Connect: An Attachment-Based and Trauma-Informed Program for Foster Parents of Teens

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Trauma, disrupted attachments and mental health problems often present significant challenges for teens and their foster parents. Sensitive and responsive caregiving promotes attachment security and buffers the impact of these challenges. Few programs are tailored to helping foster parents of teens in understanding trauma and attachment. In this paper we describe the adaptation of and preliminary evaluation of *Connect*, an evidenced based, attachment-focused and trauma-informed parent program for foster parents of teens. Results show *Connect for Foster Parents* is associated with significant benefits for teens and their foster parents on par with findings for original *Connect* program.

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One of the most profound traumas experienced by children placed in care is the disruption of their attachment relationships with primary caregivers. While research traditionally has focused on young children placed in care, there is increasing awareness of the challenges faced by teens in care. Almost 35% of placements in foster care in the United States are for youth age 12 years and above; in 25% of cases, this is their first placement in care (Children's Bureau, 2016).

In the United States, behavior problems are among the top precipitating factors in 45% of foster placements among children age 12 and above (The Annie E. Casey Foundation, 2015). Placements for teens are also less stable (Thomson, Michelson, & Day, 2015). Behavior problems precipitate placement breakdowns, which in turn intensifies behavior problems, depression and anxiety (Newton, Litrownik, & Landsverk, 2000; Rubin, O'Reilly, Luan, Localio, 2007). These challenges make adjusting to new foster homes even more difficult (Aarons et al., 2010; Proctor et al., 2010), creating a downward spiral that often results in ejection from the foster care system and placement in group facilities.

Attachment disruptions with birth or adopted parents significantly increase risk for a wide range of negative outcomes, including social, emotional, and behavioral problems, while attachment security is a powerful asset that buffers against adversity. Attachment disruptions also cut deeply into the willingness of adolescents to trust and form secure relationships with other caregivers, creating unique challenges for foster parents and reducing the potential benefits of foster care (Bovenschen et al., 2016). As a result, teens in care can be poorly equipped to manage the transition to early adulthood (Courtney et al., 2007), may have less educational and vocational training than their peers, may be more likely to be involved in the justice system, have more periods of unemployment, and suffer from more mental health problems (Eastman, Putnam-Hornstein, Magruder, Mitchell, & Courtney, 2017). These inequities persist beyond early adulthood and have been documented into later adulthood (Brännström et al., 2017).

Research paints a dismal picture of the impact of foster care on teens, yet shows that caregiver sensitivity during adolescence can increase attachment security, even among youth who were insecurely attached as young children (Beijersbergen, Juffer, Bakermans-Kranenburg, & van IJzendoorn, 2012; Booth-LaForce et al., 2014). Furthermore, Joseph and colleagues (2014) found that almost 50% of teens in foster care, with a history of insecure attachment to their birth parents, maltreatment and multiple placements, developed a secure attachment with their foster mother and father. This move to security was related to greater foster parent sensitivity and also predicted reductions in behavioral problems and improved academic achievement.

Connect: Attachment-Based and Trauma-Informed Program

Providing sensitive care to teens in care requires an awareness and understanding of the effects of trauma on social-emotional development and mental health. Despite the effectiveness of trauma-informed and attachment-based interventions for younger children, remarkably few have been developed for caregivers of adolescents. Over the past two decades we developed the *Connect* program (Moretti & Braber, 2013; Moretti, 2019), a trauma-informed and attachment-based program for parents of teens, recently adapted to support foster parents (Moretti, Ostling, Pasalich, & Moretti, 2015; Moretti, Pasalich, & O'Donnell, 2017). Guided by research demonstrating the efficacy of attachment-based interventions children (e.g., Bernard, Simons, & Dozier, 2015), *Connect*, is a manualized intervention that collaboratively engages caregivers and builds sensitive parenting skills that promote attachment security in teens (Connect Parent Group, 2018; California Evidence-Based Clearinghouse, 2018).

Designed for delivery by a wide-range of mental health and human service professionals, *Connect* supports implementation through intensive training, client engagement and supervision to ensure program

fidelity and effectiveness. This ten-session program (1.5 hours weekly), is delivered by two trained facilitators who guide groups of 8–14 caregivers through emotion-focused, experiential and reflective exercises that increase their understanding of trauma, attachment and adolescent mental health. Each session is structured around an attachment principle that applies to the parenting of teens (Table 1). Over the course of the program, parents develop skills in recognizing and regulating their own emotions; empathy; listening and responding with sensitivity; and working collaboratively with their teen in reach expectations, set limits and ensure safety.

The effectiveness of *Connect* with birth parents has been demonstrated in a series of randomized and quasi-experimental clinical trials. Studies show significant and lasting reductions in teens' symptoms of depression, anxiety and serious conduct problems in clinical populations of teens with serious behavior problems and other mental health conditions (Moretti & Obsuth, 2009; Moretti, Obsuth, Craig, & Bartolo 2015). Parents also benefit from *Connect*, shifting to a more positive view of themselves as a parent and more positive view of their teen (Moretti, Obsuth, Mayseless, & Scharf, 2012). Their relationship with their teen moves toward a greater sense of partnership and mutuality; increased trust, autonomy and attachment security; and they report significant and lasting decreases in depressed mood and caregiving stress; as well as increases in parental sense of competence (Moretti, 2019).

Similar findings have been found in independent clinical trials, including a randomized clinical trial of 908 parents in Sweden enrolled in parenting programs for child behavior problems in which outcomes were sustained over a two-year follow up period (Stattin, Enebrink, Özdemir, & Giannotta, 2015; Högström, Olofsson, Özdemir, Enebrink, & Stattin, 2017). Moreover, *Connect* was the only parent program in this study to produce significant additional improvements from post-treatment through follow-up. Similar findings were reported in a quasi-experimental study in Italy (Giannotta, Ortega, & Stattin, 2013; Oztuk, Moretti, & Barone, 2019) and in a randomized clinical trial of Somali-born refugee parents living in Sweden (Osman, Flacking, Schön,

Table 1. Connect Principles

Principle	Parenting Focus
1. *All Behavior has Meaning*	• Introducing attachment as a basic need that shapes behavior; and behavior as a form of communication about attachment needs. • Practice "cracking the code" by "stepping back" from difficult behavior; and "stepping into" their teen's mind. Being curious about attachment needs. • Practicing awareness of parental verbal and nonverbal communication.
2. *Attachment is for Life*	• Creating an "Attachment Needs" list for children/teens • Reflecting on how these needs are expressed in younger children; and currently in their teens • Practice linking behavior with attachment needs • Reflecting of parents' experiences of expressing their attachment needs as a teen; and the impact of different responses from parents/adults
3. *Conflict is Part of Attachment*	• Practicing acceptance of conflict as part of all relationships, especially with teens, and reframing conflict as an opportunity for growth and connection. • Using role-plays to practice staying present during conflict by "stepping back" and "stepping into" child's mind. Practicing self-compassion for parents' feelings of distress and frustration. • Working together to "leave the door open" even during conflict, while setting limits
4. *Autonomy Includes Connection*	• Understanding that although autonomy is crucial to teens, parents are still important • Practicing compassion for parents' feelings of fear, frustration and loss in relation to teens autonomy behavior, that can be risky and oppositional • Using role-plays to recognize autonomy needs by "stepping back" and "stepping into" their teens mind. "Stepping forward" to acknowledge and respect autonomy needs, but setting limits

(*continued*)

Table 1. Connect Principles (*Continued*)

Principle	Parenting Focus
5. *Empathy—The Heartbeat of Attachment*	• Understanding that empathy involves listening/accepting their teens experiences, "as if" they were their own, even if they do not condone/accept their behavior • Using role-plays to practice listening and responding sensitively without trying to solve their teens' problems or condoning problem behavior. • Working together to explore different ways of expressing empathy; reflecting on parents' experiences of empathy when they were teens
6. *Balancing our Needs with the Needs of Others*	• Recognizing and accepting that parents have attachment needs, much like their teens; creating an "Attachment Needs" list for parents. • Reflecting on developmentally appropriate balance of parents needs with those of younger children versus teens • Using role-plays to practice how to balance their needs with those of their teens and how to communicate their needs in appropriate ways that teens might understand
7. *Growth and Change are Part of Relationships*	• Recognizing that growth and change occurs within relational contexts; whether growth is acknowledged and supported is important. • Reflecting on parents' stories about themselves in their relationships with their families of origin. • Reflecting on their teens' beliefs about themselves, and how they believe their parents see them. • Using role-plays to practice awareness, acknowledgement and support of growth even when it is small and inconsistent.
8. *Celebrating Attachment*	• Recognizing that relationships thrive when there is connection, but feelings, beliefs and fears can get in the way.

(*continued*)

Table 1. Connect Principles (*Continued*)

Principle	Parenting Focus
	• Understanding that attachment brings joy, but it also brings pain with the move from childhood to adulthood, and profound change and a sense of loss • Reflecting on the different ways that teens express their need for connection with parents, sometimes in cloaked or indirect ways. • Using role-plays to explore opportunities for connection while recognizing barriers.
9. *Two Steps Forward, One Step Back: Staying on Course*	• Preventing relapse by acknowledging the difficult times that lay ahead for parents, despite the hard work they've done and the progress they've made. • Reflecting on the meaning we make of setbacks and the importance of "stepping back" to practice self-compassion and to use their new relationship "tool-kit" • Using role-plays to "relationship repair" with their teen and seeing setbacks as opportunity for growth and continued connection.

and Klingberg-Allvin, 2017). More recently we have replicated these findings in a population of over 900 caregivers and youth in Canada, demonstrating that significant improvements were detected in a number of treatment outcomes as early as mid-treatment (5 sessions) and were sustained for up to 18 months. These effects were evident on both parent and youth report measures (Moretti, 2019).

Adapting Connect with Foster Parents

Too often programs are used across populations without careful attention to the unique needs of each group. To guide our adaptation of *Connect* for foster parents we first evaluated outcomes and conducted qualitative interviews with a small group of foster parents (N = 22)

who completed the original program. This preliminary evaluation confirmed that, like birth parents, foster parents reported a significant drop in their teens' behavior problems from pre- to post-treatment. Contrary to birth parents, however, their reports of internalizing problems did not significantly diminish. Family satisfaction and caregiver strain also did not significantly improve, as they did for birth parents. Nonetheless, a very high percentage (96–98%) of foster parents reported that program components (e.g., learning about attachment; reflecting on how attachment was related to their teen behavior; role-plays; reflection exercises) were helpful or very helpful; and they applied the ideas/exercises from the program in parenting their teen sometimes (48%) or frequently (48%). However, almost one quarter (24%) indicated that the skills acquired in the program had not changed their relationship, even though they anticipated change in the future (89%).

Important themes emerged from foster parents' qualitative feedback. They asked for more in-depth information on the impact of trauma on teens' problem behavior, mental health challenges and responses to foster care. They also felt the role-plays and discussion exercises needed to be adapted to capture the specific nature and complexity of challenges they experienced, for example challenges in balancing their role as professional and personal role as caregivers; conflict due to their teen's ongoing relationships with birth parents; and feelings of burnout, anxiety and loss, especially in relation to placement breakdown and "aging out."

This information played a significant role in our adaptation of *Connect for Foster Parents* (Moretti, Ostling, & Pasalich, 2014). Building on the underlying principles and structure of the *Connect* program, each session was tailored to the unique challenges and needs of foster parents. The first two sessions of the revised program provide in-depth information on attachment, trauma and behavior, helping foster parents identify and understand how trauma shapes their teens' behaviors and the strategies they use to express their attachment needs. Facilitators introduce the concept of an "attachment suitcase" that represents their teens' past experiences in relationships with caregivers. This suitcase can lead teens to "miscue" their foster parents with behavior that is extremely difficult

to understand and often contradictory to their underlying attachment needs. Foster parents create an "attachment needs list", similar to that in the original program, and they discuss how trauma and attachment disruptions can lead to developmentally atypical expressions of attachment needs.

Moving forward to the session on conflict, foster parents reflect on how their teens' attachment suitcase shape and deepen their response to conflict triggers. Special attention is given to understanding, "loyalty conflict", that is, difficulties in balancing intense feelings of allegiance and emotional connection with birth versus foster parents. Revisions to subsequent sessions included special consideration of trauma in relation to precocious or delayed autonomy behavior; atypical responses to foster parents' expression of empathy and support; and complex challenges in balancing the needs of their teen with their own personal needs and the needs of birth children if living in the family.

In the last phase of the program, foster parents work together to understand how personal and shared narratives about their teen, including those held by social service agencies, schools and by teens themselves, create challenges for growth and change. They explore how celebrations of attachment, such as birthdays or holidays, can be a painful reminder of past and continuing loss, and anxiety about current and future attachments. Foster parents also reflect on their feelings of anxiety, sadness and loss about their teens' uncertain future and questions about whether their care matters in the long-run. Substantial focus is placed on understanding setbacks and the meaning that teens and foster parents place on these in terms of "successful" versus "failed" placements. Foster parents are encouraged to understand that setbacks can be particularly distressing for teens in care and relationship repair can be a powerful and curative experience. In each session, these concepts are woven together through a series of role-plays, reflection exercises, creating an emotionally engaged and experiential learning context.

In this study we report preliminary results on treatment outcomes and the perceived fit and value of *Connect for Foster Parents* as rated by foster parents. We anticipated that our adaptations to the program

would result in better program fit and perceived value, and broader treatment outcomes on par with those observed in evaluations of *Connect* when completed by birth parents.

Method

Participants

The current sample included 34 foster parents (88% female), who ranged in age from 30 to 72 (*M* = 51.7 years, *SD* = 11.31) of 34 youth ages 8 to 19 (56% female; *M* = 12.72 years, *SD* = 3.28). Foster parents were recruited from community mental health centers where they sought services due to their teen's serious behavioral and social-emotional problems. All caregivers were retained to provide care through social services; 31 were foster parents and three were kinship parents. Foster parent ethnicity was predominantly of European (62%) or Indigenous (15%) decent or "other" (23%). Youth were predominantly Caucasian (41.2%) or Indigenous (32.4%), with a smaller proportion being of mixed ethnicity (17.6%), "other" or "not reported" (8.8%).

Approximately half (47.5 5%) of foster parents reported a family income of less than $50,000 CAN/year and 50% of caregivers reported completing some post-secondary education. On average, families reported caring for three children in their home (*M* = 3.1, *SD* = 1.54), and teens in foster care had an average of 2.5 placements (*M* = 2.54 placements, *SD* = 1.35; range 1 to 5) prior to entering the current foster home. Age of first entry to foster care was on average seven years (*M* = 82.45 months, *SD* = 56.43), and teens had been in foster homes on average for four years (*M* = 52 months; *SD* = 46.25), residing in their current home for a mean duration of approximately three years (*M* = 37 months, *SD* = 41.53).

Procedure

Study protocols were approved by the University Office of Research Ethics. *Connect for Foster Parents* groups that were delivered exclusively for foster parents in community mental health centers. On average,

foster parents attended 8.5 of 9 (94%) program sessions. Foster parents completed questionnaire packages across pre-mid- and post treatment. The current study reports on pre- to post-treatment changes.

Measures

The Brief Child and Family Phone Interview-3rd Edition

The Brief Child and Family Phone Interview-3rd Edition (BCFPI-3; Cunningham, Boyle, Hong, Pettingill, & Bohaychuk, 2009) is a 38-item self-report questionnaire of adolescent psychopathology. It has been used in large-scale epidemiological studies, demonstrating strong psychometric properties (Boyle et al., 2009); validated with high-risk clinical samples (Cook et al., 2005) and used in a variety of studies evaluating adolescent mental health (e.g., Stewart & Hamza, 2017). This scale includes items tapping symptoms of the following disorders: Oppositional Defiant Disorder (ODD), Conduct Disorder (CD), Separation Anxiety Disorder (SAD), Generalized Anxiety Disorder (GAD), and Major Depressive Disorder (MDD). An externalizing scale score (ODD, CD) and internalizing scale score (SAD, GAD, MDD) were computed for use in the current study. Internal reliability in the present sample ranged from .85 to .96 for the externalizing scale and from .85 to .91 for the internalizing scale at pre-mid- and post-treatment respectively.

Family Satisfaction Scale

The FSS (FSS; Olson, 2010) is a 10-item parent-report scale which measures caregiver's sense of family cohesion, flexibility, and communication. Foster parents rates their level of satisfaction on a 5-point Likert scale ranging from 1 "very dissatisfied" to 5 "extremely satisfied". Internal reliability in the present was satisfactory, ranging from .82 to .93 over the three measurement time points.

Caregiver Strain Questionnaire

The CSQ (CSQ; Brannan, Heflinger, & Bickman, 1997) is a 21-item questionnaire which measures three dimensions of caregiver stressors: objective externalized strain (e.g., missing work, disrupted family

relations); subjective internalized strain (e.g., worried about child's future, tired as a result of child's emotional problems); and subjective externalized strain (e.g., embarrassment over child's behavior, anger towards child). Caregivers rate the degree to which each item has been a problem on a five-point scale ranging from 1 = "not at all" to 5 = "very problem". Internal reliability ranged from .82 to .93 for externalized strain; .51 to .74 for subjective externalized strain; and from .74 to .80 for subjective internalized strain over the three time points in the study.

Connect Feedback and Integration

Evaluation is embedded into the Connect program in the final "Feedback and Integration" session. An independent clinician or program administrator conducts this session to ensure parents can provide anonymous feedback. Foster parents first completed a 15-item survey tapping the degree to which the program was helpful in understanding and responding to their teens' behavior problems. Items are rated on a four-point scale ranging from "very helpful" to "not helpful at all". They also had the option to provide written feedback on the survey in response to questions about what was helpful about the program and what could be improved. In addition, they took part in a group-based semi-structured interview to discuss their experiences during the intervention, the program fit and relevance with their needs. The survey and interview are available in the *Connect* treatment manual.

Results

Youth Externalizing and Internalizing Problems

Results showed that externalizing problems dropped significantly and substantially (d = .55) from pre- to post-treatment (M = 21.14, SD = 4.43 vs. M = 18.87, SD = 3.85; $F(1, 33) = 12.5$, $p < .05$). In contrast, internalizing problems did not significantly diminish from

pre- to post-treatment (M = 31.7, SD = 7.65 vs. M = 30.34, SD = 6.52; $F(1, 33) = 2.05$, $p = .16$).

Family Satisfaction

In contrast to results from foster parents completing the original *Connect* program, those completing the adapted program reported significant and substantial increases in family satisfaction (d = .42) from pre- to post-treatment (M = 35.43, SD = 6.18 vs. M = 38, SD = 4.31; $F(1, 33) = 9.45$).

Caregiver Strain

Similarly foster parents completing the adapted program reported that objective externalized strain, significantly and substantially declined from pre- to post-treatment (d = –.73; M = 2.18, SD = .96 vs. M = 1.62, SD = .52; $F(1, 33) = 14.61$, $p < .05$). Similarly foster parents reports that subjective internalized strain, dropped significantly from pre- to post-treatment (M = 2.36, SD = .77 vs. M = 2.11, SD = .72; $F(1, 33) = 10.1$, $p < .05$, d = .34). Foster parent reports of subjective externalized strain, did not significantly decline from pre- to post-treatment (M = 1.62, SD = .48 vs. M = 1.76, SD = .78, $F(1, 34) = 1.02$, $p = .32$).

In sum compared to foster parents completing the original *Connect* program, those completing the adapted program derived a wider range of program benefits, including significant reductions in teen externalizing problems; increases in family satisfaction; decreases in externalized and internalized strain.

Program Satisfaction and Feedback

Written feedback provided by foster parents on open-ended questions of the survey and from the semi-structured group interview at the close of the program was uniformly positive. Foster parents reported the following program components were either helpful or very helpful: learning about attachment as it relates to foster care (23% and 77% respectively); learning about trauma in relation to their teen's expression

of attachment needs (13% and 88% respectively); learning about the concept of an "attachment suitcase" and reflecting on how this influences their teen's responses in new relationships (17% and 83% respectively); discussing loyalty conflict as it relates to attachment relationships (35% and 65% respectively); balancing the needs of their biological family and the needs of their foster child (58% and 38% respectively); role-plays (25% and 75% respectively); and reflection exercises (34% and 64% respectively). These findings reflect increased rating of program components as "very helpful" in the adapted version of *Connect*.

The majority of foster parents indicated that they applied the ideas/exercises from the program in parenting their teen either sometimes (42%) or frequently (58%); and most reported that the skills they acquired during the program improved their relationship somewhat (48%) or a great deal (41%). The majority also anticipated that these skills would improve their future relationship with their teen either somewhat (44%) or a great deal (51%). Finally, caregivers' confidence in parenting increased somewhat (44%) or a great deal (51%), and most foster parents felt the program was somewhat (21%) or much better (61%) than other parenting programs they had taken in the past. These findings also indicate that the revised program was a much better fit with the needs of foster parents.

During the semi-structured group interview, foster parents indicated that they were pleased that the group was structured and sessions were focused on understanding issues and skill development rather than a typical unstructured support group; nonetheless, they uniformly felt supported and respected. They felt the program resonated with their experiences and "provided a lot of insight into behavior". One noted: "I will think of the suitcase metaphor every time a kid comes through the door".

Foster parents felt the role-plays were particularly helped them "step into [their] child's shoes" to "visualize how [they] could respond differently". They also felt that the reflection exercises were helpful, stating they "helped me to remember it is not all about the children it is about me as well … how I approach the child does matter, and they

helped remind me that my past get in the way at times". Another noted that "I have a better understanding of how trauma affects the children I care for".

Foster parents enthusiastically expressed the view that all foster parents would benefit from the *Connect for Foster Parents Program*, especially those who were new to fostering teens. They also suggested that social workers or others involved in the lives of teens in foster care should complete the program as it would be "extremely helpful to share common knowledge and language."

Discussion

Teens in foster care face significant challenges. They often present with a history of trauma, insecure attachment and serious behavior problems that increases risk for placement breakdown, which in turn exacerbates their mental health and social adjustment problems. Based on feedback from foster parents and clinical consultation, we revised the *Connect* program to address the unique needs of foster parents, especially in relation to the impact of trauma on attachment, behavior and adolescence. In this study, we conducted a preliminary evaluation of treatment outcomes, and assessed the perceived fit and value of this program for foster parents. Like foster parents who completed the original *Connect* program, those who completed the revised program reported significant declines in externalizing behaviors. They also reported significant increases in family satisfaction; as well as significant decreases in externalized caregiver strain and subjective internalized strain. These effects fell in the small (internalized caregiver strain) to medium range (family satisfaction; externalizing behavior externalized caregiver strain).

Feedback from foster parents who completed the tailored program was notably more positive than from those completing the original Connect program. Foster parents who completed the adapted versus the regular program were more likely to rate the following learning about attachment in relation to their foster care experience and reflecting on the role of attachment in shaping their teens' behavior as helpful.

This pattern of increased program relevance, satisfaction and usefulness was evident across all items rated by foster parents. Of particular note is the fact that only 14% of parents who completed the original *Connect* program felt their relationship with their teen changed a great deal as a result of the skills they learned in the program compared to 48% of foster parents who completed the revised program. In keeping with this pattern of results, 61% of foster parents who completed the newly tailored program believed it was much better than other parenting programs they had previously taken compared to only 28% of foster parents who completed the original Connect program. Finally, parents completing the revised program readily endorsed its' value for other foster parents, while those in the original program expressed the need for revised content. Consistent with their ratings of program relevance and satisfaction, foster parents who completed the original program attended 84% of sessions while those in the revised program attended 94% of sessions.

The current findings provide promising support for the value of this manualized 10-session attachment based and trauma-informed program in supporting foster parents of teens. There are of course a number of limitations of the current research to note. First, as this is not randomized control trial, conclusions regarding treatment efficacy cannot be drawn with any certainty. Additionally, results reported here are limited to pre-post treatment comparisons and are based only on foster parent reports. Future research is needed to assess long term treatment effects and multiple informants would provide a broader picture of outcomes.

Tailoring programs to fit the unique needs of populations allows the field to build on what we know are effective treatment components. In this way we can fast track promising programs, first establishing that they are relevant and useful and then assessing effectiveness. Attachment-based and trauma-informed programs that can be implemented broadly across communities and delivered by a range of mental health practitioners are particularly valuable in the child welfare system. This *Connect* program was developed to maximize portability, uptake

and sustainability (Moretti, Pasalich, & O'Donnell, 2017) and prior research has demonstrated successful large-scale implementation. The current research provides preliminary evidence that this brief 10-week adaptation of the program for foster parents can significantly contribute to decreasing youth externalizing problems; improving family satisfaction and reducing caregiver stress among foster families that provide care for teens.

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