

A modified video-feedback intervention for carers of foster children aged 6 years and under with reactive attachment disorder: a feasibility study and pilot RCT

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Plain English summary

Video-feedback intervention for carers of foster children

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Plain English summary

Children in foster care typically have had a very difficult start in life, often as a result of abuse or neglect within their family of origin, and separation from caregivers. These children can find it difficult to trust new adults, and in some cases difficulties in attachment may justify a diagnosis of reactive attachment disorder. This disorder is a pattern of behaviour among young children who have received extremely insufficient early care, whereby they fail to seek or respond to comfort from carers when hurt or distressed, and they can be very withdrawn. There are currently no evidence-based treatments for reactive attachment disorder.

The Video-feedback Intervention to promote Positive Parenting and Sensitive Discipline is a treatment programme that was developed to promote secure attachments in young children and to help parents deal with difficult behaviour. A practitioner films the child and parent interacting at home and provides feedback in the following session. This treatment was previously adapted for use in foster care in the Netherlands. In this study, we modified the treatment further to ensure that it appropriately addressed the needs of young children in foster care in the UK who present with reactive attachment disorder symptoms. We then worked with local authorities and linked mental health services to develop a system for identifying young children in foster care in need of this treatment. Finally, we conducted a small (pilot) study to gather information about the best way to provide the modified treatment in this context. The revised treatment was positively received by practitioners and foster carers. The majority of the processes involved in running a trial also worked well (e.g. good levels of attendance at assessments and at the treatment sessions). However, we encountered significant difficulties in recruiting foster carers to the study. We concluded that a full-scale trial would be very valuable, and could potentially be undertaken if difficulties with recruitment are overcome. We recommend that greater resources be provided to local authorities to help them engage and recruit foster carers.

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