NICE guidance on parent training

Introduction
Foster carers and adoptive parents are caring for some of the most troubled children in our society. These children have all had to leave their families of origin, most following considerable developmental trauma stemming from the experience of abuse, neglect and family conflict, sometimes accompanied by parental mental ill-health or addiction (van der Kolk, 2005). These children move into foster and adoptive homes with difficult assumptions about the ways families work and with many behavioural strategies in place to manage this experience. Developmentally, the children are often affected by their early experience, leading to problems with physiological, emotional and behavioural regulation, relationship and cognitive difficulties (Kinniburgh et al, 2005; van der Kolk, 2005). The children often appear younger than their chronological age as they become stuck in age-inappropriate response patterns which affect and distort their development (Cairns and Stanaway, 2004).

All of this means that children living in foster and adoptive homes can present a considerable challenge to the parents looking after them. It is also widely recognised that direct interventions with these children are unlikely to be successful until they have achieved stability in their home life and are feeling some measure of security with their parents and carers (see James, 1994). Many interventions aimed at helping the children to recover emotionally, behaviourally and developmentally are therefore focused on providing help to the carers and parents through consultation, psycho-education and parent training (eg Hart and Luckock, 2004; Dent and Golding, 2006; Golding, 2006a). Parent training has long been considered a useful intervention for supporting parents and carers of behaviourally challenging children (eg Dadds, 1995). This article explores how such parent training interventions could be adapted and developed for foster carers and adoptive parents as part of packages of care for children demonstrating challenging behaviour and emotional difficulties.

What is parent training?
Parent training is primarily a social learning based intervention, with a focus on the behaviour of the parents. This rests on the assumption that if the parents change their behaviour, the child’s behavioural and emotional adjustment will improve. Parents are trained in Social Learning Theory and parenting techniques with the dual aims of improving their management of child behaviours and their relationship with the child. This model of intervention therefore assumes a parenting skills deficit and a link between improved
parenting skills and child behaviour and adjustment (Golding, 2000).

Historically, these interventions have developed out of a research literature that demonstrates the relationship between specific parenting practice and the behaviours of the children (eg Patterson, 1986). Experimental research has demonstrated that altering parental practice leads to change in child behaviours (eg O’Dell, 1974; Kazdin, 1997).

The increasing popularity of parent training as an intervention rests on the relatively extensive programme of research that has demonstrated its efficacy (see Briesmeister and Schaefer, 1998). Two programmes especially stand out for the quality and breadth of the research underpinning them: the Incredible Years Parenting Training Programme developed in the USA (Webster-Stratton and Hancock, 1998; Webster-Stratton, 2005) and the Triple P – Positive Parenting Programme developed in Australia (Sanders, 1999). Both these programmes have been widely adopted within the UK and supplemented by more ‘home-grown’ programmes, such as Mellow Parenting, which was developed in Scotland (Puckering et al, 1994) and the Solihull Approach developed in England (Douglas and Brennan, 2004). All of these have demonstrated positive results, although it is the former two that rest on the most comprehensive research base, including randomised control trials (RCTs).

What does the guidance suggest?

NICE guidelines
The NICE (National Institute for Health and Clinical Excellence) guidelines (2006) on parent training and education programmes in the management of children with conduct disorders are recommending group-based parent training/education programmes in the management of children under 12 years of age, with conduct disorder. This recommends programmes that have shown proven effectiveness, based on RCT evidence or alternative robust outcome evaluation undertaken independently of the programme providers. Most of this research has been carried out with parents of children with conduct disorders and there is only a small amount undertaken with foster and adoptive parents. These guidelines, therefore, might suggest potential research programmes to explore the use of parent training interventions with substitute parents caring for children demonstrating behavioural and emotional difficulties.

In addition, the guidelines have attempted to identify the elements necessary for a successful programme, although it is unclear whether each element has been demonstrated as necessary to the programme’s success. This consideration of the process of parent training is helpful for those developing similar interventions for other populations.

The elements are that the programme should:

- be structured based upon a Social Learning Theory curriculum;
- include relationship enhancing strategies;
- offer an optimum of eight to 12 sessions;
- enable parents to identify their own parenting objectives;
- promote generalisation to home through the use of in-session practice using role play and homework between sessions;
- be delivered by appropriately trained and skilled facilitators who are able to engage in a productive therapeutic alliance with the parents. These facilitators should be supported with appropriate supervision and continuing professional development;
- maintain fidelity to the programme manual; and
- support the participation of parents who might find it difficult to access the programme.

British Psychological Society guidance
Complementary guidance from other bodies can support the development of parent training with different populations. The Drawing on the Evidence guidance (British Psychological Society, 2006) draws similar conclusions to the NICE guidance for helping children under ten
years of age demonstrating conduct disorder. This review suggests that around two-thirds of children show improvement, with increased effectiveness being demonstrated for younger children who tend to display less co-morbidity and fewer severe problems. In addition, parents are more likely to be helped when there is less socio-economic disadvantage, lower parental discord and where the parents are not demonstrating antisocial behaviour themselves. The importance of an explicit emphasis on developing positive interactions between the child and parents is highlighted and the usefulness of combining parent training with problem-solving and social skills training with the older child (8–12 years) is noted. Parent training for parents of adolescents, in contrast, has demonstrated limited effectiveness.

This guidance also notes the usefulness of parent training for helping children with Attention Deficit Hyperactivity Disorder (ADHD) in cases where medication alone has not been effective or the level of medication needs to be reduced. The effectiveness of specialist foster placements as part of multi-agency interventions for adolescents where conduct problems are chronic and enduring is also mentioned.

**Application to parent training for foster carers and adoptive parents**

The two sets of guidance therefore provide clear advice for helping parents and carers of children demonstrating conduct disorder and, to a lesser extent, ADHD. They are also helpful but not sufficient for the development of parent training aimed at children living in foster and adoptive care, many of whom frequently display behavioural disorders. These disorders, however, need to be viewed within the context of pre-disposing factors provided by the children’s early experience, the traumatic consequence of this and the separation and loss of family, often exacerbated by multiple placements within the care system. Existing parenting interventions with proven effectiveness for children displaying conduct disorder can, therefore, be an important part of intervention packages for fostered and adopted children with more complex difficulties. However, the curriculum of these programmes may need expanding in order to address specific problems associated with being in care or accommodation.

**The parenting needs of children living in foster and adoptive care**

Successful parenting of foster and adoptive children arises out of attuned and responsive parenting. Parents who are committed to the children are able to develop a rewarding relationship with them and set appropriate boundaries. These parenting tasks, similar to the parenting tasks of all parents, are made more difficult because of the adverse experience and developmental legacy that the children bring with them into their new home (Hart and Luckock, 2004). This situation results from a range of factors that can include poor genetic inheritance, developmental adversity experienced *in utero*, exposure to dangerous, abusive or neglectful early parenting, broader harmful family practices, such as domestic violence, drug and alcohol misuse, instability and police involvement. Subsequent to this, children often experience translocation, sometimes through a number of placements. This means that children bring the grief and anxiety of loss and separation, alongside the traumatising effects of their early experience, into the new home. The parent may need a good understanding of attachment and neurodevelopmental theory, the impact of traumatic experience and the influence of loss and grief to help them make sense of the child’s adjustment, or lack of it, into the family, the behavioural and emotional manifestations of this and the developmental trajectory that the child is following. Without this understanding, the parent is left to rely on their natural parenting style, with little awareness of how this needs to be adapted to take into account the special needs which the child is presenting.

The parenting task of an adoptive or foster carer is, therefore, one in which the parent, in common with all parents, provides for the child a home life in which emotional, behavioural and developmental
needs are met. Thus, the parent provides stability and security, predictable, contingent and responsive nurturing and care, age-appropriate experiences and appropriate boundaries and discipline. This parenting experience provides the child with the experience of a positive relationship and appropriate behavioural management that meets his or her need for dependence and independence at different developmental stages (eg Webster-Stratton and Hancock, 1998).

The parenting task is, however, made more difficult because the children have a prior experience which influences how they respond to this parenting experience. As well as being available and responsive, the parent will also need to be gently challenging of the child’s beliefs and assumptions (Dozier, 2003, 2005). Examples are beliefs that this family will be lost as well, that parents cannot keep you safe, or are actually dangerous, and beliefs about being so bad that nothing the parents do or say will change this. The needs of children emotionally damaged by their early experience can be presented in a distorted or hidden way. They may need nurturance but present difficult or alienating behaviours. They may need support for independence but present a need for continuing attention and involvement with the carer. They may need to feel safe but behave in ways that increase their danger. They may need to trust and rely on the parent but maintain a rigidly controlling and rejecting relationship (see Howe, 2005). In addition, early success in providing positive parenting experience can increase the child’s anxiety. This triggers defensive behaviour in the child, much as therapy can trigger for adults with similar difficulties (Bowlby, 1998). The child, fearing the closer relationship that is developing and anticipating its loss in the future, becomes rejecting, controlling and/or behaviourally challenging as they act out their fear or anxiety; alternatively, the child can become overwhelmingly needy of the carers’ time and attention. Either way, the parent is left feeling a sense of inadequacy and failure (Bowlby, 1998).

Children living in foster care are being parented within a family that is not legally their own. The parenting they need must take into account the context of this different family experience (Quinton et al, 1998). The experience that they have had previously will affect their ability to benefit from current parenting. Sinclair et al suggest that while foster carers are ordinary parents they are recruited to do a special task (in Quinton, 2004), in which meeting the attachment needs of the children is prominent:

\[\ldots\text{foster care is an arena in which the dramas of attachment are played out. This can lead to mutual rejection. More positively, it seems to offer the opportunity for resolving previous issues. (Sinclair, 2005, p 241)\]

Children who are adopted into families become part of the family legally as well as socially and emotionally. In theory, this will provide a greater sense of permanence and belonging. These children, in common with children in foster care, will have had early difficult experience of being in a family and, often, previous foster placements prior to their inclusion into the new adoptive family. Thus, the parenting task of adoptive families is extended to include helping a child to belong, to recover from their early difficult experience and to develop a capacity to feel secure. In this way, the children can benefit from parenting that takes them into adulthood. Adoptive parents need the capacity ‘to accept and cope with the normally abnormal demands of family life following the adoption of abused and neglected children’ (Hart and Luckock, 2004, p 13). Hart and Luckock (2004) go on to argue that the adoptive family, together with the professionals supporting the child, construct the adoptive family. This makes family life complex, being more ‘deliberate, explicit and formally negotiated that in almost any other case’ (ibid, p 35).

For both foster and adoptive families, the child will have come into the family with a range of ‘emotional baggage’ that is not connected with the new family but can seriously affect it. For all these families, there is a lack of common history between family members. Conse-
sequently, the parenting task has to take into account the separate experience of the children and find ways to incorporate this different, and often unknown, experience into a new family story (Hart and Luckock, 2004).

**Theoretical models for parent training with foster carers and adoptive parents**

Parent training for foster carers and adoptive parents must take into account the qualities needed by a parent in helping the child to recover from developmental trauma because of early exposure to inappropriate and frightening parenting. Interventions for these children frequently focus on the parent–child relationship as a precursor for recovery. For example, van der Kolk (2005) suggests that healthy attachments between the child and carer and the provision of a safe environment are pre-requisite for healthy recovery (see also Kinniburgh et al, 2005).

**Social Learning Theory**

Traditional parent training programmes are informed by Social Learning Theory. This theory leads to a view of behaviour as being initiated and reinforced by the social environment (Hollin, Epps and Kendrick, 1995). Parents can be taught behavioural principles. This allows them to understand the way they influence and respond to the behaviour of the child and to develop techniques to change their habitual ways of influencing and responding. This leads to a better relationship with the child and reinforces more positive behaviours from him or her.

Social Learning Theory is an important framework for parent training programmes. While programmes derived from Social Learning Theory are effective with many children, the evidence is less clear when training parents caring for children who have been maltreated and developmentally traumatised (Howe, 2005). Traditional programmes are, therefore, likely to need some adapting for foster and adoptive parents who are predominantly caring for children with an adverse early parenting experience. Sinclair (2005), in a study of 596 children in foster care, found that while behaviour management was effective in dealing with particular behaviours, it did not ensure overall success for the foster carers. In addition, the researchers noticed foster carers responding to difficult behaviours with rejection, which could lead to placement breakdown. The authors suggest that foster carers need a philosophy that attends to attachment issues in addition to making use of principles of social learning.

Social Learning Theory predicts that children will learn patterns of behaviour in response to their experience with parents. This learning is brought with them into their new homes. There is a tendency for children to cling to the expectations they thus form, and this in turn can push carers into particular transactions. The parents can end up trapped in a pattern of relating that is the child’s rather than their own (Golding, 2006a). A good understanding of Social Learning Theory that takes account of the context of the child’s early experience can, therefore, help parents to guide the children into more healthy ways of relating with them and more functional patterns of behaviours.

While social-learning based parent training programmes can be seen as potentially helpful for the adoptive or foster parent, there are two areas that point to the need for the curriculum to be expanded to take into account additional child theory.

These are:
- the impact of early adverse experience on the development of the child; and
- the impact of early adverse experience on the attachment needs of the child.

**The impact of adversity on child development**

The early cognitive and emotional experience of the child is now known to have a physical impact on how the brain develops (Dent, 2006). The work of neurodevelopmental researchers has increased understanding of the impact of poor early experience on the child’s developing capacity to regulate emotion and to develop reflective function (Schore, 1994, 2003; Siegel, 1999; Fonagy et al, 2002).
These capacities in turn influence the child’s ability to benefit from experience and so their broader development. Adverse experience or a lack of it will affect the neurological and developmental levels. Complex transactions between the child, biology and the environment will determine the developmental pathway of the child (Richardson, 1994). Thus, child development theory, within the context of transactional models, can be an important guide to the understanding of children who have experienced early adversity and help the foster or adoptive parents adjust their parenting to the unique needs of the child they are caring for. The carer can be helped to understand the child’s developmental needs, explore the transactional relationships that are developing within and outside the family and adjust their parenting in line with this understanding (Golding, 2006a).

The impact of adversity on the attachment needs of the child

Of all the range of child development theories available to the practitioner, it is perhaps Attachment Theory that is grasped at most keenly by those seeking to help the foster or adoptive parent (eg Cairns, 2002; Hughes, 2004). This theory, centred as it is on the influence of first relationships and early experiences on the child’s capacity to feel safe and secure, and thus to benefit from later experience, has special relevance to the parent who did not provide this first experience and for the child whose early relationship experience was damaging to his or her subsequent development. Attachment Theory is a potentially useful framework for understanding why children do not feel safe or secure in their new families, which, in turn, can guide the parenting of these children in order to develop such feelings of safety and security (Golding, 2006b). Sinclair (2005) suggests that the resolution or exacerbation of attachment problems are key to explaining changes in mental health status, thus stressing the importance of attachment for explaining outcomes for adopted and fostered children.

Models of intervention for children who have experienced developmental trauma incorporate the attachment relationship as the primary mechanism for intervention. For example, the Attachment, Self-Regulation and Competency (ARC) framework suggests that building of attachments and provision of safety are necessary for recovery (Kinniburgh et al, 2005). The four principles that make up this attachment-focused intervention draw upon Social Learning Theory in the use of praise and reinforcement and in the provision of a structured and predictable routine, but go beyond this approach with the focus on improving caregiver-child attunement and increasing caregivers’ capacity to manage intense affect.

The importance of the attachment relationship has been recognised widely in research and practice and is underpinned by government initiatives aimed at improving outcomes for vulnerable children. The Quality Protects programme (Department of Health, 1998), for example, has as central the importance of the attachment relationship providing for the child the experience of safe and effective care. This is reinforced within the more recent National Service Framework for Children (Department of Health, 2004) by the importance given to secure attachment for maximising children’s development. Within this document, secure attachment for pre-school children is seen as a prerequisite of good health, social and emotional development. For children living in foster and adoptive homes, parenting guidance is required concerning the attachment needs of older children who have experienced compromised early relationships, as well as the pre-school children who are developing initial attachments. A curriculum based upon Attachment Theory may provide such guidance.

What works for children living in foster and adoptive homes?

The evidence-base for using group-based parent-training programmes with foster or adoptive parents is very limited. There are several unanswered questions.

For example:

- Do parents and carers find parent training useful?
Do the children benefit when their parents or carers attend a parent training group?

Which programme(s) are most beneficial for those parenting children who have experienced very adverse early experience?

Are existing programmes used with other populations helpful for carers and parents of looked after and adopted children?

What is the optimum length of time for carers and parents to attend the group?

Only the first of these questions is anywhere close to being answered within the existing literature.

A number of small studies evaluating a range of different parenting programmes have demonstrated that carers and adoptive parents report high satisfaction following their attendance (Gordon, 1999; Minnis and Devine, 2001; Pallett et al., 2002; Gilkes and Climes, 2003; Hill-Tout, Pithouse and Loure, 2003; Golding and Picken, 2004; Allen and Vostanis, 2005). But the impact on the children is less clear. Minnis and Devine (2001), using a randomised control trial design with 121 foster families, did not demonstrate any significant change in the children, although it should be noted that this included only three days of training. Of the small explorative studies, some have found no change within the children (Hill-Tout, Pithouse and Loure, 2003), while others report improvements in emotional and behaviour well-being (Pallett et al., 2002; Golding and Picken, 2004) and in the relationship between child and carer (Pallett et al., 2002), measured using pre- and post-questionnaires.

This leaves the practitioner with a dilemma. Should the development of parent training programmes, adapted to the special needs of parents and carers looking after children made vulnerable by their early circumstances, focus on adapting traditional programmes (eg Henderson and Sargent, 2005) or on developing completely new programmes (eg Golding, 2006c; Schofield and Beek, 2006)? Those which adapt traditional programmes tend to maintain the Social Learning Theory base to these programmes, but give more attention to the developing relationship between child and carer. This recognises the needs of children who have entered a family later in life and with capacity to engage in relationships harmed by their early experience. Other programmes have a much broader focus. For example, Adoption UK advocates the use of ‘It’s a Piece of Cake’. This programme aimed at new adopting parents provides training that explores expectations, childhood trauma, attachment and parenting strategies (Hart and Luckock, 2004).

In addition, parenting programmes and models are being developed specifically for foster and adoptive parents. These include an attachment-based multidimensional model of parenting the older child in foster care (Schofield and Beek, 2005, 2006) and a group-based parent training programme that combines an understanding of Attachment Theory, childhood trauma and the impact of adverse experience on childhood development (Golding, 2006a, 2006c).

These newer programmes, models and adaptations, while adopting a broader curriculum, do contain many of the elements that have been found to make parent training successful for ordinary families. However, research is needed to demonstrate their usefulness for foster and adoptive children.

Conclusion

There is a large body of research and guidance highlighting the efficacy of parent training interventions. This article has explored the applicability of this body of work as a starting point for developing similar interventions, as part of packages of care for children living in foster care or adoptive homes.

Guidance about the process of group-based parenting training is likely to be relevant to the development of such training for different populations, although further research is needed to confirm this.

Guidance about the curriculum of the parent training interventions is likely to need extending when intervening with children displaying complex and enduring...
difficulties. Thus, social learning principles are a useful and perhaps necessary guide for the curriculum of parent training programmes for foster carers and adoptive parents. However, such parent training programmes do not address specific issues involved in parenting a child whose developmental, emotional and behavioural needs have been influenced by early adverse experience and separation and loss of families. This group of children have special needs for parenting that takes into account the unique difficulties that stem from experiences of abuse, neglect and loss. Thus, the parent training curriculum may need to be informed by developmental and Attachment Theory as well as Social Learning Theory.

Current knowledge about parent training interventions, combined with our understanding of the special needs of children living in adoptive and foster homes, could therefore usefully influence the development of research programmes exploring the efficacy of group-based parent training for this special population of children and their carers.

References
British Psychological Society (BPS), Drawing on the Evidence, London: Faculty for Children and Young People (CYP)/BPS in collaboration with the National Institute of Mental Health (England), the BPS Centre for Outcomes Research and Evaluation (CORE) and the CAMHS Evidence Based Practice Unit at University College London, 2006
Cairns K, Attachment, Trauma and Resilience, London: BAAF, 2002
Golding K S, ‘“Forgotten Miseries”: Can attachment theory help guide interventions?’, in Golding et al, ibid, 2006b

Golding K S, Fostering Attachments with Children who are Looked After and Adopted: A group for foster carers and adoptive parents – Training Manual, Unpublished document, 2006c


Golding K S, Dent H R, Nissim R and Stott E, Thinking Psychologically about Children who are Looked After and Adopted: Space for reflection, Chichester: John Wiley & Sons, 2006


Henderson K and Sargent N, ‘Developing the Incredible Years Webster-Stratton parenting skills training programme for use with adoptive families’, Adoption & Fostering 29:4, pp 34–44, 2005


Howe D, Child Abuse and Neglect: Attachment, development and intervention, Basingstoke: Palgrave, Macmillan, 2005


Quinton D, Supporting Parents: Messages from research, London: Jessica Kingsley Publishers, 2004


Schofield G and Beek M, Attachment for Foster Care and Adoption: A training programme, London: BAAF, 2006

Schore A N, Affect Regulation and the Origin of Self: The neurobiology of emotional development, Mahwah NJ: Erlbaum, 1994

ADOPTION & FOSTERING VOLUME 31 NUMBER 3 2007 47

Siegel D J, The Developing Mind: Toward a neurobiology of interpersonal experience, New York: Guilford Press, 1999


van der Kolk B A, ‘Child abuse and victimisation’ (Editorial), Psychiatric Annals 35:5, pp 374–78, 2005


© Kim Golding 2007