

Assessing the Efficacy of an Intervention to Enhance Visitation:

Preliminary Results

by

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ABSTRACT

Foster children in the United States often face psychological and physiological problems. The foster visitation session, where the foster child can reconnect with the birth parent, is one aspect of the foster care system that has the potential to benefit the child. However, visitation sessions are often challenging for children and parents, and tension between the foster and birth parent may lead visits to stop altogether.

Attachment and Biobehavioral Catch-up for Visitation (ABC-V) is an intervention focused on addressing common foster visitation problems. In this study, we examined the efficacy of the ABC-V intervention. In order to determine whether ABC-V affected sensitivity, we examined birth parent following the lead behaviors during the sessions. We also examined whether ABC-V eased tension between birth and foster parents, improving their relationship and therefore encouraging birth parents to attend sessions more regularly. Results demonstrated that the majority of birth parents who received the ABC-V intervention did show significantly more following than not following behaviors. In addition, social service agency reports showed an improved relationship between birth and foster parents who received the ABC-V intervention. Results are preliminary, but they suggest that ABC-V has a promising positive effect on foster care visitation sessions.

Chapter 1

INTRODUCTION

Children in foster care are particularly at risk for problems both psychological and physiological in nature (Bick & Dozier, 2013). These children have often experienced care from multiple caregivers, frequent transitions, and sometimes even abuse or neglect (Dozier et al., 2006b). Due to their frequently changing environments, these children have unique needs and require help regulating their behaviors, emotions, and even physiological responses to things like stress. Children in the foster care system are more likely than other children to develop a disorganized attachment to a caregiver, problems with their neuroendocrine functions, and problems with their behavior (Bernard et al., 2012; Bick & Dozier, 2013; Dozier et. al., 2006a). Almost 400,000 children in America were involved with the foster care system in 2012, emphasizing how large the need is for interventions focused on alleviating the problems seen with foster care and helping these children develop normally (Child Welfare Information Gateway, 2013).

Foster Care Visitation Sessions

There is little dispute that foster children are at-risk and therefore require specialized interventions targeting the unique challenges the foster care system presents. One aspect of the foster care system that presents an opportunity for intervention is the foster care visitation session. These sessions are between the child and his or her birth parent, and are often conducted at a foster care agency or another

location unfamiliar to the child. These sessions provide a chance for the parent-child dyad to connect after separation, which has the potential to benefit the foster child immensely. Benefits from visitation vary but are associated with children's adjusting better in school, having more realistic ideas and relationships with birth parents, and having a better chance of reunification (Erera, 1997). In addition, visitation can help children emotionally, and may lead to reduced times in foster care (McWey & Mullis, 2004).

However, the visitation experience is frequently confusing and dysregulating for the foster child, for the birth parent, and for the foster parent. Whereas visitation sessions can benefit the child and help alleviate the issues typically seen with foster care, the sessions are often fraught with problems that prevent them from being as successful as possible. These problems include a general lack of session structure, tension between the foster and birth parents, insensitivity of the birth parent to things like child wariness, and a lack of birth parent attendance.

Visits often do not go well for children, as they can bring up difficult emotions regarding the separation from both the foster and the birth parent (McWey, Acock, & Porter, 2010). During visitation, children may become distressed by seeing their birth parent (Haight, Kagle, & Black, 2003). The birth parents can experience distress during these sessions as well, especially when they feel rejected by the child or judged by the foster parent (Erera, 1997; Sanchirico & Jablonka, 2000). These feelings can lead a birth parent to skip visitation sessions or simply stop coming at all (Haight et al., 2003). Foster parents also can contribute to the tension felt during sessions, as they might be angry with birth parents for the circumstances that led the child to be placed in foster care (Erera, 1997; Sanchirico & Jablonka, 2000). Taken together, these

problems can prevent the sessions from running effectively, which in turn can be challenging for the foster child, can further alienate the foster and birth parents, and can leave the birth parent feeling rejected by her child and by the foster parent.

The Infant Caregiver Project at the University of Delaware has developed an intervention for improving foster visitation sessions called the Attachment and Biobehavioral Catch-Up for Visitation (ABC-V). This intervention, adapted for foster care visitation from the evidence-based Attachment and Biobehavioral Catch-Up (ABC) intervention used with at-risk infants and toddlers, aims to improve foster care visitation sessions for children, birth parents, and foster parents (Dozier et al., 2006b). ABC was originally developed for children ages 6 months to 2 years in foster care, and was adapted for the visitation context due to ABC's strengths-based approach to the interventionist-caregiver relationship. In addition, ABC's focus on improving biological and behavioral regulation in at-risk children made it a good fit for an intervention focusing on foster care visitation.

In order to address common struggles of young at-risk children, such as biological and behavioral dysregulation, the ABC intervention targets caregivers' sensitivity, supporting their ability to follow their child's lead (Bick & Dozier, 2013). Following the lead involves helping caregivers learn to respond to their child sensitively, instead of controlling the interaction themselves. For example, if the child picks up a toy, a caregiver who is following the child's lead would respond by picking up the same type of toy. Families enrolled in ABC, who were supported in following the child's lead, had more improvements in caregiver sensitivity than a control group (Bick & Dozier, 2013). Because the visitation experience can be dysregulating for young children, and because birth parents of children in foster care may not have

learned some basic parenting skills, the following the lead concept was also chosen as a target for ABC-V. Birth parents often have not seen their children in days or even weeks, which can lead birth parents to become over-stimulating and insensitive, trying to lead the play and “teach” the child (Haight, Black, Workman, & Tata, 2001; Roben & Dozier, 2013). In addition, many birth parents try to approach the child immediately during sessions, and feel let down when the child is wary of them (Stovall & Dozier, 2000). Learning to respond to children synchronously can help both children and birth parents get the most out of the visitation session.

Another reason ABC is a good fit for the visitation context is ABC’s focus on the interventionist-caregiver (conceptualized here as the foster parent-birth parent) relationship. In ABC-V, foster parents are taught how to actively support birth parents in the moment by giving positive comments when they see examples of the birth parent following the child’s lead. These comments serve to reinforce the concept of following the lead while also strengthening the relationship between the foster parent and birth parent. Birth parents feel less judged when they receive praise from the foster parent, which facilitates better communication and ultimately a better relationship, and in addition helps support the birth parent’s behaving in sensitive ways to the child.

Efficacy of the ABC Intervention

ABC-V is similar to the original ABC intervention in many ways, but addresses new targets specific to the visitation environment. ABC was selected for adaptation partially because of its appropriate fit of at-risk population, targeted behaviors, and strengths-based approach, but also because of its strong evidence base across multiple samples. ABC, which is currently being applied throughout the United

States, is an in-home intervention that focuses on helping at-risk children regulate psychologically and physiologically, as well as helping these children develop more secure attachments to their caregivers. Children whose families have participated in ABC have been found to have more secure attachments and fewer disorganized attachments than children in an intervention control group (Bernard et al., 2012). In fact, the rate of disorganized attachment for children in the control group was found to be 57%, whereas it was only 32% in the group that received the ABC intervention (Bernard et. al., 2012). Children with a disorganized attachment do not have a clear strategy in response to distress, and disorganized attachment has been associated with problems later in life, including externalizing and internalizing problems (Dozier et al., 2009). Children in foster care are at an increased risk for developing disorganized attachments, making an intervention that helps establish more secure attachments vital (Dozier et al., 2001).

In addition to promoting secure attachments, the ABC intervention has had positive effects on the regulation of the stress hormone cortisol in at-risk children. Foster children whose families have participated in ABC have been found to have more normal diurnal regulation of cortisol than a control group (Dozier et al., 2006a). Children who have experienced early adversity may have more blunted cortisol patterns, and these children's regulation of the hypothalamic-pituitary-adrenal (HPA) axis can be adversely affected (Bernard, Butzin-Dozier, Rittenhouse, & Dozier, 2010; Bernard, Dozier, Bick, & Gordon, 2013). The ABC intervention helps normalize the cortisol production patterns of children who have experienced early adversity, making it a good choice for children who are involved in the foster care system.

One final positive effect of the ABC intervention has been an improvement in parental sensitivity towards children who have experienced early adversity. Children, especially those who have experienced forms of early adversity like foster care, need sensitive caregivers, and it has been shown that foster caregivers who have participated in ABC have demonstrated improved sensitivity to children's cues when compared to a control sample of foster caregivers (Bick & Dozier, 2013).

Structure of ABC and ABC-V

In the 10-week ABC intervention, trained clinicians visit with families for one hour a week and discuss manual content while also making In the Moment (ITM) comments. These comments, which help identify key intervention targets that the caregivers are exhibiting at that very moment, have been found to be a particularly important part of ABC. In fact, a recent study has shown that these ITM comments are a possible cause of the positive changes seen in the ABC intervention (Meade, 2013).

There are several ways ABC-V was adapted for the visitation context specifically. First, the ABC-V intervention consists of five sessions instead of ten, and takes place in the foster care agency during the visitation between birth parents and children instead of in the home with the custodial caregiver. Second, whereas the ABC intervention has four main targets (nurturance, following the lead, delight, and non-frightening behavior), ABC-V focuses on only two of these: following the lead and delight. Following the lead, described in an earlier section, helps caregivers learn to respond to their children with sensitivity. This following the lead target has been linked to outcomes like improved biological regulation, which is especially important since children in foster care are at risk for problems in this domain (Bernard et al., 2012). The second target, delight, aims to help caregivers respond with joy to the

everyday behaviors their children exhibit. This target encompasses caregiver behaviors like smiling, laughing, playfulness and excitement. ABC-V hopes to extend the progress made by ABC with these targets and apply it to the foster care visitation setting.

ABC-V also has several targets that ABC does not have, including enhancing the relationship between the foster parent and the birth parent, and helping the birth parent not feel rejected by the child. The targets are specific to the visitation context, and are expected to increase the success of the sessions.

The last difference between ABC and the adapted intervention, ABC-V, is that ABC-V is not implemented by a clinician. In the ABC intervention a trained clinician uses a manual and adheres to a set schedule during the 10-week-long program that covers the four targets. In ABC-V, the two intervention targets are introduced two ways: through trained mentors, who are staff at the foster care agencies where the visits take place, and through the foster parents themselves. First, the mentors meet with the birth parents for 15 to 20 minutes prior to the visitation sessions and discuss the two intervention targets, as well as possible visitation problems that might arise, such as child wariness of the caregiver. Then, during the actual visitation sessions, the foster parents are in the room with the birth parent and the child, serving as a parent coach and delivering ITM comments when they see the birth parent exhibiting one of the two target behaviors.

Current Study

The objective of the current study was to examine the efficacy of ABC-V. We hypothesized that this adapted intervention would increase the frequency with which birth parents show the targets of following the lead and delight. We also expected that

it would help ease the tension between birth and foster parents and increase birth parent attendance to visitation sessions because the birth parent would feel more efficacious with her child and more valued by the foster parent. We hypothesized that there would be an improved relationship between the birth and foster parents as a result of ABC-V.

Chapter 2

METHODS

Participants

This study included nine cases. Participants included 11 foster children (6 males) who ranged in age from 7 months to 84 months ($M = 43.2$, $SD = 23.5$). Children were European-American/non-Hispanic (45.45%), Hispanic (36.36%) or mixed race (18.18%). Two of the cases each included two siblings who attended each session, whereas the remaining seven cases had only one child present during each session. Nine birth parents participated, one for each case. Birth parents were predominantly female (88.89%) and ranged in age from 19 to 47 years ($M = 30.6$, $SD = 8.9$). Birth parents were European-American/non-Hispanic (55.56%), Hispanic (33.33%), and African American (11.11%). Eight foster parents participated in this study; they became involved with the study through their child welfare agencies, which coordinated visitations. There were only eight foster parents for the nine cases because one of the foster parents completed two different experimental cases with children who were not related to each other. Foster parents ranged in age from 42 to 64 years ($M = 51.4$, $SD = 9.1$). Foster parents were all female, and were European-American/non-Hispanic (75.00%), Hispanic (12.50%), and African American (12.50%). All participants completed their visitation sessions in a state in the western United States.

A social services agency in a western state administered foster children placements and coordinated participation in this study. The circumstances surrounding

the entry to foster care varied, but cases included neglect, parental use of illicit substances, and child abandonment. Reunification was the ultimate goal for families in this study.

Procedure

Prior to child placement for the study, foster parents and mentors at the social services agency attended a one-day training provided by Caroline Roben, a University of Delaware faculty member. Foster parents who attended had been randomly assigned to the experimental condition, learning ABC-V, or a control condition. In the control condition, the foster parents were not trained in following the lead or strategies for enhancing visitation, but were still present at all visitation sessions. Foster parents and mentors learned the evidence basis for ABC, as well as the specific targets for the intervention they would be working with through ABC-V. They also practiced commenting on the targets of following the lead and delight and learned how to help normalize the visitation experience for birth parents.

Children between the ages of 7 and 84 months were placed with foster families, some as quickly as 26 days after the one-day training, and some as long as 7 months. This represents a significant delay for some cases. Some reasons for the delay between training and placements were that foster parents were emergency placements only, and that children moved quickly from a foster to a relative's home. In addition, the social services agency had a large number of newborn placements, but these children were too young to participate in ABC-V (children need to be at least six months of age).

Cases in the control group were expected to complete the five visitation sessions as usual with no enhancement or mentor involvement, with the exception that

the five sessions were videotaped and that the foster parents were required to attend each session.

Birth parents who were part of the ABC-V condition met with a mentor for 15 to 20 minutes prior to each of the five enhanced visitation sessions. The mentor and birth parent met in a separate room in the social services agency before the birth parent saw his or her child, and discussed possible visitation problems, such as child wariness. The mentor also introduced the birth parent to the ABC-V targets of following the lead and delight through conversation and video examples. The visitation sessions that followed generally lasted for about an hour, and all had the foster parent, birth parent, and child present. Foster parents in the experimental condition had attended the training and were encouraged to comment whenever they saw birth parents exhibiting the ABC-V target behaviors of following the lead and delight. All visits took place in the social services agency and were filmed.

Upon completing the five sessions, personal anecdotes on all control and experimental cases were compiled by the social services agency staff.

The video recordings of each session were sent to the Infant Caregiver Project via the University of Delaware Dropbox service and uploaded onto a secure server. From there, videos were accessed and coded by an expert, blind coder. For each session, two five-minute segments were coded using In the Moment Coding, a microanalytic coding system. The first five minutes that all participants (the child, foster parent, and birth parent) were present in the room and on-camera, as well as minutes 10:00-15:00 of the session, were coded. Every birth parent behavior relevant to ABC-V in these five-minute segments was described on the coding sheet, as well as any foster parent comments made in reference to these birth parent target behaviors.

Eighty-two clips were coded in total, and slightly more than 20% of these clips were double-coded by a reliable coder to ensure accuracy. Reliability was high (above 80%) on the targets of following the lead, nurturance, not nurturance, and delight. Reliability was low (47.3%) on the target of not following the lead. A possible reason for this low correlation is that some children in the ABC-V intervention are older than children in the ABC intervention. Targets may be coded differently depending on the age of the child, so future research must examine the current In the Moment coding system to see if it should be altered for use with the ABC-V intervention.

Chapter 3

Results

Nine birth parents were included as primary participants, with five in the experimental group and four in the control group. Single subject analyses were conducted following the work done by Stovall and Dozier (2000). Given the small sample, group analyses were preliminary.

Case 1

Child 1 was part of the experimental group. Child 1 was a mixed race (African-American/European-American) male who was 48 months old at the time of this study. This was his first time in care, and he had been removed from the birth parent's home for three days at the beginning of the five ABC-V sessions. He entered care because the birth parent could not meet his basic needs and the birth parent was expected to be evicted from his home.

Single Subject Analyses

The birth parent of child 1 showed following the lead behavior significantly more than not following the lead behavior, $t(4) = 3.93$, $p < .05$. As depicted in Figure 1, this birth parent followed the lead an average of 17.20 times during the two coded five-minute clips, and did not follow the lead an average of 9.40 times.

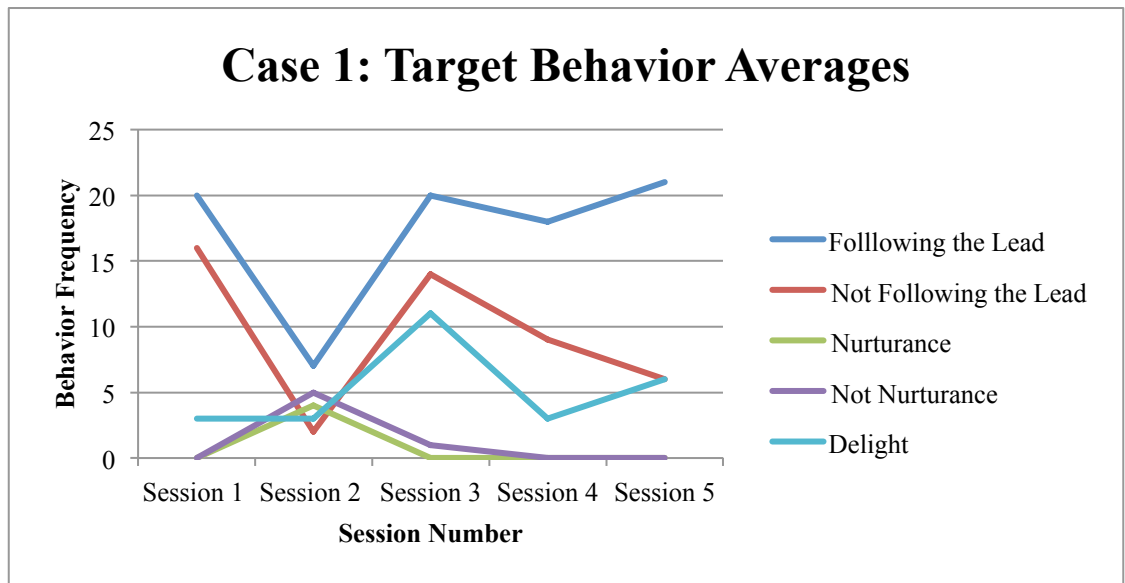


Figure 1 Averages of target behaviors shown in Case 1 over five sessions

Summary

Visits quickly became unsupervised following the completion of ABC-V. Changes seen through ABC-V are anecdotal, but include an improved relationship and better communication between the foster and birth parents. Child 1 is still with the same foster parent, but now unsupervised visits occur twice a week with the birth parent in the community.

Case 2

Child 2 was part of the experimental group. Child 2 was a Hispanic/European-American female who was 60 months old at the time of the study. This was Child 2’s second time in care; she had been removed from the birth parent one time prior for a duration of eight months. At the beginning of ABC-V Child 2 had been removed from the birth parent for 16 days. Child 2 entered care because there was inadequate housing and the birth parent was not able to meet her basic needs. Prior to ABC-V,

visitations were taking place at another social services agency and were challenging for all involved. Prior to participation in ABC-V, Child 2 and the birth parent were both emotional during the visits, and Child 2 was not compliant with the foster parents after visits.

Single Subject Analyses

The birth parent of child 2 showed following the lead behavior significantly more often than not following the lead behavior, $t(4) = 3.72, p < .05$. As depicted in Figure 2, this birth parent followed the lead an average of 14.60 times during the two coded five-minute clips, and did not follow the lead an average of 2.80 times.

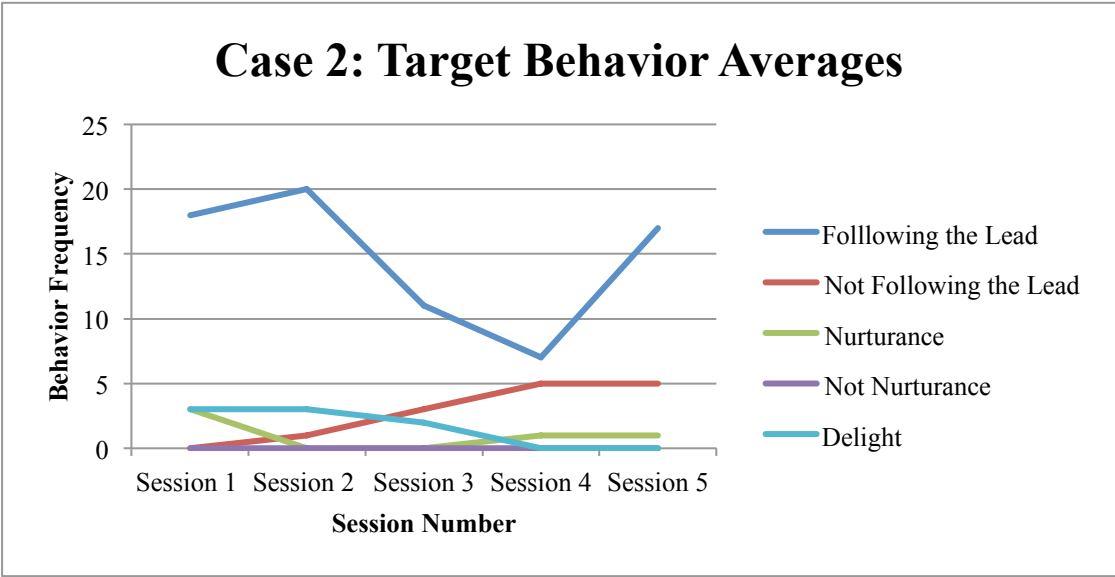


Figure 2 Averages of target behaviors shown in Case 2 over five sessions

Summary

Visits quickly became unsupervised following the completion of ABC-V. Changes seen through ABC-V are anecdotal, but include a complete attitude shift in

Child 2. Child 2 started to enjoy visitation and was excited to see and spend time with the birth parent. Child 2 responded well to the following the lead target, and the visits became productive and successful for everyone involved. In addition, staff at the social services agency that conducted the visits for this study credit ABC-V with saving Child 2's foster care placement. The foster parent had requested that Child 2 be removed from her home due to behavior problems, but her attitude changed when she was able to talk and problem solve with the birth parent during the ABC-V visitation sessions. Visits are now occurring unsupervised and off-site, and reunification is expected soon.

Case 3

Case 3 was part of the control group. Child 3 was a European-American female who was 18 months old at the time of the study. This was Child 3's first time in care, and she had been removed from the birth parent's care for five days at the beginning of the five filmed sessions. Child 3 entered care because of the birth parents' use of illicit substances and the erratic behavior of the birth parents, who were under the influence of methamphetamines and controlled substances.

Single Subject Analyses

The birth parent of child 3 showed following the lead behavior significantly more often than not following the lead behavior, $t(3) = 4.53, p < .05$. As depicted in Figure 3, the birth parent followed the lead an average of 19.25 times during the two coded five-minute clips, and did not follow the lead an average of 5.50 times.

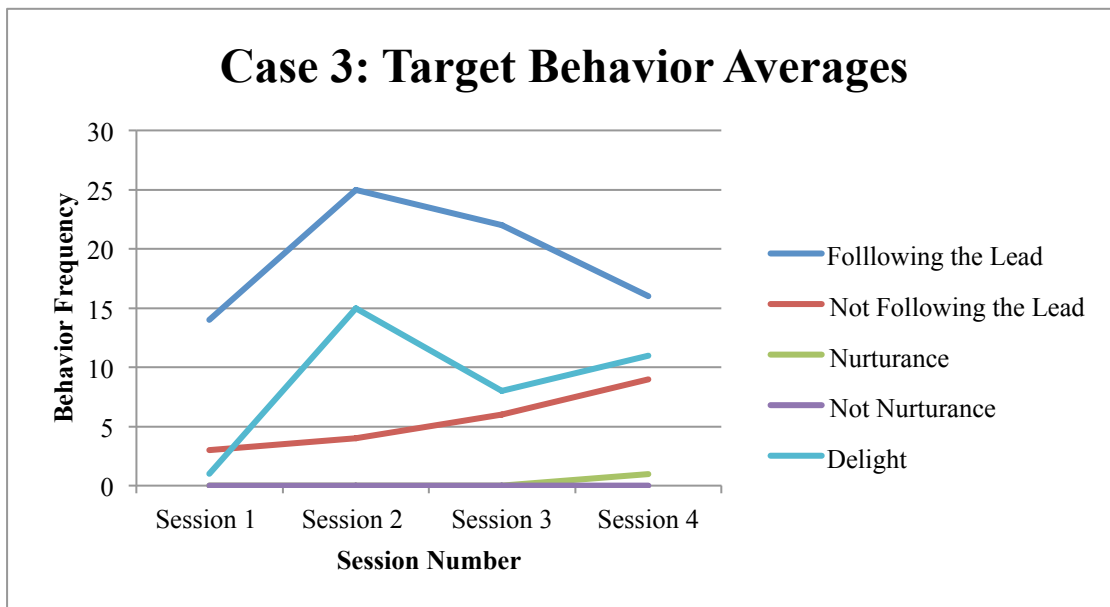


Figure 3 Averages of target behaviors shown in Case 3 over five sessions

Summary

Visits are now unsupervised at the social services agency, and the birth father has been released from jail and now attends visits as well. Both birth parents continue to miss visits, and did not attend the fifth filmed session at all. This case did not receive the ABC-V intervention, but some anecdotal changes were still observed. Child 3 became more comfortable being around her mother, and the birth and foster parents built a better relationship.

Case 4

Case 4 was also part of the control group. Child 4 was a Caucasian female who was 48 months old at the time of the study. This was Child 4’s first time in care, and

she had been removed from the birth parent’s care for five days at the beginning of the five filmed sessions. Child 4 entered care when the birth parents abandoned her with a great-grandmother who was unable to provide adequate care for the child.

Single Subject Analyses

The birth parent of child 4 did not show following the lead behavior significantly more often than not following the lead behavior.

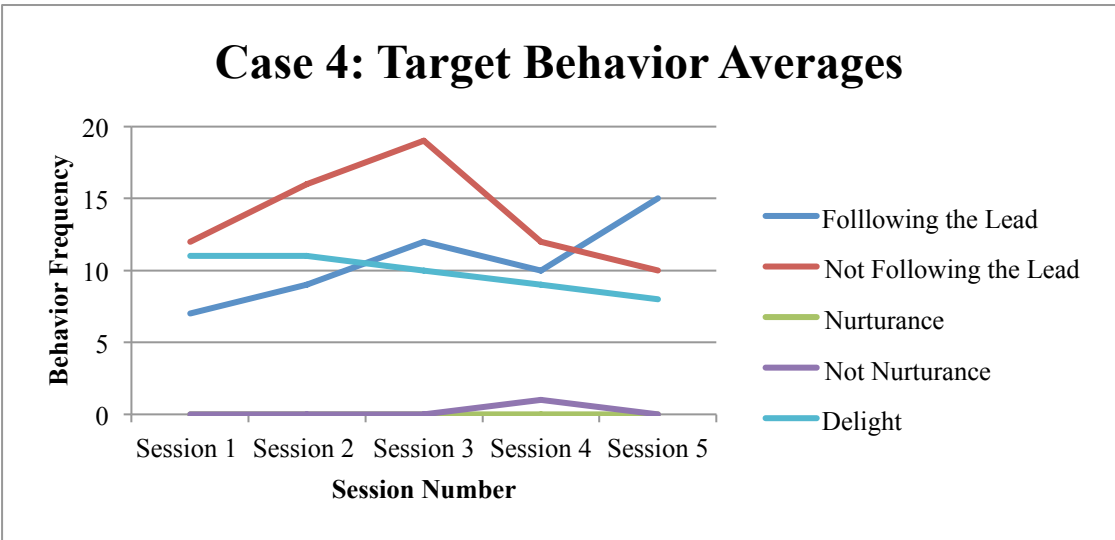


Figure 4 Averages of target behaviors shown in Case 4 over five sessions

Summary

Visits became unsupervised after the fifth session, and are now unsupervised and off-site. This case did not receive the ABC-V intervention, but some anecdotal changes were still observed. The birth parent and foster parent had a good relationship during the sessions and trusted each other, frequently discussing goals for the visits and for the care of the child.

Case 5

Case 5 was part of the experimental group. Child 5 was a Hispanic male who was 60 months at the time of the study. This was the child's first time in care, and he had been removed from the birth parent's care for seven days at the beginning of ABC-V. Child 5 entered care because the birth parent was under the influence of illicit substances and had weapons in the home.

Single Subject Analyses

The birth parent of child 5 showed following the lead behavior significantly more than not following the lead behavior, $t(4) = 11.44, p < .05$. As depicted in Figure 4, this birth parent followed the lead an average of 18.80 times during the two coded five-minute clips, and did not follow the lead an average of 4.60 times.

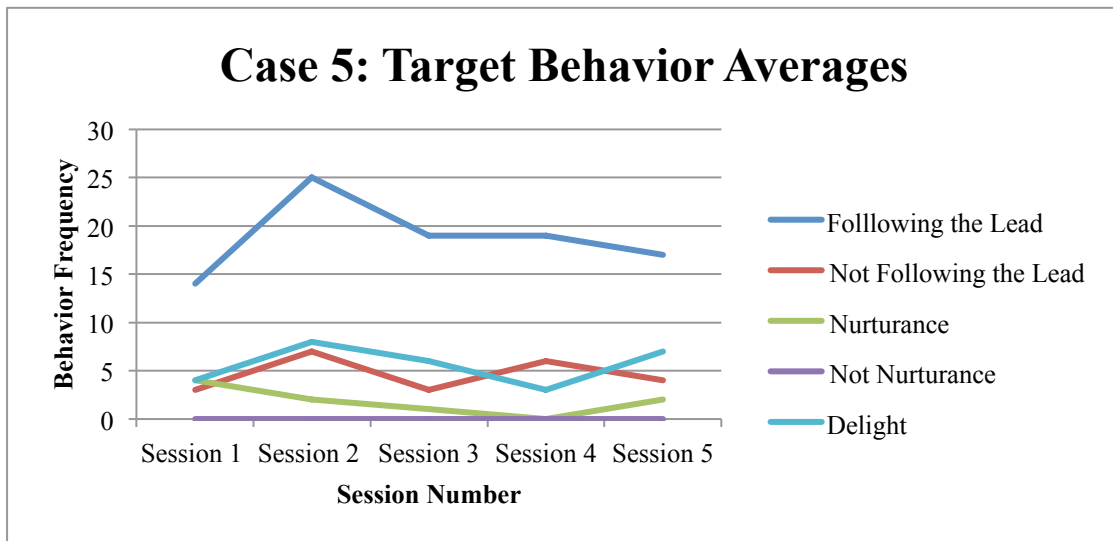


Figure 5 Averages of target behaviors shown in Case 5 over five sessions

Summary

Visits quickly become unsupervised after completion of ABC-V, and are now off-site as well. The child was able to attend a family holiday visit off-site a week after finishing ABC-V. Changes seen through ABC-V are anecdotal, but dramatic. The birth parent adopted the targets of following the lead and delight, showing both targets frequently during sessions. The relationship between the foster parent and birth parent also improved, and the birth parent even told the mentor, with a smile, that she thought the foster parent liked her.

Case 6

Case 6 was part of the experimental group. Child 6 was a European-American female who was 48 months old at the time of the study. This was the child's first time in care, and she had been removed from the birth parent's care for six days at the start of ABC-V. Child 6 entered care because she was exposed to domestic violence and parental drug use.

Single Subject Analyses

The birth parent of child 6 showed following the lead behavior significantly more often than not following the lead behavior, $t(4) = 3.06, p < .05$. As depicted in Figure 5, this birth parent followed the lead an average of 20.40 times during the two coded five-minute clips, did not follow the lead an average of 8.00 times.

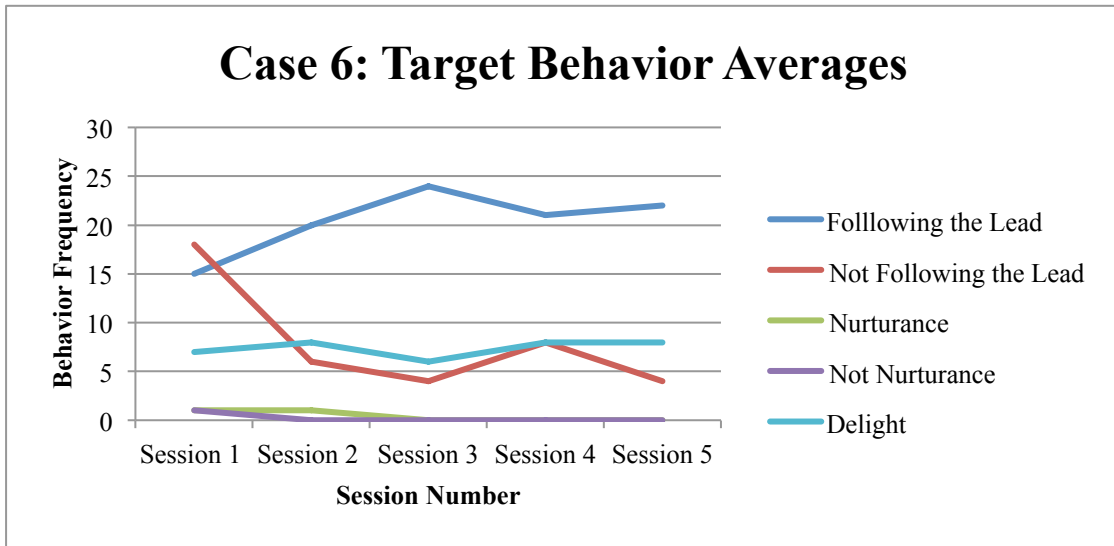


Figure 6 Averages of target behaviors shown in Case 6 over five sessions

Summary

Visits quickly became unsupervised after the last session of ABC-V, and are now off-site as well. Changes seen through ABC-V are anecdotal, but include a large change in the birth parent’s attitude towards the foster parent. The birth parent initially did not agree with the placement of her daughter, and therefore was very hesitant to work with people at the social services agency. The birth parent did not talk to the foster parent initially, and cried before the visits started. However, after the birth parent and foster parent worked together during the ABC-V sessions, the birth parent became much more receptive to the foster parent’s positive comments, which made the birth parent feel better about her child’s placement. Even though the child ended up being placed with a maternal grandmother after a few visits, the foster parent still came to the ABC-V sessions to support the birth parent. After finishing ABC-V the birth parent said she appreciated what the foster parent did for her child.

Case 7

Case 7 was part of the experimental group. Child 7 was a Hispanic male who was 18 months at the time of the study. This was the child's first time in care, and he had been removed from the birth parent's care for three days at the beginning of ABC-V. Child 7 was placed in care due to the birth parent's mental health issues and unavailability.

Single Subject Analyses

The birth parent of child 7 did not show following the lead behavior significantly more than not following the lead behavior. However, this birth parent did show the most interaction over all—she followed the lead an average of 23.40 times during the two coded five-minute clips, and did not follow the lead an average of 11.20 times. This birth parent had the highest average out of all nine cases for both behaviors. In addition, child 7 entered care partly due to the birth parent's mental health issues, which may have contributed to the birth parent's frequently frightening behavior during visitation sessions. These frightening behaviors (which were only seen with this birth parent) were coded as not following the lead, increasing the total number of not following the lead behaviors seen.

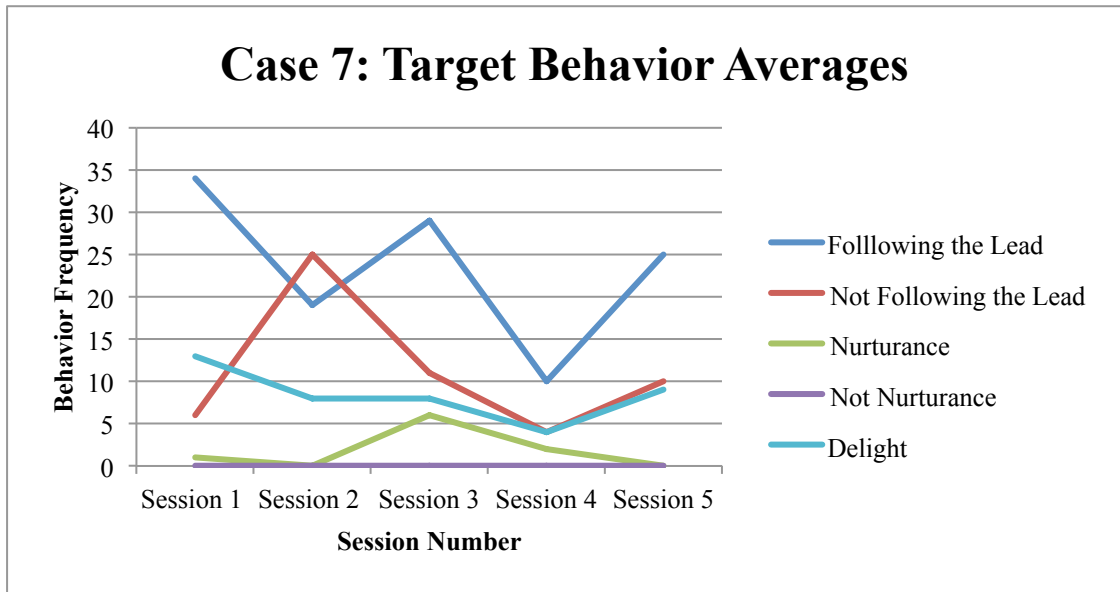


Figure 7 Averages of target behaviors shown in Case 7 over five sessions

Summary

Visits went unsupervised after the last ABC-V session, and now take place off-site in the community. The birth parent has maintained good attendance, and has not missed any visits. Changes seen through ABC-V are anecdotal, but include a change in the relationship between the birth parent and child. Initially the child was very upset during visits and had no desire to see the birth parent, kicking and screaming and even showing aggression. The following the lead target helped the birth parent take a step back and give the child a chance to approach her first, which helped the child calm down during the visits.

The relationship between the foster and birth parents also improved, with each giving the other advice that would help the child. The child had limited speech, so the birth parent helped the foster parent learn how best to communicate with the child. The birth parent in return enjoyed receiving positive feedback from the foster parent.

In particular the birth parent was happy to see the foster parent interact with her child during sessions, since it helped her see that her child was comfortable with his placement.

Case 8

Case 8 was part of the control group, and was one of the two cases that included siblings. The children of case 8 included a European-American male who was 60 months old at the time of the study and a European-American female who was 84 months old at the time of the study. This was the first time in care for both children, and they had been removed from the birth parent's care for eight days at the beginning of the five filmed sessions. These children entered care because they had been left with a grandmother who was not able to take care of the children, and the room the children lived in was filthy and had weapons within their reach. The birth parent was arrested for child endangerment due to these dangerous living conditions.

Single Subject Analyses

The birth parent of child 8 did not show following the lead behavior significantly more often than not following the lead behavior.

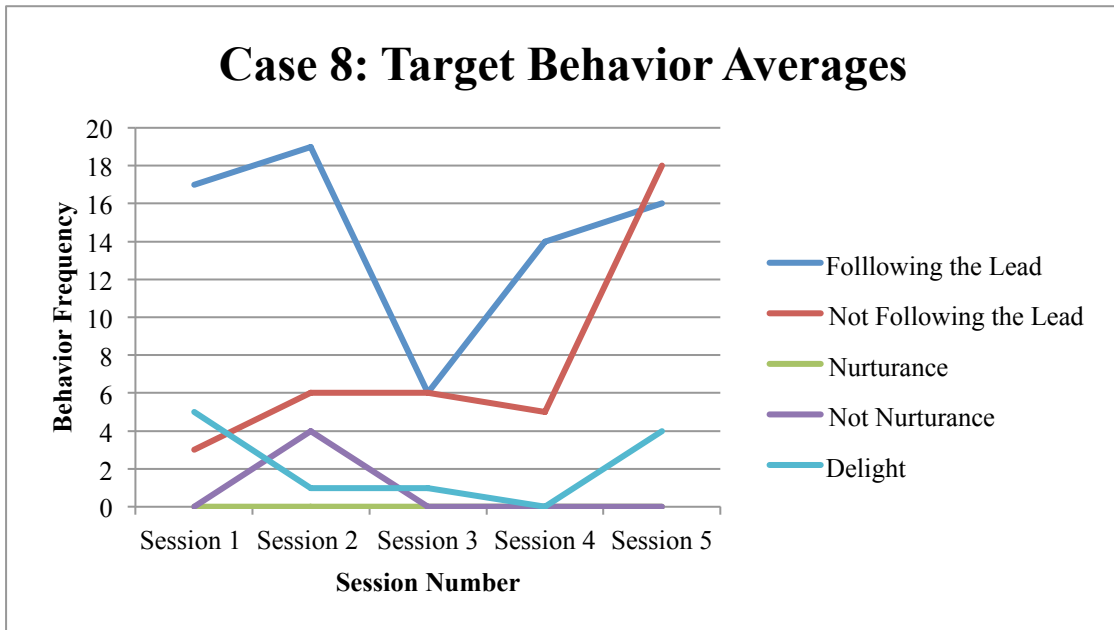


Figure 8 Averages of target behaviors shown in Case 8 over five sessions

Summary

Visits became unsupervised following the fifth filmed session, and now take place off-site in the community. This case did not receive the ABC-V intervention, but still had some observed changes. The relationship between the foster and birth parents improved, and was supportive during all sessions. In addition, communication between the birth and foster parents was good during the visits.

Case 9

Case 9 was part of the control group, and was one of the two cases that included siblings. The children of case 9 were both Hispanic males and were 7 months and 48 months at the time of this study. This was the children’s first time in care, and

they had been removed from the birth parent for eight days at the beginning of the five filmed sessions. These children entered care due to medical and general neglect, as well as parental drug use.

Single Subject Analyses

The birth parent of child 9 did not show following the lead behavior significantly more often than not following the lead behavior.

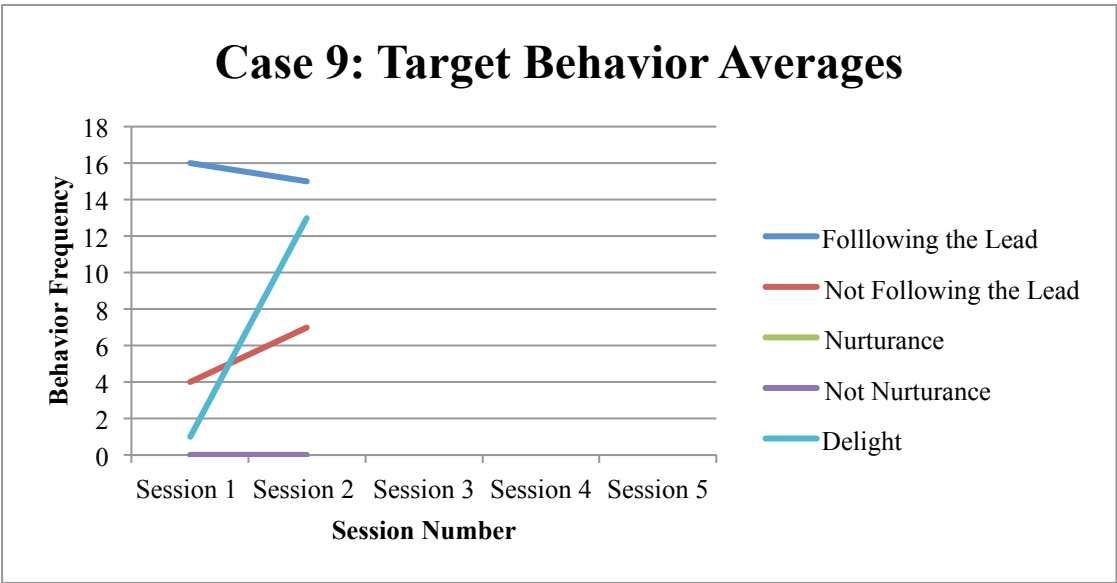


Figure 9 Averages of target behaviors shown in Case 9 over five sessions

Summary

The birth parent only attended two sessions, and since then has not been in contact with the social services agency. The children remain at the same foster home. There were no changes seen through the sessions since only two were completed.

Chapter 4

DISCUSSION

In the current study we examined the efficacy of the ABC-V intervention. We examined whether this adapted version of the evidence-based ABC intervention would increase the frequency with which birth parents showed the targets of following the lead and delight. In addition, we examined whether ABC-V would help ease the tension between foster and birth parents, improving their relationship. Finally, we hoped that ABC-V would help birth parents feel more efficacious with their child, and more valued by the foster parent, thereby encouraging birth parents to come to more visitation sessions.

Following the Lead and Delight

We found that, in four of the five experimental cases who received the ABC-V intervention, birth parents showed significantly more following the lead behavior than not following the lead behavior. Among birth parents in the control group, one of the four cases showed significantly more following the lead behavior than not following the lead behavior. We think that having mentors teach the target of following the lead prior to sessions, combined with having the foster parent make encouraging comments about this target behavior during the sessions, helped birth parents feel comfortable using the target. For example, the birth parent of Case 1 was initially distant with the child, and even rejected the positive comments made by the foster parent. However, as the sessions continued the birth parent started to listen to the foster parent, and his

following the lead behaviors increased dramatically, from around 7 instances in session two to over 20 in session five. Further research is necessary to determine whether these foster parent comments are the cause of the increase in birth parent following the lead behavior, but results so far look promising.

Birth Parent and Foster Parent Relationship

We found, anecdotally, that birth parents and foster parents had an improved relationship through ABC-V. Site leaders at the social services agency took notes on each case, and mentioned how birth and foster parent relationships were helped and communication was strengthened through the five ABC-V sessions. For example, site leaders for Case 2 cite the ABC-V intervention as having saved the child's placement. Child 2 had behavioral issues that the foster parent found difficult to handle, and so the foster parent requested that the child be removed from her home. However, during the ABC-V sessions the foster parent was able to discuss problems with the birth parent, who helped the foster parent learn the best ways to handle these situations. The relationship between the foster and birth parents was strengthened, and the child's placement was saved. In Case 5, site leaders wrote how the birth parent and foster parent developed a very good relationship, communicating well with each other throughout sessions. At the end of ABC-V the birth parent even mentioned to a site leader that she really felt like the foster parent liked her, showing how much their relationship had improved over the five sessions. We think that the positive presence of the foster parent, who was in the room to normalize the experience for the birth parent while also giving encouraging comments on target behaviors, helped birth and foster parents develop a more supportive relationship. So far these anecdotes show promise for the ABC-V intervention's ability to strengthen the foster parent and birth

parent relationship, but further research is needed to take this evidence past the anecdotal level.

Birth Parent Attendance

We found that birth parents who were part of the experimental group had perfect attendance to all visitation sessions, whereas two of the four birth parents in the control group missed at least one session. The birth parent in Case 3, which was part of the control group, did not come to the last session, and the site leader at the social services agency says that she continues to miss sessions. The birth parent in Case 9, also part of the control group, only came to the first two sessions, and has been unreachable by the social services agency ever since. We think that, since the foster parents are a positive presence and normalize the experience for the birth parents, birth parents feel more efficacious in their parenting abilities and are therefore more encouraged to attend sessions. Although more research with a larger sample is necessary to determine whether it is in fact the ABC-V intervention that encourages birth parent attendance, so far the results look promising.

Limitations

This current study has many limitations, most notably the small sample size. The ABC-V intervention was originally intended to be implemented in two distinct geographical areas within the United States, but the social services agencies in the second area were unable to place children and begin the study. Recent state-level problems with the foster care system in this southeastern state, and the bureaucratic changes that accompanied these problems, have made beginning ABC-V there

difficult. The social services agencies in this state hope to begin the intervention soon, but they were unable to do so in time for their cases to be used in this thesis.

Whereas cases began in the western state, placements were difficult to make here as well. Many children did not fit the age criteria, and if they did many had been placed with foster parents prior to the start of the ABC-V study and therefore could not participate. Due to these problems only nine cases were able to complete the intervention in time to be used for this thesis, which has limited the sample size. Future research with ABC-V will hopefully include a larger sample of children, ideally from both states.

Other limitations include a lack of pre-intervention measures to determine how well birth parents showed the following the lead targets prior to ABC-V. A play assessment was done following the fifth session for all cases, but it was difficult to coordinate with the social services agencies to complete this measure prior to the first session as well. Children who participated in the study began the intervention almost immediately, usually the same week they were placed with the foster parent, making the process too rushed to ask the social services agencies to conduct a pre-play assessment during this time as well. It is the hope that as the ABC-V intervention develops and relationships with these social services agencies are strengthened, pre-play assessments to measure following the lead can be included in the process.

A final limitation of this study is the wide variety of reasons that children were initially placed in foster care. Reasons for placement ranged from inadequate housing to birth parent mental health issues, and every case had a slightly different situation. Although it is the hope that ABC-V will help visitation for every foster child, regardless of the reason why he or she entered care, these reasons may still impact the

results. Future studies should examine whether the circumstances surrounding the child's placement in foster care have an impact on the birth parent's ability to follow the lead, and if they do this effect should be controlled for in the results.

Conclusion

We found that our hypothesis that ABC-V would increase the frequency with which birth parents show the target of following the lead was supported for four out of the five experimental cases, as contrasted with only one of the four control cases. We also found that our hypothesis that ABC-V would increase birth parent attendance was supported, as all experimental cases had perfect session attendance but half of the control cases missed at least one of the five sessions. Finally, we found that our hypothesis that ABC-V would ease tension between the birth and foster parents and improve their relationship was supported, at least anecdotally. Site leaders at the social services agency noted how birth and foster parents became more comfortable with and supportive of each other after completing the ABC-V intervention, which in one case even saved the child's placement. Future studies should use a larger, more diverse sample and include pre-intervention measures to assess birth parent skills prior to the start of ABC-V, but overall this study has shown that ABC-V shows promise for helping foster care visitation sessions.

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Appendix

In the Moment Coding Sheet

In the Moment Fidelity Coding	Targets (Parent Behavior & Coach Comments)		Level	
		1 = Follows the lead		0 = 0 components
Coder:		2 = Does not follow the lead		1 = 1 component
Date coded:		3 = Delights in child		2 = 2 components
Coach:		4 = Follows the Lead with Delight		3 = 3 components
Case:		5 = Nurtures (when child is distressed)		
Session #:		6 = Does not nurture (when child distressed)		
Session date:		7 = Behaves in frightening way		
Time coded:		8 = Off-Target Comment		
		0 = No Comment		
(Time) Description of Parent's Behavior	Behavior Target (1 - 7)	(Time) Parent Coach's response	Response Target (0 - 8)	Response Level (0-3)