



Anna Freud
National Centre for
Children and Families

SUMMARY REPORT

The Parent-Toddler Group Adoption Project

A feasibility study of a
therapeutic play group

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Full report

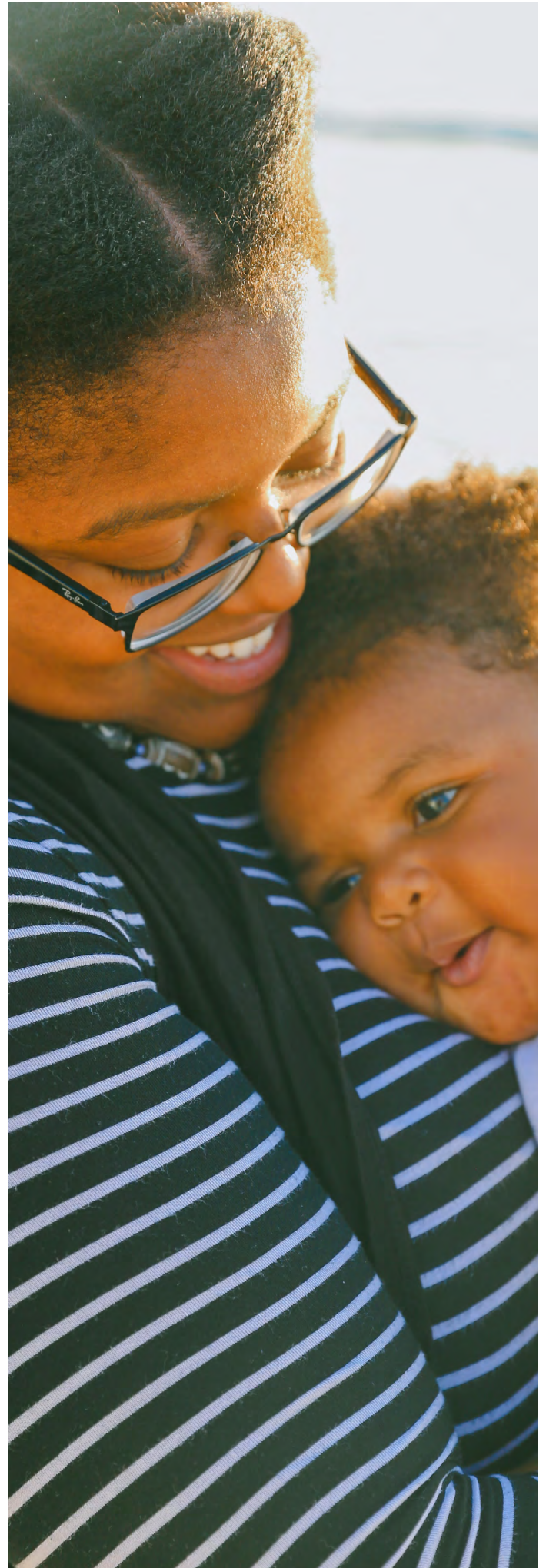
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Background

The early years of a child's life lay the foundations for their later development, wellbeing and mental health. Adopted children can have some of the most disturbed and traumatising starts in life. Research tells us that infants and toddlers who have been neglected or emotionally abused exhibit a range of serious cognitive, emotional and behavioural difficulties. Research also indicates that these difficulties can remain without early intervention; however, very few therapeutic services exist to support adoptive families with toddlers or very young children. To fill this gap, the Parent-Toddler Group Adoption Project proposed to adapt and evaluate a therapeutic play group developed at the Anna Freud National Centre for Children and Families (called the Parent-Toddler Group; PTG) to explore its feasibility and any preliminary trends in clinical impact.



Adoption in the early years

Early development: risk and opportunity



Infanthood is a sensitive period. Early experiences shape brain development, and set the foundation for lifelong learning, behaviour and health

In the first years of life...



1 million new brain connections



are formed every **1** second

Adoption in England

In 2018/19
3,570 children were adopted

74%

had experienced abuse and neglect

74%

were aged 1-4 years old



173 days (on average)



Common difficulties for adoptive families



Instability of moves between foster homes

Loss of birth family

Experience of abuse and neglect



Possible experience of infertility and associated trauma

Coping with the transition to parenthood

- Redefined identities
- Changes in the couple relationship
- Changes to social networks and support

Increased risk of cognitive, emotional and behavioural difficulties

Risk of increased stress and other mental health difficulties

Increased risk of strain on parent-child relationship

Aims

The study's aims were to explore the feasibility of delivering the adapted PTG for adoptive families. The related research questions were:

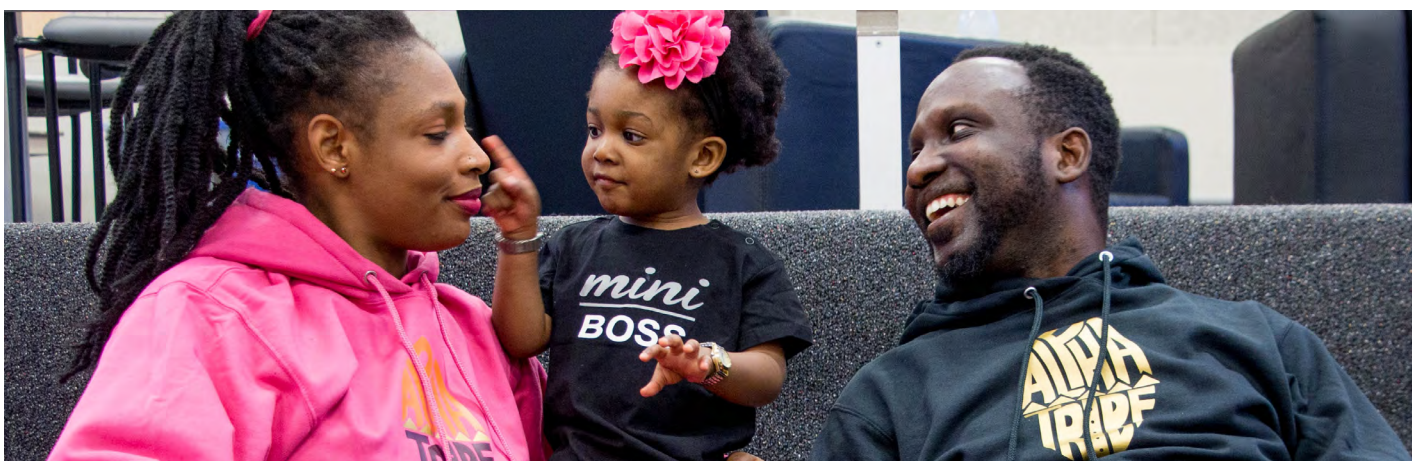
- 1. Acceptability.** What were adoptive parents' experiences of the intervention? Was it helpful? What clinical or practical concerns arose from delivering the intervention?
- 2. Preliminary outcomes.** Within the context of a small-scale study, what is the evidence that the adapted PTG is effective in improving clinical outcomes for adoptive families (child development, child externalising and internalising symptoms, parental mental health and parental stress)?
- 3. Adaptation.** What modifications to the PTG model are required for delivery with an adoptive population?

Methods

Families were recruited by adoption social workers and their places were funded via the Adoption Support Fund. Their experience of the intervention was assessed using questionnaires and a focus group post-intervention. Preliminary clinical outcome measures were also recorded by collecting outcome measures pre-and post-intervention.

The intervention

The Parent-Toddler Group (PTG) for adoptive parents comprises weekly 1.5-hour sessions over six months, co-facilitated by one qualified therapist and one assistant therapist. The model is informed by psychoanalytic, child development, attachment and trauma-informed theory. The aims of the intervention are to support typical parent-toddler relationship development, as well as those difficulties arising within the context of newly formed adoptive families where the toddler is likely to have experienced early maltreatment and trauma.



LOGIC MODEL

PARENT-TODDLER GROUP ADOPTION PROJECT

1. TARGET: who is the intervention for?

Adoptive parents with a toddler 1 to 3 years old

3. CHANGE MECHANISMS: how and why does the intervention work?

- Observing, practising and learning about child-led creative play and sensitive behaviour management
- Observing and practising the process of understanding parental and child behaviour within the context of mental states and putting them into words
- Practising finding balance between self focus/care and attending to the world through the toddler's eyes
- Strengthening social networks through peer-to-peer support and connecting to parents in a similar situation
- Experiencing containment through the group
- Experience of positive reinforcement and confidence building
- Sense of safe space allowing open and confidential communication
- Observing an attuned, respectful relationship modelled through the group leaders' relationship

2. INTERVENTION: what is the intervention?

- Based on the Anna Freud psychoanalytic parent-toddler group. Group themes cover:
 1. Child-led creative play
 2. Exploring parent-toddler closeness and independence
 3. Putting a child's thoughts and feelings into words
 4. Sensitive behaviour management
 5. Sharing experiences and creating connections between families
- 26 x 1.5-hour weekly group sessions (2-week break over the summer). A structured snack time is included in each group session
- Maximum 8 families (16 parents and 8 toddlers) per group
- Groups are led by at least one trained parent-toddler psychoanalytic psychotherapist and another trained assistant psychologist

4. OUTCOMES: what differences will it make?

Feasibility

- Parental experience. Positive parental experience of the service (measured by **ESQ** and **focus group with parents**)
- Parental engagement. Good attendance in the group (measured **by cancellation and non-attendance rates**)

Child outcomes

- Toddler developmental outcomes. Improved cognitive, language, physical, social, emotional and behavioural development of toddler (measured by **ASQ/ASQ:SE**)

Adoptive parent outcomes

- Parental mental health. Improved mental health (measured by the **CORE-10**)
- Parental stress. Reduced parental stress (measured by the **PSI-SF**)

5. MODERATORS: what factors will influence the change process?

- **Parent engagement** – willingness of parents to attend and to participate
- **Fidelity to the intervention model/group facilitator skills** – how closely group leaders keep to the intervention model and whether group sessions are adequately facilitated to ensure all parents are able to participate
- **Implementation issues** – training of group leaders, ensuring they have time for preparation, delivery and reflection, access to venue space and refreshments

Findings

Six families (10 parents and 8 children) completed the intervention. Feedback data documented high rates of acceptability and feasibility. All parents completing the intervention reported high levels of satisfaction with the intervention, as well as that it positively impacted their understanding of their child's thoughts and feelings. Additional preliminary outcome data indicated positive changes in child development and a positive trend was found for parental mental health and parenting stress across the intervention.



Discussion and next steps

The overall results of this study are very encouraging, suggesting that the PTG for adoptive families with children aged 1–3 is helpful and acceptable, and is associated with clinical trends of improvement in a number of key domains of child development and family wellbeing. The qualitative focus group data combined with clinical considerations identified modifications required to the therapy model in the context of adoptive families, including increased structure in the group and closer co-working with other professionals. However, the small number of participants means that findings should be considered with caution, and the adapted intervention should be evaluated with larger samples to explore its efficacy.



About the Anna Freud National Centre for Children and Families

The Anna Freud National Centre for Children and Families has developed and delivered pioneering mental health care for over 60 years. Our aim is to transform current mental health provision in the UK by improving the quality, accessibility and effectiveness of treatment. We believe that every child and their family should be at the heart of the care they receive, working in partnership with professionals.

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