



Promoting birth parents' relationships with their toddlers upon reunification: Results from Promoting First Relationships® home visiting program



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ABSTRACT

Birth parents, once reunified with their child after a foster care placement, are in need of in-home support services to prevent reoccurrence of maltreatment and reentry into foster care, establish a strong relationship with their child, and enhance child well-being. Few studies have addressed the efficacy of home visiting services for reunified birth parents of toddlers. This study reports on the findings from a randomized control trial of a 10-week home visiting program, Promoting First Relationships® (Kelly, Sandoval, Zuckerman, & Buehlman, 2008), for a subsample of 43 reunified birth parents that were part of the larger trial. We describe how the elements of the intervention align with the needs of parents and children in child welfare. Although the sample size was small and most of the estimates of intervention effects were not statistically significant, the effect sizes and the pattern of results suggest that the intervention may have improved both observed parenting sensitivity and observed child behaviors as well as decreased parent report of child behavior problems. Implications are that providing in-home services soon after a reunification may be efficacious in strengthening birth parents' capacity to respond sensitively to their children as well as improving child social and emotional outcomes and well-being.

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1. Introduction

Young children are especially vulnerable to child maltreatment and subsequent child welfare removal, both as an entry cohort and post-reunification. Children from birth to three years constitute one-third of first entries into out-of-home placement in child welfare, a rate higher than any other age group (Administration on Children, Youth and Families, 2013). Among those reunified, young children are at greatest risk of recurring maltreatment resulting in reentry to care, exposing them to further trauma and disruptions in primary nurturing relationships. It is estimated that 40% (Jonson-Reid, 2003) to 50% (Fuller, 2005) of young children will be maltreated post-reunification and 20% to 30% will again experience removal from their parents' care (Shaw, 2006; Wulczyn, 2004).

The three aims of child welfare in the U.S. are safety, permanency, and well-being. Although historically U.S. policy has focused on the first two, recent priorities have integrated well-being. In an April 2012 information memorandum, the Administration for Children and Families (Administration on Children and Families, 2012) explained

the enhanced priority of promoting social and emotional well-being for children and youth receiving child welfare services. The memo acknowledged that “while ensuring safety and achieving permanency are necessary to well-being, they are not sufficient” (p. 2). That same year, Title IV-E demonstration programs and discretionary grants were designed in part to develop capacity to provide evidence-based parenting support to caregivers so they could provide their children with the secure relationships required for social and emotional well-being.

Stability and continuity of attachment relationships are critical to the well-being of children. In child welfare, all reunified toddlers, by definition, have experienced a disruption in their primary attachment relationship. Attachment disruptions further exacerbate social and emotional development that has already been adversely affected by maltreatment, and can result in toddler behavior that is challenging for the reunified caregiver (Newton, Litrownik, & Landsverk, 2000; Rubin, O'Reilly, Luan, & Localio, 2007). If the relationship further deteriorates as a result, well-being, safety and permanency can be jeopardized again.

Many of the risk factors associated with recurrence and re-entry are not modifiable (age, race, maltreatment type) or are difficult to address in the near term (parent mental health, education, income) and are therefore outside the control of the child welfare system (Hindley, Ramchandani, & Jones, 2006; Kimberlin, Anthony, & Austin, 2009). However, parenting and relationship quality constitute modifiable

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factors well within child welfare's purview and purpose. Unfortunately, most parenting programs provided to families in child welfare do not focus on relationship quality and do not use strategies with empirical support (Horwitz, Chamberlain, Landsverk, & Mullican, 2010).

On behalf of this argument for relationship-based parenting support for reunified parents, we describe a 10-week home visiting program, Promoting First Relationships® (PFR; Kelly, Sandoval, Zuckerman, & Buehlman, 2008), that is strengths-based and grounded in attachment theory. We present results of a study that is part of a larger community-based randomized control trial in which PFR was assessed for its effectiveness (Spieker, Oxford, Kelly, Nelson, & Fleming, 2012a). The original aims of the parent study, called the Fostering Families Project, were to assess if PFR improved parenting and child outcomes for foster parents of toddlers recently placed in their care. However, because the program was designed as a community based participatory research project, engagement of the community led to alterations in the original design. The regional child welfare department stressed the importance of including reunified birth parents in the study. This change was accepted as feasible and implemented. Ultimately, 27% of the 210 caregivers in the Fostering Families Project were birth parents who were reunited with their children after a foster care separation.

1.1. Families experiencing removals: a vulnerable population

Young children who are removed from their parent's care due to maltreatment typically face risks that began in the prenatal period and potentially extend through early childhood, including low birth weight, birth abnormalities, lack of prenatal care, and exposure to drugs, alcohol, and other teratogens (Needell & Barth, 1998; Rosenfeld, Wasserman, & Pilowsky, 1998; Wulczyn, 1994). The resulting complex interaction between genetic and environmental factors (Tomalski & Johnson, 2010) compromises the infants' regulatory capacities, which can lead to problems in mood regulation, sensory integration, motor control, sleep, and behavioral control (Degangi, Breinbauer, Doussard, Porges, & Greenspan, 2000), and to adverse health and mental health outcomes through the life course (McEwen & Gianaros, 2010; Shonkoff et al., 2012). The key formative experience for children in foster care is the experience of significant risk in their birth family without adult protection, which resulted in placement into the foster care system. Maltreating parents can create an irresolvable paradox for their children; they can be simultaneously frightening and the only source of caregiving (van IJzendoorn, Schuengel, & Bakermans-Kranenburg, 1999). This paradox alters the behavioral and stress reactive systems of infants, becoming one of the mechanisms that lead to impaired behavioral, emotional, and health outcomes (Cicchetti & Rogosch, 2001; De Bellis, 2005; Twardosz & Lutzker, 2010).

While child removal from the family provides protection from maltreatment, it also exposes children to placement instability and relationship disruptions. Despite the risks associated with multiple relationship disruptions (multiple changes in primary caregivers) in the first years of life (Goldsmith, Oppenheim, & Wanlass, 2004), placement changes are the norm and may put the child on a trajectory of increasing placement instability (Webster, Barth, & Needell, 2000). Toddler participants in the Fostering Families Project experienced an average of 2.7 caregiver changes from birth to 18 months (Spieker et al., 2012a). Multiple placements and episodic foster care are linked to increased probability of mental health problems (James, Landsverk, Slymen, & Leslie, 2004; Lewis, Dozier, Ackerman, & Sepulveda-Kozakowski, 2007; Rubin et al., 2004), as well as a diminished ability to develop secure attachments (Penzerro & Lein, 1995).

Following serious maltreatment, children who have been placed in out-of-home care can continue to experience relationship disruptions and insecure attachments to subsequent caregivers. Foster children often adapt to relationship disruptions by turning away from new caregivers when they are feeling distressed (Dozier, Zeanah, & Bernard, 2013). This behavior may fail to elicit responsiveness from caregivers

(Stovall-McClough & Dozier, 2004), which in turn may increase their risk for a new insecure attachment and even further maltreatment. Although infants placed at younger ages and those fortunate enough to have parents who are themselves secure can subsequently develop more secure, coherent behavior and less avoidant behavior (Stovall-McClough & Dozier, 2004), most reunified toddlers are returning to parents who very likely have insecure attachment representations themselves (Marcenko, Newby, Mienko, & Courtney, 2011).

Child welfare involved parents are, like their children, a vulnerable population. Their histories contain reports of childhood trauma and abuse, with resulting consequences associated with exposure to maltreatment. In a study of 408 reunified birth parents in Washington, it was documented that 55% had mental health diagnoses, 38% were experiencing domestic violence, 36% had substance abuse problems, 55% had annual incomes of less than \$10,000, and 60% had less than a high school education (Marcenko et al., 2011). In this context of multiple vulnerabilities, parenting is scrutinized and judged. Not surprisingly, parents express a range of emotions including guilt, fear, anger and outrage, along with profound stigma (Scholte et al., 1999). Even when parents successfully navigate the child welfare system and are reunited with their children, they often feel fragile and uncertain in their parenting role (Carlson, Matto, Smith, & Eversman, 2006). Interventions that attend to the unique needs of the child/parent dyad in ways that are empathic and supportive are essential to creating a relationship that overcomes the negative experience of maltreatment and separation.

1.2. Reunified dyads' need for services

Family reunification is a time of intense emotions, both positive and negative. Joy at being together as a family can be tinged by parental shame and guilt related to prior maltreatment and difficulties re-establishing a relationship with children who may exhibit distress and challenging behaviors (Carlson et al., 2006). Unfortunately for children in foster care, reunification does not automatically create a safe, secure, and emotionally supportive parent-child relationship. Birth parents face many challenges in re-establishing their relationship with their child after reunification. Very young children who have experienced the loss of one or more primary attachment figures through multiple placements may be emotionally dysregulated and show levels of distress that are overwhelming to a caregiver (Dozier, Higley, Albus, & Nutter, 2002).

Birth parents are typically only required to take parenting classes prior to being reunified with their child. These classes are "...generally delivered in an ad hoc way and often characterized by uninformed practices with very little, if any attention to whether actual parenting practices change...with one-size-fits-all curriculum" (p. 4) (Beckmann, Knitzer, Cooper, & Dicker, 2010). The classes are generally psychoeducational, and not individualized to the parent-child relationship. However, both members of the reunified dyad may have needs for services (Heller, Smyke, & Boris, 2002). Intervention services aimed at birth parent-child relationships are critical to increase the likelihood of a healthy reunion and diminish the reoccurrence of maltreatment. In dyads that have had a history of maladaptation, the "real patient" is the parent-child relationship (Sameroff, 2004), which is why it is ineffective to only provide parenting classes prior to reunification. If the relationship is the real patient, then the parent and child must have an opportunity to interact in "real life" before parenting improvements begin (Beckmann et al., 2010).

Despite the need for evidence-based interventions for reunified families, in a recent survey of 46 states, "...most states reported a greater availability of post-permanency supports for adoptive parents compared to birth parents upon reunification..." (Child Trends and Zero to Three, 2013, p. 24). As noted by Barth (2012), there was only one program, Child Parent Psychotherapy (CPP; Lieberman, Van Horn, & Ghosh Ippen, 2005) identified by the California Evidence-Based Clearinghouse for Child Welfare (CEBC) for children birth-to-three that has

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