Department for Education

Independent evidence review of post-adoption support interventions

Research brief

June 2016

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Overview

This summary presents the main findings from a review of available evidence relating to 15 adoption support therapeutic interventions between August and November 2015. The interventions were selected as those that are most frequently funded through the Adoption Support Fund (ASF) or judged to be most high profile in the field of adoption support. This review was an initial step in a longer-term process led by DfE to improve the evidence base in post-adoption therapeutic support. Its overall aims were to better understand key post-adoption therapeutic interventions for children and families; to examine the extent of the existing evidence on their effectiveness in achieving successful outcomes for adopted children and their families; and to identify gaps and make recommendations on what future research is needed.

Background

Many adopted children have experienced painful, fragmented, unstable and chaotic beginnings to their lives, and evidence suggests that a high proportion – as many as 72% – have experienced abuse or neglect (Selwyn et al., 2014). These children have often suffered from psychological, sexual or physical abuse, neglect and malnutrition, exposure in the family to drugs and alcohol, parental mental health problems and domestic violence (Lewis and Ghate, 2015). This often results in a range of emotional and behavioural challenges, leading to adopted children being more likely to experience physical, emotional, cognitive, educational and social development needs (Richardson and Lelliott, 2003), and being at greater risk of poor mental health throughout their life span (McCann et al., 1996; Saunders and Broad, 1997). Due to the disturbances of their attachment patterns and experiences of early life trauma, the most severe consequences for adopted children and young people are those affecting the quality of their relationships (Stateva and Stock, 2013).

There is a growing drive to improve the therapeutic mental health support for adopted children as highlighted by Pennington (2012), with the aim to address and reverse the emotional, psychological and developmental traumas they may have suffered in their early lives. This concern was embodied in the launch of the national Adoption Support Fund (ASF) in May 2015, which initially provided funds £19.3 million over two years to improve adopted families access to therapeutic support, including growing local markets of therapeutic providers – the ASF was extended in January 2016 to provide support to families over the next 4 years. The fund recognises that adoption can improve outcomes and stability for looked after children (Holloway, 1997), but that many families post-adoption have short- and long-term therapeutic support needs that are currently not being met, in particular help in managing the consequences of early childhood trauma, difficult behaviours and attachment problems (Randall, 2009; Atkinson and Gonet, 2007).

However, despite such an increased focus on improving post-adoption therapeutic support, there is a lack of knowledge of both the content of different interventions being delivered to adopted families through the Adoption Support Fund and their evidence base (Lewis and Ghate, 2015; NICE, 2015).

Methodology

The Department for Education (DfE) commissioned the Tavistock Institute of Human Relations (TIHR) to undertake an evidence review of the efficacy of 15 of the most well used, and high profile, therapeutic post-adoption support interventions. These included: Theraplay, Creative therapies, Filial Therapy (FT), Psychotherapy, Non-Violent Resistance (NVR), AdOpt, Break4Change, Multisystemic Therapy (MST), Dialectical Behaviour Therapy (DBT), Nurturing Attachments, SafeBase, Therapeutic Parenting Training, Eye Movement Desensitisation and Reprocessing Therapy (EMDR) and Equine Therapy.

The review aimed to better understand what these therapeutic interventions involve, and examine the extent of the existing evidence on their effectiveness.

The aims of the review can be divided into three overarching research questions:

1. What are the interventions: how are they delivered and what do they aim to achieve?

2. What evidence exists about whether each intervention does or not does not work?

3. What further research is needed to improve the evidence base for each intervention?

The review itself consisted of a rigorous review of the evidence, using a combination of realist synthesis (Pawson et al., 2004) and an understanding of evidence quality developed by Nutley et al. (2012). This was used to categorise each of the 15 interventions on a scale of evidence, including:

- **Good-practice**: 'we've done it, we like it and we feel it makes an impact' – this is likely to involve no robust empirical evidence, although some qualitative or anecdotal evidence from participants indicates that the approach is liked and is seen as having a positive impact
- **Promising approach**: some positive research findings, but the evaluations are not consistent or robust enough to be sure – this is likely to include small-scale empirical studies with no control groups
- **Research-based approach**: the programme or practice is based on sound theory informed by a growing body of robust empirical research – likely to include several

cohort studies using pre- and post-treatment scales, as well as some small scale or explorative randomised controlled trials (RCTs)

- **Evidence-based approach**: the programme or practice has been rigorously evaluated and has consistently been shown to work – this is likely to involve several large scale cohort studies and RCTs.

For the purposes of this review, the 15 interventions were grouped into five broad categories based on their theoretical orientation; the main features of their clinical practice; and their target groups (in terms of either specific groups of people, such as adopted children, or for people with particular mental health problems). These are:

- **Play therapies**: including Theraplay, Filial therapy and SafeBase. These three interventions have many features in common, in particular they all draw on a developmental view of psychopathology and are underpinned by a focus on attachment and the disruptive effects of early trauma. Furthermore, both Theraplay and Filial Therapy were developed for use with pre-adolescent children and are delivered with both children and parents, while SafeBase is delivered predominantly just to parents.
- **Therapeutic parenting training**: includes DDP, Nurturing attachment and AdOpt. These interventions share key features with the play therapies, in the sense that they take a developmental view of the child, drawing on attachment and trauma theory. With the exception of DDP, which also includes the child, the key difference is that these interventions tend to work predominantly with parents only and focus on developing the parents' skills so as to improve parent-child interactions.
- **Conduct problem therapies**: this category, which includes NVR, MST and Break4Change, brings together three interventions designed to address serious conduct problems, such as child to parent violence and serious offending. A broad range of theories underpin the different approaches; however, they all share a systemic view that encompasses the family and wider social ecology of the individual child in trying to address difficulties.
- **Cognitive and Behavioural Interventions**: includes EMDR and DBT; both of these employ cognitive approaches to the treatment of particular mental health conditions, particularly DBT which represents an adaptation of CBT for people with Borderline Personality Disorder. EMDR, in contrast, emphasises the role of memory and information processing in addressing trauma. Both are highly structured interventions based on set treatments protocols.
- **Overarching categories**: this umbrella category was used to group together those therapies under study that represent whole classes of approaches rather than tightly defined interventions, including psychotherapy, creative therapies and equine therapy.

Key findings

Extent of evidence: general overview

- The review identified very few robust published studies providing evidence of the effectiveness of the 15 interventions for adopted children and/or adoptive parents.
- For some of the 15 interventions the review found no robust published evidence to date (AdOpt, Break4Change), while for others there is an extensive/fairly extensive evidence base – but only for particular conditions or issues rather than adopted children per se (MST, EMDR, DBT, NVR).
- There are very few robust published studies from the UK focussing on the effectiveness of the 15 interventions.
- There is a need for a further follow-up review to explore the evidence more fully, to explore the literature on other interventions in use in the UK not included in this review, and for additional studies to improve the evidence base.

Play Therapies

- Overall, the review identified very little robust published research on the effectiveness of play therapies for adopted children and no robust published studies from the UK.
- Theraplay is an attachment-focussed play intervention, typically for children aged 0-12 years and their parents and usually lasting 18-24 weeks. The review classified it as research-based.
- Filial Therapy is similarly a research-based integrative family play therapy, usually involving weekly sessions of small groups of parents and their children aged 3-12 years, also normally lasting for 18-24 weeks.
- SafeBase is a play-based, therapeutic parenting intervention, derived from Theraplay, and designed for parents of adopted children from birth up to their teenage years, with weekly parenting groups typically lasting 6-months. It was classified as a promising approach.

Therapeutic Parenting Training

- Dyadic Developmental Psychotherapy (DDP) is a framework to support looked after and adopted children that has multiple applications, including as an approach to psychotherapy for 0 - teenage years, lasting up to 15 months.
- There is only one quasi-experimental study from the USA for DDP – it is therefore classified as a promising approach.
- Nurturing Attachments is derived from DDP and is a group training programme for parents/carers of adopted or fostered children, typically delivered in 6 three hour sessions.

- Studies for Nurturing Attachments are mainly small scale and with no control groups (with the exception of one study of the related Fostering Attachments intervention) – it is categorised as a research based intervention.
- AdOpt: is a group-based parenting programme developed for adopted parents, involving weekly sessions for a duration of 16 weeks, alongside video feedback.
- There are no published research studies yet for AdOpt although there is one ongoing study – it was therefore classified as good practice only.

Conduct problem therapies

- Multisystemic Therapy (MST) is a holistic family and community intervention to help young people with antisocial or disruptive behaviours that lasts on average 4-6 months. The treatment has been rigorously evaluated and was therefore classified as evidence-based.
- Non-Violent Resistance is a research-based, systemic family therapy to address child-parent violence, involving weekly therapy with parents and crisis telephone coaching, for 3-4 months.
- Most of the evidence for NVR and MST comes from abroad (USA, Israel and Germany).
- Break4Change is a group-based programme for teenagers and parents to address child-parent violence, typically involving weekly sessions for 12 weeks.
- There is no robust published research yet for Break4Change – it is therefore classified as good practice.
- Overall, there is little research on the effectiveness of interventions aimed at addressing child violence/offending behaviour specifically for adopted children or adoptive parents.

Cognitive and behavioural therapies

- Eye Movement Desensitisation and Reprocessing Therapy (EMDR) is an evidence-based intervention for Post-Traumatic Stress Disorder (PTSD), involving weekly sessions lasting normally between 5-15 weeks.
- Dialectical Behaviour Therapy was classified as an evidence-based form of cognitive behavioural therapy designed for people with borderline personality disorder; it typically lasts one year, including weekly therapy sessions, group work and crisis telephone coaching.
- There is no robust published research on the effectiveness of DBT and EMDR for adopted children.

Overarching categories

- Psychotherapy is an umbrella term for 'talking therapies' encompassing a wide range of different theories, approaches and practices, including Psychoanalytic and Psychodynamic, Cognitive–Behavioural, Humanistic, Systemic Family therapies, and Integrative Therapy. It is categorised as evidence-based, but research is stronger for some types of approaches – the evidence is most extensive for CBT, including for children in foster care.
- Equine Therapy is an overarching term for a range of different interventions and promising approaches, that use horses or other equines, with varied target groups, including people with physical disabilities or issues such as ADHD, PTSD and attachment problems.
- Creative Therapies is an umbrella term for therapies that involve the arts or non-verbal forms of communication in a therapeutic setting. This includes art, music, drama, dance and play therapies among others, and can be seen as research-based.
- There are no robust published research studies for any of these interventions on their effectiveness for adopted children.

Recommended steps to build the evidence base

- The evidence base could be strengthened via a follow-up review using a 'needs-based' rather than an 'intervention-based' model, to explore which approaches (single or combined interventions) are effective in addressing particular needs or issues. This could go further than the current study by looking beyond the extent of the evidence base to examining the findings of which approaches work and why.
- A wider range of interventions could be included in a follow up review, including holistic models such as that of Family Futures, PAC-UK or AdCAMHS in Sussex.
- Qualitative and process evidence could be explored to understand adoptive family experiences and why interventions may or may not work.
- There is also a need for more robust quantitative research on the impact of particular interventions or combinations of interventions.

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Department for Education

Reference: DFE-RB564

ISBN: 978-1-78105-625-7

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