Chapter 5 – Evidence and Analysis (Phase Two)

5.1 - Introduction

> ‘I was hoping to find the answers here, but now I don’t know if I’ll ever find them… You tell us what you know’ he said ‘and we’ll tell you what we know. Perhaps together we can answer our own questions’.
>
> (Snicket, 2004, p. 161-2)

In Phase Two of this Study, seventeen parents, carers and key professionals were invited to undertake interviews (three in respect of Heather, Fergus, Angus, Kirsty and Callum and two for Eilidh). They each answered a set of five questions, provided feedback on questionnaire material and reflected on changes made to service provision, in line with the expansion of this study into a second phase. The five interview questions asked to each interviewee were specifically designed with three of the four research questions in mind. This was done for two reasons:

1. To maximise the effectiveness of data generated in considering the two aims of this study and the implications for the LAC population as a whole.
2. The first research question of this study namely - ‘Is it possible to measure and identify the mental health needs of the LAC population using existing scoring instruments?’ is clearly a clinical one and not something that respondents could be expected to comment upon.

5.1.1 - Structure of Data Analysis

The feedback from interviews is therefore presented below under the subheadings of the final three research questions:

1. Where there are identifiable problems (as indicated by consensus scores) are Theraplay and Play Therapy useful interventions?
2. Is decision making within the Attachment Project a dynamic, evolving process and to what extent is the provision of treatment modalities influenced by child clinical presentation and carer characteristics?
3. What is the validity and usefulness of outcome measures when considering the effectiveness of therapy?

The interviews undertaken in respect of each child were transcribed from tape with the permission of interviewees, and the data presented in this Chapter is thought to be a fair representation of these discussions, as verified by this study's 'reliable friend'. Interviewees were also asked to reflect upon a time line, drawn to scale and clearly showing all the therapeutic reviews undertaken, along with major events as identified by the therapist. This information was then used to inform a chronology for each child and will be presented at the start of each case study to aid the reader in referencing information provided.

In addition, parents and carers continued to complete questionnaires in respect of Heather, Fergus and Angus over their subsequent two years of Play Therapy and the first 12/24 sessions of therapy for Kirsty, Callum and Eilidh. Data recorded during interviews, as well as that generated through the administration of questionnaires, is presented below for each child. Chapter 6 will then consider this data in light of the literature already reviewed in Chapter 2, presenting an overall discussion and analysis for this study.

Key for data presentation in interviews and questionnaires:

<u>Key:</u> (S. number) – number of sessions completed at time of therapy review.

<u>Key:</u> *** -** indicates those who completed interviews

<u>Key (all questionnaires):</u>

1. (C) – Questionnaires completed by carers
2. (S) – Questionnaires completed by school
3. S. 0 – Questionnaires completed prior to commencement of therapy
4. S. 12 – Questionnaires completed after 12 sessions of therapy
5. S. 24 – Questionnaires completed after 24 sessions of therapy.

Figure 2 - Chronology Heather

Date/Review	Event	Decision	Therapeutic Decision
April '03			Theraplay Assessment
Sept '03	Theraplay Commences	No decisions made, frustration at Lack of decisions for Heather	Theraplay begins
Jan '04	Difficult New Year, night terrors increase Increased challenging behaviour		
Feb '04	Play Therapy Commences		Play Therapy Begins
March '04		Morag decides not to keep Heather	
April '04		Morag told of new adoptive family Some of the tension eases	
May '04	New adoptive family found Steals from respite carer	Approval of Rhona & Aidan as adoptive placement Decisions about introductions	
		Panel Decisions	
		Adoption Allowance	
June '04	Introductions begin	Therapy continues	Play Therapy continues
	Move to new family	Move to new school	
	Rhona & Aidan meet birth parents	Pre/after schools clubs & respite	
July '04	Starts new school Aidan's redundancy Contact with Morag		Times and dates of therapy changed
July '04	Family gets a kitten Rows at home		Venue changed
Sept '04		Reduce contact with Morag	
Nov '04	Birthday		
Dec '04	Christmas		

Figure 2 - Chronology Heather

Date/Review	Event	Decision	Therapeutic Decision
Jan ’05	Letter box contact	Continue contact with Morag	
Feb ’05	Aidan’s anger fear the couple may separate		Referral to local services
	Rhona returns to work		Therapy venue changes
	Respite with Florah		
	Referral to local services		
	Therapy venue changes		
	Rows at school		
May ’05	Therapy reduced Contact with Morag reduced	Overnight stays with Florah Decision to adopt	Rhona & Aidan struggle with journey – Therapy frequency reduced
	Referral to local services declined Therapy venue changed	Ross’s death contact with Morag	Decision to continue attending play therapy at the project
	Ross dies Therapy increased		Therapy increases
Dec ’05	Christmas	Adoption Order	
Jan ’06	Adoption finalised Fudge does not list Heather’s visit to Court	Adoption decision leaving contact with siblings at discretion of Rhona & Aidan	
March ’06	Contact with Morag Letterbox contact Period of calm	Decision to work with Heather’s birth parents Re: possible sibling contact	
Sept ’06	Jean meets Heather’s birth parents re: contact Overnights with Florah stopped		Decision to increase therapy at time of sibling contact
	Letterbox contact including video of siblings		
	Overnights with Florah begin again		

5.2 – Heather (Child One)

Names & Roles:
*****Rhona – Adoptive Mum
*****Ishbel – Adoption Support Worker
*****Morag – Foster Carer
Aidan – Adoptive Dad
Janet – Social Work Manager
Florah – Adoptive Cousin
Jean - Post Adoption Worker
Ross - Foster Brother

5.2.1 – Interviews (Heather)

Where there are identifiable problems (as indicated by consensus scores) are Theraplay and Play Therapy useful interventions?

Morag (Foster Carer)

Morag made no distinction between the two forms of intervention in her feedback. She did not find Theraplay 'particularly useful' but recognised that Heather enjoyed the sessions.

Her perceptions were focused around:

- stress she was experiencing,
- Heather's challenging behaviour
- the attachment dynamic which had developed between her and Heather,
- the effects of the placement: frustration, anger, guilt, powerlessness, helplessness, lack of support, regret, compassion, empathy and sympathy.

Morag noted that Play Therapy was introduced at a particularly difficult time in the placement when there had been a series of stressful events (Birthday, Christmas, letterbox contact, breakdown of first adoptive placement and return to Morag's care), increasingly challenging behaviour, delays in identifying a permanent placement and the impact of changes in the household group and relationships within the home. In her view, the benefit of the interventions was her contact with the therapist, who talked through difficulties and strategies with her (support she did not have from the broader professional network) and motivated her to attend training offered by the Project to help with the other children in her care.

Rhona (Adoptive Mother)

Rhona's involvement coincided with the phase of Play Therapy which she viewed as a positive intervention, 'a space Heather for to talk about things'. She considered that the sessions were important to Heather, who used them to manage issues, learning to store things up to bring to therapy and using therapy to 'check things out' initially when she was wary and suspicious of Rhona and Aidan. Rhona felt that there were often changes in Heather's presentation following therapy 'not always for the best, but you don't expect her to come out and be completely different afterwards'. Therapy was 'a sort of anchor' to which she attributed positive changes in Heather's presentation. Like Morag she valued contact with the therapist, feeling she would 'understand' that, with therapy, it was 'a sort of valve to take the pressure out'.

Ishbel (Adoption Social Worker)

Ishbel described Heather's access to therapy as a 'big safety net' for all the family and valued the service being flexible. Despite limited direct contact with Heather, Ishbel was clearly able to chronicle changes in her presentation whilst in Rhona and Aidan's care. She found the regular therapy review meetings a 'catalyst' for getting professionals together, often absent in post adoption care. 'Because we had the reviews regularly we were able to say what we thought.'

Is decision making within the Attachment Project a dynamic, evolving process and to what extent is the provision of treatment modalities influenced by child clinical presentation and carer characteristics?

The stakeholders, Morag, Rhona and Ishbel had different degrees of awareness of the decision-making process. For example, neither Rhona nor Ishbel placed any significance on the discussion or decisions around possible Theraplay intervention (S.40 & S.50).

Morag

Morag was only able to recognise the decision to change therapeutic modality (S.8) which she thought was 'a good decision' made by the therapist in terms of Heather's needs. Her perceptions have to be considered in the context of the stresses she was experiencing, including the pressure she felt placed under by the Theraplay modality.

Rhona

Rhona was able to comment on five therapeutic decisions;

- to continue therapy when Heather moved to their care,
- to change the times and dates of therapy (S.50),
- to change the venue of therapy (S.40)

- to reduce the frequency of therapy (S.58)
- to increase the frequency of therapy around specific life events such as Ross's death (S.70) and sibling contact (S.91).

Rhona commented that she felt these were 'the right decisions' throughout. Significantly she felt she or Aiden initiated and led the decision-making process although decisions were made jointly with the therapist.

Ishbel

Ishbel recounted five therapeutic decisions, differing slightly from those of Rhona;

- the decision to continue therapy (S.28),
- change of venue (S.50),
- referral to local services,
- reduced frequency of therapy (S.58),
- increase in therapy around sibling contact (S.91).

Ishbel perceived the decisions as largely being made between therapist and parents, while she felt consulted through regular review meetings. Her perceptions were dominated by the relief she felt in having access to a flexible resource for Heather, particularly after the local CAMHS refusal to even assess Heather's needs.

Child clinical presentation:

Morag

Morag was unable to link Heather's presentation to the decision making around modalities, neither of which she saw as having any impact on the difficulties she was experiencing.

Rhona

Rhona saw Heather’s school needs influencing some of the therapeutic decisions made. Times and dates were changed to fit in with her school timetable at a time when there were real concerns regarding Heather’s peer relationships (S.50).

Ishbel

Ishbel thought that the decision around times, dates and local services were partly motivated by Heather’s clinical presentation in relation to school and peer difficulties. Changes in frequency were seen as responsive to Heather’s presentation as ‘more settled’ or as experiencing difficult life events’. The most crucial therapeutic element in Ishbel’s view was the consistency of therapist.

Carer characteristics:

Morag

Morag openly acknowledged the difficulties in undertaking Theraplay with a child in foster care, the impact upon her as a carer and her relief when Theraplay was terminated, ‘it was really difficult, a lot easier when it changed to Play Therapy’.

Rhona

Rhona was clearly able to define her role in decision making, feeling that she and Aidan instigated many of the decisions. She felt she had influenced the change of therapeutic venue after concern that Heather was being reminded of her previous life at a time when she was so suspicious and uncertain of her new family. She also felt her views and needs had been factors in considering times/dates of session and referral to local services.

Ishbel

Ishbel recognised that travel issues for the family had influenced decision-making around therapy. She also understood from Aidan and Rhona that they had been involved in several aspects of the decision making process.

Rhona and Ishbel recognised the amount of work Rhona was doing outside therapy, for example in relation to Heather's sense of desolation following her separation from Morag and later in Rhona's decision to reduce frequency of contact with Morag. School presented social difficulties for Heather, and Rhona worked to support Heather in her peer relationships and at school.

The impact of Heather's placement on Rhona and Aidan's relationship was seen as an important parallel issue by Ishbel and Rhona both in terms of the initially poor relationship between Aidan and Heather and the pressures her presence and Rhona's new role put on the relationship. Ishbel described the process as 'Rhona's adoption' with Aidan in a supporting role and subsequently described the couples emerging loyalty to Heather.

External Life Events:

Morag, Rhona and Ishbel all commented on factors external to the therapeutic process which they felt impacted on it, although they could not always articulate the direct relationship. It emerged that Rhona had concerns, which to a degree Ishbel was unaware of, about the level of Heather's contact with her birth family. The death of Heather's foster brother Ross and her face to face contact with her birth siblings after a break of five years were seen by both Morag and Rhona as the triggers for change in therapy, which for them related mainly to an issue of frequency. Rhona saw herself and Aidan as having a significant impact on logistical and frequency decisions about therapy

Respite: Morag, Ishbel and Rhona all stressed its importance. Morag described respite as 'a double edged sword' as Heather's time away often made her more anxious. Respite was a significant consideration for Rhona and Aiden who were able to manage it within the family. This had an added advantage of a growing relationship between Heather and her cousin, which Rhona and Ishbel felt helped Heather learn to cope with other new social situations such as after school clubs, holiday clubs and, most recently, activity camps. Despite all the carers' emphasis on respite, this was a matter of which the therapist was unaware until the interviews were undertaken. Respite was also not mentioned in any record of discussion from therapy reviews despite the profound impact this often has upon LAC children and can be seen retrospectively in Heather's response to therapy.

Sleep: Morag, Rhona and Ishbel all commented on Heather's sleep disturbance, which began on her return to Morag's care and is now rarely seen.

Some of these factors were touched on in review and assessment, e.g. the issue of Heather's grief on leaving Morag was considered in a review (S.28) and explored as a possible positive indication of Heather's capacity to form an attachment. Some issues were known to the therapist, e.g. the pressures on Rhona and Aiden's relationship, but their full extent was not always appreciated.

<u>What is the validity and usefulness of outcome measures when considering the effectiveness of therapy?</u>

In terms of the use of questionnaire material in assessing Heather's presenting difficulties, both Morag and Rhona commented on how repetitive they found many of the questions in and between the questionnaires and how lengthy and repetitive they perceived the process to be.

Interestingly, the way the carer perceived her role appeared to affect their view of the questionnaires. Morag saw foster caring as a professional job, and she commented that professionals would not be asked to comment upon their personal lives in what she felt was quite an intrusive manner. She suggested the possibility of a foster carer questionnaire graded in accordance with the individual's experience of managing challenging behaviour.

Rhona, seeing her carer role as in part a learning role in the relationship with Heather said: ‘There are one or two questions which have really made me reflect a bit and also what stands out in my mind actually is how many things about each other we really understand’. She saw the questionnaires as giving her the opportunity to reflect upon the progress she felt Heather had made whilst in their care: ‘the same questions, I think, sort of made me realise the progression’, even though this perceived progress was not reflected in the scoring.

Modification: Both Morag and Rhona strongly endorsed the proposal of a revised questionnaire format. Their suggestions included:

- one questionnaire (even if longer) instead of many;
- indicators of not only frequency but also of severity of difficulty, which would better identify changes they might see in the child
- some method of capturing the impact of life events on the child, which often had the most direct impact on presentation.

5.2.2 –Questionnaires (Heather)

Strength and Difficulties Questionnaire (SDQ)

Table 15 – *SDQ: Raw/ Band Scores (Heather S.0-93)*

		Session Number							
Dimensions		**0**	**12**	**24**	**40**	**50**	**58**	**81**	**93**
Emotionality	(R)	6	7	7	3	3	4	3	4
	(B)	H	VH	VH	A	A	SR	A	SR
Conduct	(R)	8	10	10	7	8	7	4	3
	(B)	VH	VH	VH	VH	VH	VH	H	SR
Hyperactivity	(R)	10	9	10	8	10	10	7	9
	(B)	VH	VH	VH	H	VH	VH	SR	VH
Peer Relationships	(R)	4	7	8	2	5	3	1	1
	(B)	H	VH	VH	A	VH	SR	A	A
Prosocial Behaviours	(R)	5	1	2	1	2	2	3	4
	(B)	VL	VL	VL	VL	VL	VL	VL	VL
Impact on Child	(R)	10	9	5	4	5	1	3	3
	(B)	VH	VH	VH	VH	VH	SR	VH	VH
Total Score	(R)	28	33	35	20	26	24	15	17
	(B)	VH	VH	VH	VH	VH	VH	SR	H

Key (SDQ only):

1. (R) – Raw score generated from questionnaire
2. (B) – Score band (as defined in Chapter 3)

Band Scores - VH – Very High; H – High; SR – Slightly Raised; A – Average; SL – Slightly Low; L – Low; VL – Very Low

Table 16 – *SDQ: Diagnostic Prediction (Heather S.0-93)*

	Session Number							
Diagnostic Prediction	**0**	**12**	**24**	**40**	**50**	**58**	**81**	**93**
Any Diagnosis	HR	HR	HR	HR	HR	MR	MR	MR
Emotional Disorder	MR	MR	MR	LR	LR	LR	LR	LR
Behavioural Disorder	HR	HR	HR	HR	R	MR	MR	LR
Hyperactivity/ Concentration Disorder	MR	MR	MR	MR	MR	MR	MR	MR

Diagnostic Prediction - HR - High Risk, MR – Medium Risk, LR – Low Risk

Parenting Stress Index (PSI) – Score then Percentile

Table 17 – *PSI: Score (Heather S.0-93)*

	Session Number							
Dimensions	**0 Score**	**12 Score**	**24 Score**	**40 Score**	**50 Score**	**58 Score**	**81 Score**	**93 Score**
Defensive Responding	13	14	21	17	17	17	21	22
Parental Distress	**27	**26	41	31	31	27	33	35
Parent – Child	33	33	37	33	35	32	27	23
Difficult Child	47	52	40	39	47	36	42	39
Total Stress	107	111	118	103	113	85	102	97

** It is worth noting that Morag was initially reluctant to complete this section, due to its lack of perceived relevance for full-time foster carers.

Table 18 – *PSI: Percentile (Heather S.0-93)*

	Session Number							
Dimensions	**0 %**	**12 %**	**24 %**	**40 %**	**50 %**	**58 %**	**81 %**	**93 %**
Defensive Responding	45	60	97	85	85	85	97	97
Parental Distress	60	55	96*	80	80	60	85*	91*
Parent – Child	97*	97*	99+*	97*	99+*	97*	90*	70
Difficult Child	98*	99+*	95.6*	95*	98*	90*	96*	95*
Total Stress	98*	99*	99+*	97*	99+*	84	96*	94*

- Any score over the 85% (except defensive responding) is deemed to be clinically significant (see material and methods)

Randolph Attachment Difficulties Questionnaire (RADQ)

Table 19 – *RADQ: Score/Sub-Scores (Heather S.0-80)*

Dimensions	**Session Number**							
	0	**12**	**24**	**40**	**50**	**58**	**81**	**93**
SSM	66*	53*	67*	23	22	41	30	28
SSC	42*	56*	49*	17	35*	29	24	17
Total	66*	85*	80*	34	43	49	40	34
Qu. 30	5	5	5	5	5	5	5	5

* Clinically significant score, SSC – 33, SSM – 47, Total - 65

5.2.3 - Reflection

Rhona and Aidan generally reported lower scores than Morag, which might reflect the intense pressure the placement was under towards the end of Heather’s time with Morag.

Rhona and Aidan generally showed a rise in scores at sessions 50/58 which might show that Heather was starting to settle with them and that some of her more challenging behaviour was seen. The PSI reflects that the parents were coping with ‘exceptionally difficult behaviour’ as well as the need for more child-intensive therapy. Rhona and Aidan decided not to change therapeutic modality, but instead to seek consultation on incorporating some of the Theraplay activities into their interactions with Heather, in line with RADQ scores.

Parental distress increased in sessions 81/93 but this could be related to Heather’s insistence that she have contact with her birth family, and could also be related to an increased empathy for Heather’s distress as the bond with her grew. Total stress levels (PSI), reflecting stress within the parenting role, remained high throughout intervention as did the Difficult Child sub-scale (PSI), but SDQ total score reduced by session 81. This suggests that although there were some improvements in Heather’s overall mental health presentation (SDQ), Rhona and Aidan were still experiencing significant levels of stress in the parenting role and perceived Heather’s behaviour as remaining quite challenging. Oral feedback at therapy review session 31 (Appendix 3) suggested conflict between Heather and Aidan with Rhona mediating, taking on the parental role and presenting as quite exhausted. Subsequent verbal reports consistently suggested increased closeness to the child, despite some of Heather’s more challenging presentation as she settled into the family. This would appear to conflict with much of the questionnaire material which shows very little of this positive reporting until the later stages of therapy.

A number of changes were noted in Heather's questionnaire scores throughout her first two years of therapy, although scores often fluctuated when viewed within the context of her circumstances and oral reports became increasingly meaningful. However, there were a few consistent changes, including conduct (SDQ) and total score, which fell, suggesting a reduction in behavioural difficulties and a slight improvement in mental health. The RADQ shows no attachment difficulties after session 50. The PSI would appear to indicate that there was a closer bond between Rhona, Aidan and Heather by session 93, suggesting that during the period of therapeutic intervention Heather had indeed been supported to form closer relationships with her new parents. As seen for Heather in Phase One of this Study, verbal reports were often more positive, suggesting a greater degree of change than is seen in questionnaires completed

Figure 3 - Chronology Fergus

Date/Review	Event	Decision	Therapeutic Decision
Feb '04	Theraplay Begins	Theraplay	Decision to offer Theraplay
	Effie unwell	Effie & Dougal decide not to adopt	
	Effie & Dougal consider adopting a little girl	Video Theraplay Questionnaires	Inga to work with Effie & Dougal
	Tarn pregnant with 4th child	Professionals decide to meet regularly re: Contact and reduce contact with Rory	
	Inga offers support to Effie & Dougal		
		Decision to offer support from Inga	
		Difficulties with contact	
		Contact to be 'bunched' together	
		Attempts to more effectively supervise contact and prevent 'sideways' contact	
Dec '04	Group Theraplay begins	Decision to reduce contact with Tarn	Group Theraplay
			Play Therapy
	Tarn has 3rd son		
	Group Theraplay ends		
Feb '05	Play Theraplay begins		
	Ongoing contact issues		
May '05	School raise concerns re: sexualized behaviour & bullying		
June '05	Tarn's contact reduced to 3 times a year	Tarn refuses to attend contact	
	Tarn refuses ongoing contact with Fergus	Attempts to reduce 'sideways' contact by more Effectively supervising Rory's contact and monitoring gifts	
	Fergus increasingly attacking towards Effie		
	Ongoing issues in contact with Rory		
Oct '06	Further concerns re: sexualized behaviour		Change of Venue

Figure 3 - Chronology – Fergus

Date/Review	Event	Decision	Therapeutic Decision
March ’06	Serious concerns re: sexualized behaviour and risk	Decision to involve Stuart	To refer to Stuart
	Professionals meeting – placement	Decision re: Residential Care	Decision to use soft play Only
	Therapy Under threat	Decision to keep Fergus with Effie & Dougal	Decision to end Play
	Stuart undertakes discrete piece of work	Decision to offer Tarn renewed contact	therapy
	Rory in Young Offenders Institute		
		Decision to send Fergus to local EBD School	
	Dougal – health problems		
	Effie takes Scott to Mauritius	Decision to renew contact with Rory	
	Dougal takes Fergus to Belgium	Firm supervision arrangements made for renewed contact	
	Starts Secondary School		
Nov ’06	Renewed contact with Tarn		Decision to offer ongoing Family Sessions with Inga
Dec ’06	Play Therapy ends		
	Inga continues family work		
	Settles well at school		

5.3 – Fergus (Child Two)

Names & Roles:
*Effie – Foster Carer
*Dougal – Foster Carer
*Inga – Psychiatric Social Worker
*Esme – Social Worker
Tarn – Birth Mum
Rory – Birth Older Brother
Stuart – Forensic Psychologist
Scott – Foster Brother

N.B – Fergus took part in an eight week Theraplay Group with three other children receiving a service from the Project. The Theraplay Group offered similar activities to individual Theraplay and was designed to encourage more appropriate peer relationships.

5.3.1 – Interviews (Fergus)

Where there are identifiable problems (as indicated by consensus scores) are Theraplay and Play Therapy useful interventions?

Effie and Dougal (Foster Parents)

Theraplay: Effie and Dougal were able to distinguish between the modalities and saw both positively. Theraplay 'was the real front line to start' commenting 'that was a critical point where we needed that attachment help to build up the relationship between Fergus and Effie – that did work'. They recognised the difficulties of being 'second parents', their 'willing participation for everything', 'we were all thinking positively' (key factors in the Theraplay process) and the input received through video supervision from the States. Effie and Dougal also describe an increased awareness in responding to Fergus in issues such as control and sexuality following participation.

Play Therapy: Effie and Dougal thought ‘everything was done in the right direction’, Fergus ‘was given the time, the chance to express himself’ which they thought helped with the inner confusion he was experiencing, particularly in relation to divided loyalties between Tarn and Effie.

They thought the professionals’ role was as crucial as the intervention itself throughout – for Fergus it was the ‘respect’ Fergus held for his therapist, the ‘good relationship’ all of which ‘has created a path for Fergus in being able to relate in a different way now’. Effie and Dougal make reference to Fergus being able to ‘cuddle’ Effie now, no more bad language, pulling down trousers, pulling hair, spitting – ‘all gone’. They also needed and valued the ‘great support’ of the therapist and of Inga and the training they received.

Inga (Psychiatric Social Worker)

Inga’s work with Effie and Dougal began following Fergus’s transition into Play Therapy, and so she could not comment upon the Theraplay intervention. She was very positive about Play Therapy, to which Fergus could bring his ‘unprocessed feelings’, giving Fergus an ‘emotional language’ and ‘space to process his inner turmoil around his contact with his birth family, his perceived rejection by Mum and the birth of a younger brother. Fergus was able to bring the worst parts of himself, to have these tolerated by a therapist and also to remain liked by that person’. The therapist’s ability to contain Fergus when others were struggling to do so, to enforce boundaries and make changes to the therapeutic environment to ensure his safety were considered important factors – in helping Fergus ‘to know that those bits of himself (worst bits) he could handle – and that he was still a loveable boy’.

Esme (Social Worker)

Esme differentiated between the benefits of the two modalities: Theraplay was important ‘to help Fergus feel more comfortable with his foster carers, and just have new experiences with them and see them also working at the relationship by coming to session, I think that was helpful as well’, whereas Play Therapy gave Fergus ‘space to think about or feel some of the feelings that were going on inside him’. She comments that being able to let go a bit in therapy allowed Fergus to ‘be able to contain himself outside the therapy’ – ‘I think it was a real help’. Esme talks of Fergus’s maturity and describes him as ‘a bit more aware’ i.e. the effect of his behaviour and some of the risks.

Inga and Esme found additional benefits from the process

- the decision making process giving space to think and a ‘different angle’,
- regular reviews and informing their practice ‘I got ideas from you about how to communicate better to Fergus’.

Is decision making within the Attachment Project a dynamic, evolving process and to what extent is the provision of treatment modalities influenced by child clinical presentation and carer characteristics?

Effie and Dougal

Effie and Dougal were able to comment upon five therapy decisions:

- to start Theraplay (S.0),
- Inga to offer support to Effie and Dougal (S.18),
- to offer Fergus Play Therapy (S.18),
- to change the therapy venue

- to end Play Therapy (S.64)

Dougal saw a need to work ‘step by step’ and both felt their views were incorporated into decisions.

Inga

Inga identified five therapeutic decisions:

- to involve her in supporting Effie and Dougal (S.18),
- to involve Fergus in group therapy (S.18),
- to change to Play Therapy (S.18),
- to continue with family sessions after Play Therapy ended (S.70)
- to use only soft play materials when Fergus became increasingly challenging (S.64).

Inga felt that Fergus’s therapist was central in making these decisions, although everything was communicated to her. She trusted the therapist’s decisions, understanding why they were implemented and seeing them validated by Fergus’s response.

Esme

Esme identified six therapeutic decisions made in respect of Fergus:

- to offer Theraplay (S.0),
- to change to Play Therapy (S.18),
- to offer group therapy (S.18),
- to offer support to Effie and Dougal (S.18),
- to end Play Therapy (S.64) with ongoing support to the family from Inga (S.70),
- to involve Stuart in undertaking a risk assessment (S.48).

Esme noted the speed of decision making and also saw it primarily as the role of the therapist. She felt that Theraplay had been effective, and when it was finished she was willing to accept the ‘professional advice’ of the therapist in changing to Play Therapy.

Child clinical presentation:

There were reports of Fergus’s violent behaviour (pulling hair, spitting etc., particularly towards Effie), his sexualised behaviour (pulling down trousers), his confusion (particularly around contact with his birth family), foul language and concerns at school, which led them to request a referral to therapeutic services. Inga described Fergus’s power struggle with his carers and need for control, his sexualised behaviour and inappropriate physical contact with Effie. She saw the need for a changing and evolving service as Fergus’s presentation changed, firstly the need for Play Therapy due to his traumatised presentation, secondly, the need to take control and contain with soft play materials only and finally as his ‘emotional vocabulary’ grew and his ability to ‘think’, his need for a more talk-based therapy with his family (S.64).

Carer characteristics:

Inga described Effie as feeling attacked and victimised by Fergus. Both Effie and Dougal felt they were in a ‘rather helpless position’, that Fergus was ‘not taking any notice of things they told him’. Both Effie and Dougal commented on how difficult they found being ‘second parents’, how ‘our life and lifestyle has changed a lot’ and how they felt ‘we have become more stronger for him’. They could see how they had changed in their awareness of Fergus’s needs and responsiveness to him through the process, and were more able to set boundaries.

External Life Events:

Ill health: Inga commented upon the health difficulties experienced by both Effie and Dougal during the time Fergus was receiving therapy, which impacted upon their availability, and may well have affected their sense of wellbeing in the parenting role.

Baby: The birth of Fergus's younger brother shortly after he started Play Therapy, was recognised by everyone to have had a profound emotional impact upon him, compounding his feelings of rejection with feelings of being replaced, knowing Tarn did not keep him but had kept his younger sister and brother.

Contact with birth family: Two major themes emerged - firstly, the uncontained nature of contact and, secondly the resultant feelings of confusion arising from Fergus's divided loyalties between his birth and foster families. Dougal and Effie saw contact as one of their greatest concerns 'every Saturday to visit brother, then every month mum, there was a lot of confusion so the boy was not settled at all'. Esme noted that many of the decisions for Fergus around contact were quite stressful, e.g. she discovered that Tarn's contact should only be three times per year and when this was reduced to the stipulated level, Tarn refused to see Fergus again and did not see him for fifteen months. Inga described Rory as 'stirring up his (Fergus) conflicting loyalties by trying to pull him back to be loyal to his mother'. She describes the role of therapy in helping Fergus to think about some of his confusion and rejection in the therapy room, effectively putting in place external scaffolding to manage contact, whilst also supporting him to think about his internal world. It was recognised that external controls such as reduction of contact and more appropriate supervision were required alongside therapy to help Fergus resolve some of his confusion.

Placement Crisis (S.48-64): Due to the escalation in his sexualised behaviour, there was consideration of removing Fergus from the care of Effie and Dougal. The couple repeatedly made reference in interview to how difficult this time was for them and how powerless they felt in the decision making process. The situation started to resolve after Fergus's therapist made the decision to refer Fergus internally for a risk assessment from the forensic psychologist, Stuart who undertook a time-limited piece of work at school, thinking with staff about Fergus's presentation, as well as supporting Fergus in a social skills group. While Effie and Dougal expressed the relief they felt at Stuart's involvement, Inga commented upon Stuart's lack of liaison with the Team, which was likely to impact upon her perception and that of Fergus's therapist around his intervention. The key factor in the success of the intervention perceived by Effie, Dougal and Inga, was how Fergus was 'claimed' at this time by the couple (S.48). It was recognised also that at the time Fergus was working out his inner sense of rejection through therapy and the sense of being 'claimed' made him more available to accept support, as did the lull he was experiencing in contact.

Relationships: Effie and Dougal reported how much confidence they had gained in their work with Inga. The relationship Fergus had with his therapist, who maintained very clear boundaries in the room, and his 'respect' for her was also seen as crucial, as was Fergus's therapist 'liking him' even when he had shared some of his 'worst bits' in therapy. Those interviewed unanimously expressed concerns regarding Fergus's sexualised and violent behaviour but, without exception comment upon how well he was doing when therapy ended.

What is the validity and usefulness of outcome measures when considering the effectiveness of therapy?

Effie and Dougal commented upon the similarities in many of the questions asked. They felt many of the questions were not as applicable to them as ‘second parents’. The questionnaire did help them to reflect on Fergus’s presentation ‘it brings back memories’ and how it had changed ‘this is how bad it was and now look at the difference’.

5.3.2 –Questionnaire (Fergus)

Questionnaire material administered at therapy reviews S.30, S.46/S.60 had been removed from Fergus's file and, despite consistent attempts to retrieve this data, could not be located. There were no therapy reviews between S.46 – S.60, due to Fergus's placement crisis and the number of professional meetings taking place instead.

Strength and Difficulties Questionnaire (SDQ)

Table 20 – *SDQ: Raw/ Band Scores (Fergus S.0-71)*

		Session Number			
Dimensions		**0**	**12**	**24**	**71**
Emotionality	(R)	8	9	8	6
	(B)	VH	VH	VH	H
Conduct	(R)	6	8	6	5
	(B)	VH	VH	VH	H
Hyperactivity	(R)	8	8	8	6
	(B)	H	H	H	SR
Peer Relationships	(R)	5	5	8	5
	(B)	VH	VH	VH	VH
Prosocial Behaviours	(R)	6	10	7	7
	(B)	L	A	SL	SL
Impact on Child	(R)	10	5	0	0
	(B)	VH	VH	A	A
Total Score	(R)	27	30	30	22
	(B)	VH	VH	VH	VH

Key (SDQ only):

1. (R) – Raw score generated from questionnaire
2. (B) – Score band (as defined in Chapter 3)

Band Scores - VH – Very High; H – High; SH – Slightly High; A – Average;
SL – Slightly Low; L – Low; VL – Very Low

Table 21 – *SDQ: Diagnostic Prediction (Fergus S.0-71)*

	Session Number			
Diagnostic Prediction	**0**	**12**	**24**	**71**
Any Diagnosis	HR	HR	MR	MR
Emotional Disorder	MR	MR	LR	LR
Behavioural Disorder	HR	HR	MR	MR
Hyperactivity/Concentration Disorder	HR	MR	LR	LR

Diagnostic Prediction - HR - High Risk, MR – Medium Risk, LR – Low Risk

Parenting Stress Index (PSI) – Score then Percentile

Table 22 – *PSI: Score (Fergus S.0-71)*

Dimensions	**Session Number**			
	0 Score	**12 Score**	**24 Score**	**71 Score**
Defensive Responding	24	21	16	18
Parental Distress	41	36	29	28
Parent-Child	31	26	37	27
Difficult Child	43	46	38	30
Total Stress	115	108	120	85

Table 23 – *PSI: Percentile (Fergus S.0-71)*

Dimensions	**Session Number**			
	0 %	**12 %**	**24 %**	**71 %**
Defensive Responding	99	96	80	90
Parental Distress	96*	90*	70	65
Parent-Child	96*	85*	99+*	90*
Difficult Child	96.5*	97*	94*	75
Total Stress	99+*	98*	99+*	84

* Any score over the 85% (except defensive responding) is deemed to be clinically significant.

Randolph Attachment Difficulties Questionnaire (RADQ).

Table 24 – *RADQ: Score/Sub-Scores (Fergus S.0-71)*

Dimensions	**Session Number**			
	0	**12**	**24**	**71**
SSM	47*	50*	43	32
SSC	36*	37*	35	26
Total	57	64	58	44
Qu. 30	5	5	5	5

* Clinically significant score - SSC – 33, SSM – 47, Total - 65

5.3.3 - Reflection

By session 71 when therapeutic input was drawing to a close, the SDQ shows a decrease in all categories except peer relationships and the PSI no longer indicated exceptionally difficult behaviour. This would appear to correspond with Effie and Dougal's reports at the end of therapy that Fergus was calmer and more contained. Total band score (SDQ) remained very high, but reduced fairly significantly in raw score. This doesn’t appear to fully mirror the level of change in Fergus’s mental health as reported verbally by Effie and Dougal, who were able to reflect on significant changes in a number of different behaviours and environments. Neither parental support nor psychopathology was indicated and this would appear to support the therapist’s decision to end therapy at this time. The reduction in parental distress and total stress (PSI) would appear to correspond with Effie’s reports of feeling stronger within her parenting role and more able to cope. The Parent-Child sub-scale remains clinically significant and may reflect the distress Effie and Dougal clearly showed at the thought of being separated from Fergus during the placement crisis. By session 24 (following 18 Theraplay sessions), the RADQ scores suggest that Fergus was no longer experiencing any attachment difficulties and by session 71 scores were again significantly lower.

Overall questionnaire material collected for Fergus over this 71 session period of intervention would suggest several areas of change and improvement. Some ongoing difficulties were noted at the end of therapy, and the professional network expressed relief that family sessions would continue. However, on the whole, verbal feedback at therapy review S.64/70 was more positive than that reported in the questionnaire material.

Figure 4 - Chronology Angus

Date/Review	Event	Decision	Therapeutic Decision
Sept ’04		Fergus to remain permanently with Blair & Ailsa	Assessment completed by Iona
			Play Therapy begins
Dec ’04			Review of Therapy
Jan ’05	Holiday		Play Therapy continues
April ’05	Overhears negative comments by class teacher		
June ’05	Holiday	Psychiatric assessment & treatment	
	Malcolm’s foster father dies		
	Medication and return to school		
Sept ’05	Social worker change		Change of Venue
Dec ’05	Angus joins Assembly		
	Rover dies		
Jan ’06	New school considered		
March ’06	Alec dies	Decision to change school	
June ’06	C.P. Allegation	Decision to follow up allegation	
	Slow social work to allegation		
	Holidays		
	New school identified		
Dec ‘06			
Jan ’07	Move to new school		
	Angus able to stay with alternative Carer family friends		
Feb ’07		Potential for another foster child	Change of time/date & frequency

5.4 – Angus (Child Three)

Names & Roles:
*****Ailsa – Foster Carer
*****Blair – Foster Carer
*****Iona – Clinical Psychologist
*****Janet – Social Work Manager
Tarn – Foster Care Link Worker
Margaret – Consultant Psychiatrist
Malcolm – Birth Brother
Rover – Family Dog

A psychiatric assessment was undertaken (S.32) and revised (S.83) with the resultant diagnosis of attention deficit hyperactivity disorder (ADHD), oppositional defiant disorder (ODD) and conduct disorder (CD). As Angus had no allocated social worker, Janet (Assistant Team Manager) was interviewed for this Study. She had supervised all his previous social workers but she did not hold case responsibility and had attended only one review.

5.4.1 – Interviews (Angus)

Where there are identifiable problems (as indicated by consensus scores) are Theraplay and Play Therapy useful interventions?

Blair and Ailsa (Foster Parents)

Blair and Ailsa reflect that they feel that Play Therapy has helped Angus, but also comment that there have been few periods without disruption, making it difficult to gauge the extent of change. They saw the 'consistency' of the therapist, 'and the 'holding role' of therapy as important. Blair had been distressed sitting in the waiting room ‘hearing him (Angus) scream, and shout and hollering.’ Although there were times when Angus did not want to come to therapy, they saw a reduction in his level of anxiety about sessions. The process had also helped them: ‘it’s the support, not only what he gets but we get which helps you get through’.

Iona (Clinical Psychologist)

Iona thought therapy had made Angus ‘calmer and more engaged’, ‘requires a lot less holding, physical holding’. Angus had been able to make connections between his inner world and outer emotional states with strategies such as his ‘safety watch’ explored in therapy and used throughout his system. ‘I think he’s made considerable progress and I think we weren’t clear whether he would because he was so distressed’. She saw the role of the therapist as crucial: ‘You work with it, you remain consistent, you remain containing, you don’t panic when the network is in absolute chaos – you’ve remained constant and engaged with him throughout the more recent events’. She described how individuals in network became ‘unable to think’, and how the network reflected Angus’s internal ‘chaos’ and ‘panic’, ‘rarely have I seen the level of conflict systemically that I have in Angus’s case’.

Janet (Social Work Manager)

Janet describes ‘a turnaround during the therapy sessions where he really came on leaps and bounds’ then talks about the impact which external events had upon Angus and how ‘it all wobbled’.

Is decision making within the Attachment Project a dynamic, evolving process and to what extent is the provision of treatment modalities influenced by child clinical presentation and carer characteristics?

Blair and Ailsa

Blair and Ailsa were aware of five therapeutic decisions made in respect of Angus;

- to assess his therapeutic needs (S.0),
- to offer ongoing Play Therapy (S.6),
- to change the day/time (S.91),
- to drop down to fortnightly sessions (S.91)
- to the change of venue (S.45).

Blair and Ailsa made reference to decisions made by Angus's therapist but alluded to feeling consulted.

Iona

Iona was aware of two therapeutic decisions:

- Angus's initial assessment (S.0)
- the change of time (S.91).

Iona reflected that she felt these decisions were made primarily by Angus's therapist, in consultation with Angus and his carers. She did not initially agree with the decision to change the time, but commented upon a conversation in which Angus's therapist explained the decision made from a therapeutic perspective.

Child clinical presentation:

Without exception, all those interviewed made reference to Angus's very worrying and disturbed behaviour at the outset of therapy, e.g. he would scream for hours before going to bed and then wouldn't sleep 'extremely violent at that time, he was lashing out a lot, biting, kicking so it was a very distressed time for him'

Carer characteristic:

Iona described some of her frustrations in working with Blair and Ailsa: 'It was about trying to get the carers to boundary him'. She described them as 'carers very direct in their distress', making reference to anxiety, panic, chaos and anger.

External Life Events:

Death: Blair and Ailsa described three deaths in the family which directly impacted upon Angus over the two year period, including that of the family dog which 'was really, really horrific' for him.

School: Iona commented 'more recently we've had some external factors coming into play, most powerfully the breakdown of the school' where Angus 'became quite traumatised by, and feared adults there'.

Child Protection: All those interviewed commented upon the child protection allegation made by Angus at his old school, and the length of time it took for this to be followed up. It took his social worker a year, and 're-traumatised' Angus.

Diagnosis: Blair, Ailsa and Iona all made reference to the role which medical diagnoses had played. Iona made reference to feeling pressurised to account for Angus's disturbed presentation 'they (Blair & Ailsa) at that point were desperate for something more diagnostic than we were giving them'. She described his diagnosis as 'protective for him and explanatory frameworks which will help him understand the devastation of the early trauma he experienced'.

What is the validity and usefulness of outcome measures when considering the effectiveness of therapy?

Blair and Ailsa quite emphatically state that they did not feel questionnaire material accurately reflected the changes they felt they had seen in Angus over the past two years. They commented that questions often have two parts to them, and they might have wanted to answer each part differently, which is not allowed for in the scale. They commented that they might have seen changes in Angus, but they would still have had to answer a particular way i.e. 'where he may squirm once or twice (when he has a cuddle), but because he's done it you have to say yes, but that's not reflective'. They then also raised the fact that many behaviours were still present but had reduced, which is also not accounted for in the questionnaires and the issue of 'perspective'. They also felt there had not been a period of time without external life events 'that will knock him (Angus) off his feet' impacting upon his stability and any progress. They also commented that questionnaires would more accurately reflect Angus had they been able to quantify behaviours in 'percentage or how many times'.

5.4.2 – Questionnaire (Angus)

Strength and Difficulties Questionnaire (SDQ)

Table 25 – *SDQ: Raw/ Band Scores (Angus S.0-80)*

Dimensions		**Session Number**					
		0	**12**	**24**	**40**	**52**	**80**
Emotionality	(R) (B)	5 H	6 H	6 H	7 VH	7 VH	8 VH
Conduct	(R) (B)	6 VH	7 VH	8 VH	5 H	6 VH	5 H
Hyperactivity	(R) (B)	10 VH	8 H	9 VH	10 VH	10 VH	10 VH
Peer Relationships	(R) (B)	2 A	3 SR	2 A	3 SR	3 SR	5 H
Prosocial Behaviours	(R) (B)	9 A	8 A	8 A	9 A	9 A	9 A
Impact on Child	(R) (B)	8 VH	10 VH	9 VH	5 VH	6 VH	5 VH
Total Score	(R) (B)	23 VH	24 VH	25 VH	25 VH	26 VH	26 VH

Key (SDQ only):

1. (R) – Raw score generated from questionnaire
2. (B) – Score band (as defined in Chapter 3)

Band Scores - VH – Very High; H – High; SH – Slightly High; A – Average; SL – Slightly Low; L – Low; VL – Very Low

Table 26 – *SDQ: Diagnostic Prediction (Angus S.0-80)*

Diagnostic Prediction	**Session Number**					
	0	**12**	**24**	**40**	**52**	**80**
Any Diagnosis	HR	HR	HR	HR	HR	HR
Emotional Disorder	MR	MR	MR	MR	MR	MR
Behavioural Disorder	HR	HR	HR	HR	HR	HR
Hyperactivity/Concentration Disorder	MR	MR	MR	MR	MR	MR

Diagnostic Prediction - HR - High Risk, MR – Medium Risk, LR – Low Risk

Parenting Stress Index (PSI) – Score then Percentile

Table 27 – *PSI: Score (Angus S.0-80)*

Dimensions	**Session Number**					
	0 Score	**12 Score**	**24 Score**	**40 Score**	**52 Score**	**80 Score**
Defensive Responding	14	8	13	14	12	14
Parental Distress	32	17	22	29	27	29
Parent-Child	32	24	21	31	30	29
Difficult Child	51	39	37	39	41	41
Total Stress	115	80	93	89	98	99

Table 28 – *PSI: Percentile (Angus S.0-80)*

Dimensions	**Session Number**					
	0 %	**12 %**	**24 %**	**40 %**	**52 %**	**80 %**
Defensive Responding	60	4	45	60	25	60
Parental Distress	82.5	10	30	70	60	70
Parent-Child	96.5%	75	60	96*	95*	94*
Difficult Child	99+*	95*	91*	95*	96*	96*
Total Stress	99+*	76.6	93*	87*	94*	94*

* Any score over the 85% (except defensive responding) is deemed to be clinically significant.

Randolph Attachment Difficulties Questionnaire (RADQ)

Table 29 – *RADQ: Score/Sub-Scores (Angus S.0-80)*

Dimensions	**Session Number**					
	0	**12**	**24**	**40**	**52**	**80**
SSM	62*	63*	46	46	47*	45
SSC	47*	46*	58*	34*	30	33*
Total	69*	70*	68*	48	49	49
Qu. 30	5	5	5	5	5	5

* Clinically significant score, SSC – 33, SSM – 47, Total - 65

5.4.3 - Reflection

Difficult child subscale (PSI) and all categories in the SDQ (except prosocial behaviours) remained high throughout intervention, suggesting ongoing difficulties as reported by Blair and Ailsa. The PSI suggests the need for parental support and more intensive child orientated therapy as received throughout.

Little change can be seen in Angus's challenging behaviour throughout intervention and if anything his behaviour worsened, as reported by Blair and Ailsa. Hyperactivity remained high/very high as reflected in his diagnosis of ADHD. However, few changes were reported in Angus's presentation following diagnosis and medication at S.32. Difficult child sub-scale remained high suggesting that Blair and Ailsa perceived Angus as having significant difficulties and might reflect their desire for a diagnosis, as described by Iona. Interestingly Angus's prosocial behaviours were reported to be average throughout, suggesting that, despite his very uncontained, at times, attacking behaviour, he was perceived to have average relationship interaction and separation anxiety.

Fluctuating scores in the parent-child, parental distress and total stress subscales of the PSI may be explained by parental relationship difficulties which came to light after this data was collected, rejection experienced by Ailsa in the parental role (as described by Iona) and the increasing difficulties that Blair and Ailsa experienced as they locked into conflict with the school to protect Angus's emotional well being.

It is worth noting that RADQ scores reduced significantly, suggesting a reduction in attachment related difficulties throughout intervention. It may also be worth noting that despite fluctuating conduct, (SDQ) improved by 1 band score and, other than the RADQ, was the only category to show consistent change amongst the three children.

Scores appear to reflect the difficulties Angus was experiencing at school, the comments made by his teacher (S.32) and the increased sense of hopelessness he was bringing to therapy. Life events for Angus continued to be extremely difficult with three deaths in the family, very stressful school experience, ongoing contact with Malcolm and a child protection incident reported. It is perhaps little wonder during this very turbulent period of time that little change was reported in questionnaire data.

Figure 5 - Chronology Kirsty

Date/Review	Event	Decision	Therapeutic Decision
Oct ’04	Referred to Project for Therapy	LSA Provision	
	Move to Euan and Duncan		
	Starts new School		
Feb ’05	Therapy begins	Letterbox contact	To offer family theraplay
	Adoption picnic		
		To adopt Kirsty	
	Doctors/dentist		
	Friends to visit		
June ’05	Adoption Order	Kirsty kept back a year at school	Theraplay for Euan and Kirsty
	Birthday parties		
	Holiday		
	Tooth fairy		
	Christmas		
March ’06	DYS. School Assessment		To end Theraplay
	Kirsty becomes more attention seeking towards adults at school		Refer to Margaret for ADHD Assessment
June ’06	Kirsty attends after schools clubs and Brownies		To commence Play Therapy
Sept ’06	ADHD Assessment commences		

5.5 – Kirsty (Child Four)

Names and Roles:
*****Euan – Adoptive Father (Primary Carer)
*****Duncan – Adoptive Father (Secondary Carer)
*****Skye – Learning Support Assistant
*****Margaret – Consultant Psychiatrist

5.5.1 – Interviews (Kirsty)

Where there are identifiable problems (as indicated by consensus scores) are Theraplay and Play Therapy useful interventions?

Euan and Duncan recognised the need to move from one modality to another 'I think the family therapy (Theraplay) was really good, it helped us understand a lot of what was going on with Kirsty at the time – it was able to show us how to, I suppose, to interact and see where she was coming from'. While recognising 'it has made a big difference…. even to help her understand about herself' they realised there was a stage where 'we got as far as we possibly could with that in the group setting, and I felt Kirsty was ready to move on to individual stuff with her therapist.'

For Euan and Duncan the therapist's support was crucial 'when a child comes to you – you think if you love it enough you will make this big difference, but what you don't realise is so much damage has been done early on and I think we now can – with guidance from you (therapist)'. They had valued that support especially as they came to terms with the assessment process and their 'shock, horror, bewilderment and mind bending' at it. They describe their 'romantic view' of caring for Kirsty and feelings of 'denial' at the outset, even though the therapist had done a 'good job' in preparing them. They reflected that the assessment process 'broadened our horizons' and they realized the need for and appropriateness of therapeutic services offered to Kirsty. They described their reluctance initially to believe that Kirsty would require therapy, and their belief now that without it the adoption might not have been possible.

Skye (Learning Support Assistant)

Skye felt Kirsty was more able to express herself since attending therapy and that Kirsty had become more bubbly, chatty, confident and comfortable, could concentrate a bit better, and was more appropriate with strangers. Skye felt she had benefitted immensely from the process. She described the attachment training and teacher support group she had attended as 'fantastic, absolutely fantastic', commenting 'It makes you think about lots of things, not only just Kirsty but different children at school', she had learned 'things which have worked within class, you can take back'.

Margaret (Consultant Psychiatrist)

Margaret had tended to rely previously on established clinical/medical models, including behavioural and developmental therapies. She thought that things might have changed through the Theraplay process, and was 'happy in what they'd achieved in the Theraplay'.

<u>Is decision making within the Attachment Project a dynamic, evolving process and to what extent is the provision of treatment modalities influenced by child clinical presentation and carer characteristics?</u>

Euan and Duncan were aware of three therapeutic decisions made with respect to Kirsty;

- to offer Theraplay (S.0),
- then to offer work with just Kirsty and Euan (S.12) and
- to change to Play Therapy (S.18);

They felt that decisions were made in consultation with them, they agreed with the decisions made and their view of the decisions did not change.

Margaret noted

- the change from Theraplay to Play Therapy (S.18)
- the decision of Kirsty's therapist to refer within the Team for an ADHD assessment (S.24).

Child clinical presentation:

Euan and Duncan described Kirsty initially as 'all over the place, neurotic, very hard to contain, could not occupy herself for 10 seconds, infantile, controlling, desperate to be everybody's friend'. They went on to describe her now as 'more settled, enjoys life more, like a sponge sucking things in, more relaxed, a lot more focused, more direction now and more self worth'. Euan described the draining nature of her 'emotional difficulties, which neither he nor Duncan had been fully anticipating. They described the growing closeness in their relationship with Kirsty and their belief that Therapy helped to establish this, which then contributed to their observation that a change in therapy might help Kirsty to address some of her more persistent emotional difficulties.

Carer characteristics:

Euan and Duncan commented upon the level of Kirsty's presenting difficulties and how 'drained, weary and exhausted' they had felt. Despite initial reservations, Euan and Duncan commented 'Kirsty needed Theraplay and we needed to be part of that'. In describing the decision to attend Theraplay alone with Kirsty Euan comments, 'I think we then came to the conclusion that I probably needed it a bit more than Duncan'.

Euan and Duncan had experienced considerable discrimination in many areas of their lives, including adoption, and had overcome significant adversity. Both Euan and Duncan were open in considering that some of their own negative experiences might impact upon their intense desire to protect Kirsty from any feelings of difference and prejudice.

Margaret described Euan and Duncan as having 'a very good understanding of attachment issues and how their relationship with Kirsty had come on, but that it might take a very long time for Kirsty to feel really secure in that relationship'.

External Life Events:

Celebrations: Euan, Duncan and Skye all make reference to the impact that life events - birthdays, holidays and Christmas had upon Kirsty - 'Father Christmas, she was terrified of him'. Kirsty's reaction to life events is thought to reflect the trauma she has previously experienced and can induce hysteria or ritualised responses. The ‘adoption picnics’ were important events in Kirsty’s life and her contact with her foster carer/other foster child at these events – ‘adoption picnics they were hard things for Kirsty… the foster parents would have been there… she was still with the foster daughter’.

School: Euan and Duncan had mixed feelings about Kirsty being held back a year at school in terms of its impact on her. ‘I think academically for Kirsty she needs to be held back…but emotionally… I think Kirsty is beginning to sense she’s in the wrong year’. – ‘I think Kirsty’s a lot more aware than she was maybe a year, 18 months ago… beginning to feel a sense of maybe she might be a little bit different’.

Professional issues: Margaret made reference to wariness she perceived from the Team as she started work suggesting that the ‘therapeutic model’ was protective and wary of her as a doctor ‘feeling maybe like you know as a doctor I was only going to say everybody had ADHD or everybody was depressed - I kind of thought there could have been better dialogue’. In considering co-working this case, Margaret described being ‘happy’ to ‘think’ together about Kirsty’s assessment, her inclusion in reviews, and her relief that her assessment was open to review through annual attendance at therapy reviews, and concluded that it ‘is a good example of working together’.

<u>What is the validity and usefulness of outcome measures when considering the effectiveness of therapy?</u>

Euan and Duncan commented that they filled in the questionnaires together and ‘we do differ sometimes’. They talked about the questions and often ‘compromised’ when answering. They described the questionnaires as ‘a pain, tedious and repetitive’ and they commented on the time they took to complete. They made reference to answering a question, but then feeling Kirsty was not that ‘extreme’ and hoping that her behaviour would not deteriorate. This suggests that, although they answered ‘yes’ to some questions, they may not have viewed the behaviour as overly problematic, which might not be accurately reflected in present questionnaire material. Euan and Duncan felt the questionnaires did not give an accurate picture and suggested having room to comment so that questionnaires could be more ‘individualised’.

Margaret’s was the most strongly positive voice about questionnaires of all the interviewees. She believed that questionnaires were useful diagnostic tools, particularly for certain medical conditions, they were compatible with the medical model and she believed that they did reflect change. They were useful for discussing a child’s presentation with their parents. She did suggest, however, that the results should be taken with ‘a pinch of salt’ and ‘never take the place of direct information’ but ‘supplement or complement’ information gathered.

5.5.2 –Questionnaire (Kirsty)

Strength and Difficulties Questionnaire (SDQ)

Table 30 – *SDQ: Raw/ Band Scores (Kirsty S.0-24)*

Dimensions		**Session Number**				
		0 (S)	**0 (C)**	**12 (C)**	**18 (S)**	**24 (C)**
Emotionality	(R) (B)	4 SR	1 A	1 A	5 H	4 SR
Conduct	(R) (B)	1 A	0 A	1 A	1 A	1 A
Hyperactivity	(R) (B)	10 VH	10 VH	10 VH	8 H	9 VH
Peer Relationships	(R) (B)	2 A	2 A	4 H	3 SR	1 A
Prosocial Behaviours	(R) (B)	7 A	4 VL	7 SL	8 A	8 A
Impact on Child	(R) (B)	1 SR	4 VH	4 VH	0 A	5 VH
Total Score	(R) (B)	17 H	13 A	16 SR	17 H	15 SR

Key (SDQ only):

1. (R) – Raw score generated from questionnaire
2. (B) – Score band (as defined in Chapter 3)

Band Scores - VH – Very High; H – High; SR – Slightly Raised; A – Average; SL – Slightly Low; L – Low; VL – Very Low

Table 31 – *SDQ: Diagnostic Prediction (Kirsty S.0-24)*

Diagnostic Prediction	**Session Number**				
	0 (S)	**0 (C)**	**12 (C)**	**18 (S)**	**24 (C)**
Any Diagnosis	HR	HR	MR	LR	MR
Emotional Disorder	LR	LR	LR	LR	LR
Behavioural Disorder	LR	LR	LR	LR	LR
Hyperactivity/ Concentration Disorder	HR	HR	MR	LR	MR

Diagnostic Prediction - HR - High Risk, MR – Medium Risk, LR – Low Risk

Parenting Stress Index (PSI)

Table 32 – *PSI: Score and Percentile (Kirsty S.0-24)*

Dimensions	**Session 0 (C) Score /Percentile**	**Session 12 (C) Score / %tile**	**Session 24 (C) Score / %tile**
Defensive Responding	14/60%	16/80%	21/97%
Parental Distress	25/50%	26/55%	34/86%*
Parent – Child	25/80%	27/90%*	18/45%
Difficult Child	26/55%	28/65%	30/75%
Total Stress	76/70%	81/79%	82/80%

* Any score over the 85% (except defensive responding) is deemed to be clinically significant (see material and methods)

Randolph Attachment Difficulties Questionnaire (RADQ)

Table 33 – *RADQ: Score/Sub-Scores (Kirsty S.0-24)*

	Session Number		
Dimensions	**0 (C)**	**12 (C)**	**24 (C)**
SSM	42	36	35
SSC	36*	33*	30
Total	52	50	41
Qu. 30	5	5	5

* Clinically significant scores: SSC – 33, SSM – 47, Total - 65

Marschak Interaction Method (MIM) Video Assessment

Euan, Duncan and Kirsty all undertook an MIM video assessment prior to the outset of intervention. The MIM showed clear signs of attachment related difficulties, most noted in the domains of nurture and engagement. A subsequent MIM video assessment was not undertaken following 12 Theraplay sessions, due to the difficulties reported in the relationship between Euan and Kirsty and instead sessions were offered without Duncan in an attempt to directly address these difficulties. The treatment plan was revised and the domain of challenge added in attempt to support Kirsty to build confidence in her relationships. An MIM video assessment was, however, undertaken at the end of Theraplay intervention (S.18) and observation of the 9 tasks completed suggested clear indications of improvement in all domains, most marked for Euan.

5.5.3 - Reflection

Questionnaire scores appear to correspond fairly closely with the oral reports of Euan and Duncan as they initially felt quite rejected by Kirsty and then began to grow emotionally closer to her through Theraplay intervention, and at session 24 the RADQ scores were no longer indicative of attachment related difficulties. Kirsty's mental health presentation grew slightly worse by session 24 and parental distress (PSI) rises, which would appear to correspond with reports of increasing traumatised behaviour, which helped to inform the therapist's decision to change therapeutic modality. Scores reflect the level of experience both parents had in caring for two older children with significant disabilities while continuing to reflect Kirsty's need for engagement within the home. Interestingly, school scored higher than Euan and Duncan in several categories including total score. However, it may be worth noting that Kirsty's class teacher was newly qualified and this might reflect her lack of experience or perception of Kirsty's presentation as she settled into a new class.

Kirsty was offered Theraplay for 18 sessions, after which intervention was changed to Play Therapy for the final 6 sessions. Although questionnaire material does not appear to suggest significant changes in Kirsty's presentation over the first 24 sessions of therapy, those changes seen would appear to correspond with the reports from Euan and Duncan and the MIM assessment strengthening the argument that Theraplay may support children to form closer attachment relationships.

Figure 6 - Chronology Callum

Date/Review	Event	Decision	Therapeutic Decision
Oct ’04	Referral to Team		
	Repeated attempts to contact Social Worker re: referral		
May ’05	Referral meeting	To seek an adoptive family	To undertake full assessment
	Assessment		
	Family finding	Hamish and Thora express interest in adopting Mhairi and Callum	To offer six Play Therapy sessions
	School difficulties		
		To end contact with grandparents	To offer ongoing Play Therapy
Jan ’06		Assessment of Hamish and Thora begins	
		Contact with May and Coll to continue	
May ’06	Ina’s brother-in-law dies	No contact with Coll’s new wife	
	Uncertainty over the identity of Callum’s Father and resultant identity issues	To change schools	
		Poor professional planning, uncertainty and dispute	
	Delays in adoption assessment		
	Holidays		
Sept ’06	New School	Hamish and Thora to be presented at Adoption Panel	Therapeutic ending to be planned
		Referral to Local Services	Support to Hamish and Thora requested
Dec ‘06			

5.6 – Callum (Child Five)

Name and Role:
*****Annabel – Therapeutic Social Worker
*****Lorne – Social Worker
*****Bonnie – Adoption Social Worker
Ina – Foster Carer
Thora – Adoptive Mum
Hamish – Adoptive Dad
Mhairi – Birth Sister
Coll – Birth Sister's Biological Father
May – Birth Mother

5.6.1 – Interviews (Callum)

N.B. Callum's foster carer Ina was not interviewed for the purposes of this study, as this was not felt to be within Callum's best interest, following his placement with his adoptive parents Hamish and Thora. In the absence of a 'parental figure' Ina's therapeutic social worker (Annabel), Callum's Social Worker (Lorne) and his Adoption Social Worker (Bonnie) were all interviewed. Annabel is also a Play Therapist who works closely with the therapist and, in her role in the Project, was involved in Callum's therapy reviews, peer supervision and close therapeutic liaison.

Where there are identifiable problems (as indicated by consensus scores) are Theraplay and Play Therapy useful interventions?

Annabel felt Callum was 'remarkably more able to find way of expressing how he felt… being able to play out a lot of his fears… after the engagement period you had with him he went through a longer period of playing out some of his previous abuse'. She commented that by the end of therapy 'the move was in full swing, his anxiety levels had really sort of gone up again… so towards the end of your sessions with him they were becoming more focused on his fears of the future' then adds 'I think he did manage to leave behind some of his anxieties from his previous life'.

About Ina, Annabel felt that 'basically she did not want to be there'. She described Ina as 'very loath to think about changing any strategies' 'the block was thinking about does anything else need to happen'.

Lorne linked the changes she felt she saw in Callum's speech, memory and expression to his experiences in Play Therapy 'he could not retain information, now when he started his therapy it was incredible – because this was a boy who started to smile, he was able to crack jokes… and his humour'. Commenting that Callum had 'space to seriously look at where he came from', describing the process as 'helping tremendously… it (therapy) doesn't just discard Callum – it completely embraces – helps them move on'. She described her surprise at attending training 'just for me' during the assessment process and feeling this allowed her 'insight into the work you'll (therapist) be doing'.

Bonnie saw a 'phenomenal change' in Callum during the year he attended Play Therapy, 'my feeling now is that it was extremely beneficial because he's just come on leaps and bounds'. She went on to say that she does not feel therapy is ‘for every child’ but she now had a ‘positive view of therapy’ and could hear herself ‘advocating counselling which is something I would never sort of thought about a couple of years ago’.

Is decision making within the Attachment Project a dynamic, evolving process and to what extent is the provision of treatment modalities influenced by child clinical presentation and carer characteristics

Annabel

Annabel was able to recall three therapeutic decisions made regarding Callum –

- to offer Play Therapy rather than Theraplay (S.0),
- to ensure an appropriate ending (S.24) and
- to offer ongoing Play Therapy at the end of the assessment (S.6).

She described the decisions as ‘a Callum and therapist partnership’ and commented that her view to offer therapy differed in that she would have ‘started therapy a little earlier’ concluding ‘maybe I’m not quite so cautious’.

Lorne

Lorne was able to recollect four therapeutic decisions –

- to offer a Play Therapy assessment (S.0),
- to offer on going Play Therapy (S.6),
- to refer Callum to local services after he was placed for adoption
- to offer support to the adoptive parents (S.24).

Lorne reflected that she felt these decisions were made in response to Callum's needs, her view of the decisions did not change, and that all the professionals were 'fighting the same corner' for Callum.

Bonnie

Bonnie recalled two decisions -

- to offer Play Therapy (S.0)
- to offer ongoing Play Therapy (S.6).

She reflected that Callum's therapist was most influential in making these decisions, that she viewed them as very positive, feeling Callum 'needed some help, an outlet'. Bonnie commented more upon her confidence in Callum's therapist than in the decision making process. When coupled with her previous scepticism/lack of therapeutic knowledge, this could suggest that her growing confidence in therapist/outcome deepened her trust in the process, thus reducing her perceived need to understand – 'I think that had as much to say about you as it actually does about the Play Therapy'.

Child clinical presentation:

Annabel, Lorne and Bonnie all commented upon Callum's communication difficulties when he started therapy – 'you could never actually get anything out of him… he would look at you blankly, not knowing what had gone on'. He was 'anxious', 'uncontained', and 'fearful'.

There had been concern as to whether Callum could engage in Play Therapy, but the therapist’s approach had reassured people: ‘the opportunities you (Therapist) gave him in the six sessions leading up to your decision at the end of the assessment, recognising the way he played was good enough, so that he could use Play Therapy, was right’.

Carer characteristics:

Annabel discussed Callum’s therapist’s decision not to offer Theraplay, based on Ina’s presentation throughout the assessment and the short-term nature of the placement ‘knowing the situation – the placement situation I think you made the right decision’.

In offering Play Therapy and following observations in the assessment, it was agreed Annabel would support Ina in thinking about Callum’s therapeutic needs – ‘I think every session we had, I encouraged her to think about how Callum might be feeling, but she found it very, very difficult’.

Annabel described Ina as ‘ill-respected by other professionals’ at the outset of their work together. She described the increasing struggle Ina had ‘coping’ with Callum and the ‘impending separation’ towards the end of his placement. Lorne commented on Ina’s ‘gentle approach’ but expressed reservations about how she ‘represented things’.

Annabel felt that carer characteristics had played a major part not only in changing the assessment process, but also in looking at providing enhanced training and education – ‘It’s gone from just knowing what the labels meant to actually thinking about, well you know, how can we actually help you do something about it (attachment difficulties), and making the whole idea more accessible…just about anybody who came into contact with the child … needed to know (about attachment)’.

External Life Events:

Death: Lorne made reference to the death of Ina’s brother-in-law, who had been a regular visitor to the family home, and Ina’s decision not to tell Callum or Mhairi about his death - ‘I don’t think Ina really acknowledged how that impacted on Callum… it was never actually said to the children… they must have heard about it… how then do you explain someone not turning up at your house’.

Professional issues: Annabel, Lorne and Bonnie all made reference to the disputes within the professional network the delays, lack of strong social work presence, work not completed, placement difficulties and delays and failings in the adoption process. Both Lorne and Bonnie made reference to their positive experience of the therapeutic model. Bonnie commenting on her changed attitude and Lorne on her desire to practise more therapeutically. This may in part be due to the therapist as interviewer, but may also reflect their experience of a clear decision making process within the therapeutic model, as contrasted with the ‘chaos’ and multi-dimensional difficulties in the inter-disciplinary decision making process around Callum.

Contact: Lorne described ending Callum’s formal contact with his grandmother as ‘he was going home and having nightmares… it was very much about her needs and not what Callum’s needs were’. However, members of the extended family continued to ‘turn up’ at school unannounced for the two years the children remained there. Callum, was traumatised whenever his grandmother ‘turned up’, ‘throwing herself in front of Mhairi’s taxi, making comments about the children being in care and Ina’s care of them’. This would impact upon his behaviour at school leading him to ‘lash out’. Lorne prevented contact with Coll’s new wife due to the confusion Callum was experiencing and his ‘suffering’ and described his contact with his mum May ‘although he loved having that contact with her he found it difficult to communicate it’.

School: Lorne described Callum’s poor peer relationships at his old school ‘I run around and I hit somebody or I run around and I poke somebody and that means I’m their friend’. She concludes ‘At that point he also moved to a new school and again he was making friends and he actually moved to a situation where he was no longer the Callum who had problems’.

What is the validity and usefulness of outcome measures when considering the effectiveness of therapy?

As Ina was not interviewed for the purposes of this Study, Annabel was asked for her opinion on questionnaire material in her roles as therapist to Ina and co-worker within the Project. 'I actually find questionnaires very, very useful in my thinking and in my conversations with carers, and sometimes it's not even about the child but it's looking at the perceptions of the carers' although 'I don't see any relevance in numbers and scores' 'it's very clumsy' 'Sometimes it's not the child who's made any change in a particular area but it's the adults ability to understand and tolerate, and that's why I think scoring makes no sense'.

Annabel saw 'massive changes' between what people reported and what is seen in the questionnaire material, commenting that people may feel disloyal to their child or choose to emphasise the worst to ensure their child receives a service – 'sometimes you wouldn't believe that this is the same child from the one you've been discussing with the carer'. Additionally, 'One person's idea of appalling is another person's idea of six year olds'.

5.6.2 –Questionnaire (Callum)

Very little questionnaire material is available for Callum over the first 24-session period of Play Therapy and therefore limited comment can be made regarding this. Questionnaire material was provided to Ina at sessions 0, 12 and 24, but despite the support of her link worker, these were never fully completed or returned.

Strength and Difficulties Questionnaire (SDQ)

Table 34 – *SDQ: Raw/ Band Scores (Callum S.0-24)*

Dimensions		**Session Number**			
		0 (S)	**0 (C)**	**12 (C)**	**24 (C)**
Emotionality	(R) (B)	1 A	4 SR	2 A	
Conduct	(R) (B)	4 H	0 A	1 A	
Hyperactivity	(R) (B)	7 SR	8 H	8 H	
Peer Relationships	(R) (B)	6 VH	5 VH	5 VH	
Prosocial Behaviours	(R) (B)	4 L	6 L	9 A	
Impact on Child	(R) (B)	3 VH	3 VH	3 VH	
Total Score	(R) (B)	18 H	17 H	16 SR	

Key (SDQ only):

1. (R) – Raw score generated from questionnaire
2. (B) – Score band (as defined in Chapter 3)

Band Scores - VH – Very High; H – High; SR – Slightly Raised; A – Average; SL – Slightly Low; L – Low; VL – Very Low

Table 35 – *SDQ: Diagnostic Prediction (Callum S.0-24)*

Diagnostic Prediction	**Session Number**			
	0 (S)	**0 (C)**	**12 (C)**	**24 (C)**
Any Diagnosis	HR	MR	MR	
Emotional Disorder	LR	LR	LR	
Behavioural Disorder	HR	LR	LR	
Hyperactivity/ Concentration Disorder	MR	MR	MR	

Diagnostic Prediction - HR - High Risk, MR – Medium Risk, LR – Low Risk

Parenting Stress Index (PSI)

Table 36 – *PSI: Score and Percentile (Callum S.0-24)*

Dimensions	**Session 0 (C)** **Score /Percentile**	**Session 12 (C)** **Score / %tile**	**Session 24 (C)** **Score / %tile**
Defensive Responding	16/80%	/ %	/ %
Parental Distress	26/55%	/ %	/ %
Parent – Child	26/85%*	/ %	/ %
Difficult Child	17/10%	/ %	/ %
Total Stress	69/50%	/ %	/ %

* Any score over the 85% (except defensive responding) is deemed to be clinically significant

Randolph Attachment Difficulties Questionnaire (RADQ)

Table 37 – *RADQ: Score/Sub-Scores (Callum S.0-24)*

	Session Number		
Dimensions	**0 (C)**	**12 (C)**	**24 (C)**
SSM	23	20	
SSC	14	16	
Total	28	26	
Qu. 30	5	5	5

*Clinically significant score, SSC – 33, SSM – 47, Total - 65

Marschak Interaction Method (MIM) Video Assessment

Ina and Callum undertook an MIM video assessment prior to the outset of intervention, which showed clear signs of attachment related difficulties. However, as the assessment progressed it became clear that Theraplay was not indicated, thus informing the decision to offer six Play Therapy assessment sessions (S.0).

5.6.3 - Reflection

Callum's questionnaire material showed some very slight improvement in mental health presentation at session 12. Hyperactivity and conduct scores

(SDQ) would appear to correspond to some extent with professional observations that Callum was very contained and at times ‘frozen’ in his interactions with Ina, but suggests a level of activity not necessarily reported verbally. School scores were higher in most categories and correspond with reports that Callum was struggling at school and with peer relationships at this time (S.0, 12/24).

Both the PSI and the RADQ showed very low scores and appear to conflict with the verbal reports of Ina, school and other professionals as well as the MIM video assessment (as reviewed by therapist and Iona, Clinical Psychologist), which showed clear signs of attachment related difficulties. This would appear to strengthen the suggestion that there are discrepancies in questionnaire reporting, and may correspond with Ina’s initial reluctance to engage in the process and consider her own issues in relation to the children or may reflect a lack of confidence, reserve and uncertainty.

Figure 7 - Chronology Eilidh

Date/Review	Event	Decision	Therapeutic Decision
Oct '04	Eilidh referral to Team		
Nov '04	Initial consultation	To ascertain status of referral to local services	
Feb '05	2nd Consultation	To refer to Local Services	
May '05		Referral declined by Local Services	Assessment commenced
			Iona consulted re: eating Difficulties
			Assessment completed 12 Theraplay sessions offered
Jan '06	Attention seeking behaviour		Theraplay commences
March '06	Eilidh's behaviour begins to improve	Placement made permanent	To review work
July '06			Theraplay ends
Sept '06	Eilidh changes school		
Jan '07	Puberty begins		Play Therapy considered
	Increased challenging behaviour		
	Bullying at school		

5.7 – Eilidh (Child Six)

Name and Role:
*****Elspeth – Foster Carer
*****Campbell – Foster Carer
*****Maisie – Supervising Social Worker
Murdo – Birth Brother

Only two interviews were undertaken in respect of Eilidh, one with her foster carers Campbell and Elspeth, and the other with their link worker Maisie. Eilidh's social worker has since left the department. The manager of the social work team, who had supervised all Eilidh's social workers failed to respond to any of the attempts made to contact her.

5.7.1 – Interviews (Eilidh)

Where there are identifiable problems (as indicated by consensus scores) are Theraplay and Play Therapy useful interventions?

Eilidh had 12 sessions of Theraplay, after which significant positive changes in her presentation occurred. Four months later, following a change of school and onset of puberty, a short period of Play Therapy was provided. Campbell, Elspeth and Maisie all mentioned the significant changes in Eilidh's presentation following Theraplay intervention prior to the commencement of this period of Play Therapy.

Campbell and Elspeth described marked changes in Eilidh during this Theraplay– 'she hardly ever has kicking, screaming tantrums anymore', 'sits down to the table now and eats like everybody else', and her growth in self awareness - 'she can take herself upstairs, have time out and then come back down and rejoin the family', '(Eilidh) will say – well that was silly cause I shouldn't have done that', 'it's benefited the whole family' concluding 'Eilidh has learnt, to a certain degree, to be able to control herself'.

Campbell and Elspeth commented 'if she (Eilidh) hadn't had therapy we wouldn't have been able to manage - we couldn't have done it without your (therapist's) help'. 'It's made me stop and think and look at things differently, completely differently'. '

Campbell and Elspeth reflected that they found the training 'very useful', learning 'that child is this age in physical age, but in attachment age they're still way back there, you've got to make up that ground sometimes, and it's getting different ideas of how to do it'. They valued the support they received from other carers at the training sessions.

Maisie (Supervising Social Worker)

Theraplay: Maisie had not heard of Theraplay beforehand: 'I was thinking that sounds very strange.' However, after meeting the therapist 'it made a lot more sense in terms of trying to build her attachment to the carers…making her feel that she belonged to a family'. She noted that the carers followed the therapist's guidance and would 'spend some time and space with Elspeth looking at her, rather than just doing everyday things'. She described 'a lot of improvements' and Eilidh having 'matured quite a bit.. 'I felt that she had made so much progress with the Theraplay'.

Maisie felt the process had ‘given me greater understanding of attachment … I’ve been able to continue that with them (Campbell and Elspeth) in supervision, i.e. ‘what would Eilidh’s therapist say about it’ ‘and helped her in trying to work with other children ‘in a more therapeutic sort of way’.

Is decision making within the Attachment Project a dynamic, evolving process and to what extent is the provision of treatment modalities influenced by child clinical presentation and carer characteristics

Campbell and Elspeth were able to recall two therapeutic decisions made in respect of Eilidh, namely

- to accept the referral
- to offer Theraplay for 12 sessions (S.0)

When prompted, they also expressed their relief at the decision to offer Play Therapy subsequent to Theraplay. They commented that they felt fully consulted in the therapeutic decision making process and that their view did not differ from the decision made, but that they would have ‘absolutely gone mad’ if Eilidh had not been offered Play Therapy.

Maisie was aware of the decision to offer Eilidh Theraplay (S.0). Despite her initial ‘confusion’ regarding Theraplay, she thought ‘Eilidh’s needs’ ‘the foster carer’s opinion’ and ‘to a certain extent yours (therapist)’ were influential in making this decision. Maisie comments, ‘my ideas changed but I don’t think I actually disagreed with the decision at any point…I was able to play a part in the decision making process'.

Child clinical presentation:

Campbell, Elspeth and Maisie all made reference to Eilidh's 'temper tantrums', 'issues around food', 'screaming fits', 'communication problems', 'problems putting anything in her mouth – cleaning her teeth' and self care difficulties. Campbell and Elspeth described Eilidh as 'off the wall at times' and concluded 'I (Campbell) felt at the time that if Eilidh didn't get some sort of help, then she was going to end up a tangled mess and probably have ended up in a secure unit'. Maisie commented on Eilidh's difficulties over knowing 'who to trust'.

Carer characteristics:

Campbell and Elspeth described some of their initial 'anxiety' and self consciousness at the Theraplay process, but 'Eilidh's therapist made it easy for us because it just felt right.. Eilidh can do this so we can… the atmosphere and everything is so relaxed… you find yourself doing it and didn't even think about it'.

The carers' commitment to Eilidh was particularly strong: 'anybody can give a bed and a room and a house for a kid, but Eilidh had major problems', as was their ability to look beyond these problems 'we recognized that there was a lovely kid there behind all that - she'd got potential' and their desire to learn and, where necessary, change 'sometimes I wasn't getting it right'.

Campbell, Elspeth and Maisie felt part of the decision-making process all the way through: ‘it didn’t just start and then we was expected to go along with it, we were asked all the way and then we discussed things’

External Life Events:

Permanence: Eilidh had been told a previous placement was permanent but then was moved. It was realised that this was affecting her ability to be secure with Campbell and Elspeth. Campbell and Elspeth struggled at the same time in making the decision regarding permanence, feeling committed to Eilidh and Murdo but questioning if they could manage Eilidh’s behaviour. They link their decision to make the placement permanent with finally receiving therapeutic services - ‘if she hadn’t had therapy we wouldn’t have been able to manage her anymore’. Campbell, Elspeth and Maisie all make reference to the role Theraplay played in allowing Eilidh to feel part of a family - ‘the 12 weeks were great because she formed an attachment with us and started to recognise that we were going to be a family’. Maisie goes on to comment that Eilidh then also started forming closer relationship with Campbell and Elspeth’s extended family.

Respite: had been essential to the couple as Elspeth’s health was suffering due to the pressure of caring for Eilidh in the early days and had been managed using the same respite carers.

School: Shortly after she finished Theraplay, Eilidh went from the small/contained junior school across to the much larger senior school. Campbell noted ‘We did actually have quite a good relationship with the teachers at the other school but at this school it’s just a bit hit and miss at present’.

What is the validity and usefulness of outcome measures when considering the effectiveness of therapy?

Elspeth experienced difficulties in completing the questionnaires as Eilidh’s carer and not her mother, feeling ‘I couldn’t go back to when she was younger, I could only do it from the time we had her’ and some of the questions were ‘a bit difficult to answer’ as a carer’. She did not feel the questionnaires accurately reflected Eilidh, feeling she was often ‘in between’ categories or she would present differently at different times.

Elspeth would have appreciated some space to comment on the questionnaire, having a scale for how frequently a child behaved a particular way and the severity of the behaviour, feeling at present ‘the overall picture is not there’. She also recognised the questionnaires did not reflect the impact of life events: ‘all you’re getting on those sheets of paper is the child’s behaviour at that time, but it doesn’t actually show you why there’s been a change in their behaviour’.

5.7.2 –Questionnaire (Eilidh)

Strength and Difficulties Questionnaire (SDQ)

Table 38 – *SDQ: Raw/ Band Scores (Eilidh S.0-12)*

Dimensions		**Session Number**				
		0 (S)	**0 (C)**	**6 (C)**	**12 (C)**	**12 (S)**
Emotionality	(R) (B)	1 A	3 A	3 A	3 A	1 A
Conduct	(R) (B)	6 VH	8 VH	6 VH	8 VH	0 A
Hyperactivity	(R) (B)	1 A	10 VH	10 VH	10	
Peer Relationships	(R) (B)	6 VH	5 VH	5 VH	10 VH	8 H
Prosocial Behaviours	(R) (B)	7 A	4 VL	5 VL	2 VL	6 A
Impact on Child	(R) (B)	3 VH	7 VH	0 A	4 VH	1 SR
Total Score	(R) (B)	12 SR	25 VH	25 VH	27 VH	9 A

Key (SDQ only):

1. (R) – Raw score generated from questionnaire
2. (B) – Score band (as defined in Chapter 3)

Band Scores - VH – Very High; H – High; SR – Slightly Raised; A – Average;
SL – Slightly Low; L – Low; VL – Very Low

Table 39 – *SDQ: Diagnostic Prediction (Eilidh S.0-12)*

Diagnostic Prediction	**Session Number**			
	0 (S)	**0 (C)**	**6(C)**	**12 (C)**
Any Diagnosis		HR	MR	HR
Emotional Disorder		LR	LR	LR
Behavioural Disorder		HR	MR	HR
Hyperactivity/ Concentration Disorder		MR	LR	HR

Diagnostic Prediction - HR - High Risk, MR – Medium Risk, LR – Low Risk

Parenting Stress Index (PSI)

Table 40 – *PSI: Score and Percentile (Eilidh S.0-12)*

Dimensions	**Session 0 (C)** **Score /Percentile**	**Session 6 (C)** **Score / %tile**	**Session 12 (C)** **Score / %tile**
Defensive Responding	11/15%	10/10%	13/45%
Parental Distress	17/10%	18/12.5%	21/25%
Parent – Child	24/75%	33/97%*	26/85%*
Difficult Child	36/90%*	33/85%*	38/94%*
Total Stress	77/71%	84/82.5%	85/84%

* Any score over the 85% (except defensive responding) is deemed to be clinically significant.

Randolph Attachment Difficulties Questionnaire (RADQ)

Table 41 – *RADQ: Score/Sub-Scores (Eilidh S.0-12)*

	Session Number		
Dimensions	**0 (C)**	**6 (C)**	**12 (C)**
SSM	70*	59*	70*
SSC	55*	40*	52*
Total	73*	59	73*
Qu. 30	5	5	5

* Clinical significant score, SSC – 33, SSM – 47, Total - 65

Marschak Interaction Method (MIM) Video Assessment

Campbell, Elspeth and Eilidh all undertook an MIM video assessment prior to the outset of intervention. The MIM showed clear signs of attachment related difficulties, most noted in the domains of nurture, structure and engagement. Following Eilidh’s six week review, where marked improvement was noted in all domains, challenge was added to the treatment plan for the final six sessions. A subsequent MIM video assessment was undertaken following 12 Theraplay sessions, and observation of the 9 tasks completed suggested clear indications of improvement in all four domains. Eilidh presented as relaxed and more appropriate in her interactions with Campbell whilst closer, more engaged and natural with Elspeth.

5.7.3 - Reflection

There would appear to have been few tangible changes in Eilidh's presentation and, if anything, this would appear to have worsened as reported by questionnaire material over this 12-session period of Theraplay intervention. This would appear to contrast quite significantly with the verbal reports of Campbell and Elspeth who reported increased closeness to Eilidh and a much calmer presentation. Parental distress remained very low throughout intervention and might reflect the length of time Elspeth and Campbell worked with the therapist and their relief at receiving ongoing parental support (as indicated in the PSI).

There would appear to be a marked disparity between changes seen in Eilidh's presentation as reported verbally at therapy reviews (S.6 & 12), during MIM video assessment and those recoded in questionnaire material.

Generally school scored lower than home, with the exception of conduct (SDQ), which reduced quite significantly following 12 sessions of Theraplay, and hyperactivity (SDQ), which rose dramatically over this 12 session period and might be indicative of the difficulties to come.

5.8 – Reflection and Summary

There were some changes in questionnaire scoring for Heather, Fergus and Angus over this further two-year period of therapy. These changes have been fully documented in the light of oral reports presented by parents/carers; questionnaire changes were not as significant as those reported orally and often fluctuated according to the experiences of child/family at any given time. Changes were rarely consistent between the three children, with the exception of conduct (SDQ), RADQ and total score (SDQ). Questionnaire material collected over the first 12/24 sessions of therapy for Kirsty showed some changes in her presentation, which have been explored in the light of the oral reports of Euan and Duncan. However, limited change was seen for Callum or Eilidh and if anything their presentation appeared to worsen, contrasting the oral reports of those interviewed, but in line with some of the findings in Phase One and once again highlighting the potential impact of life events as seen for each child.

The oscillation of some of Heather's questionnaire scores over her two years in therapy often reflected difficult life experiences such as settling in her new adoptive family, the death of Ross and her increased desire for contact with her birth siblings. Overall questionnaire scores continued to record fewer positive changes than oral feedback, with some exceptions. These exceptions suggest that Heather had been supported to form closer attachment relationships and an overall improvement in her mental health presentation over this two year period.

Fergus’ questionnaires showed the most significant improvement of the six children in several areas of functioning following two years of therapy and may reflect the ending process. However, several questionnaire scores suggest ongoing difficulties not reported orally during his final therapy reviews. The most consistent changes suggest that Fergus had been supported to form closer attachment relationships, a reduction in his challenging/ hyperactive behaviours and an overall improvement in his mental health presentation. This may also reflect a very settled time for Fergus following his placement crisis, clear investment from his carers, settling into a new school provision and a period without contact with his birth family.

Angus’ questionnaires showed few consistent changes during this two year period and often mirrored oral reports of ongoing life events such a three deaths within the family, a child protection incident, school difficulties and problems within the home. However, changes were noted in his RADQ and SDQ (Conduct) consistent with both Heather and Fergus suggesting a slight reduction in challenging behaviour and closer attachment relationships.

Kirsty’s questionnaire scores would appear to most closely reflect the oral reports of Euan and Duncan who initially felt quite rejected by her, then describe a closer relationship through the Theraplay process and finally report an increase in her distressed presentation following a number of difficult anniversaries and heightened anxiety. This was one of the factors informing the therapist’s decision to change therapeutic modality.

Ina struggled to complete or return Callum’s questionnaires but the limited information available suggests a slight improvement in his presentation (mirrored in oral reports) which would appear to correspond with the suggestion that little change would be anticipated during the early stages of Play Therapy. Ina as described by Annabel was very reticent to engage in the early stages of work so little is known of this time of Callum’s placement other than his ongoing difficulties at school.

Eilidh’s questionnaires showed the most marked variation to oral reports provided by Campbell and Elspeth who describe the changes they saw in her behaviour and the positive effects they felt Theraplay had on everyone. The most marked life event for Eilidh at this time was the change in her school which came shortly after the completion of Theraplay and scores may reflect her growing anxiety at this change.

Many of the changes in scoring as reported by parents/carers were minor, suggesting limited clinical significance. However, given the lack of literature presently available on the use of these assessment tools as outcome measures for LAC children, there is little to calibrate these findings against and future research may lead to a fuller interpretation of the results presented. On the surface, these findings would appear to suggest that changes made to service provision made little or no impact upon therapeutic support offered to each child. However, this would appear to contrast quite starkly with the oral reports of those interviewed and thus leaves a further dilemma to be considered as this study moves towards its conclusion.

A number of findings emerged from this analysis. The most important of these proved to be:

1. Play can be an effective intervention when working with LAC Children and appears to contribute to stronger attachment relationships through the therapeutic alliance.
2. Theraplay was reported by parents and professionals to have been a useful intervention with LAC children and evidence emerged that it contributed to increased closeness and confidence in the parenting role.
3. The tools in standard use for the assessment of children before, during and after professional intervention were found to be effective screening measures although some questions arose in relation to their sensitivity as effective monitoring and outcome measures specifically for LAC children.
4. Therapeutic decision making was found to be evolving and dynamic within the project, in response to the unpredictable, emerging needs of the LAC child as they settle into new families and move through different stages of development and life events.
5. The changing therapeutic needs of this child population required ongoing and responsive assessment, the potential for which may be compromised by inadequate communication and levels of engagement amongst professional agencies.

The key finding to emerge affirmed the value of Play Therapy and Theraplay, highlighted the importance of ongoing assessment in therapeutic decision making and suggested how this process could be adversely affected by inadequate interagency communication and differing levels of agency engagement. The comments of those interviewed provided a new dimension of understanding of the limitations of present screening and assessment tools for the LAC child population.

The evidence generated throughout this study has now all been presented. In considering this material, a case study approach has been taken to allow similarities, themes, difference, conflict, ideas and an evolving picture of the child during this period of therapy to emerge. The richness of this data is clear to see, and its meaning for each child, the Project and the LAC population as a whole will be further explored in the discussion of Chapter 6. This evidence will be considered in the context of what is already known through detailed examination of existing literature, with an attempt to further explore the findings of Phase One and in doing so returning to the research questions/aims identified at the outset.