

Copyright is owned by the Author of the thesis. Permission is given for a copy to be downloaded by an individual for the purpose of research and private study only. The thesis may not be reproduced elsewhere without the permission of the Author.

**An analysis of the mechanisms of change in an
intervention for caregivers in New Zealand:
*The Fostering Security Training Programme.***

A thesis submitted in fulfilment
of the requirements for the
degree of Doctor of Philosophy in Psychology
at Massey University, Wellington, New Zealand

Bernice Bianca Gabriel

2017

Copyright is owned by the Author of the thesis. Permission is given for a copy to be downloaded by an individual for the purpose of research and private study only. The thesis may not be reproduced elsewhere without the permission of the Author.

ABSTRACT

Effective foster parent training and support is widely recognised as a core intervention to remediate the complex behavioural and mental health problems of foster children, and to prevent foster placement breakdowns which further exacerbate these problems. While generic parent training programmes, largely informed by social learning theory, are beneficial foster parents also need information and training specific to complex foster child attachment and trauma problems. The 10-session Fostering Security group training programme for foster parents in New Zealand provides training and support that integrates theories shown to be effective in meeting the particular needs of foster parents and foster children (i.e., attachment theory, mind-mindedness, social learning theory, neurobiological theories of trauma, abuse, and neglect, attribution theory, and theories about the mechanisms of change). It is facilitated by both mental health and child protection staff to deliver a joint interagency approach and more streamlined service to foster parents and foster children. The current mixed methods study explored the mechanisms of change in the Fostering Security programme. Quantitative findings showed that the programme was associated with positive trends in caregivers' attachment with the foster child, mind-mindedness, caregivers' dysfunctional attributions for the child's misbehaviour, stress and frustration in the caregiver-foster child relationship, and foster child's challenging behaviour at home and at school. Qualitative thematic analysis of participant interviews and evaluation questionnaires indicated six main themes: 1) support, validation, and acknowledgement from facilitators and participants; 2) effectiveness and knowledgeability of group facilitators and positive ethos of the programme; 3) improved understanding of attachment and trauma related child

behaviour problems; 4) learning strategies to manage the behaviours and developing confidence as foster parents; 5) increased participant empathy for and understanding of the foster child and reflection on the child's behaviour; and 6) increased participant reflection on own triggers, behaviour, parenting approach, and self-care. Some caregivers did not progress in the expected manner through the group training programme, and further research is indicated to identify the factors that negatively affect caregiver progress in programmes like the Fostering Security programme. This study's findings further indicated the need for follow-up interventions post-training, to sustain the positive effects of the programme. Limitations of the current study and future directions for research into the Fostering Security training programme are also discussed.

ACKNOWLEDGEMENTS

Firstly, I am very grateful for the funding received towards my PhD research into the Fostering Security training programme from the Hawke's Bay Medical Research Foundation, the Oliver Smales Memorial Trust, and the Hawke's Bay District Health Board's Health Professional Development Group Fund.

This research process has been challenging, stimulating and very rewarding. I consider myself very privileged to have had four supervisors who have each contributed significantly to my thinking and learning over this period. I am grateful for the invaluable guidance, support, and teaching from my main supervisor, Professor Emeritus Ian Evans. As I became more familiar with his inspiring work and writing, I realised how much I had 'landed on my feet' to have him as a supervisor. I am also indebted to Dr. Ruth Gammon for her encouragement, insightful comments, and thought-provoking discussions about comprehensive interventions for complex social problems. Dr. Tatiana Tairi provided me with invaluable guidance around data analysis and was always available with support, advice and encouragement. Dr. Russell Wills, has been a longstanding mentor and a strong advocate of the Fostering Security training programme. I am very grateful to him for his continuing mentorship, collaboration, support and willingness to share his time and knowledge.

I am also indebted to my past and current managers at the Hawke's Bay District Health Board who encouraged innovative thinking and were strongly supportive of the development of the Fostering Security programme and of my PhD research from the beginning. Further, there are many Child, Youth and Family managers, practice leaders, supervisors, and social workers who have supported the programme and the research, who I have worked alongside, and from whom I have

learned so much about the complexities of care and protection work. I especially would like to mention my friend, colleague, and Fostering Security co-facilitator, Lisa Harrington, who has helped me develop the programme over the last 8 years. Lisa and I have shared many adventures, discussions, and laughs while we trekked around the country with the mission of enthusing other professionals to provide caregivers with the quality of support and training they deserve.

The children in care and caregivers that I work with are a constant source of inspiration for me. I am continually amazed at how resilient young people who experience great adversity can be, and I have immense admiration for those who give up so much to try to heal these young people. One of the reasons I have found this research project so fulfilling is the fact that I can work with such inspirational people.

Working in the field of complex trauma and attachment disruptions has made me especially grateful for the love, nurturing, guidance, and support of my family. Many of us take our secure attachment relationships for granted. I would therefore like to dedicate this dissertation to my parents who sacrificed much to ensure we had the best they could provide, and to my siblings for the journey we have had together. My sisters and my best friends, Andrea and Cassandra, although so far away give me so much unconditional love, support, encouragement, and guidance. I am so thankful to have such generous, intelligent, and strong women as role models.

Finally, I would like to thank my partner, Grant, who has kept me grounded through this PhD study. He has helped shape my conceptual thinking, has been so kind, patient, and strong, and has enabled me to have the time and space to immerse myself in my study. To him I owe my utmost gratitude and love.

TABLE OF CONTENTS

ABSTRACT	i
ACKNOWLEDGEMENTS	iii
TABLE OF CONTENTS	v
LIST OF TABLES	xi
LIST OF FIGURES	xiii
LIST OF APPENDICES	xv
PREFACE	xvii
CHAPTER 1: CHILDREN IN CARE	1
Outline	1
Prevalence and Demographics of Children in Care	2
New Zealand System of Care and Protection	4
Frequency of and Reasons for Placement Breakdowns	9
Mental Health Problems of Children in Care	11
Mental Health Interventions for Children in Care	18
Individual Child-Focused Therapies	21
Psychotropic Medications	23
Residential and Multisystemic Approaches	25
Interventions in the Educational Setting	27
Dyadic Child-Caregiver Therapies	30
Caregiver Training and Support	31
Summary	33
CHAPTER 2: CAREGIVER TRAINING	35
The Need for Caregiver Training	36
A Review of Caregiver Training Programmes	38

Introductory/Pre-Service Training Programmes	39
Treatment Foster Care Programmes	41
Programmes Based on Social Learning Theory	44
Programmes Based on Attachment Theory	53
Summary	61
Methodological Issues	61
Component Analysis	63
The Need for More Specific and Focused Caregiver Training	65
Summary	67
CHAPTER 3: THE FOSTERING SECURITY PROGRAMME	69
Programme and Research Development	69
Guiding Theories	75
Attachment Theory	76
Mind-Mindedness	85
Social Learning Theory	90
The Neurobiology of Trauma, Abuse and Neglect	92
Attribution Theory	96
Mechanisms of Change	99
Summary	102
Description of the Fostering Security Training Programme	103
Aims and Philosophies	103
Programme Outline	108
<i>Psychoeducation Module</i>	113
<i>Caregiver Self-Care and Self-Reflection Module</i>	117
<i>Behaviour Management and Skills Training Module</i>	118

Cultural Context	122
Interagency Approach	125
Proposed Framework of Change in the Fostering Security Programme	
Summary	128
Summary	131
CHAPTER 4: THE CURRENT RESEARCH	133
Rationale	133
Research Objectives	135
Research Design	135
Method	137
Participants	137
Informed Consent	143
Ethical Issues	144
Measures	146
<i>Caregiver Measures</i>	146
<i>Child Behaviour Measures</i>	152
Data Analysis	156
<i>Quantitative Data Analysis</i>	156
<i>Qualitative Data Analysis</i>	157
Summary	161
CHAPTER 5: RESULTS	163
Quantitative and Qualitative Analysis Findings by Variable	164
Caregiver Measures	164
<i>Attachment</i>	164
<i>Mind-Mindedness</i>	167

<i>Child-Responsible Attributions</i>	172
<i>Relational Frustration</i>	176
Child Behaviour Measures	180
<i>Intensity of Child's Misbehaviour at School</i>	180
<i>Intensity of Child's Misbehaviour at Home</i>	184
Qualitative Analysis Themes Related to the Mechanisms of Change in the Fostering Security Training Programme	187
Context of the Fostering Security Training Programme	189
<i>Support, validation, and acknowledgement from facilitators and participants</i>	189
<i>Effectiveness and knowledgeableability of group facilitators and positive ethos of the programme</i>	191
Content of the Fostering Security Training Programme	192
<i>Improved understanding of attachment and trauma related child behaviour problems</i>	192
<i>Learning strategies to manage the behaviours and developing confidence as foster parents</i>	194
Process of the Fostering Security Training Programme	195
<i>Increased participant empathy for and understanding of the foster child and reflection on the child's behaviour</i>	195
<i>Increased participant reflection on own triggers, behaviour, parenting approach, and self-care</i>	197
Participants' Evaluation of the Fostering Security Training Programme	200
Summary	203

CHAPTER 6: DISCUSSION AND CONCLUSIONS	205
Summary of Major Findings	207
The Mechanisms of Change in the Fostering Security Programme	207
<i>Context of the Fostering Security programme</i>	208
<i>Content of the Fostering Security programme</i>	209
<i>Process of the Fostering Security programme</i>	209
The Effect of the Fostering Security Programme on Caregiver and Foster Child Measures	211
<i>The Effect on Caregivers' Attachment Relationships with Their Foster Children</i>	211
<i>The Effect on Caregivers' Mind-Mindedness</i>	213
<i>The Effect on Caregivers' Dysfunctional Child-Responsible Attributions</i>	214
<i>The Effect on Caregivers' Relational Frustration</i>	215
<i>The Effect on the Foster Child's Behaviour at Home and at School</i>	216
Summary	218
Interpretations and Implications of Findings	220
Limitations of Current Research	224
Recommendations for Future Research	229
Conclusion	231
REFERENCES	235
APPENDICES	277

LIST OF TABLES

Table 1.	Demographic information of research participants at pre-intervention assessment	139
Table 2.	Demographic information of foster children in the care of research participants at pre-intervention assessment	141
Table 3.	Questionnaires/interviews at four data collection points for Groups A and B	155

LIST OF FIGURES

Figure 1.	Overview of mental health interventions for children in care	21
Figure 2.	Patterns of attachment (Adapted from Golding, 2008)	83
Figure 3.	The Educultural Wheel (Adapted from Macfarlane, 2004)	105
Figure 4.	The Fostering Security Training Programme Modules	113
Figure 5.	Proposed framework of change in the Fostering Security Programme	130
Figure 6.	Illustration of current research design	136
Figure 7.	Frequency of T-scores on the Attachment Scale of the Parenting Relationship Questionnaire at pretest	164
Figure 8.	Attachment means by group by time	165
Figure 9.	Frequency of mind-mindedness scores at pretest	168
Figure 10.	Mind-mindedness means by group by time	169
Figure 11.	Frequency of child-responsible attribution scores on the Parent Cognition Scale at pretest	173
Figure 12.	Child-responsible attribution means by group by time	174
Figure 13.	Frequency of T-scores on the Relational Frustration Scale of the Parenting Relationship Questionnaire at pre test	177
Figure 14.	Relational frustration means by group by time	178
Figure 15.	Frequency of child's school misbehaviour intensity T-scores on the Sutter-Eyberg Student Behavior Inventory at pretest	181
Figure 16.	Child's school misbehaviour intensity means by group by time	182

Figure 17.	Frequency of pretest T-scores of the intensity of child's home misbehaviour on the Eyberg Child Behavior Inventory	184
Figure 18.	Child's home misbehaviour intensity means by group by time	185

LIST OF APPENDICES

Appendix A. Descriptions of Two Fostering Security Programme	
Participants	277
Appendix B. Consent Forms	281
Appendix C. Information Sheets	289
Appendix D. Initial Interview	299
Appendix E. Mind-Mindedness Interview	303
Appendix F. Evaluation Questionnaire	305
Appendix G. Mid-Programme, Post-Programme, and Three-Month	
Follow Up Interviews	311
Appendix H. Remaining Thematic Analysis Themes and Sub-Themes	317
Appendix I. Results from Participants' Evaluation Forms	319

PREFACE

My interest in the area of the mental health needs of children in care began in Hastings, New Zealand, in January 2005. One of my first clients as a psychologist at the Child, Adolescent and Family Service at the Hawke's Bay District Health Board was a 5-year-old girl, Amy, who was into her sixth placement since being removed from her mother's care at 6 months of age, and was in the legal care of Child, Youth and Family. Like many other children with similar backgrounds, Amy displayed a range of challenging behaviours related to her disrupted attachments, past traumas, neglect, abuse, grief, and loss. My therapeutic work with Amy and many other children like her, and the families caring for them, led me on a journey of information-seeking and supervision to develop my skills in the area of attachment related problems.

It concerned me that the predominant mode of treatment for children with disrupted attachments and experiences of trauma at the time was largely individualised therapeutic or pharmaceutical interventions with the child. It became clear to me that caregivers needed education, support, and capacity building to understand and manage the very challenging foster children in their care, and the literature was also clear about the need to involve caregivers in therapy. It astounded me then, and still does, that as a society we place the most challenging children with caregivers and yet we do not resource, train, and support them appropriately.

I therefore adopted a model of including caregivers in weekly therapy appointments with the children. These sessions focused on helping the child process past experiences, manage present symptoms, and develop new skills in the

context of the current relationship, as well as developing the attachment relationship between caregiver and child. However, it quickly became apparent to me that the caregivers themselves had very specific unmet needs, and that the weekly hour-long therapy sessions gave insufficient time and opportunity to focus on their unique individual needs. It became clear that if the children's placements were to be successful, the caregivers needed specific time and attention to be better educated, informed, supported, and validated than they were being at the time.

Having had a prior 10-year history of facilitating parent training programmes (including the Triple P and Incredible Years parent training programmes), I had experienced the benefits of grouping people with similar needs in a training situation. While caregivers I worked with did attend these generic parent training programmes I facilitated, and found aspects of the training useful, their specific needs around managing their child's behaviours related to attachment problems, trauma abuse and neglect remained unmet. In this context, I developed the Fostering Security training programme for caregivers in 2008. The aims of the programme were to develop the therapeutic capacity of caregivers, to help them understand and manage the challenging behaviours seen in children with adverse early experiences, and to help them reflect on what they bring to the relationship and their responses to the child's behaviour. The long-term aim of the Fostering Security training (alongside individualised therapy) was, naturally, to develop more secure caregiver-child attachment relationships, and to prevent placement breakdowns.

During the first Fostering Security training programme it became clear that caregivers had many issues around Child, Youth and Family policies and practices that the mental health facilitators could not adequately address. A Child, Youth and

Family Practice Leader, Lisa Harrington, was invited to co-facilitate the Fostering Security programme with me, and this proved to be beneficial for caregivers attending the programme as well as for us as facilitators. There had historically been tensions and blame-shifting between mental health and child protection agencies, understandable in the context of professionals dealing with distressing and stressful situations involving children. Working together on the Fostering Security programme meant Lisa and I were able to learn about each other's services and roles, and this led to increased joint discussions, planning and decisions about mutual clients, with flow-on positive benefits for our clients and colleagues in our respective services. In the process of developing and refining the Fostering Security training package, questions arose for me regarding the benefits of specific aspects of the programme, as well as the mechanisms in the programme that led caregivers to change their perceptions and behaviour towards the children in their care. While there is a vast literature on the benefits of behaviourally-based parent training programmes for typical intact families, there is less of a literature on specific programmes for caregivers which incorporates attachment and other theories alongside a behavioural approach. These issues, together with the growing interest in the Fostering Security programme being delivered in other parts of New Zealand, prompted me to undertake this current research study.

The current research follows on from an informal qualitative survey of an earlier Fostering Security group which showed positive feedback from caregivers and improved psychometric outcomes in parenting and child behaviours at programme completion. Given the relatively small number of children in care in Hawke's Bay, the wide range of individual differences and needs of caregivers and the children in their care, and severity of children's behaviour, a traditional

randomised controlled trial was not indicated at this stage of the enquiry, especially as I was more interested in process issues than in outcomes. I was seeing positive results but needed more of a formative rather than a summative evaluation at this early stage. A mixed methods approach was undertaken in this study to ensure that the qualitative information obtained from caregivers about their experiences through the Fostering Security programme and their experiences with their foster children would provide a more in-depth and richer description of the mechanisms of change alongside statistical data.

A large proportion of children in care in Hawke's Bay are Māori (also reflected in national figures). As such, whatever programmes or policies are developed need to take into consideration the values, traditions and social norms of the Māori community. In this thesis I will expand on how the bi-cultural imperative was implemented in the development of the Fostering Security programme and in my research.

Through the thesis I use the term 'caregiver' to refer to foster parent, whether whānau/kin/extended family or non-whānau/non-kin/not extended family. The word whānau, used in this context, is the Māori word for immediate and extended family. For the purposes of this study, I also refer to biological parents currently caring for their children as caregivers. I use the terms 'children in care' and 'foster children' interchangeably, I use the terms 'in care' and 'in out-of-home placements' interchangeably, and the term 'children' refers both to children and young people.

In summary, my 11-year journey to learn more about the effects of trauma, abuse and neglect on young people in care, and to provide more effective and efficient therapeutic interventions to young people in care and their caregivers, has

led me to this point. From my therapeutic experience and reading, it has long been clear that appropriate training and support of caregivers is a vital component in helping young people heal from past traumas and develop more secure attachment patterns. Through my research I hope to show how the Fostering Security training programme for caregivers can help strengthen caregivers' therapeutic capacity, can improve their understanding, and parenting skill and confidence, and can develop their self-reflective capacity.