Foster carer–Foster child Intervention (FFI)

An intervention designed to reduce stress in young children placed in a foster family

The Foster carer–Foster child Intervention (FFI) was developed to help foster carers recognise and cope with the stress that foster children under the age of five might experience when placed in a new family. Children who have been neglected or abused may have difficulty coping with stress and develop behavioural problems, and young children in particular can develop passive avoidance behaviour as a way of adapting to their new situation. The FFI aims to improve the interaction between foster carer and foster child by optimising the emotional availability, parenting skills and confidence of carers in a way that makes the child feel more secure. This article by **Hans WH van Andel**, **Hans Grietens** and **Erik J Knorth** explains the aims and principles underlying FFI and discusses its theoretical background, which includes attachment theory, psycho-education, mindfulness therapy and video interaction training. It then details the intervention and describes how it is being implemented in Dutch foster care practice. The article ends by outlining an ongoing randomised control study to determine the effectiveness of the intervention.

Hans WH van Andel is a Child and Adolescent Psychiatrist, Youth and Autism Division, Dimence GGZ, Deventer, the Netherlands

Hans Grietens and Erik J Knorth are Professors in the Department of Special Needs Education and Child Care, Faculty of Behavioural and Social Sciences, University of Groningen, the Netherlands

Key words: foster care, emotional availability, Foster carer–Foster child Intervention (FFI)

Introduction

Many children adapt satisfactorily to being placed in a foster family but, in some cases, their response is deceptive. Some, especially young children, while undoubtedly stressed do not develop behavioural problems but instead adopt avoidance behaviour as a way of coping with problems generated by their change of living situation (Dozier *et al*, 2002). Foster carers might not recognise that the child is stressed and interpret his or her behaviour as appropriate, thinking that 'everything is OK'. This might make the child feel misunderstood and unacknowledged which, in turn, can lead to persistently high levels of stress. This is a major risk factor for insecure attachment to the foster carers and for the development of behavioural problems (Oosterman and Schuengel, 2008).

Various studies have reported that the severity of the problem behaviour of a child placed in a foster family is associated with the likelihood of the placement breaking down (Oosterman *et al*, 2007). In the Netherlands about 30 per cent of fostering placements are terminated prematurely.[1] The likelihood of this happening depends on various factors (Triseliotis, 2002; Strijker and Knorth, 2009), such as the child's background characteristics (Vanderfaeillie *et al*, 2009), the number of prior placements (Strijker *et al*, 2008) and the way in which foster carers offer emotional security (Rhodes *et al*, 2001; Triseliotis, 2002; Oosterman and Schuengel, 2009). In turn, the extent to which a foster carer is able to 'be there' for the child in an emotionally sensitive way is also dependent on a number of factors, such as the stress the foster carers experience in their relationship with their child's biological parents and the foster care authorities (Wilson *et al*, 2000).

Any child who feels insecure is more likely to develop behavioural problems, and this is particularly so for fostered children (Greenberg, 1999; Lawrence *et al*, 2006; Oosterman and Schuengel, 2009). The provision by the foster carers of a secure base facilitates child–carer attachment (Hodges *et al*, 2003; Ackerman and Dozier, 2006) and increases the likelihood of a successful

[1] In 2010, in the Netherlands, 24,150 children between 0 and 21 years made use of some form of family foster care. About two-thirds of the placements were short term (less than one year). About three out of four children in family foster care were below the age of 12. The number of children so placed has been increasing annually since 2000 (*Factsheet Pleegzorg* [Foster Care Fact Sheet], 2011) and in 2010, 57 per cent of those placed out-of-home full time were living in foster families (Jeugdzorg Nederland [Youth Care, the Netherlands], 2011).

placement (Frey *et al*, 2008). Possible exceptions to this are children with disorganised attachment (Oosterman and Schuengel, 2008).

Stress in young foster children

Many children placed in foster care have a history of neglect or abuse. A study by Strijker and Knorth (2009) showed that 24 per cent of foster children in the north of the Netherlands had suffered physical abuse, 31 per cent emotional abuse, and 14 per cent sexual abuse; in addition, 60 per cent had experienced neglect. Crittenden (1995) showed that maltreated children develop insecure-avoidant, insecure-ambivalent and disorganised attachment patterns, and Finzi and colleagues (2002) confirmed that physically abused children may have an impaired attachment style.

Stijn's story (1)

Stijn was placed in a foster family when he was six weeks old, because he was physically and emotionally neglected in his family. The Youth Care Agency [Bureau Jeugdzorg] considered that Stijn was at risk of abuse. Initially, it was intended that he would be placed in the foster family for only a short time, as a crisis intervention, but it soon became clear that it would not be possible for him to return to his family in the foreseeable future and that Stijn would probably be with his foster carers for longer than three months.

Moving to a foster family is a confusing event for a child and often occurs at very short notice. In 2010, 23 per cent of placements in the Netherlands were made in crisis situations (*Factsheet Pleegzorg*, 2011). In many cases the child does not know what is happening or why he or she is being taken away from home, which makes placement a particularly challenging life event (Mitchell and Kuczynski, 2010). The child needs to adapt to the new family and learn new rules and customs, and may occupy a different position in the family hierarchy from the one he or she was used to. This may produce stress that can adversely affect the child's emotional and behavioural development.

These factors place foster children at risk of developmental, behavioural and emotional problems at a later stage (Carlson, 1998). They may find it difficult to seek support from an adult in times of difficulty and foster care is a particularly challenging setting for the development of a secure attachment relationship between child and foster carers (Kestens, 2010), especially if the child has already had several placements. Multiple placements can easily prove 'too much' for the child and intensive support and care may be needed to get his or her development back on track (Jonkman *et al*, 2009).

Stijn's story (2)

While visiting the foster family, the foster care worker noticed that Stijn had problems with regulation and awareness. He seemed to be tense and cried easily. He was not always interested in his bottle and kept falling asleep. He was passive and did not seek contact with the foster mother. His hands were always clenched and he seemed to suffer from abdominal cramps.

Craven and Lee (2006) reviewed a number of therapeutic interventions for foster children, designed to influence behavioural problems. They were mainly intended for older children or those who expressed their discomfort in behavioural symptoms (van Andel *et al*, 2012). We concluded that a specific intervention for *young* children was needed, because experiencing chronic stress at an early age is a threat to the child's social-emotional development and to the formation of secure attachment relationships, and can result in psychopathology if not addressed (Fisher *et al*, 2000; Dozier *et al*, 2002; Dozier *et al*, 2006b). Further, we believe the intervention has to be carried out by foster care workers in their families as this is the most secure environment for the child.

As a result, we developed an intervention, the Foster carer–Foster child Intervention (FFI) that targets the needs

of young foster children. It is based on principles used in infant mental health with elements from attachment theory, psycho-education, mindfulness therapy and video interaction training.

FFI: aims and principles

The main aim of the intervention is to improve or optimise the relationship between foster carers and foster child. A secondary aim is to help young children cope with stress and emotions by helping carers to understand better their child's needs, manage problems more effectively and form stronger relationships. In relational terms, the goals for the foster carers are to increase their emotional availability, enhance their parenting skills and raise their self-confidence. This helps to create a secure environment in which the foster child can learn to deal with stress. This stress can become manifest in behavioural problems, avoidance behaviour and/or abnormal saliva cortisol levels (Fisher *et al*, 2000; Dozier *et al*, 2006a). The indirect aims of FFI are to help foster children develop better interactional skills with their carers, to help prevent developmental and/or emotional problems and to avoid placement breakdown (van Andel *et al*, 2010).

Initially, it is important to help foster carers recognise signals that the child sends out and to provide them with 'tools' to adopt a gradual approach so that he or she feels 'worthy of attention'. This helps the child to adapt to their new situation (Strijker and Knorth, 2009). Because the relationship between foster carers and child is often temporary, the FFI focuses on the first few weeks of out-of-home placement when difficulties are most likely to occur.

The FFI is based on the following principles:

1. Foster carers need to understand that 'behind' the child's defensive or over-adaptive attitude he or she is seeking security. It is also important for carers to learn how to be emotionally available, despite the child's problems, by offering security and understanding and dealing appropriately with the child's demands for attachment and security (Dozier *et al*, 2002; Alink *et al*, 2006; Chamberlain *et al*, 2008).

2. Many children have an abnormal cortisol pattern as sign of physiological dysregulation or stress (Dozier *et al*, 2002) and several studies have shown that feeling secure has a positive effect on stress in children. A secure environment calms children, as does physical contact (Field *et al*, 2004), and for this reason the FFI emphasises the role of physical contact in reducing stress and creating calm.

3. Foster children need to learn to recognise and understand their feelings and emotions, especially in relation to other people (Legerstee and Varghese, 2001), and should be helped in this in a way appropriate to their level of development. In a very young child, this means that foster carers need to provide emotional containment; in the case of slightly older children, expressing emotions in words ('scaffolding') plays an increasingly important role (Fonagy *et al*, 2002).

4. Most children are placed in foster families temporarily and the biological parents usually continue to exert an influence in the form of parental contact. Foster carers are expected to deal with any resulting problems (Oosterman and Schuengel, 2009) in addition to taking the child in, offering security and developing a secure relationship with him or her. The intervention supports the parenting skills required here.

5. The intervention should be readily accessible to foster care authorities and foster carers, to enable its rapid and targeted implementation.

Stijn's story (3)

Once both the foster carers and the biological parents had agreed to use the FFI when appropriate, an initial interview was held five weeks after placement. All the interviews took place in the

foster family's home. There were numerous signs of stress, so Stijn was eligible for FFI and the foster care authority concerned was able to begin implementation.

Theoretical background

The foster child's reaction

Children placed in foster care have been through a lot of adversity in their short lives. Adapting to the new foster family places heavy demands on them, not only because of what they have experienced but also because the transition itself can lead to behavioural, emotional and neuro-endocrine dysregulation (Dozier *et al*, 2002). At a behavioural level, an anxious child will withdraw into a corner rather than go to their carer for protection (avoidant interaction strategy) or may panic (as a temporary adaptation to the new situation in the foster family or an anxious-ambivalent attachment style) but cannot be calmed and reassured by the carer. An insecure child will not readily seek comfort and reassurance from an adult when stressed (Strijker and Knorth, 2009). At an emotional level, dysregulation due to insecurity may be difficult to recognise as it is not necessarily manifest in observable behaviour (Dozier *et al*, 2002). Such children show hardly any signals of their inner turmoil and agitation, and thus miss the calming influence that the carer should be able to provide (Ainsworth *et al*, 1978). At a neuroendocrine level, many show an abnormal circadian rhythm of salivary cortisol levels (Dozier *et al*, 2006a) and stress can impair brain development (Graham *et al*, 1999).

Interaction between the foster child and foster carers

Carers and young children often interact in a complementary (mirroring) manner (Legerstee and Varghese, 2001). A child who feels stressed and rejected does not easily trust adults (Cicchetti and Barnett, 1991) and foster carers can misread his or her behaviour, respond inappropriately, and thereby risk confirming the child's feelings of rejection. A child showing avoidance behaviour will not respond in a relationship-inducing way; their response tends to be defensive, as if he or she does not need care and attention. A child who does not succeed in forming secure relationships is at risk of developmental problems later (Carlson, 1998).

In turn, foster carers may stop trying to make contact with the child because they do not detect the need for care behind the child's defensive attitude. This can easily develop into a pattern whereby the child no longer indicates what they do and do not need, as described in theories of insecure attachment and disorganisation (Solomon and George, 2006).

Building a relationship

New relationships are 'coloured' by many factors like the mental representation of underlying attachment patterns, abuse and neglect of the child in the past and the mental representations of attachment in foster carers. The FFI aims to facilitate the relationship between foster carers and children, based on the need to prevent behaviours caused by impaired attachment (Ackerman and Dozier, 2006). The intervention uses principles of attachment theory and principles compatible with 'mindful parenting' to facilitate the newly formed and vulnerable relationship between child and carers. The attachment principles are practised in the following ways:

Emotional availability

Emde (1980) developed the concept of 'emotional availability' in 1980, based on the attachment theories of Ainsworth *et al* (1978) and others. Biringen developed the concept further. Emotional availability translates into practice as a quality that enables carers to influence the relationship with the children placed in a positive and sensitive way (Biringen, 2000; Biringen and Easterbrooks, 2008). It describes how we can and should deal with the people around us, especially the children with

whom we have a relationship (Biringen, 2009). It is an important concept when it comes to describing and understanding the development of secure relationships (Bretherton, 2000) and in promoting the development of a new relationship between foster carers and foster children (Kestens, 2010).

Biringen identified six qualities that are important in building an 'emotionally available' relationship between (foster) parents and (foster) children. Four of these should be expressed by the carer:

• *sensitivity*: the degree to which the carer is aware of and sensitive to the signals given off by the child and responds accordingly;

• *structuring*: the structure that the carer provides to help the child master development tasks ('scaffolding');

• *non-intrusiveness*: the extent to which the carer adapts to the child's pace, as opposed to input that is intrusive and can have a disruptive effect;

• *non-hostility*: the carer should not be irritable and impatient with the child.

Two qualities should be expressed by the child:

• *responsiveness*: the extent and way in which the child responds to the carer's input;

• *involvement*: the extent to which the child actively involves the carer on her or his own initiative (Biringen, 2000, 2009).

Mindful parenting

We used the mindful parenting technique to introduce 'emotional availability' (Shapiro and Carlson, 2009). Mindfulness is a therapy that combines techniques from cognitive behavioural therapy with forms of meditation, and enables individuals to consciously ('mindfully') deal with feelings, thoughts and circumstances. Mindful parenting means being able to contact the child in an open, aware state of mind (Singh *et al*, 2010), and being willing and able to gauge the value of the behavioural signals he or she gives off. To practise the concept of mindful parenting we included exercises in the intervention, for instance: how to give positive attention to your child, how to be relaxed and receptive, and relaxation techniques (body scan, body awareness, respiration). Spoken instructions on tape enable foster carers to do the exercises when it best suits them.

Stijn's story (4)

A year after the end of the FFI, we sent the foster carers a questionnaire. Stijn was still in their family and was doing well. The carers thought that the FFI had been useful and that they had learned a lot from the intervention sessions. By understanding Stijn's behaviour better, they had been able to respond more adequately, which had contributed substantially to his development. They reported they felt more secure in their role as carers and considered the FFI a positive experience.

The intervention

The essence of the method is that influencing the foster carer can in turn influence the foster child (Brok and De Zeeuw, 2008). Unlike similar interventions, the focus is on the foster carers' feelings, perceptions and observational abilities, and how these affect the way in which they interact with the child (Brok and van Doesum, 1998).

During six one-hour home visits, foster carers:

• are given psycho-education ('what and why', focusing on the carers' perception of their interaction with the child; 'how', focusing on other ways in which they could interact with the child);

• evaluate video recordings of parent–child interactions (first of successful, then of unsuccessful ones);

• discuss homework assignments (suggested reading chapters from the book *Er zijn voor je kind* [Being there for your child] (Brok and De Zeeuw, 2008).

These aspects are included in all sessions, focusing on the way foster carers interact with the child. Mindfulness techniques (eg mindful parenting, see Singh *et al*, 2010) are used to encourage carers to develop peace of mind, so they can interact with the child in an open, attentive manner. To deepen their understanding of the young child's behaviour (or absence of expected behaviour), drawings showing possible forms of interaction are used, based on attachment interaction models (Ainsworth *et al*, 1978; Marvin *et al*, 2002).

The sessions have a fixed structure, each one having its own theme, and are led by specially trained foster care workers using the protocol given in the *Handboek Pleegouder–Pleegkind Interventie voor Pleegzorgwerkers* [Foster carer–Foster child Intervention Manual for Foster Care Workers] (De Zeeuw *et al,* 2010). Suggestions are made and advice is given based on the themes covered in the manual. The home visits take place once a fortnight, so the intervention lasts a maximum of three months. This timetable is based on the structure of the various sessions and the need for continuity. The themes progress from an individual focus to one that incorporates the whole family, and from more relaxed/non-threatening situations to more tense/threatening ones. The themes dealt with are as follows (for each session we give a title and a brief explanation).

Session 1: Who is my foster child?

This session looks at the foster carers' skills in observing (or learning to observe) their child and accepting the fact that he or she has – and is entitled to have – particular feelings. This skill is linked to the foster carer's 'emotional availability' (Biringen, 2009).

Session 2: How can I be a secure refuge for my foster child?

Foster carers learn to be attentive as this enables them to exude calmness and be more open to the child's input to the interaction (Fruzetti and Shenk, 2008). The session includes a relaxation exercise to help carers relax and be attentive.

Session 3: Comforting a child who is having tantrums or who is shut down

Foster carers learn how to handle the child's tantrums and destructive behaviour, but also how to deal with a child who is dissociated, absent and confused (Weinberg and Tronick, 1994).

Session 4: How does my foster child react?

The carers learn to observe signs of insecurity and trauma, and to relate what they know about their child's history with possible signals of insecurity. This session focuses in particular on the avoidant-adaptive coping style that many young children adopt and considers how carers can respond to this.

Session 5: How can I instill trust in the child?

Foster carers learn how to help their child and to pay attention to his or her needs. The 'Circle of Security and Trust' concept is discussed with the aid of drawings of different interaction styles adopted by children (Cooper and Powell, 2006). While a child should explore their surroundings, they should return to their secure carer to recharge their emotional 'batteries' (Biringen, 2009). The carers are shown ways to help the child to experience security and trust in the relationship.

Session 6: The rest of the family and blind spots as a foster carer

In this session, carers learn to co-operate, not only with their own family but also with the child's biological parents. Other important topics include the future, the expected length of the placement and what this means in terms of relationship development (Belsky, 1984; van Doesum, 2007). Lastly, the carers' ratings of the FFI are discussed: important questions are whether they feel sufficiently capable of continuing to care for their child or whether they need other assistance or support.

Stijn's story (5)

The six FFI sessions were followed by an evaluation, for which a new video observation was carried out.

Stijn was almost eight months old. When the foster care worker arrived, he was lying quietly in his playpen. Soon afterwards he was given a feed. The foster mother commented that things were going much better than a few months ago. Stijn had started taking solids two weeks previously and was being given puréed carrot for the first time. He was obviously still getting used to things, but looked at the foster mother with an open gaze and was relaxed. His hands were not clenched. After a while, his attention wandered and his gaze became fixed. The foster mother had become more verbally active towards Stijn and he also responded more.

The FFI in Dutch foster care practice

Eleven foster care services (out of the 28 such services in the Netherlands) have used the FFI since August 2009. The services cover six provinces. The foster care workers who carry out the intervention are supervised by staff of the Infant Mental Health Team of Dimence GGZ (a mental health institution in the Deventer area).

Testing the evidence

Our clinical impression thus far is that the FFI 'works', but robust effect studies are needed to corroborate this. Currently, we have started to investigate its effectiveness in a randomised controlled trial and to assess the influence of the child's history and stress level at the beginning of the placement on the outcome of the intervention. We are also looking into how workers and foster carers rate the effect of FFI on their fostering skills by comparing those who have participated with those who have not. Outcomes are evaluated at six months – that is, three months after the end of the FFI.

Foster children and carers are eligible for participation if: (a) the child is younger than four years; (b) the biological parents and foster carers agree to let their child take part in the intervention; (c) the child is recruited within two months of placement; and (d) there are indications that the child is stressed. These are based on video observation (all the children included in the study are videoed) or on the foster carers' observations of the child's behaviour (reported in the questionnaires – see below) and/or on the circadian cortisol pattern in the child's saliva. Children who meet the inclusion criteria are randomised to receive FFI or 'care as usual' (regular foster care supervision).

The primary aim of the study is to examine to what extent FFI has a positive effect on the developing relationship between carers and children, whether the latter's stress levels are reduced, whether FFI contributes to carers' emotional availability and parenting skills, and whether this has a positive effect on the success of placements in terms of fewer premature disruptions.

Stijn's story (6)

The video made of the interaction between the foster mother and Stijn during the first visit was subsequently assessed by a group of observers, who were not otherwise involved in the study of the effectiveness of FFI. The assessment was based on the EAS system (Emotional Availability Scales). Samples of Stijn's saliva were also taken, just after waking and just before he went to bed at night, for the measurement of cortisol levels. The foster carers also filled in a questionnaire about parental stress.

Different instruments are used to assess variables of interest. The relationship between foster carers and foster child is assessed using the Emotional Availability Scales (EAS) (Biringen, 2000). How carers experience their relationship with the foster child is assessed with the Nijmegen Parenting Stress Index (NPSI) (De Brock *et al*, 1992) and the Ages & Stages Questionnaires, Social-Emotional (ASQ-SE) (Squires *et al*, 2002). Stress in the child is identified on the basis of

the circadian pattern of salivary cortisol levels, questionnaires on behaviour or videotaped behaviour (for example, the child is avoidant in relation to the foster carer).

Stijn's story (7)

These research tools were used again in the 'after' evaluation, and then the 'before' and 'after' evaluations were compared. In Stijn's case, we saw a major improvement in the quality of his relationship with his foster mother and vice versa. Signs of stress, in terms of salivary cortisol levels, had normalised.

Conclusion

The results of the randomised controlled trial will ultimately influence whether FFI is a useful intervention to be incorporated into foster care practice in the Netherlands. However, we believe that the model of service development and evaluation is helpful in moving foster care training forward. The process requires an initial perception of problems both in terms of carers' difficulties, impaired child development, placement terminations and a dearth of interventions for young children. Then follow: precise definitions of the problems; the positing of hypotheses and theoretical explanations about links between the problems and outcomes concerned with child development and placement stability; the fashioning of an intervention that on theoretical and practical grounds seems likely to be especially effective; and the implementation of the intervention across agencies. Finally, and essentially, comes an evaluation using a robust methodology.

References

Ackerman JP and Dozier M, 'Good investments: foster parents' representations of their foster children', in Mayseless O (ed), *Parenting Representations: Theory, research and clinical implications*, New York, NY: Cambridge University Press, 2006

Ainsworth MDS, Blehar M, Waters E and Wall S, *Patterns of Attachment: A psychological study of the strange situation*, Hillsdale, NJ: Lawrence Erlbaum Associates, 1978

Alink LRA, Van IJzendoorn MH and Juffer F, 'Attachment-based intervention for enhancing sensitive discipline in mothers of 1–3-year-old children at risk for externalising problems: a randomised controlled trial', *Journal of Consulting and Clinical Psychology* 74, pp 994–1005, 2006

Belsky J, 'The determinants of parenting: a process model', *Child Development* 55, pp 83–96, 1984

Biringen Z, 'Emotional availability: conceptualisation and research findings', *American Journal of Orthopsychiatry* 70, pp 104–14, 2000

Biringen Z, *The Universal Language of Love: Assessing relationships through the science of Emotional Availability (EA)*, Boulder, CO: EA Press, 2009

Biringen Z and Easterbrooks AE, 'Understanding relationships and relationship interventions', *Journal of Early Childhood and Infant Psychology* 4, pp 1–13, 2008

Bretherton I, 'Emotional availability: an attachment perspective', *Attachment and Human Development* 2, pp 233–41, 2000

Brok C and De Zeeuw M, *Er zijn voor je kind* [Being there for your child], Assen: Van Gorcum, 2008

Brok C and van Doesum KTM, 'Positieve interactie tussen depressieve moeders en hun baby's' [Positive interaction between depressed mothers and their babies], *Maandblad voor Geestelijke Volksgezondheid* 53, pp 835–45, 1998

Carlson EA, 'A prospective longitudinal study of attachment disorganization/disorientation', *Child Development* 69, pp 1107–128, 1998

Chamberlain P, Price J, Leve LD, Laurent H, Landsverk JA and Reid JB, 'Prevention of behaviour problems for children in foster care: outcomes and mediation effects', *Prevention Science* 9, pp 17–27, 2008

Cicchetti D and Barnett D, 'Attachment organisation in maltreated preschoolers', *Development and Psychopathology* 3, pp 397–411, 1991

Cooper C and Powell B, 'Changing toddlers' and preschoolers' attachment classifications: the circle of security intervention', *Journal of Consulting and Clinical Psychology* 74, pp 1017–26, 2006

Craven PA and Lee RE, 'Therapeutic interventions for foster children: a systematic research synthesis', *Research on Social Work Practice* 16, pp 287–304, 2006

Crittenden PM, 'Attachment and psychopathology', in Goldberg S, Muir R and Kerr J (eds), *Attachment Theory: Social, developmental and clinical perspectives*, New York, NY: The Analytic Press, 1995

De Brock AJ, Vermulst AA, Gerris JRM and Abidin RR, *Nijmeegse Ouder Stress Index*, Lisse: Swets & Zeitlinger, 1992

De Zeeuw M, Brok C and van Andel HWH, *Handboek Pleegouder–Pleegkind Interventie voor Pleegzorgwerkers [Foster carer–Foster child Intervention Manual for Foster Care Workers]*, Deventer: Dimence GGZ, 2010

Dozier M, Levine S, Eldreth D and Stovall-McClough KC, 'Intervening with foster infants' caregivers: targeting three critical needs', *Infant Mental Health Journal* 23, pp 541–54, 2002

Dozier M, Manni M, Gordon MK, Peloso E, Gunnar MR, Stovall-Mcclough KC, Eldreth D and Levine S, 'Foster children's diurnal production of cortisol: an exploratory study', *Child Maltreatment* 11, pp 189–97, 2006a

Dozier M, Peloso E, Lindheim O and Levine S, 'Developing evidence-based interventions for foster children: an example of a randomized clinical trial with infants and toddlers', *Journal of Social Issues* 62, pp 767–85, 2006b

Emde R, 'Emotional availability: a reciprocal reward system for infants and parents with implications for prevention of psychosocial disorders', in Taylor PM (ed), *Parent–infant Relationships*, Orlando, FL: Grune & Stratton, 1980

Factsheet Pleegzorg [Foster Care Fact Sheet], 2011; https://www.pleegzorg.nl/media/uploads/nieuws/factsheet_pleegzorg_2010_def.pdf (accessed 14 October 2011)

Field T, Hernandez-Reif M, Diego M, Feijo L, Vera Y and Gil K, 'Massage therapy by parents improves early growth and development', *Infant Behavior and Development* 27, pp 435–42, 2004

Finzi R, Har-Even D, Shnit D and Weizman A, 'Psychosocial characterisation of physically abused children from low socio-economic households in comparison to neglected and nonmaltreated children', *Journal of Child and Family Studies* 11, pp 441–53, 2002

Fisher PA, Gunnar MR, Chamberlain P and Reid JB, 'Preventive intervention for maltreated preschoolers: impact on children's behavior, neuro-endocrine activity and foster parent functioning', *Journal of the American Academy of Child and Adolescent Psychiatry* 39, pp 1356–64, 2000

Fonagy P, Gergely G, Jurist EL and Target M, *Affect Regulation, Mentalization and the Development of the Self*, New York, NY: Other Press, 2002

Frey L, Cushing G, Freundlich M and Brenner E, 'Achieving permanency for youth in foster care: assessing and strengthening emotional security', *Child & Family Social Work* 13, pp 218–26, 2008

Fruzzetti AE and Shenk C, 'Fostering validating responses in families', *Social Work in Mental Health* 6, pp 215–27, 2008

Graham YP, Heim C, Goodman SH and Nemeroff CB, 'The effects of neonatal stress on brain development: implications for psychopathology', *Developmental Psychopathology* 11, pp 545–65, 1999

Greenberg MT, 'Attachment and psychopathology in childhood', in Cassidy J and Shaver PR (eds), *Handbook of Attachment: Theory, research and clinical applications*, New York, NY: Guilford Press, 1999

Hodges J, Steele M, Hillman S, Henderson K and Kaniuk J, 'Changes in attachment representations over the first year of adoptive placement: narratives of maltreated children', *Clinical Child Psychology and Psychiatry* 8, pp 351–67, 2003

Jeugdzorg Nederland [Youth Care Agency], *Brancherapportage Jeugdzorg*, Utrecht: Auteur, 2011

Jonkman CS, van Geest F and Lindauer JL, 'Behandeling van jonge pleegkinderen met psychische problemen' [Multidimensional Treatment Foster Care for Preschoolers (MTFC-P)], *Kinder en Jeugdpsychotherapie* 36, pp 34–47, 2009

Kestens E, 'Hechten binnen pleegzorg: Een uitdaging voor alle betrokken partijen' [Stitching in foster care: a challenge for all parties involved], *Kinderpsychiatrie en Klinische Kinderpsychologie* 35, pp 128–41, 2010

Lawrence CR, Carlson EA and Egeland B, 'The impact of foster care on development', *Development and Psychopathology* 18, pp 57–76, 2006

Legerstee M and Varghese J, 'The role of maternal affect mirroring on social expectancies in three-month-old infants', *Child Development* 72, pp 1301–13, 2001

Marvin R, Cooper G, Hoffman K and Powell B, 'The circle of security project: attachment-based intervention with caregiver–pre-school child dyads', *Attachment and Human Development* 4:1, pp 107–24, 2002

Mitchell MB and Kuczynski L, 'Does anyone know what is going on? Examining children's lived experience of the transition into foster care', *Children and Youth Services Review* 32, pp 437–44, 2010

Oosterman M, 'Attachment to foster parents', *Academisch proefschrift*, Amsterdam: Vrije Universiteit Amsterdam, 2007

Oosterman M and Schuengel C, 'Attachment in foster children associated with caregivers' sensitivity and behavioural problems', *Infant Mental Health Journal* 29, pp 609–23, 2008

Oosterman M and Schuengel C, 'Gehechtheid van pleegkinderen in relatie tot gedragsproblemen en sensitiviteit van pleegouders' [Attachment in foster children in relation to behaviour problems and foster carer sensitivity], *Kind en Adolescent* 30:2, pp 95–107, 2009

Oosterman M, Schuengel C, Bullens RAR and Doreleijers TAH, 'Disruptions in foster care: a review and meta-analysis', *Children and Youth Services Review* 29, pp 53–76, 2007

Rhodes KW, Orme JG and Buehler C, 'A comparison of family foster parents who quit, consider quitting, and plan to continue fostering', *Social Service Review* 75, pp 84–114, 2001

Shapiro SL and Carlson LE, *The Art and Science of Mindfulness: Integrating mindfulness into psychology and the helping professions*, Washington, DC: APA Books, 2009

Singh NN, Lancioni GE, Winton ASW, Singh J, Singh AN, Adkins AD and Wahler RG, 'Training in mindful caregiving transfers to parent–child interactions', *Journal of Child and Family Studies* 19, pp 167–74, 2010

Solomon J and George C, 'Intergenerational transmission of dysregulated maternal caregiving: mothers describe their upbringing and childrearing', in Mayeless O (ed), *Parenting Representations: Theory, research, and clinical implications*, New York, NY: Cambridge University Press, 2006

Strijker J and Knorth EJ, 'Factors associated with the adjustment of foster children in the Netherlands', *American Journal of Orthopsychiatry* 79, pp 421–29, 2009

Strijker J, Knorth EJ and Knot-Dickscheit J, 'Placement history of foster children: a study of placement history and outcomes in long-term family foster care', *Child Welfare* 87, pp 107–25, 2008

Squires J, Bricker D and Twombly E, *The ASQ-SE User's Guide: For the Ages & Stages Questionnaires: Social-emotional*, Baltimore, MD: Paul H Brookes Publishing, 2002

Triseliotis J, 'Long-term foster care or adoption? The evidence examined', *Child & Family Social Work* 7, pp 23–33, 2002

van Andel HWH, Strijker J, van der Gaag RJ, Grietens H and Knorth EJ, 'A Dutch intervention for young foster children under stress', in Knorth EJ (ed), *Inside Out: How interventions in child and family care work: an international source book*, Leuven: Garant Publishers, 2010

van Andel HWH, Grietens H, Strijker J, van der Gaag RJ and Knorth EJ, 'Searching for effective interventions for foster children under stress: a meta-analysis', *Child & Family Social Work*, published online 30 May 2012; doi:10.1111j.1365-2206.2012.00885.X

Vanderfaeillie J, van Holen F and Trogh L, 'De invloed van gedragsproblemen van pleegkinderen op het opvoedgedrag van pleegmoeders' [The effects of foster children's behaviour problems on the parenting behaviour of foster mothers], *Kind en Adolescent* 30, pp 108–21, 2009

van Doesum K, *An Early Preventive Intervention for Depressed Mothers and their Infants, its Efficacy and Predictors of Maternal Sensitivity*, Deventer: Thieme, 2007

Weinberg MK and Tronick EZ, 'Beyond the face: an empirical study of infant affective configurations of facial, vocal, gestural, and regulatory behaviors', *Child Development* 65, pp 1495–507, 1994

Wilson K, Sinclair I and Gibbs I, 'The trouble with foster care: the impact of stressful "events" on foster carers', *British Journal of Social Work* 30:1, pp 93–209, 2000