

A qualitative exploration of the experiences of adoptive parents attending 'Nurturing Attachments', a dyadic developmental psychotherapy informed group

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Olivia Hewitt¹, Ben Gurney-Smith²
and Kim Golding³

¹Oxford Institute of Clinical Psychology Training, Oxford, UK

²Adoptionplus, Newport Pagnell, UK

³Kim S Golding Ltd, Malvern, UK

Abstract

Children who are adopted have frequently experienced a range of aversive experience which impact on their ability to form secure attachments. Dyadic Developmental Psychotherapy (DDP) is an intervention designed to develop and promote secure attachments with children who have experienced developmental trauma. Eight adoptive parents participated in semi-structured interviews regarding their experiences of attending the 'Nurturing Attachment' group informed by DDP. The transcripts of their interviews were explored using Interpretative Phenomenological Analysis. The analysis revealed five inter-connected superordinate themes which were as follows: A supportive group, A shift in perspective, 'Turning trauma into secure attachment', 'Am I doing it right?' and Continuing the adoption journey. Themes are considered in relation to the theoretical underpinnings and practice of DDP. Some further implications for clinical and research practice are also discussed.

Keywords

Qualitative, adoption, parenting, group, dyadic developmental psychotherapy, interpretative phenomenological analysis

Introduction

The number of looked after children is continuing to rise and in 2016, 4690 looked after children were adopted from care (Department for Education, 2017). Adopted children have usually experienced inadequate care with 72% being placed for adoption due to abuse or neglect, 15% due to family dysfunction and 5% due to their birth family being in 'acute stress' (Adoption, 2013).

Corresponding author:

Olivia Hewitt, Oxford Institute of Clinical Psychology Training, Oxford OX3 7JX, UK.

Email: olivia.hewitt@hmc.ox.ac.uk

Developmental trauma is ‘a specific type of complex trauma that primarily focuses on the effects on a child who experiences abuse and neglect early in life at the hands of his parents or caregivers’ (Hughes, 2014, p. 2). These disturbances to early caregiving are often present in children adopted from care (Woolgar & Baldock, 2015) who may come from families with disordered lifestyles (Golding, 2010) in which they are at increased risk of experiencing developmental trauma (Department for Education, 2017).

The impact of developmental trauma is wide ranging and can affect emotional regulation, sense of self and development of attachments (McAuley & Davis, 2009). This can leave young people adopted from care at increased risk of subsequent psychological and relationship difficulties including insecure attachments, reduced social competence, diminished emotional development and lower self-efficacy (Tanner & Turney, 2003). Poor sense of self can lead to risk of social withdrawal, antisocial behaviour and feelings of rejection (Finzi, Cohen, Sapir, & Weizman, 2000). The impact of insensitive attachment figures on subsequent mental health has been explored, with links made in the development of depression, anxiety, personality disorder and psychosis (Mikulincer & Shaver, 2013).

Assessment and treatment of young people displaying severe attachment difficulties who have been adopted from care, in care or at high risk of going into care is crucial (National Institute for Health and Care Excellence (NICE), 2015). Although few specific interventions are named, NICE (2015) recommends parent–child psychotherapy that focuses on the parent–child interaction, parents’ understanding of their child’s behaviour and the relationship between the emotional reactions of parents and perceptions of the child and the parents’ own childhood experiences.

The Nurturing Attachments Group (Golding, 2014) is a manualised, 18 week intervention for adoptive parents based on the principles of Dyadic Developmental Psychotherapy (DDP) in both content and delivery. The Nurturing Attachments Group evolved from a previous DDP-based group called Fostering Attachments. Five separate evaluations of the Fostering Attachments group have been conducted. These used pre- and post-scales and were small-scale evaluation studies in line with the burgeoning delivery of this intervention. Four of these studies were with sample sizes of between 5 and 13 participants (Golding & Picken, 2004; Green, 2011; Gurney-Smith, Granger, Randle, & Fletcher, 2010; Laybourne, Andersen, & Sands, 2008), one study had a sample size of 25 (Wassall, 2011). All of these studies included foster carers and three studies also had adopters in the groups. These studies demonstrated consistent positive change for parent and carer’s variables of their understanding, confidence and an improved relationship with the child, no consistent change across studies on parenting stress, some showing change in child behaviour and hyperactivity.

Alongside clinical experience, this research informed the further development of the Fostering Attachments Group leading to publication of the Nurturing Attachments Group programme. This increased focus on encouraging reflection in the parents and greater attention to the modelling of the parenting attitude within DDP (including ‘PACE’ which is an acronym for Playfulness, Acceptance, Curiosity and Empathy) by the facilitators during the delivery of the group. To date two studies have evaluated this genesis of the Nurturing Attachments Group. The first was a feasibility study with foster carers conducted in Northern Ireland (McAleese, 2015). This explored recruitment and retention, acceptability, initial outcomes and fidelity to the manual. The author concluded that the intervention is feasible and positively impacted on many levels of the care system. Most recently, a quantitative study was conducted involving 29 adoptive parents across four sites (Selwyn, Golding, Alper, Smith, & Hewitt, 2016) which sought to address some of the methodological limitations of previous evaluations of the original incarnation of the group. Validated measures were used across domains of child, parent and relationships with positive outcomes

recorded across these, but that a minority of families may need intensive individual support and/or therapy. Alongside this quantitative evaluation, a qualitative study was conducted. To date no qualitative evaluation has been conducted and reported the experience of participants in those attending this group or its former incarnations.

Attachment-based interventions are frequently used to work with children with developmental trauma (Kerr & Cossar, 2014). Hughes (2014) argues that children experiencing developmental trauma require specific and specialised attachment-based intervention and, therefore, developed DDP. DDP aims to reduce attachment difficulties in adopted and fostered children (Hughes, 2011).

DDP focuses on the relationships between the therapist and child, caregiver and child, and caregiver and therapist (Hughes, 2011). Within DDP, relationships are the focus of both the parenting and the therapy (Hughes, Golding, & Hudson, 2015). For a child who does not encounter a good relational experience in their early years, the therapeutic relationship is thought to be able to help facilitate experience of this process (Hughes, 2014). Principles of co-regulation and PACE, which capture the elements of attuned caregiving are central. The therapy aims to facilitate greater attachment security between the child and parents; helping the child to develop increased trust in these relationships and move towards, rather than away from the parent at times of attachment need. This is achieved by using 'here and now' inter-subjective experiences to discover positive qualities in the child, to provide emotional regulation and to facilitate a new understanding of why the child has needed to use distrustful, defensive and controlling behaviours in order to keep safe (Hughes, 2011). The therapist endeavours to recognise the child's emotional experiences and help them to regulate these by responding to them, as it would typify a safe and secure parent-child relationship.

Clinicians using DDP describe it as having face validity (Turner-Halliday, Watson, Boyer, Boyd, & Minnis, 2014) and it has been classed as a 'supported and acceptable treatment' (Craven & Lee, 2006). DDP is also considered one of the only interventions to incorporate all necessary components for treatment of developmental trauma (Turner-Halliday et al., 2014). The need for additional research into attachment and relational-based interventions has been highlighted by NICE (2015). These explicitly recommend further research into DDP interventions (such as the Nurturing Attachments Group), suggesting both a randomised control trial (RCT) and qualitative research into DDP interventions is needed.

Aims of the study

This study aims to explore adoptive parents' experience of attending the Nurturing Attachments Group and how the group may have been implemented into everyday family life. The study also aimed to contextualise and understand any changes following this DDP-informed group.

Method

Design

This study used a cross-sectional qualitative design. The study received ethical approval from the ethics committee at the School for Policy Studies, University of Bristol. Semi-structured interviews were conducted to gather data pertaining to the research questions. Interpretative Phenomenological Analysis (IPA) was used to analyse the data and to explore people's experiences of attending the Nurturing Attachments Group (Golding, 2014). IPA is often used to explore individual's lived experiences of different phenomenon and has been used to understand people's experiences of new psychological interventions (e.g. Newton, Larkin, Melhuish, & Wykes, 2007;

Williams, McManus, Muse, & Williams, 2011). Using IPA to interview people, who have experienced a therapeutic intervention, can ‘contribute to a more complete conceptual understanding of treatment, to inform both theory and practice’ (Newton et al., 2007, p. 145). The ability of IPA to allow detailed consideration of participants’ expectations, concerns, and meaning-making around the intervention makes it a suitable methodology for analysing data from the Nurturing Attachments Group participants, and it is hoped, will allow a deeper understanding of the lived experiences for individuals taking part in the group.

Procedure

A total of 36 parents, including seven couples (from 29 families) participated in the four Nurturing Attachments groups (between September 2015 and February 2016). All 36 parents were given information about the research project. They were asked to indicate whether they would participate in research into their experiences of the group in the form of a semi-structured telephone interview. From those who gave written consent to participate in the research, eight participants (two from each group) were selected at random (the researcher was able to make telephone contact with the first two participants contacted from each group). All group participants who received a telephone call agreed to take part in the interview. Interviews took place approximately 8 weeks after the completion of the group. This allowed participants time to reflect on the group experience, and how this may have impacted on their parenting and relationships subsequent to the group.

Telephone interviews were conducted by two research assistants from within the agency delivering the service. Participants were again provided with information about the study and reminded of their entitlement to withdraw at any time, of their anonymity and confidentiality. They were able to ask questions about the study prior to taking part. All participants gave informed consent to participate (in written form at the end of the group and in verbal form before the interview) and were reminded that their participation would not impact on their support services. Each participant completed the semi-structured interview which lasted between 14 minutes and 1 hour and 6 minutes (mean, 35 minutes). The interviews were audio-recorded and transcribed verbatim.

Measures

The semi-structured interview schedule was developed by the authors to be in line with the IPA approach. It contained open questions regarding areas pertinent to the study, such as ‘What was your personal experience of participating in the group?’ and ‘What changes have you and your child noticed in you?’, as well as more specific questions designed to assist participants who were feeling anxious and provide them with additional structure (e.g. ‘What has been the most challenging about attending the group?’). Participants were asked about changes to their parenting and how attending the group had influenced their outlook for the future. Questions within the semi-structured interview were used flexibly as a guide for the interviews. Interviewers used their clinical judgement to ensure that questions were tailored to the participant’s level of understanding and to manage any distress arising from the interview.

Participants

Participants were eight adoptive parents. Table 1 provides a summary of participant characteristics using their assigned pseudonym to ensure anonymity.

Table 1. Participants characteristics.

| Study pseudonym | Gender | Ethnicity | Number of children | Children's ages (years) | Children's genders | Relationship status | Partner attended group? |
|-----------------|--------|---------------|--------------------|-------------------------|--------------------|---------------------|-------------------------|
| Janet | F | White British | 4 | 10, 8, 4, 3 | F, M, M, F | Married | Yes |
| Felicity | F | White British | 1 | 16 | M | Single | No |
| Lydia | F | White British | 1 | 7 | M | Single | No |
| Phyllis | F | Asian | 2 | 4, 2 | M, M | Married | No |
| Tanya | F | White British | 1 | 2 | M | Married | No |
| Lewis | M | White British | 2 | 8, 6 | M, F | Cohabiting | No |
| Anna | F | White British | 1 | 13 | M | Married | Yes |
| Queenie | F | White British | 2 | 8, 6 | F, M | Married | No |

Data analysis

Audio recordings of the interviews were transcribed verbatim. Transcripts were anonymised and analysed using the IPA procedure detailed by Smith, Flowers and Larkin (2009).

Transcripts were initially read through by O.H. while listening to the audio recording to enable engagement with the transcript. Recollections from the interviews and striking observations were written down to ensure they were recorded and to some extent bracketed off prior to further analysis. This allows the researcher to focus on what is presented in the transcript data and temporarily to suspend critical judgement and critical engagement (which would incorporate the researcher's own assumptions and experiences, Spinelli, 2005). The transcripts were repeatedly read to increase familiarity with the prose. Initial analysis then involved reviewing transcripts line-by-line and highlighting descriptive, linguistic and conceptual comments. Emergent themes were then developed based on the initial comments which aimed to bring together both description of participants accounts and interpretation. Connections were then made across the emergent themes within each transcript. Each transcript was reviewed separately before looking for patterns across the transcripts and developing superordinate themes. The development of superordinate themes aimed to allow for idiosyncratic differences between participants experiences and shared higher order concepts across the participant's accounts. The themes were then reviewed to ensure they were grounded in the original data.

Results

The following results report the superordinate themes, the number of participants who endorsed this theme and any subordinate themes alongside illustrative quotes with the line number of the transcript included in parentheses.

Five superordinate themes were identified in the analysis of the interviews (see Table 2).

Each theme is considered in relation to the aims, process and content of the group. The participant's pseudonym is given after each quote, along with the line number of the transcript.

Table 2. Summary of superordinate and subordinate themes.

| Superordinate theme | Endorsed by participants | Subordinate theme |
|--|---|--|
| <i>A supportive group</i> | Queenie, Felicity, Anna, Tanya, Phyllis, Janet, Lewis and Lydia | Gaining theoretical knowledge is empowering A safe space to share experiences Feeling listened to versus feeling silenced Essential role of facilitator |
| <i>A shift in perspective</i> | Queenie, Anna, Tanya, Phyllis, Felicity and Lewis | A transformative process versus a tweak to family life Learning a new language |
| <i>'Turning trauma into secure attachment', Lewis (26)</i> | Lewis, Anna, Lydia, Queenie, Tanya, Janet and Phyllis | Increased attunement to child Increased parental reflective capacity Improved emotional regulation (parent and child) |
| <i>'Am I doing it right?'</i> | Janet, Felicity, Lydia, Tanya, Anna and Lewis | Fantasy versus reality of adoption Needing increased support Normalising experiences |
| <i>Continuing the adoption journey</i> | Felicity, Lydia, Phyllis, Anna and Lewis | Growing in confidence as a parent New challenges develop Sustaining progress |

Superordinate theme 1: 'A supportive group'

All participants described the group as supportive. This support was described as coming from an increased understanding of the theoretical principles and the parenting strategies that linked to these:

It was the experience in learning all of the theory behind it and all of the diagrams, the booklet, course literature that we got, actually that's like our Bible so we get it out and we're like 'OK, this is where we lapsed'. And then it lets us understand a lot more what is going on in his head. (Janet (198))

Participants described having confidence in the strategies but also empowerment from this increased knowledge to adapt these strategies in line with the theory when these strategies did not appear to be helping.

Alongside this, participants described their experience of the group as a safe place to talk, allowing them the support that comes from being able to describe difficult experiences:

When I had to share my stories as well I found that quite difficult. I'm quite a private person. So for me to share information that goes on in my household was quite difficult for me . . . but they brought that out of me. I felt comfortable enough to share my experiences in the group so they could help me . . . they provided the support I needed. (Phyllis (47))

Safety was described as the group being non-judgemental and accepting. '*It made me feel that you're not alone and someone's listening to you*' (Queenie (93)). This facilitated honesty, leading

to experiences being normalised and experience of isolation and stigma reducing. The opportunity to speak honestly and to feel valued was appreciated, although one participant also commented on her experience of those with younger children being quieter which she interpreted as a feeling of difference to the other group members. *'There were a few of us with quite younger children and we . . . kept a bit quieter I felt within the group'* (Tanya (68)).

The support of the facilitator was appreciated by all both because of knowledge they brought, their skill in managing group processes and their ability to maintain a non-judgemental atmosphere:

X was a fantastic moderator . . . without appearing to do anything, but I know she was doing stuff, she . . . totally stopped there being any sense of judgement against anybody about what they were saying about the way they had reacted to their children . . . she made the atmosphere such that nobody felt judgemental [sic]. (Felicity (104))

Superordinate theme 2: 'A shift in perspective'

This theme captures the sense that participants had that something about their internal world was changing as a result of participating in the group.

Participants noticed changes in their ability to reflect and feelings of confidence in the parenting task. For some, this was a subtle change: *'What have I learned? It's just sort of there at the back of my mind. I know I've tweaked the way I treat the children. It's quite subtle isn't it?'* (Queenie (79)). Others experienced a life changing shift in their way of being, which was generalised across a range of relationships as well as in parenting children:

it's really opened my eyes to a different way of being, um, a different way of doing things, but also a different way of being with people . . . it's been really life changing for me that course . . . on every sort of level I'd say, you know with my adopted child, with my biological child, with my relationships. (Tanya (157))

Participants recognised the need to continue to learn and consolidate changes so that shifts in parenting became more fluent and practised. One participant compared this process to that of learning a new language: *'It's [learning PACE skills] a bit like learning a new language, it's a whole new skill set, a whole different way of thinking'* (Tanya (447)).

Superordinate theme 3: 'Turning trauma into secure attachment'

The title of this theme uses the direct words of one participant. This quote captured specific changes in the parent and the child which led to change in the parent-child dyad.

Participants described that they felt more attuned to their child, and that they could therefore understand the child's behaviour in a different way: *'It's given me the insight to better know my children, and to look behind why they might be behaving in a certain way'* (Lewis (54)).

Participants describe an increased ability to reflect which stemmed from group attendance and the impact this had on the relationship with the child:

you revisit what you've written down [in the group] . . . I've had the opportunity to sit down and I did need to make time to do that more because it just kind of resets your way of thinking and puts you in the right frame of mind to deal with the different things he throws at you. (Lydia (405))

In addition, participants discussed feeling that the ability to regulate emotionally was improved both for themselves *'it's also helped me to, instead of going from 0 to 100mph straight away, now*

I can you know step back from it (Lewis (59)) and for their children *'I have noticed that he's regulating, deescalating much more quickly'* (Anna (261)).

Superordinate theme 4: 'Am I doing it right?'

This theme captures anxieties about being an adoptive parent. Participants recognised the need to maintain hope, helped by accepting support during difficult times. There was a sense of needing this support earlier with the experience of adoption being very different to how they had imagined it:

But you can't tell adopters even what it might be like, because no one would do it . . . I think that's one of the big, big differences between knowing it [the nature of parenting an adoptive child] before you adopt and finding out afterward. It's a very, very painful thing, not just the challenging behaviour and having your house set on fire and stuff, but loving somebody who can't love you back in the same way. I think that is a very, very difficult thing. (Felicity (793))

Participants felt that the group programme is needed during preparation for adoption. Two participants talked about how the group may have been able to reduce distress and avert placement breakdown, if they had received the intervention earlier.

Conflicting emotions were expressed about the need for support, with some participants suggesting that they should be able to cope and, therefore, feeling guilty for needing this additional support:

When you are going through the adoption you sit in all these panels and you say 'yep I can parent these children, absolutely everything is fantastic' and then you feel like a failure when you have to go on a course. (Janet (84))

This appeared to link the assessment process and their sense of having to prove themselves as able to parent adopted children.

Participants also expressed the experience of finding they were not alone in their experiences of parenting was linked to some frustration that they had not been told this earlier:

You don't say stuff like that and in the group it transpired that almost everybody had issues of a similar kind you know, and I thought why has no one ever said that to me? No one ever told me this was a thing. That, that you know I was not alone in this . . . I didn't know that. (Felicity (375))

Their experience was normalised within the group, but there was a sense that better preparation for the challenges of parenting an adopted child would have been helpful.

Superordinate theme 5: 'Continuing the adoption journey'

This theme reflected that the group provided tools and skills that participants would take forward. It also recognised a powerful sense of hope that was held upon ending the group experience.

A sense of hope came from having increased confidence in parenting skills, linked to increased theoretical knowledge: *'I have become more confident in my decisions, for example in saying "no, we're not going to do that" and just sticking with it instead of getting talked out of it or anything'* (Felicity (674)).

The on-going journey with new challenges ahead was also acknowledged:

... going to bed which has started to become a problem, which has never been a problem before. So again his cycles of behaviour, it's like a merry-go-round, you never know. He changes direction and you have to think 'Oh God this is new'. (Lydia (311))

Alongside this, a hope that parents now had new skills and confidence to meet these challenges was expressed. This led to a positive sense that they would not succumb to future feelings of hopelessness and frustration:]

I want to carry on with the therapeutic parenting because that has helped so much. And the progress the children have made as well . . . I don't want to go backwards I want to move forwards, yeah. I definitely want to sustain it and I'm hoping that I can sustain it. (Phyllis (239))

Participants therefore expressed a desire to sustain progress and continue to develop their parenting skills: '*I look forward to five years down the lines when I can actually, I can put in all of the PACE and everything now . . . it gives me hope for the future*' (Janet (127)).

Discussion

The results of this study explored the lived experiences of adoptive parents regarding their attendance of the Nurturing Attachments Group which is based on DDP principles and theory. DDP focuses on the relationships between the parent, child and therapist, in order to develop greater opportunities for more co-regulated, secure attachment relationships. In this study, participants noted the importance of relationships between group members and with the group facilitator and suggest a similar mechanism to that seen in individual DDP therapy (Hughes et al., 2015). Participants also discussed the atmosphere of the group, describing it as 'safe, accepting and non-judgemental' which is also fostered in DDP in order to facilitate exploration and connection between parent and child. There was evidence that this was the experience of the participants. Indeed, facilitators of the Nurturing Attachments Group are explicit in fostering a non-judgemental environment which seeks to keep feelings of parental shame low in order to facilitate exploration. The results support that this mechanism was experienced by the participants and is in line with the theoretical and practice intentions of the group.

Several participants also reported improvements in their own ability to regulate their emotions. Consistent with this, DDP seeks to help develop better capacity for co-regulating their child's emotional dysregulation (Hughes, 2011) and suggests this was experienced within the group format. This is consistent with findings of a qualitative study of adoptive parents' experiences of receiving DDP directly with their child (Wingfield, 2017). It may also point to a site for potential change in DDP; for example, as a caregiver's ability to regulate and manage their own emotions improves, it allows them to be more responsive and available to their child, therefore, improving the quality of their parenting and relationship. This typifies the features of parenting which is not 'blocked' (Hughes & Baylin, 2012).

Participants described an increased understanding of their child. This was described both in terms of better understanding from the content of the group (e.g. the impact of maltreatment on their children's neurodevelopment) and an improved understanding of the child's emotions and communications. A caregiver's understanding around the child's emotions and mental state is seen as a key construct in attachment theory and is the focus of several attachment-based interventions suggesting a common element of this group with other attachment-informed interventions (see Camoirano, 2017 for a review).

A focus of DDP is that of increasing a person's reflective functioning capacity. Group participants reported increased reflective function which developed over the course of the group and is reflected in changes on the quantitative measures of participants in this group (Selwyn, et al., 2016).

They associated this with change in their relationship with their child as well and this is in keeping with recognised elements predicted to be associated with security of attachment (Fonagy & Target, 2005). Nurturing Attachments Group appeared to help parents shift their thinking and change their perspective regarding relationships, especially with their child. Several participants described how this different way of relating to others generalised beyond their parental relationships.

This exploratory study includes a small sample of self-selecting participants, who describe their personal experiences of attending the Nurturing Attachments Group. Therefore, the results may have limited generalizability and should be interpreted with caution. All participants approached at random in the semi-structured interviews had agreed to take part in this aspect of the study. This may mean that a self-selecting sample of people who had a particularly positive experience of the group may have participated in the study. People who had a negative or neutral experience of the intervention may have been less motivated to engage in this study. However, all participants approached to participate in the research agreed, suggesting that this bias was limited.

This study indicates that improvements in parental reflective functioning and parent and child emotional regulation might be important to measure, in future, quantitative evaluations of the group or of individual DDP intervention (see also Wingfield, 2017). This may be particularly important in capturing a unique aspect of DDP in fostering changes in these domains including the regulation of the parenting stress response (Hughes & Baylin, 2012). However, although parental stress has not been consistently shown to decrease following similar groups (Gurney-Smith, Downing, Kidd, & McMillin, 2017), it does point to a potential important mechanism in creating the setting conditions for better parental co-regulation, perhaps, by beginning to understand more deeply and effectively the nature of the parenting task in adoption. It may give some indication of potentially lasting effects of the group for participants in ways not reflected in changes solely within the child nor on currently used measures of change which focus on symptoms of present difficulties, rather than attitudinal shifts which may better predict longevity of family arrangements. This requires further study.

Participants highlighted the potential conflict between, on one hand, being assessed as being a suitable and competent parent for an adoptive child, while also requiring the support of this intervention; this suggests encouraging help-seeking behaviour from adoptive parents in a timely manner should consider how access to may be influenced by prior experiences at adoption assessment. Indeed, several participants suggested that this intervention would be helpful earlier in the adoption experience. Providing such interventions as routine for adopters, at an early point, could acknowledge the support that adopters need, help to minimise the development of difficulties, while reducing stigmatisation in asking for such support.

This qualitative study is the first to provide an insight into the lived experiences of adoptive parents attending and implementing a DDP-informed group-based parenting intervention and provides some areas for further evaluation of these approaches and how these interventions may have a role in supporting adoptive families.

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Author biographies

Olivia Hewitt works as a Clinical Psychologist in learning disability services, as well as her role in training clinical psychologists at Oxford. She has a long standing interest in qualitative research methodologies, especially Interpretative Phenomenological Analysis.

Ben Gurney-Smith has worked for over 13 years with children who have experienced maltreatment in their birth families and who are now fostered or adopted. He has a long standing research interest in how children and their families recover from traumatic beginnings and has published in these fields.

Kim Golding is a Clinical Psychologist with more than 30 years' experience of working in the NHS. Her clinical work focuses on understanding the impact of early experience on the development of children, and exploring ways to support and parent these children to their full potential.