

Editors: Esther Grau, Diana Marre & Beatriz San Román

Authors: Natàlia Barcons & Carmen Pinto

Layout editor: Sofia Gaggiotti

Dissemination: Maria Galizia

English translation: Natàlia Barcons

ISSN: 2013-2956

Evidence-based psychological interventions with children and adolescents: Programmes to improve parenting skills and the attachment relationship.

This article briefly presents the risk factors in children adopted or in foster care. These factors are fundamental in the formulation of each case, and introduce us to evaluation and treatment model of the *Conduct, Adoption and Fostering Team*, the Maudsley Hospital in London, highlighting the intervention within the family to improve parental skills and the attachment relationship.



Mary Cassatt
The Boating Party

This Newsletter is published with the support of the Spanish Ministry of Science and Innovation through the Project R+D *Adopción Internacional y Nacional: Familia, educación y pertenencia: perspectivas interdisciplinarias y comparativas* (MICIN CSO2009-14763-C03-01 subprograma SOCI)

Introduction

Children from adoption or in foster care may experience emotional, behavioural and learning difficulties, and are at higher risk for neurodevelopmental problems. Unknown factors in many cases, such as pregnancy risk, alcohol/drug misuse during pregnancy, prematurity, health care deficit, and most of the cases, institutionalization, can have an effect on children's brain development and psycho-social adaptation.

In foster care and domestic adoption, many of the children come into care due to conditions of emotional or physical abuse and/or neglect; entering the protection system is usually a traumatic experience for the child, which affects their own sense of security, confidence and self-esteem. The own adoptive or foster care family characteristics can be added to the mentioned setbacks, and the child encounters new challenges, such as reshaping secure attachment relationships.

According to attachment theory, the emotional warmth and the ability to respond to the emotional needs in raising children, contributes favourably to their own emotional regulation and to the child's ability to safely engage in the environment.



Mary Cassatt
The Child's Caress

The attachment development is a key factor in the family dynamic and the quality of the family interactions predicts the emotional and behavioural well-being of the child. It is a bidirectional process that takes time, as a result of a daily relationship that can provide security to the child to cope with everyday situations, develop autonomously and establish positive social relationships. Due to the attachment being an interaction, the psychological intervention involving parents can modify the path in the development of children and contribute to the family welfare.

Interventions that work in the family environment based on social learning theory increase the parents sensitive responding; establish a relationship based on care is the basis to establish effective contingencies effectively. Parenting styles that combine the interaction of emotional warmth with the establishment of non coercitive reasonable limits, directly contribute in the development of a secure attachment in the child to develop his/her social identity, self-confidence, adaptive and social skills, and explore the environment autonomously.

Individual psychotherapy, focusing on emotional aspects, to develop social skills and anger management, have limited power if not working as well in the family context.



Mary Cassatt
Breakfast in Bed

Evidence-based psychological interventions

Evidence from research highlights the importance of the parent'/carers involvement in the intervention in the stability and emotional well-being of minors.

NICE guidelines (National Institute for Clinical Excellence) recommend evidence-based programs aimed at improving parenting skills as the effective part in the treatment of behavioural difficulties, and thus contributing to the improvement of the parent-child relationships. The guidelines recommend that programs should be based on social learning theory, including ways to improve family relationships, to help parents identify their own goals and, being carried out by qualified, skilled, with access to specialized training and supervised clinicians.

The intervention should be based in improving parenting skills of the parent/carer and works from the skills visible features: special skills in attending to the child's game and catch the child when positive attention is required; but exerts its power from the invisible feature of parenthood: understanding the child's needs in their developmental stage, strengthening the attachment relationship and affection.



Basic program pyramid
The incredible years

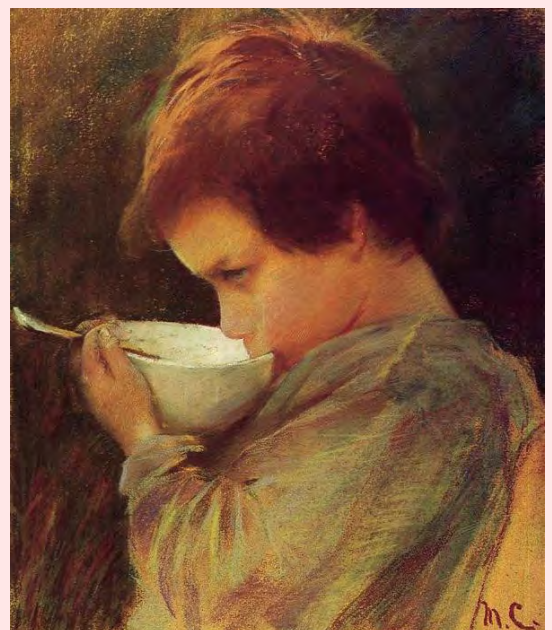
The model of the National and Specialist Conduct, Adoption and Fostering Team - Michael Rutter Centre, Maudsley Hospital

The "Conduct, Adoption and Fostering Team" (CAFT) located at the Michael Rutter Centre in London, is a nationwide highly specialized child and adolescent mental health service. It is the result of the union of two independent teams in the past: the Conduct problems, and the Adoption and Foster Care. Provides a service for children 0 to 18 adopted or in foster care who are experiencing emotional or behavioural difficulties; on the other hand, provides specialized service for children aged 0 to 8 with behavioural problems.

The *Adoption and Fostering Team* aims to strengthen secure attachment relationships between children and their adoptive or foster family by working together. One of the parts of the intervention is the parenting work with the families, following the evidence-based recommendations in order to overcome the emotional and behavioural difficulties and contribute to the quality of the attachment relationship.

The team provides support in different situations that the child and/or the family can encounter, including placement issues as the stability in the foster or adoptive family, including the risk of breakdown of the family relationship; during planning and preparation for the adoption; or advice on degree, type and frequency of contact with birth family (parents, siblings or close relatives).

Mary Cassatt
Child Drinking Milk



MULTIDISCIPLINARY ASSESSMENT

1. Introduction

The intervention to provide is grounded on an intensive multidisciplinary assessment of the child and the family, family relationships, extended family and school performance. In this assessment clinical psychologists, psychiatrists and specialized clinicians are involved. One of the distinctive features of the team is specifically this extensive assessment where all the factors are considered and the contributions from the different disciplines join to reach a common goal for an effective intervention.

2. Process

2.1. Assessment: Obtaining clinical history (psychiatrist): The whole team is involved in the assessment. In this part, the clinical history of the child is obtained by an interview conducted by the psychiatrist with parent/ caregiver in a room with a one-way mirror, allowing, with the consent of the family, the rest of the team being in the adjacent room without encroaching on family privacy.

2.2. Psychological assessment of children (psychologist): At the same time, the clinical psychologists assess the child cognitive skills, the emotional and behavioural profile, the family relationships, mood, trauma, anxiety, and other variables that are considered appropriate.

2.3. Multidisciplinary discussion and formulation: At the end of the parallel assessments, the entire team meets to discuss the information gathered, make a diagnosis, formulate the case following a bio-psycho-social approach and settle on an intervention plan.

2.4. Meeting with the agencies involved: Professionals such as social workers, occupational therapists and/or teachers, are invited for a discussion on the same day of assessment in order to be able to share the information collected previously and get an overview of the situation of children and family.

2.5. Feedback to the family: The family receives the feedback information, the diagnosis and the intervention plan at the end of the assessment. The formulation is explained by using some of the principles that inform the practice, for example, social learning theory, attachment theory and systemic theory, among others. The aim is to introduce parents or caregivers to the behavioural analysis process, which will be re-informed during the therapy.

2.6. Additional assessments: Given the complexity of some of the cases, additional assessments are often necessary to be carried out by the same team; including socio communication difficulties related to autism spectrum disorders, specialist neuropsychological assessment, Attention Deficit Disorder with or without hyperactivity (including observation in the school environment), pervasiveness of behaviours, or special referrals to other services for EEG, scans, etc.

3. The report

A report is made with all the information gathered and sent to the parents to enable them to ratify the data and make the necessary corrections, after which the final report is generated. The report includes data collected in assessment, data previously available from other assessments, case formulation, diagnosis and the intervention plan.



Mary Cassatt
Mother and Child, 1888

INTERVENTIONS

From the initial assessment, treatments are tailored to the child and the family needs. Treatments are evidence-based: the combination of clinical practice experience and the research information.

One of the strengths of the team is related to its ability to intervene in a holistic manner considering the different systems in which the child is immersed; given the need that - on one side, the family, and very close to it, the educational centre, social and health services - should be coordinated with the aim that the intervention ensures the proper development of the child. In the case of the United Kingdom, these frontline services are planned in accordance with the strategy based on research and outcome measures specified in advance. It is essential that services receive ongoing training and are regularly inspected and audited in order to learn from mistakes and change procedures if necessary.

The team operates by contacting other agencies involved, such as social services, for example, when there have been previous placement breakdowns in the history of the child; or with one of these services most needed by the impact it has on the development of the child as the school itself. The team liaises with schools and education services, including school visits and advice on behavioural management and/or learning strategies in class.

Interventions in the clinic will range from individual cognitive-behavioral therapy, cognitive life-story work, systemic work with the family, medication initiation and monitoring and highlighting the work on improving the parent and child relationship using "real-time coaching, the " Parent-Child Game", which we discuss below in more detail.

"Parent-Child Game"

Parenting styles differ in different cultures and have been modified over the history, so longitudinal studies conducted mainly in developed countries, must be interpreted within this context.

As mentioned, research shows the great influence that parenting styles have in the development of children, and parental attitudes that include a high level of authoritarianism, inconsistent discipline, high level of criticism, rejection, neglect and lack of supervision, predict antisocial behavior given that these techniques reinforce negative behavior. However, parental practices that include affection, involvement in the child's activities, praise and encouraging the child for challenging tasks are associated with increased prosocial behavior in children.

Most parents, we believe that raising our children is an instinctive ability; however, we can often feel overwhelmed trying to manage difficult family situations. These skills can be worked on and improved. The *"Parent-Child Game"* is designed to perform in eight sessions of one hour weekly. Parenting training consists of working with parents and children at the same time. The therapists observe the interaction through a one-way mirror and make suggestions to the parent - through an ear-bug- from the theoretical framework explained before and the clinical experience.



Mary Cassatt
Mother and two children, 1906

Suggestions made to the parent are based on how they can improve their interaction with their child by learning and improving new techniques, and managing effectively behaviors for both, parents and the child. At the end of the sessions, concepts learned are remembered and the difficulties experienced by the adult at the time of carrying them out are explored.

Parents improve and /or learn skills like paying attention to the child's appropriate behavior, increasing pro-social and decreasing the non cooperative ones, praising and rewarding their children verbally, and ignoring misbehaviors we want to extinguish.

Children learn from the adults models around them, and attitudes of parents or caregivers towards their children will have an impact in the way they behave, relate and create an opinion about themselves. Training in parenting skills can contribute to build a positive and enriching parent/child experience, learning while playing.

Research in the U.S. and the UK show that programs aimed at enhancing the parenting skills are effective in terms of economic costs.

The research conducted by Scott et al. (2001) in the UK followed up to 142 children since they were 10 years old up to 27 years. Children who exhibited behavioral problems at age 10, when they were 27y.o. the public sector had invested on this group approximately € 240,000, 10 times more than on the group of children who had no behavioral difficulties at age 10. Economic analysis of the NICE guidelines show that an individual program for the family and the child in a clinical setting costs about 2400€ and saves money in the long term, which represents an investment in prevention.

Mary Cassatt
The Manicure, 1908



REFLECTIONS

The implementation of all the resources mentioned, allows the *Conduct, Adoption and Fostering Team* to intervene in a comprehensive and multidisciplinary way from assessing the specific necessities of each child and family. Interventions are tailored to each case according to the needs, and the intervention with the family in order to improve parenting skills is highlighted.

Evidence-based practice is based from research results combined with clinical practice. Research confirms that children's mental health benefits from the services provided to their parents to promote the skills and self-esteem of their children. The evidence points out that programs for parents, where parenting skills are improved to a positive and non-coercive discipline style, that can improve relationships between parents and their children, are effective in reducing problems behavior in children and improving mental health in parents.

Children's welfare depends largely on the high quality of parenting, and evidence highlights that interventions with parents, as the "Parent-Child Game", help to strengthen family relationships and the development of a secure attachment.



Mary Cassatt
The Sisters, 1885

...FURTHER VIEWING

- Find me a family. Channel 4.

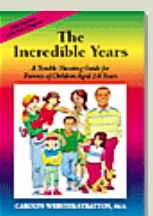
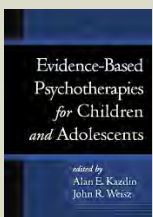


- Positive parenting program. Driving Mum and Dad Mad



...FURTHER READING

- Kazdin, A.E. (2005). Parent management training. New York: Oxford University Press.
- Kazdin, A.E. & Weisz, J.R. (Eds.) (2010) Evidence-based psychotherapies for children and adolescents (2nd ed.) New York: Guilford.
- McMahon, R. & Forehand, R. (2005). Helping the noncompliant child. Second Edition: Family-Based Treatment for Oppositional Behavior.
- Scoot, S. (2008) Parenting Programs. Rutter's Child and Adolescent Psychiatry, 5th Edition, p.1046- 1061.
- Webster-Stratton, C.(2006) The Incredible years. Seattle: Incredible Years.



LINKS

- [National Academy for Parenting Research](#)



- [Adoption UK](#)



- [British Association for Adoption and Fostering.](#)



- [The Incredible Years](#)



- [NICE](#)



RECENT EVENTS

[6th International Conference on Child and Adolescent Psychopathology](#). Roehampton University, London. 11th-12th July 2011.

The congress was of interest to those who are doing research with young people and to those working within child and adolescent mental health, education, social work and youth justice systems.

Natalia Barcons presented the paper "Social relationships in children from intercountry adoption".



Newsletter 27, May 2011

ADOPTIONS, FAMILIES, CHILDHOODS

FUTURE EVENTS

- 5th International Attachment Conference. Oslo, Norway. 19th-21st August 2011. The main theme will be the importance of intimate relationships throughout the life span.
- Monitoring Parents: Science, evidence, experts and the new parenting culture. University of Kent, United Kingdom, 13th-14th September 2011.

ABOUT THE ILLUSTRATIONS

Mary Stevenson Cassatt (Pennsylvania, USA, 1844 - Château de Beaufresne, Francia, 1926),

American creator who participated in the Impressionist movement in her paintings dedicated largely to the reflection of motherhood in its most intimate relationship. Cassatt was able to capture, as a faithful representative of the Impressionist, scenes of everyday life and, as seen in her works, she did it with talent and sensitivity in dealing with the theme of mother to child bond. Not having been a mother, gave her full life to art.

AFIN NEXT INTERNATIONAL CONGRESS

5th International Congress AFIN

The Triad in Adoption and Foster Care: the place of the biological family

25th and 26th November, 2011

Barcelona, Auditorio Residencia de Investigadores
(C/Hospital, 64)

info.afin@afin.org.es

ABOUT THE AUTHORS

Dr. Carmen Pinto

Dr. Pinto is the Child and Adolescent Consultant Psychiatrist of the Adoption and Fostering national specialist Team. She also works for the Children & Adolescent Looked-After Service, part of Lambeth Child and Adolescent Mental Health Services (CAMHS). She co-chairs the special interest group on the mental health of looked-after children for the Association of Child and Adolescent Mental Health (ACAMH).

She became a member of the Royal College of Psychiatrists (MRCPsych) in 2000 and completed a Masters (MSc) in Medical Sciences at the University of Nottingham in 2002. During a perinatal psychiatry role in Nottingham, she developed her interest in the mother-child relationship and attachment. She joined the Parent and Child Research Group at St George's University and became involved in attachment research, when published the article "*ADHD and disorganised attachment. A prospective study of children next born after stillbirth*" as a result of the collaboration. She obtained her Postgraduate Diploma in CBT for Children and Adolescents at the Institute of Psychiatry in 2007.

<http://www.national.slam.nhs.uk/services/camhs/camhs-adoptionfostering/our-experts/>

Natalia Barcons

Child psychologist and Master of Research in Children and Adolescent Clinical Psychology. Member of the AFIN research group, now she is carrying out her PhD on "Resilience in children from international adoption" at the Autonomous University of Barcelona. en la Universidad Autónoma de Barcelona. Participates in international research groups and has published this year the article "[International adoption: Assessment of adaptive and maladaptive behaviour of adopted minors in Spain](#)". Experience in family dynamics, children's emotional and behavioral difficulties and psychology of adoption.

She is currently in the "Conduct, Adoption and Fostering Team" of Michael Rutter Center - Maudsley Hospital, at the *Lambeth Children Looked After Mental Health Team*, both belonging to the British public health services specializing in health child and adolescent mental, and the *Institute of Psychiatry at King's College* - London because of a six months Research and Clinical Attachment.