İSTANBUL BİLGİ UNIVERSITY
INSTITUTE OF SOCIAL SCIENCES
CLINICAL PSYCHOLOGY MASTER’S DEGREE PROGRAM

‘A HOME OF HEARTS’: THE EFFECTIVENESS OF AN INTERVENTION PROGRAM FOR FOSTER FAMILIES

Selin KİTİŞ
114639003

Yudum SÖYLEMEZ, Faculty Member, PhD

İSTANBUL
2019

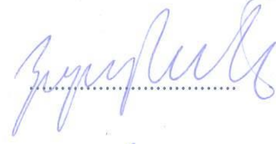
‘A Home of Hearts’: The Effectiveness of an Intervention Program for Foster Families

‘Kalpten Bir Ev’: Koruyucu Aile Müdahale Programı’nın Çocuk ve Aileler Üzerindeki Etkisi

Selin Kitiş
114639003

Thesis Advisor: Yudum Söylemez, Dr. Öğr. Üyesi : İstanbul Bilgi Üniversitesi ....

Jury Member: Zeynep Çatay, Dr. Öğr. Üyesi : İstanbul Bilgi Üniversitesi ....



Jury Member: Deniz Aktan, Dr. Öğr. Üyesi: Işık Üniversitesi ....

Date of Thesis Approval: 04.01.2019
Total Number of Pages: 143

Keywords (Turkish)	Keywords (English)
1) Koruyucu Aile	1) Foster Care
2) Psikoterapi Müdahale Programı	2) Psychotherapy Intervention
3) Çocuk Psikoterapisi	3) Child Psychotherapy
4) Etkililik Araştırması	4) Effectiveness Research
5) Pilot Çalışma	5) Pilot Study

ACKNOWLEDGEMENTS

First of all, I would like to thank to my advisor Yudum Akyıl for her precious contributions. Without her guidance, moment-to-moment support and involvement in every step of the process, this thesis would not have been possible. Her encouragement and supervision were the most valuable elements that motivated me throughout this process. I also thank to my jury members, Zeynep Çatay and Deniz Aktan, for offering their precious times, valuable contributions and kind words during my defense.

I would like to mention the names of few friends whose support meant beyond what they realized. I am grateful to Merve Özmeral, Sedef Oral and Emre Aksoy who eagerly and delicately took observation notes of the therapy sessions and enriched this study with their contributions. Their presence made the process more enjoyable. I also thank to Anıl Şafak Kaçar for his emotional and practical support by helping me through all my anxieties and academic struggles during the whole process.

I thank the children and parents who participated in the program. Children's resilience, parents' motivation and the genuine bond between them deeply affected me. I am thankful to them for showing me the strength of love and dedication in confronting the difficulties.

I am grateful to my family for always believing in me and supporting me with their great encouragement. I am also thankful to my friends for elevating my mood and being a comfort zone in times of exhaustion.

Finally, I thank all who in one way or another contributed in the completion of this thesis.

TABLE OF CONTENTS

Title Page ... i
Approval ... ii
Acknowledgements ... iii
Table of Contents ... iv
List of Figures ... viii
List of Tables ... ix
Abstract ... x
Özet ... xi
Chapter 1: Introduction ... 1
1.1. Psychological Dynamics of Children in Care ... 2
1.1.1. Children in Institutions ... 2
1.1.2. Adoption and Foster Care ... 5
1.1.2.1. Variables Affecting the Relationship ... 8
1.1.2.2. Foster and Adoptive Parents' Role ... 9
1.1.2.2.1. Ability to Manage Feelings ... 11
1.1.2.2.2. Resolution of Traumas ... 12
1.1.2.2.3. Reflective Functioning ... 13
1.1.2.3. Two Sets of Parents ... 13
1.1.2.4. Expectations and Difficulties of Parents ... 14
1.2. Child Protection Systems and Foster Care Services in Turkey ... 16
1.3. Supportive Psychological Interventions for Foster Families ... 19
1.3.1. Importance of Psychological Support for Foster Families ... 19
1.3.2. Psychotherapy for Severe Attachment Issues ... 21
1.3.2.1. Holding Environment ... 21
1.3.2.2. Play ... 22
1.3.2.3. Therapeutic Relationship ... 22
1.3.2.4. Presence of Parents ... 23

1.3.3. Evidence-Based Psychotherapy Interventions 24
1.4. Purpose of the Study 31
Chapter 2: Method 33
2.1. Participants 33
2.1.1. ID 1 - Ali 33
2.1.2. ID 2 - Büşra 34
2.1.3. ID 3 - Can 35
2.1.4. ID 4 - Demir 36
2.1.5. ID 5 - Efe 36
2.1.6. ID 6 - Feyza 37
2.2. Measures 38
2.2.1. Qualitative Measures 38
2.2.2. Quantitative Measures 39
2.2.2.1. Child Behavior Checklist (CBCL) 39
2.2.2.2. Attachment Story Completions Task (ASCT) 40
2.2.2.3. Play Assessment 41
2.3. Procedure 41
2.3.1. Parent Psycho-Education 44
2.3.2. Intake Session with Parents 45
2.3.3. Play Session 1: Intake and Assessment 45
2.3.4. Play Session 2: Mirroring and Family Integration 46
2.3.5. Play Session 3: Attachment-Based Family Games 46
2.3.6. Play Session 4: Body Drawing 47
2.3.7. Feedback Session 1 47
2.3.8. Play Session 5: Emotion Recognition 48
2.3.9. Play Session 6: Emotion Regulation 48
2.3.10 Play Session 7: Foster Care Story 49
2.3.11. Feedback Session 2 49
2.3.12. Play Session 8: Life Book 50
2.3.13. Play Session 9: Termination and Assessment 50
2.3.14. Termination Session with Parents 51

Chapter 3: Results......52
3.1. Observational Data......52
3.1.1. Individual Processes......53
3.1.1.1. ID 1 - Ali......53
3.1.1.2. ID 2 - Büşra......55
3.1.1.3. ID 3 - Can......57
3.1.1.4. ID 4 - Demir......58
3.1.1.5. ID 5 - Efe......60
3.1.1.6. ID 6 - Feyza......61
3.2. Qualitative Data......62
3.2.1. Parenting......63
3.2.1.1. Intake Interviews......63
3.2.1.1.1. Effort to Understand the Child......63
3.2.1.1.2. Effort to Have Good Parenting Capacities......64
3.2.1.1.3. Concerns about the Care of the Child......65
3.2.1.1.4. Challenge of Limit Setting......66
3.2.1.2. Termination Interviews......67
3.2.1.2.1. Mentalization Capacities......68
3.2.1.2.2. Motivation and Effort to Be Good Parents......69
3.2.1.2.3. Concerns and Hopes......70
3.2.2. Parents' Perception of the Child......70
3.2.2.1. Intake Interviews......70
3.2.2.1.1. Positive Change......70
3.2.2.1.2. Separation Anxiety......71
3.2.2.1.3. Difficulty with Self-Regulation......72
3.2.2.1.4. Challenging Behaviors......73
3.2.2.1.5. Positive Qualities......75
3.2.2.2. Termination Interviews......75
3.2.2.2.1. Sociability......76
3.2.2.2.2. Warmth and Compassion......76
3.2.2.2.3. Activeness......77

3.2.3. Issues About Foster Parenting 77
3.2.4. Effects of Participating in the Program 79
3.2.4.1. Positive Changes on Children 79
3.2.4.2. Improvement in Parenting Skills..................................81
3.2.4.3. Positive Perception for the Process...............................83
3.2.5. Therapist Interventions 84
3.3. Quantitative Data 85
3.3.1. Common Outcomes..86
3.3.2. Individual Examination...89
3.3.2.1. ID 1 - Ali..92
3.3.2.2. ID 2 - Büşra..93
3.3.2.3. ID 3 - Can...95
3.3.2.4. ID 4 - Demir 96
3.3.2.5. ID 5 - Efe 97
3.3.2.6. ID 6 - Feyza...98
3.4. Summary of the Results...99
Chapter 4: Discussion 101
4.1. Implications for Clinical Practice...113
4.2. Limitations and Recommendations for Future Research 116
Conclusion...119
References 120
Appendices..133
Appendix A: Child Behavior Checklist for Ages 1.5-5 133
Appendix B: Scoring Sheet for Attachment Story Completion.........138
Appendix C: Scoring Sheet for Play Assessment Coding System 139
Appendix D: Intake Interview 141
Appendix E: Termination Interview 142

LIST OF FIGURES

Figure 3.1 Changes in Play 88
Figure 3.2 Changes in Play (Imagination) 89
Figure 3.3 Changes in Play (Organization) 90
Figure 3.4 Changes in Play (Complexity) 91
Figure 3.5 Changes in Play (Involvement) 92

LIST OF TABLES

Table 2.1 Demographic Information of the Participants................................33
Table 3.1 Wilcoxon Rank Test Scores and Outcome Measures 86
Table 3.2 Outcome Scores (Ali)..92
Table 3.3 Outcome Scores (Büşra) 93
Table 3.4 Outcome Scores (Can) 95
Table 3.5 Outcome Scores (Demir)...96
Table 3.6 Outcome Scores (Efe) 97
Table 3.7 Outcome Scores (Feyza) 98

ABSTRACT

Foster care is considered to be one of the most appropriate services for children who are under government protection by providing them an opportunity to form stable and secure attachment relationships. Nevertheless, most of the children come into this relationship with their earlier adverse caretaking experiences, which is likely to have considerable influence on their interaction with foster parents. Literature demonstrates the difficulties foster families face following the placement of the child. This study presents a short-term semi-structured play therapy model that is adapted from different therapy approaches with an aim to support foster families in dealing with the difficulties of parenting by targeting the attachment relationship between foster parents and their children. A preliminary evaluation of the applicability and effectiveness of this supportive psychotherapy intervention is presented through qualitative and quantitative methods following the implementation of the program with six foster families who have three-to-six years old children. In order to examine the experiences of foster parents during the program, parent interviews were conducted before and after the intervention and were analyzed by using thematic analysis. To assess intervention outcome on children, Child Behavior Checklist (CBCL), Attachment Story Completion Task, and Play Assessment ratings were collected pre- and post-intervention. Play Assessment ratings were also scored for each play session in order to examine the process of children's play capacities. Results revealed significant improvements in parenting skills and children's play capacities. Parents indicated better mentalization and attunement skills on parent-child interaction, and children showed progress in symbolic play capacity. No significant results were found regarding children's symptoms and attachment patterns after the intervention. These results contribute to the literature and clinical practice by presenting an applicable and effective intervention for foster families.

Keywords: foster care, psychotherapy intervention, child psychotherapy, effectiveness research, pilot study

ÖZET

Koruyucu ailelik, çocuklara güvenli ve stabil bağlanma ilişkileri kurabilecekleri bir ortam sağladığı için çocuk koruma sistemleri arasındaki en uygun sistemlerden biridir. Bununla beraber, çocukların birçoğu bu ilişkiye önceki olumsuz bakım deneyimleriyle birlikte başlar ve bu durumun koruyucu ailedeki ebeveyn-çocuk ilişkisi üzerinde önemli bir etkisi vardır. Literatür, koruyucu ailelerin bu konuda yaşadıkları zorlukları göstermektedir. Bu çalışma, koruyucu ailelerin bu zorluklarla baş etmesine yardım etmek amacıyla farklı terapi yaklaşımlarından uyarlanmış ebeveyn-çocuk bağlanma ilişkisine odaklanan kısa dönemli yarı yapılandırılmış bir terapi modeli sunmaktadır. Bu destekleyici psikoterapi müdahale programının uygulanabilirlik ve etkililik değerlendirmesine dair ön bulgular 3-6 yaş arası çocuğu olan altı koruyucu aile ile yapılan uygulamanın ardından kalitatif ve kantitatif yöntemlerle gösterilmiştir. Ebeveynlerin koruyucu aileliğe ve programa dair deneyimlerini değerlendirmek için müdahaleden önce ve sonra ebeveyn görüşmeleri yapılmış ve bu görüşmeler tematik analiz ile incelenmiştir. Müdahalenin çocuklar üzerindeki etkisini ölçmek için Çocuk Davranış Değerlendirme Ölçeği, Oyuncak Öykü Tamamlama Testi ve Oyun Değerlendirme Skalası puanları sürecin başında ve sonunda toplanmıştır. Aynı zamanda, çocukların oyun kapasitelerindeki gelişmeleri takip edebilmek amacıyla Oyun Değerlendirme Skalası puanları her oyun seansı için hesaplanmıştır. Sonuçlar, ebeveynlik becerilerinde ve çocukların oyun kapasitelerinde önemli değişimler göstermiştir. Ebeveynler, ebeveyn-çocuk ilişkisinde kendilerine dair gelişmiş mentalizasyon ve uyumlanma becerileri belirtmiştir. Çocukların sembolik oyun becerilerinde anlamlı gelişme görülmüştür. Çocukların semptomlarında ve bağlanma modellerinde müdahaleden sonra anlamlı değişim olmamıştır. Bu sonuçlar, koruyucu aileler için uygulanabilir ve etkili bir müdahale programı sunarak Türkiye literatürüne ve klinik pratiğine katkıda bulunmaktadır.

Anahtar Kelimeler: koruyucu aile, psikoterapi müdahale programı, çocuk psikoterapisi, etkililik araştırması, pilot çalışma

CHAPTER 1
INTRODUCTION

"Intimate attachment to other human beings are the hub around which a person's life revolves, not only when he is an infant or a toddler or a school child but throughout his adolescence and his years of maturity as well, and into old age. From these intimate attachments, a person draws his strength and enjoyment of life and, through what he contributes, he gives strength and enjoyment to others. These are matters about which current science and traditional wisdom are one." (Bowlby, 1980, p.441)

Children develop best in contexts, where they can form stable and predictable relationships with present and available caregivers. Accordingly, family-based protection systems are the most appropriate intervention for children who cannot live with their birth parents and have taken under government protection (Roy & Rutter, 2000). Foster care is considered to be one of the most important services among these family-based protection systems, which can be described as: family or person who share the responsibility of care with the government through providing a family context for the child or children (Baysal, 2017).

Neglect and trauma are common experiences for children who are placed in foster care; thus, the placement following these experiences is likely to create considerable stress both for children themselves and their foster caregivers, which may compose a significant risk for placement breakdown (Sinclair, Wilson, & Gibbs, 2000). On the other hand, research studies report that there is a considerable increase in the capacities of children in foster care to use their foster caregivers as a secure base (Schofield & Beek, 2005).

Despite the clear advantages that foster care presents, high demands are placed on the foster caregivers who frequently cannot take a sufficient training and support to cope with the pressures of their role (Redfern et al, 2018). Regarding the fact that even the most sensitive caregivers struggle against the

challenging behaviors of children, who have traumatic histories, and have difficulty to effectively respond to their signals, there is a concerted need to develop intervention programs in order to support foster parents and enhance children's quality of care. Given the prevalence of attachment problems, promoting the quality of children's relationship with their foster caregivers generates a key component for these programs (Redfern, Wood, Lassri, Cirasola, West, Austerberry, Luyten, Fonagy, & Midgley, 2018).

In the following literature review, psychological dynamics of children in institutions, adoption and foster care, child protection systems in Turkey, and supportive psychological interventions for foster care and adoptive families will be presented. Subsequently, purpose of the current study will be explained.

1.1. PSYCHOLOGICAL DYNAMICS OF CHILDREN IN CARE

1.1.1. Children in Institutions

Institutions fail to give adequate care and stimulation to children, and accordingly, are unable to meet their need for stable and positive relationships, which results with physical, hormonal, cognitive, and emotional delays in their development (van IJzendoorn, Palacios, Sonuga-Barke, Gunnar, Vorria, McCall, Bakermans-Kranenburg, Dobrova-Krol, & Juffer, 2011). Though their basic physical needs like food or accommodation are satisfied, children in institutions still suffer from the inefficiencies of institutional care. Limited and bad quality interactions with their caregivers eliminate their opportunity to form stable and continuous attachment relationships (Bowlby, 1951) and leads to attachment problems as well as delays in their physical growth, brain development, and neuroendocrine systems (Dobrova-Krol, van Ijzedoorn, Bakermans-Kranenburg, Cyr, & Juffer, 2008; van Ijzendoorn, et al., 2011; Vasquez & Stensland, 2016; Zeanah & Smyke, 2008).

Attachment disruptions are one of the most common effects of institutional care. Even if good feeding and clean environment are provided for

children, the system with large numbers of unstable caregivers inhibits a continuous relationship between caregivers and children (Bakermans-Kranenburg, Steele, Zeanah, Muhamedrahimov, Vorria, Dobrova-Krol, Steele, van Ijzendoorn, Juffer & Gunnar, 2011). Children are mostly faced with neglect and harsh parenting because of the intense working conditions of the caregivers. Thus, they repress their need for care, relief, and security in order to keep in contact with the caregivers and try to deal with the instability by developing avoidant and ambivalent attachment patterns in stressful situations. Most of the time, they both need and resist attachment within a disorganized attachment pattern, because the target attachment figure is the source of the stress. Hence, they are being likely to seek comfort from unfamiliar adults and be in a fervent search for care from whoever appears available without a preference for a familiar attachment figure (Bakermans-Kranenburg et al., 2011). This disinhibited and indiscriminately friendly behavior might be adaptive in institution settings where friendly children take more positive caregiving, but it has potentially maladaptive consequences in other contexts. In some cases, they can exhibit behaviors reflective of the criteria for Reactive Attachment Disorders (RAD) such as lack of discernment between parental figures and strangers, mood swings, hoarding food, stealing, and abuse towards peers, adults, and animals (Vasquez & Stensland, 2016). The negative effects of institutional care can even continue in adulthood. Kennedy and his colleagues (2017) found that young adult disinhibited social engagement, which is defined as inappropriate, overfamiliar, and socially intrusive patterns of behavior, is related with early childhood deprivation and children who have stayed at least six months in institutions are more likely to show these behaviors.

Adoption and foster care are effective systems for children who suffered from early adversity to catch-up in their physical, social-emotional, and cognitive development by providing corrective attachment experiences and adequate stimulation. Juffer and Rosenboom (1997) applied Strange Situation Paradigm to 80 adopted mother-infant dyads in Srilanka and found that adopted infants can use their subsequent parents as secure base. Thus, children, who were exposed traumatic experiences early in their life, are open to form secure attachments

when they are placed to a better place. Supportively, van der Dries, Juffer, van IJendoorn, and Kranenburg (2009) indicate that adopted and foster children are able to overcome their early adversities and form secure attachments with their subsequent parents in their meta-analysis study in which they examine the attachment relationship of adopted children with their adoptive parents. These findings support Bowlby's (1988) theory: corrective experiences can compensate early adversities and help forming secure attachment relationships. Foster care and adoption seem as effective interventions by helping the resolution of past grief, anger and distress experiences and presenting children an opportunity to form secure attachment relationships (Bowlby, 1988). However, foster care and adoption are not magical wands, which destroy all of the delays and difficulties.

Adoptive and foster families face with difficulties and dilemmas that are unfamiliar to biological parents. Difficulties that come with the child who have earlier traumatic experiences challenge their expectations and parenting skills, and they generally do not have a role model who can help them with being an adoptive or foster parent. Children, too, deal with the struggles of passing to family life from institution. Though they do not take an adequate nurture, maltreated children do establish a bond, which is usually insecure, with their primary caregivers. Thus, when they are placed in foster care or adoption, they experience a separation from the primary caregiver with whom they are bonded. Neglect and adverse experiences in institutional care, the characteristics of their new family, and the confusion of being abandoned and being protected by their new family, continue to challenge and affect their social, emotional, and cognitive development (Juffer et al., 2011).

Juffer and his colleagues (2011) found that sensitive parenting and early secure attachment of adoptive/foster parents with their children, predict children's adjustment in middle childhood and adolescence. Additionally, their results show that secure attachment and sensitive parenting leads to better social skills in children. They also investigated meta-analytic and longitudinal studies on this topic and found:

- Children who are adopted before their first birthday are more likely to develop secure attachment with their adoptive parents.
- Children in institutions are more likely to develop disorganized attachment.
- Children who have severe pre-adoption adversity are more likely to have lower school achievement and more behavior problems.
- Self-esteem is on normative levels in adopted children, and lower than optimal in institutionalized children.

These results show that children who have early adversity take advantage of adoption and foster care but they continue to suffer from their institutional or pre-institutional experiences, and this suffering challenges the expectations and parenting skills of adoptive and foster parents. In this context, it is crucial to understand how the earlier separation and maltreatment experiences affect children's attachment to foster or adoptive parents. Disruptions in the primary attachment relationships and past maltreatment experiences put children under risk of forming insecure and disorganized attachment patterns with their subsequent parents as well as expecting high levels of parental sensitivity from foster and adoptive parents (Stovall & Dozier, 1998). Because children are likely to show behavior problems, health problems, and delays in academic skills, and because parents are not well equipped to deal with these difficulties, 20-50% of foster family prematurely breaks up (Minty, 1999). Therefore, it is crucial to provide psychosocial support for adoptive and foster families, which is going to have long-term consequences for the child, family, and society.

1.1.2. Adoption and Foster Care

Quality of attachment reflects availability and responsiveness of the caregiver and is related with parental behavior more than the child's contributions (Vaughn, Egeland, Sroufe, & Waters, 1979). However, when a child is placed in foster care or adoption, parent and child need to develop their own relational dynamic, in which both sides bring their own unique stories, experiences,

strengths and difficulties in the relationship. Thus, child’s contributions take an important place in this attachment relationship (Stovall & Dozier, 1998). The child enters the relationship with attachment behaviors that he/she learned previously. These are generally strategies that he/she had to develop in desperate and difficult conditions in order to protect himself/herself from more traumas and might fail in responding securely to the possible sensitive care in foster care or adoption. The other way around, these insecure and disorganized behaviors might distract foster or adoptive parents from being sensitive.

Most of the children in foster care and adoption system attach their subsequent parents in an insecure or disorganized way because of their previous attachment experiences including abuse and neglect (Stovall & Dozier, 1998). They develop insecure or disorganized strategies, such as little empathy for others, little guilt and remorse, difficulty expressing thoughts and feelings, poor discrimination among relationships, and excessive need to control situations (Hughes, 1999), against feelings of worthlessness and expectations of insensitive caregiving working models (Gabler et al, 2014). These insecure and disorganized strategies are developed within unavailable and rejecting caregiving contexts in order to maximize child’s security and though they are functional in original relationship, they might be alienating and problematic in subsequent relationships (Sroufe, 1998). For example, an adoptive parent might feel not needed in face of an avoidant child who has learned not to demand previously. Similarly, a resistant child might make a foster parent feel insufficient with seeking and resisting attachment behaviors.

According to transactional model of Sameroff and Chandler (1975), temperament and environment co-determines child’s developmental progress. Child’s path in his/her own journey comprises of child’s past and present experiences as well as how the child adapts to these experiences. Foster care and adoption present a new and stable family environment to children who were born in harsh and unstable conditions; but because children suffered from adverse experiences before entering in this environment, it is very likely for them to stray away from the adaptive developmental pathway that this environment offers

(Stovall & Dozier, 1998). This new environment presents an unknown experience for the child's internal working models and this change triggers anxiety, defensive exclusion, and defensive misattribution, which interferes the child's ability to adapt functionally to the new environment (Bretheron & Munholland, 1999). This new opportunity of forming reciprocal and positive relationship with an adult who wants to meet his/her needs is very confusing and frightening for the child. Earlier memories of never fulfilled feelings are triggered and child tries to deny these new experiences with vulnerable feelings (Hughes, 1999). Regarding the changeable patterns of attachment systems, one of the important but challenging tasks of foster care and adoption is presenting a corrective experience that will direct the child's development to healthy adaptation by providing a stable environment and responsive caregiving. Beijersbergen, Juffer, Bakersmans-Kranenburg and van IJzendoorn (2012) highlights the significance of parental sensitivity in each stage of development and changeability of insecure attachment patterns with the support of parental sensitivity in their longitudinal study which examines the effects of maternal sensitivity on child's attachment patterns with a sample of 125 adopted adolescents and their parents. These results present foster care and adoption as therapeutic environments, but it is not an easy task even with the most sensitive and responsive parents. As the child starts to feel secure and attached, painful memories and negative appraisals are triggered, and thus, the child has difficulty in forming a secure attachment relationship with the subsequent parents (Liberman, Padron, Van Horn, Harris, 2005).

Hughes (1999) indicates a typical adoptive parent-child pattern in his article on adopting children with attachment problems. According to Hughes (1999), children with early attachment disruptions cannot develop an understanding for a secure parent-child attachment bond in which parents behave according to the child's best interests, and therefore, they believe that they have to control and manipulate the adults in order to make their wishes and needs met. In the earlier times of placement, new parents try to accept the child's requests in order to help the child develop a belief that his/her needs will be met in this new family. Parents believe that if they can meet the child's needs sufficiently, the

child will learn to adapt to the family and form a cooperative interaction with them. However, the child is very likely to have difficulty accepting this new family structure, since his/her focus is on his/her own wishes and needs without an empathy and concern for the family. As the child continues to show attachment problems, parents might start to blame themselves and criticize their parenting capacities. With time, they might believe that these problems will continue forever. Nevertheless, breaking this pattern is not very easy for the child, because forming a reciprocal parent-child relationship means giving up the control and self-reliance that have helped them to survive in emotional isolation for years.

1.1.2.1 Variables Affecting the Relationship

There are many research studies focusing on the relationship of foster and adopted children and their families. Some of them examine the variables that affect this relationship. For example, according to Yarrow and Goodwin (1973), suffering is more likely to last longer and be more serious if the separation takes place after the first years of the child and placements after the first year of the child are more difficult both for the child and the parents. In another study, Escobar, Pereira and Santelices (2014) compared behavior problems and attachment styles of 25 adopted and non-adopted adolescents and found no differences between the two groups, but found that adoption within the first two years of the child is a protective factor against social problems in adolescence and later adopted children showed more social problems in adolescence. In addition, Zeenah (2000) indicates that child’s outcome in adjustment period is related with the duration of deprivation and the post-institutional caregiving environment. Oosterman and his colleagues (2007) examined risks and protective factors in a meta-analysis study and found that older age at placement, behavior problems, experience of residential care and multiple placements are risk factors; while parental sensitivity is a protective factor. If the parent responds the avoidant child with withdrawal, an insecure attachment pattern is formed between them, and the risk of placement breakdown is increased (Walsh & Walsh, 1991); but if the

parent makes the child feel supported in distress times with a welcoming and accepting attitude, this associates with a secure attachment relationship and placement success increases (Stone & Stone, 1983). Yarrow and Goodwin (1973) found specific relational and behavioral difficulties that affect the attachment relationship in newly adopted children, such as extreme ambivalence to the subsequent parent, in which the child both rejects and desperately seeks affection, as he/she is suffering for the loss of his past relationships and for the difficulty of bonding a new caregiver. On the other hand, the parent feels frustrated and alienated in face of these behaviors within the early periods of their new relationship.

1.1.2.2. Foster and Adoptive Parents' Role

Foster and adoptive parents' role in parent-child relationship has a significant place in child's adaptation process to his/her new family. According to Zeenah (1987), parents' interpretations of their child's behaviors predict their working models for their child, and these working models predict their responses to their child. However, foster and adoptive families have unique conditions in this process. Children who have experienced early adversity may not signal their nurturance needs in a clear way, which might result with foster and adoptive parents' misinterpretations of their behaviors (Stovall-McClough & Dozier, 2004). Stovall and Dozier (1998) indicate that foster parents are under the risk of developing negative perceptions for the children placed in their families. Children might behave difficult and alienating because of their previous problematic attachment experiences, and, thus, parents have difficulty responding to their needs sensitively, which result with a negative cycle between the parent-child dyad. Additionally, according to Stovall and Dozier (1998), foster children are more likely to lead the relationship with their own attachment history. In biological parent-child relationships, an adequate and consistent sensitivity to the child's signals is sufficient for a secure relationship, but most of the children who have placed in foster care after their first year, are more likely to show insecure

attachment strategies regardless of their foster parents' state of minds (Stovall & Dozier, 1998). Though foster and adoptive families may be naturally nurturing, their children might behave in such ways that powerfully elicit non-nurturing behaviors (Stovall-McClough, Dozier, 2004). This makes the process a challenging task for the most sensitive and autonomous parent, because children are likely to lead the "interaction dance" (Dozier, 2005) and parents are likely to respond according to the children's behaviors (Walker, 2008). Stovall and Dozier (1998) suggest that because parent responses follow children's behaviors, the parent will respond with a hostile rejection to the resistant child's aggressive behaviors, and the child will remain upset. In a similar manner, as the avoidant child behaves like there is no problem, the parent will think the child does not need him/her and ignore the underlying needs. In other words, if the foster or adoptive parents respond reciprocally, like the biological parents do to their newborn babies, they fail to provide the nurturance their child actually needs. In this context, foster and adoptive parents' ability to correctly interpret the difficult behaviors' underlying needs is critical for a secure attachment, and if they can manage it, they provide a therapeutic and life changing context for their children (Stovall & Dozier, 1998). Accordingly, foster and adoptive parents can take important steps, if they can realize that (Walker, 2008):

- The avoidant children miscue their caregivers about they are okay, but actually they are likely to hide away and withdraw in distress conditions and they need their comfort and protection needs to be recognized;
- The ambivalent children miscue their caregivers about they are not okay, but actually they are likely to be clingy and demanding in times of distress and they need their caregivers to sooth and encourage them instead of exaggerating their distress;
- The disorganized children are in an unsolvable dilemma because the previous caregivers, from whom they seek comfort when they are anxious, are also the source of the anxiety, and therefore they think being dependent and vulnerable is dangerous in face of these terrorizing caregivers, and as a result they think they have to control the caregivers,

but actually they need the enormous fear and anxiety under these behaviors to be realized.

In this case, parents' understanding for their children's attachment behaviors is highly important and requires strong emphasis that it will be a critical step for foster and adoptive parents to develop an understanding for the needs under difficult and alienating behaviors. Stovall and Dozier (1998) support that if foster and adoptive parents can be sensitive to their children's distress behaviors and make them feel more secure by realizing the underlying needs, children can express their distress in a healthier way and be open to take support from their parents. However, this is a challenging task regarding the children's attachment histories. Foster and adoptive parents are expected not just to be sensitive, but therapeutic as well. Additionally, most of the foster and adoptive parents are not well equipped for the complex and severe behavioral and developmental issues and they do not know what they are going to experience (Hughes, 1999). Therefore, a specialized training for helping foster and adoptive parents to understand the functions of their children's attachment strategies, to realize the underlying needs, to correctly interpret their behaviors and to develop alternative behavior responses will help children to form secure attachment relationships with their subsequent parents and decrease the risk of future behavioral and emotional problems (Stovall & Dozier, 1998).

Walker (2008) refers to three important points for parents to progress on this challenging process: ability to manage a wide range of feelings, the resolution of any losses or traumas that they have experienced in their lives, and the acquisition of reflective function.

1.1.2.2.1. Ability to Manage Feelings

First of all, the ability to manage a wide range of feelings is an important skill for a parent. According to Schore (2001), the ability to regulate emotions is acquired in infancy through repeated interactions with the caregiver. When the child is upset, the caregiver helps him/her to re-establish his/her inner equilibrium.

This process begins as dyadic, and continues through child's internalization of the caregiver and improvement of the ability to sooth himself/herself. Child with a secure attachment can manage difficult and strong emotions in a healthy way, but if there has been a disruption in the early attachment relationship and the child has exposed to traumatic experiences, his/her ability to manage these emotions could be highly affected. Children with disorganized attachment are very likely to suffer from this condition. Walker (2008) justifies that foster and adoptive parents need to be skilled in managing these strong and overwhelming emotions that children cannot manage on their own. The caregivers' ability to be comfortable with a whole range of feelings helps them to remain emotionally regulated against children's strong and provocative feelings. Therefore, being open to one's own feelings is significant for parents to be able to tune in their children's feelings.

1.1.2.2.2. Resolution of Traumas

Another point Walker (2008) emphasizes is related with the parents' ability to manage feelings: parents' resolution of their own traumas. According to Walker (2008), more important than the trauma is whether the resolution of the trauma is actualized or not. Cozolino (2002) also supports this suggestion: the ability of a parent to be safe haven for his/her child is closely related with working on his/her own childhood experiences and enabling an integration among them. Similarly, according to Stovall and Dozier (1998), parents' ability to correctly understand the child's signs and sensitively respond to the child's needs is related with their own attachment systems and their internal representations of their child. Walker (2008) indicates that parents who have resolved their own traumatic histories are more sensitive and understanding to their children's traumatic experiences. As an example, unless a couple, who wants to adopt a child because they cannot have their biological child, mourn for their loss, the emotions coming from the unmourned process will have significant effects on the bond that they are going to form with another child. In other words, if an individual does not have the capacity to manage his/her own painful feelings, he/she cannot help a child to

cope with his/her pain, loss and bereavement. In order to be in touch with painful feelings and find productive ways to mourn for the losses, one should have a logical, coherent, and understandable manner as well as an appropriate and contained affect. At the point where the grieving can be accomplished, traumatic experiences can be addressed more productively rather than haunting the person's life and causing difficulties in behaviors and relationships (Robb, 2003). Therefore, it is very important for foster and adoptive parents to be aware of their issues and work on them if necessary.

1.1.2.2.3. Reflective Functioning

Lastly, Walker (2008) highlights the importance of reflective functioning. Fonagy (1999) describes reflective functioning as the ability to think flexibly for the emotions and thoughts in oneself and others, which includes efforts to tease out the internal reasons and meanings behind behaviors. According to Walker (2008), the ability to think reflectively for oneself and others is a protective factor. If foster and adoptive parents realize the motivations behind the behaviors, they can respond the child more sensitively and help them better to cope with their difficult emotions. For instance, when a child cries, there is difference between the two parent responses: 1) parent who perceives it as "he/she must be hungry", 2) parent who perceives it as "he/she constantly persecutes me". Thus, it is important to reflect what might be lying behind the child's behavior rather than directly responding to the overt behavior. One of the important tasks of parenting is encouraging the child to develop reflective functioning for himself/herself through modeling, expressing emotions openly, and describing and managing emotions for the child.

1.1.2.3. Two Sets of Parents

Watson (1997) raises another important point for foster and adoptive families: adopted and foster children have two different families; one includes

genes, ancestry and birth, the other includes continuing parental nurturing. According to Watson (1997), adoptive and foster parents need to accept that adoption or fostering does not eliminate or replace children's connections with their previous parents. Children have legitimate connections with both of the families and it is not possible to compare the strengths of these two kinds of connections. Brodzinsky, Schechter and Henig (1992) lay emphasis on the topic as:

> "We are often asked what percentage of adoptees search for their birth parents; and our answer surprises most people: one hundred percent. In our experience, all adoptees engage in a search process. It may not be a literal search, but it is a meaningful search nonetheless. It begins when the child asks: Why did it happen? Who are they? Where are they now?" (p.79)

Awareness for the bond between the adopted/foster children and their biological families and for the difference of this bond from the attachment between adopted/foster children and adoptive/foster parents will decrease the tension both for the children and the parents (Watson, 1997). Neither of the parents can replace one another and prevent the child's connection with the other set of parents. It might not easy to accept this concept for both sides, but it should not be forgotten that the best results are obtained when two sets of parents cooperate with each other (Watson, 1997).

1.1.2.4. Expectations and Difficulties of Foster and Adoptive Parents

In order to help the parents overcome these difficulties, it is important to consider their expectations for being foster and adoptive parents and the difficulties they encounter in this process. MacGregor, Rodger, Cummings, and Leschied (2005) made a qualitative study with nine Canadian foster parents to examine their motivation, support, and retentions, and found that the most frequent motivations are altruistic and intrinsic motivations that want to make difference in children's lives as well as their desire to have a child in their

families. The most important support gaps were found to be emotional support, good communication with social workers, low respect for their abilities, and not being seen as part of the child care team. The families indicated that if these types of support systems were improved, it would be more possible for them to deal with the disappointments of the process. According to the results of the study, strategies for increasing retention for foster parents include improving supports for foster parents and preparing the foster parents gradually for this role. According to Egbert and LaMont (2004), the most common reason of being unprepared for foster and adopted children's attachment problems is that parents are not informed about the potential mental health and attachment issues. Reilly and Platz (2003) emphasize that families are not informed about the available services and supports and that these services are generally too expensive. Vasquez and Stensland (2015) examined the problems of adoptive parents of children, who received a diagnosis of Reactive Attachment Disorder (RAD), in detail through a multistage semi structured interview with five families. They found that the parents most commonly reported these problems: 1) difficulty educating others about RAD, 2) obtaining the needed care and services was a constant fight, 3) RAD is socially isolating, 4) raising a child with RAD is continuously stressful. These findings reveal that parents feel socially isolated and emotionally exhausted against the support systems that do not realize the nature of RAD and the axis of adopted children's behaviors, and develop somatic complaints and depressive symptoms. As a result of the clinical study with these families, the significance of sufficient information and accurate referral was highlighted. Drisko and Zilberstein (2008) studied with the same topic with a more optimistic view and examined the perceptions of families who made an improvement with their children diagnosed with RAD. They underlined the importance of being persistent in parenting styles, providing structure, realizing the strengths and little acquisitions, having a positive outlook, and attuning to the child's needs.

Foster and adopted children are vulnerable groups to develop mental health and attachment problems because of their traumatic backgrounds. However, the strength of human propensity for relatedness should be remembered

within this challenging process (Dozier, Stoval, Albus, Bates, 2001). Though their inadequate caretaking experiences and disruptions in earlier attachment relationships, children who are placed in foster care or adoption are able to develop secure attachment relationships with their subsequent parents within a good supportive system. The presence of a responsive and healthy caregiver can dramatically decrease the child's alarm responses and dissociative symptoms following the traumatic experiences (Perry et al, 1995). However, the importance of an adequate and appropriate support for foster and adoptive families should not be forgotten in the face of this challenging process.

1.2 CHILD PROTECTION SYSTEMS AND FOSTER CARE SERVICES IN TURKEY

Turkey has started to lean towards family-based services instead of institutions since 2005. The government promotes and encourages foster care services, which are seen as a way to ensure children's well-being (Erdal, 2014). In 2012, KAY (Foster Care Guide) was introduced and family based services started to take more part in government's child protection policies. According to workshop results report (2016) of KOREV (Association for Foster Care/Adoption), in 2012, 10% of children under government protection were in foster care. In 2016, this percentage increased up to 30%.

Academic studies conducted in Turkey show that foster care is much better than institutional care for the well being of children. Üstüner and her colleagues (2005) compared emotional and behavioral problems of children in foster care with children in institutions and children who live with their biological families. Results show that frequency of the problem behavior is 9.7% in children who live with their biological families, 12.9% in children who live with their foster parents, and 43.5% in children who are in institutional care. The average problem behavior score is found significantly higher in institutionalized children than children who live with their biological or foster families.

Turkey is in a rapid transition and transformation process in the context of child protection services and requires support and improvement within the field. There is a need for specifying and eliminating practice difficulties of legal arrangements. Identifying and satisfying the needs of foster families, designing child-centered prevention programs, and supporting foster parents and foster care social workers through trainings and psychosocial support systems rank in priority in the studies that evaluate child protection systems and foster care practices in Turkey (Karataş, 2007; Yolcuoğlu, 2009). As indicated before, children in foster care generally have traumatic experiences from their earlier lives before settling into their foster families. These experiences are likely to lead emotional, cognitive, and physical developmental delays, disruptions in attachment relationships, and emotional and behavioral difficulties, which might result with significant adjustment issues between the child and the foster parents. Without a proper psychosocial support, these adjustment issues might lead to more serious problems, which include child turning back to institutional care (Karataş, 2007; Yazıcı 2014). According to the study of Üstüner and her colleagues (2005), 90% of foster families indicated problems after they started to live with their foster child. Results indicate that children in foster care have significantly higher scores of attention and thought problems than the other two groups, whereas social problems are found significantly higher in both institutionalized and foster children. Additionally, 90% of children are found to have physical and cognitive difficulties during the adaptation process from institutions to foster families.

Özbeşler (2009) discusses the problems in foster care in the frame of clinical experiences from the social work practices during the treatment of foster children who applied to the child mental health clinic with various reasons. He emphasizes the importance of training and preparing foster parents before the child comes in family in order to help them feel more capable in their interaction with the child and cope with the possible adjustment problems that might come up after the union. The clinical observations on adjustment problems of foster children show that the parents do not have enough knowledge about the meaning of the child's adjustment problems and have difficulty understanding the child's

behavior, and as a result, they adopt dysfunctional attitudes against child's acting outs and cannot be efficient in coping with the problems. These conflicts frustrate both child and parents and end up with parents feeling desperate and thinking to take the child back to the institution. The child actually tries to protect himself/herself from possible re-abandonment and struggles to establish trust for his/her new family in case of a new traumatic experience. The child acts out the traumatic experiences again and again and gets himself/herself in the same familiar scenario, as Freud's repetition compulsion theory (1920) indicates, in order to gain mastery and control on the situation. Özbeşler (2009) suggests that working on these issues with the family will help overcoming the adjustment problems and prevent the frustration scenario for both sides. He offers support programs for parents that include psychosocial development and traumatic experiences of children in institutional care, individual child's personal characteristics and his/her inner world, the possible difficulties child might have in adjustment to a new family, the expression ways of these difficulties and their underlying meanings, parenting skills to overcome with these difficulties, and importance of play for child's development.

Baysal (2017) examines the current foster care system in Turkey in detail by collecting data from foster families and foster care social workers in Istanbul. According to the foster family data, the most common concerns of the parents are the worry for the child being taken away from them and the worry for the child's future if they become unable to care the child. Another finding from foster families shows that 32% of the parents have at least one difficulty with the child, and the most common difficulties include obstinacy, irritability, difficulty in emotion regulation, difficulty in interaction in adjustment period, over dependency for the fear of abandonment, attention deficiency and hyperactivity. According to the social worker data, the most common problems are attention deficiency, hyperactivity, low academic achievement, lying, delay in speech, and temper tantrums in foster children; and insecure attachment and negligence in limit setting in foster parents. Social worker interviews indicate that families who have financial capability take psychological treatment for these problems, but

families with low income are lack of this opportunity, and discusses that psychological support is a service that should be covered by the child protection services in order to enable all foster families use the service. The need for short term structured psychotherapy models adapted from already existing programs is highlighted and suggested to be provided to foster families in earlier periods of foster care.

In the recent years, there are some practices targeting these deficiencies in Turkey. With the support of academicians in the field, foster care training programs have been prepared for foster families. According to KAY, families who want to be foster parents need to take these trainings. Trainings include "Basic Family Training" which aims to help foster parents gain basic parenting skills and knowledge about child development, KAEP1 (Foster Parent Training First Level), which includes foster family dynamics, and KAEP2 (Foster Parent Training Second Level), which includes foster family dynamics for children with special needs. All of these standardized trainings are applied interactively with groups of nine to twenty parents (Baysal, 2017). However, there is still a gap for foster families who start to live with their foster child and are likely to have difficulties in their adjustment period.

1.3. SUPPORTIVE PSYCHOLOGICAL INTERVENTIONS FOR FOSTER FAMILIES

1.3.1. Importance of Psychological Support for Foster Families

A successful foster care placement predicts a secure attachment bond between a foster or adopted child and his/her family. Many children are able to form such relationships and this bond becomes a base for their psychological development and their integration within the foster family (Hughes, 1999). Inevitably, it is not an easy process both for the child and the family. In many cases, the ability to form attachment with the subsequent parents is not fully developed in children who have had developmental gaps after severe neglect and

abuse experiences (Hughes, 1999). In order to improve these skills, the mental health workers, who work within the field, need to fully understand foster and adoptive family dynamics and develop specialized programs for these families.

Foster and adoptive parents facilitate their child's "psychological birth" when they introduce secure attachment bond to their child (Hughes, 1999). However, they have to overcome numerous conflicts and challenges to achieve this end. They need to get an appropriate training, support and treatment service in order to maximize their child's ability to form secure attachments. In the absence of these services the risk of placement disruption increases, the child might lose the chance of having a permanent family, and the child becomes more likely to develop psychopathology as well as having serious relational problems in the future (Keck, 1995).

Zero to three years old is the most favorable time for attachment, but forming secure enough attachment relationships is also possible in the following years although it brings some challenges. Supportive services for foster and adoptive families are highly significant in this challenging process. Steward and O'Day (2000) suggest three critical aspects to promote and preserve healthy attachment to children in foster care or adoption: good assessment, recruitment of substitute families, and training and support of foster/adoptive families. According to Steward and O'Day, good parenting skills are not enough for these families. They also need to have specialized skills, which help them to respond appropriately to their children's emotional age, such as strong empathy and attunement abilities, strong attachment base, and adequate expectations. They need to be very well prepared before, during and following the placement. A comprehensive training integrated with therapeutic support can give them various tools and techniques to encourage secure attachment with their child and manage difficult behaviors of their child. Steward and O'Day (2000) indicate that families in this process can feel completely depleted in the face of children's difficult feelings; thus, this support should also include a system that attend and validate families' efforts and feelings of frustration, pain, and rejection. Moreover, they state that improving humor capacity of the families should also be a part of this

support system, since humor helps handle stress and decrease power struggles within the parent-child dyads.

1.3.2. Psychotherapy for Severe Attachment Issues

1.3.2.1. Holding Environment

One of the most important components of the support system for foster and adoptive families appears to be psychological support and treatment for attachment issues. Hughes (1999) indicates that traditional treatment methods that propose forming therapeutic relationships that helps resolving past traumas and providing more stable and positive sense of self might not be enough for children showing severe attachment problems. According to Hughes (1999), giving the pace and direction to the child will result with continuing avoidance and dissociation from affective states. Additionally, intimidating and manipulating behaviors of the child with severe attachment problems will inhibit the child to form a trusting relationship with the therapist. Therefore, he suggests to structure the sessions in a way that an attachment sequence, which characterizes the normal developmental attachment, is repeated within the therapeutic process. According to him, the therapist should work on improving the experiences of attunement, shame and re-attunement sequences between the parents and the child, with an attitude of acceptance, playfulness, and creativity in order to create an "holding environment" for the child (Hughes, 1997).

Watson (1997) presents safe and stable environment with consistent and effective nurturing as the most useful component in the treatment of children with attachment issues. He indicates that meeting the earlier unmet needs should be the main goal of the treatment and regressive behaviors of the child should be welcomed to make emotional contact. In this regard, Watson (1997) suggests four steps for treatment of attachment issues: 1) helping child understand what happened before and give new meanings to these experiences, 2) teaching child ways for seeking attachment from others, 3) teaching child live more comfortable

with attachment limitations, and 4) providing planned intensive interpersonal treatment experiences.

1.3.2.2. Play

Freud noted three functions of child's play in psychotherapy: 1) providing a context for self-expression, 2) offering a medium for children to fulfill their wishes, and 3) allowing children to work through trauma (Gil, 1994; Miller, 1994). Since then, the concept of utilizing child's play had great influence on development of child psychotherapy. There are two broad approaches that characterize play therapies: directive and nondirective. Non-directive play therapies emphasize therapeutic relationship and the acceptance of child as he or she is, while the directive play therapies have the therapist taking an active role in the focus of the therapy (Gil, 2015). Though they show differences in the way they use play in therapy, both of the approaches highlights the importance of symbolic thinking capacity and imaginary play during the course of the child's treatment.

The symbolic thinking capacity, which is developed at around age five, is an important gain and should be considered within the therapeutic process (Watson, 1997). Symbolic thinking capacity enables the child to express himself/herself through play, which is considered to be the native language of children and has been an important component of child psychotherapy. Child uses play to communicate and work on his inner world, which involves his/her feelings, thoughts, needs, conflicts and fantasies, to the therapist; and the therapeutic change occurs through these communications within the holding environment of therapeutic relationship (Russ, 2004).

1.3.2.3. Therapeutic Relationship

Therapeutic relationship is also considered as an important part of the therapeutic process for children with severe attachment issues (Ormhaug, Jensen,

Wentzel-Larsen, Shirk, 2014). Anna Freud (1946) argues that child's "affectionate attachment" to the therapist is a prerequisite for the rest of the therapeutic work in child psychotherapy and refers therapeutic relationship as a catalyst for successful interventions. Supportively, Axline (1947) discusses that therapeutic relationship facilitates change by serving an opportunity for the growth and independence of the child. Therapist establishes a new attachment relationship with the child by being sensitive and responsive and through providing an holding environment that characterizes a secure parent-child interaction (Winnicott, 1971). It becomes a secure base for the child to work on the difficult issues coming from the past traumatic experiences.

1.3.2.4. Presence of Parents

In the recent years, there has been a focus on family-based-treatment services for young children to address the mental health needs of children and research supports including caregivers to promote better child outcomes (Bratton, Ray, Rhine, & Canes, 2005). Family therapy views the family as an interdependent system comprising subsystems (Bateson, 1972) in which the family as a whole is greater than the sum of its parts with relationships, interactional patterns, and reciprocal influences among all members of the family. Thus, regarding the fact that when a foster child participates in the family there is a change in the whole family system, approaches that integrate family therapy with play therapy appear to be the fittest models for working with foster and adoptive families. Therefore, it is important to address the whole family within the intervention rather than just focusing on the child (Gil, 2014) and to use family therapy techniques to strengthen the family unit (Fishman, Charles, & Minuchin, 1981).

The presence of parents within the therapy is highly important when working with foster and adoptive children (Hughes, 1999). By being present, they can accompany and provide emotional support, attunement, and safety to their child when difficult issues are being worked on. Additionally, their presence can

help the child differentiate them from harsh and abusive caregivers from the past experiences by joining the child in the opportunity to experience a new attachment relationship within the therapy (Hughes, 1999). It is important for the parents to work on empathetic attitude and limit setting and improve their self regulating capacities in the sessions, because being empathetic and understanding will not be easy in the face of the child's angry outbursts and oppositional behaviors within the home setting. Also, parents' attitude full of empathy, affection, curiosity, and playfulness in the sessions, is likely to guide the child respond back in the same way (Hughes, 1999). In a more behavioral approach, parents' presence in the therapeutic process might help their child take them as a model in expressing emotions (Groze & Rosenthal, 1993). Mental health professionals should help parents understand that this path might be challenging and difficult at times, but even a little change would be impossible without their presence (Stinehart, Scott, Barfield, 2012) by modeling attunement and holding both with parents and children. When parents feel contained by the therapist and observe the therapist containing the difficult feelings of their children, they can be more able to develop a sensitive and holding attitude for their children (Hughes, 1999).

1.3.3. Evidence-Based Psychotherapy Interventions

There are various evidence-based psychotherapy interventions that have been applied with foster and adoptive families. Some of them are described below:

Interventions for Parents:

- Attachment and Bio-Behavioral Catch-Up (ABC) (Dozier, Bernard, Robert, 2002): The intervention is a ten-session in-home parenting intervention developed to address the challenges about early adversity, including biological and behavioral problems, to improve attachment and self-regulation in infants. It uses a manualized content, which includes in-vivo coaching and leading video examples, citing research studies, and

sharing relevant anecdotes to improve nurturing and following the child's lead in parent-child dyads. The intervention targets helping caregivers learn to re-interpret children's alienating behaviors, override their own issues that interfere with providing nurturing care, and provide an environment that helps children develop regulatory capacities. It is an effective program for children between six months and four years old. Dozier and her colleagues (2009) present preliminary findings of the effectiveness of ABC intervention on children's attachment behaviors and show that intervention is successful in helping children develop trusting relationships with new caregivers and show less avoidant behaviors.

- Circle of Security Model (Hoffman, Marvin, Cooper, Powell, 2006): The intervention is a twenty-week video-based parent-training program that focuses on enhancing attachment relationships between parents and young children. It aims to change the children's behaviors by changing the caregivers' responses through teaching caregivers to recognize miscues and respond more sensitively to their children's needs. The intervention is designed to assist caregivers in raising a securely attached child and prevent at risk children from developing insecure attachment. It is an effective intervention with large effect size in caregiver self-efficacy and medium effect size in child attachment patterns, quality of caregiving, and caregiver depression (Yaholkoski, Hurl, Theule, 2016).
- Relational Learning Framework (Kelly & Salmon, 2014): The intervention was developed based on attachment and cognitive theories in order to help foster parents understand how their children's past maltreatment and impairment relationships effect their ideas, expectations and behaviors in their current relationships. The aim of the framework is gradually changing children's mental representations through working with parents in order to emphasize what children need to learn and how to talk with children to help them verbalize their past and current experiences. According to the model, if parents can access in their children's mental representations and working models, they can have a better understanding

of their children's behavior and they can manage them in a better way. Literature suggests that parents' ability to successfully understand their children's mental state and perspective is related with children's cognitive and social development; thus Relational Framework presents a method for enhancing parents' understanding of their children's perspective. It is an intervention that aims to help parents develop a cognitive understanding for their children's psychological perspective through cognitive methods rather than an attachment intervention that increases attunement and sensitivity. With the awareness of the relation between parents' attributions and the care they give to their children (Dagett, O'Brien, Zanolli, Peyton, 2000), if the parents are trained on children's working models and how these models effect children's behaviors, parents' attributions to their children's difficult behaviors can change in a better way. Thus, the framework suggests that mental health professionals, who work with foster and adoptive families, need to understand the experiences behind the child's behaviors, interpret them under the light of child's unique experiences, and discuss these observations with the parents. According to this framework, therapy ends when parents are able to apply this point of view in new contexts.

- Mentalization-Based Psychoeducational Program for Foster Parents (Adkins, Luyten, Fonagy, 2018): It is a parent training program that aims to improve children's mental health outcomes through enhancing parents' reflective functioning capacity and ability to mentalize. It is shown that foster parents, who joined in the training program, improved in reflective functioning and decreased in parental stress, which predicts a potential lower placement breakdown and an improvement in foster children's mental health.
- Reflective Fostering Program (Redfern et al, 2018): The program provides a mentalization-based psycho-education in order to promote self-focused and parent-child mentalizing. The focus is on the distinction of the foster parents' capacity to mentalize the self and the child in their care in order to

improve their mentalizing capacity with the hypothesis that this will help to reduce parental stress and improve the parents' sense of parental efficacy. The program is applied in ten three-hour sessions with a group of eight to ten foster parents.

Interventions for Parent-Child Dyads:

- Filial Therapy (Guerney, 1964; Guerney, 2003; Guerney & Ryan, 2013): Filial Therapy is an approach that integrates play therapy and family therapy and engages parents as the primary change agents for their children. In Filial Therapy, therapist teaches and supervises parents to conduct 30-minutes of non-directive play therapy sessions with their children until the parents master the necessary skills. It was developed for children ages 2 to 12, when children are able to use imaginary play to express their feelings, wishes, and conflicts. Parent-child play sessions focus on four basic skills: structuring (to establish the permissive climate of the play session), empathic listening (to describe what the child is doing and reflect the child's feelings), child-centered imaginary play (to play out the roles that are assigned by the child in a manner that follows the child's lead), and limit setting (to establish safety and boundaries within the play). A number of positive child outcomes; increased caregiver sensitivity, empathy, and acceptance; decreased caregiver stress; and improved parent-child relationships have been demonstrated in Filial Therapy treatment programs (Malchiodi & Crenshaw, 2015).
- Theraplay (Jernberg, 1984): Theraplay is a psychotherapy model that trains parents to use playful interactions to improve attachment and behavioral issues. Therapist takes a more directive stance in order to facilitate attachment through structured play. The model is based on the perspective that the equilibrium of structure, challenge and nurturing will lead to healthy attachment in a therapeutic play context, in which the relationship between parent and child will gradually minimize the behavioral concerns.

- Parent-Child Interaction Therapy (PCIT) (Eyberg, 1988): PCIT is an evidence-based treatment for children, who have externalizing behavior problems, that teaches parents to demonstrate positive attention to children's desired behaviors and apply non-violent consequences when needed. The model is based on social learning and behavioral theoretical framework, and involves components of attachment theory. It is a fourteen-to-twenty week intervention, in which the caregivers take live coaching form the clinician during the sessions. Coaching includes didactic sessions, feedback and instructions to provide behavior modification skills to parents in order to help them become the agent of change for minimizing their children's behavior problems. Research supports the effectiveness of PCIT for children between two-to-seven years of age with externalizing behavior problems (Eyberg & Robinson, 1983). A recent meta-analysis about clinical trials of PCIT demonstrates the effectiveness of PCIT on reducing externalizing behavior problems and parental stress (Thomas & Zimmer-Gembeck, 2007). According to the literature, there is significant evidence for PCIT on improving behavior problems and providing an optimal treatment course for adopted and foster children who have attachment disruptions (Allen, Timmer, Urquiza, 2014).
- Holding Therapy (Welch, 1988): Holding Therapy is one of the most controversial forms of therapy. It seeks to repair the broken relationship between the child and the parent by recreating the initial infant-caregiver attachment experience. It is based on the idea that symptomatic behaviors appear as a result of repressing aggression in the face of pathogenic care. However, the controversial views argue that the venting anger raised by holding therapy can re-traumatize children by intensifying aggression and exuberating trauma (Buckner et al, 2008).
- Attachment Therapy (Hughes, 1998; Randolph, 2001): Attachment Therapy was developed in order to improve children's security with foster and adoptive parents and to teach effective parenting techniques to the

parents. The intervention includes parent education about attachment theory and problems that result from abuse and neglect, parenting skills training, and intensive family therapy. The therapy is consisted of family-focused counseling for current behavioral issues, child's understanding of his/her history of abuse and neglect, and active incensing parent-child bonding. Techniques include holding, narrative therapy, parenting skills training, EMDR, psychodrama, and/or individual neuro-feedback. The model was found effective and successful in improving the well-being and permanancy of children who have attachment disorders (Wimmer, Vonk, Bordnick, 2009).

- Dyadic Developmental Psychotherapy (Becker-Weidman, 2008): The model was intended for children with problematic attachment histories and focuses primarily on adopted and foster children aged between five to sixteen. The focus is on attempting to stimulate the healthy infant-parent regulation process. The child works through a traumatic experience with a focus on maintaining psychological homoeostasis during the process and the parent seeks to regulate these high states of affect with the counseling of the therapist to remain consistently attuned to the child's emotional functions. The intervention aims to bring the child to the level in which he/she can self-regulate and trust in the caregiver through focusing on maintaining an attuned relationship between the child and the caregiver at a nonverbal and experiential level. The intervention is found to be effective with attachment disorders, but caution is recommended because of the problems in design and reporting of the existing work (Mercer, 2014).
- Behavioral Management Therapy (Buckner et al, 2008): The intervention is a ten-session treatment program that emphasizes child-parent interactions. Each session has specific goals which include identifying the factors that effect children's misbehaviors, continuing a chosen activity with positive feedbacks for a period of time, learning how to give commands, creating home point systems that reinforces compliance,

introducing discipline methods by using point systems and time outs, and relapse prevention. It is shown to be effective in treatment of behavioral problems like defiance, aggression, and attention/concentration deficiencies in children aged six to eleven.

- Trust-Based Relational Intervention (TBRI) (Purvis, Cross, Dansereau, Parris, 2013): TBRI is a therapeutic model that trains caregivers to provide an effective support and treatment for children who have experienced complex developmental trauma and under the risk of showing an interactive set of psychological and behavioral issues. It can be used in orphanages, courts, residential treatment facilities, group homes, foster and adoptive homes, churches, and schools with children at all ages. It helps both children and caregivers to take active roles in healing process by teaching them healthy ways of interacting. The intervention works on various levels based on specific principles by using parts from different models. These principles include empowerment, which focuses on physical needs, connection, which focuses on attachment needs, and correction, which focuses on behavioral needs.
- ARC Model (Kinniburgh, Blaustein, Spinazzola, van der Kolk, 2017): The model presents general intervention guidelines for children who have complex trauma history by focusing on four principle: creating a structured and predictable environment by establishing rituals and routines, increasing caregiver capacity to manage intense affect, improving caregiver-child attunement, and increasing the use of praise and reinforcement. It is designed as a theoretical framework for intervention in order to guide practitioners to choose their own intervention. It is grounded in theory and empirical knowledge about the effects of trauma on attachment, self-regulation, and developmental competencies.

Foster and adopted children are vulnerable groups for developing mental health and attachment problems; therefore, foster and adoptive families needs to be very well-educated about the possible challenges as well as having an adequate

support and intervention that can help them develop sensitive parenting skills, strengthen their coping strategies, and decrease their stress experiences just after the placement. If foster and adoptive parents gain an ability to give sensitive responses to their children's signals, attachment security of their children can increase in a significant level (Gabler et al, 2014). With the support of experienced professionals, parents can understand the importance of grieving in order to transform the effects of trauma and achieve secure attachment (Robb, 2003). In this process, good treatment requires flexible adaptation of treatment strategies and systems, which will be a strong prevention against poor outcomes in both childhood and adulthood (Cook et al, 2005).

Kerr and Cossar (2014) made a meta-analysis to identify the effects of attachment interventions with foster and adoptive parents on children's behavioral, emotional, and relational functioning. They examined 10 studies that include interventions with parents and parent-child dyads and found positive impact especially for children between six months and six years old. The strongest findings were for children's behavioral functioning, and to a lesser degree for emotional and relational functioning, following the interventions which focused on constructs such as parental sensitivity, attunement to the child, and the impact of abuse and neglect on attachment to new caregivers. The meta-analysis study indicates that parenting based interventions are effective but not enough and highlights the benefit of early attachment-based interventions. According to the results, there is more need for further research and practice. Additionally, the study suggests preventive interventions that are undertaken early in new placements rather than interventions that are reactive in order to maximize outcomes.

1.4. PURPOSE OF THE STUDY

This thesis is the pilot study of a short-term semi-structured play therapy model that is adapted from different therapy approaches, which are applied in other countries. The study aims to support foster parents in dealing with the

difficulties and tackling the issues of adjustment period in a better way by creating a protective ground with an early intervention targeting the attachment relationship between foster parents and their children. The purpose of the current study is to make a preliminary evaluation of the applicability and effectiveness of a supportive psychotherapy intervention developed for foster families in Turkey. First of all, a semi-structured and integrative attachment-based intervention will be presented. Secondly, outcomes of the intervention will be examined. Lastly, the applicability and effectiveness of the intervention will be discussed based on the evaluations of the outcomes.

The findings of this study will contribute to literature and practice by being one of the few empirical studies that presents a theoretical model and intervention that can be used in the field to support foster families in Turkey. As foster care services in Turkey gradually expanding, the current support systems remain incapable for the foster families. There is a growing need for empirical interventions to optimize the outcomes of the system by supporting the families. The current study is the groundwork for a preventive intervention by presenting an empirical pilot study of the program. Furthermore, there is an important need for research studies on foster care in Turkish literature. This study targets the gap in Turkish literature by presenting qualitative and quantitative data on foster families during their adjustment periods to reach a rich understanding of their experiences.

Building on empirical literature on foster care and current interventions for this population, we set forth a series of hypotheses regarding the effectiveness and applicability of the intervention program. The study aimed to investigate whether the program helps (1) to increase the quality of interaction between the foster parents and their children; (2) to support foster parents to cope with the challenging behaviors of their children; (3) to enhance foster parents' understanding and mentalization capacities for their children; (4) to improve foster children's play capacity; (5) to enhance foster children's attachment security; and (6) to decrease foster children's challenging behaviors.

CHAPTER 2
METHOD

2.1. PARTICIPANTS

Participants were foster families who had a foster child between three to six years old and who were volunteers for participating in the program. Families were accessed through social workers in Foster Care unit of Ministry of Family and Social Policies and told about the details of the program. Foster families whose placement processes were completed within the last one-year were preferred in order to provide support at the beginning of the adjustment period. However, two families who had been foster families for more than one year, but were recommended by social workers to join in the program, were also included. Demographic information is given in Table 2.1. Background information of participants is presented with a pseudonym.

Table 2.1. Demographic Information of the Participants

ID	1	2	3	4	5	6
Gender*	1	2	1	1	1	2
Age	5	3	5	3	6	4
Months in Foster Care	7	16	2	9	12	42
SES**	3	2	5	3	4	4

** 1 = Male; 2 = Female*

*** 1 = Low; 5 = High*

2.1.1. ID 1 – Ali

Ali is a five-year-old boy, who has been living with his foster family for seven months after four years in institutional care. He has contact with his biological family, who visit him in the determined visiting days. His biological mother tried to take care of him two times, one is two months before he was

placed in foster care, but she could not manage it and he went back to the institutional care after several months each time. His foster parents are a married couple, who applied to adoption service with a desire to have a child. However, because there was a long wait list for the adoption process, they were guided to the foster care unit and they became foster parents after three years of waiting period. Their first foster care experience was with two siblings, which ended up with placement breakdown because of the great difficulty they had during the adjustment process. Ali is their second foster child, and they have been doing well for the past seven months together. They enjoy spending time with Ali and they describe him as an easy-going child who frequently expresses his love and affection for them.

Ali is a talkative and active child, while the foster parents have a tranquil attitude. This discrepancy between them creates a harmony within the family rather than a mismatch. Ali is overly compliant to the family rules and parents do not state any problems about discipline and limit setting. The only issue parents complain about Ali is lying. They remark that Ali can lie or manipulate when he is in a difficult condition to let himself out of the situation. The expectations of foster parents from the program is minimizing these problems and strengthening their relationship with Ali.

2.1.2. ID 2 – Büşra

Büşra is a two-and-a-half-year-old girl, who has been living with her foster family for sixteen months after one year of institutional care. She does not have contact with her biological family. Her foster parents are a married couple, who applied to adoption service with a desire to adopt a child. However, because of the age problems and long waiting list, they were guided to foster care unit and they became foster parents of Büşra. They are in a traditional extended family system with broader family members. They live in a family building and have an extensive social source in child-care, in which relatives have close interactions

with Büşra. At times, this condition might cause confusion and intrusion in foster parents' child rearing practices, but other times supplies a supportive system.

Büşra is a shy, but social child, who is treated with great love by the whole foster family system. Foster parents express significant concerns about how to talk about foster care with Büşra. Additionally, they have a strong desire to adopt Büşra and are afraid of the possibility that Büşra is taken away from them. The difficulties reported by the foster parents include Büşra's sucking behavior (generally directed at her blanket which she uses as a transitional object), and play times (Büşra wants to play, but parents cannot keep pace with her, as a result, Büşra ends up with watching television). The expectations of foster parents from the program is minimizing the existent problems and working on how to talk about foster care with Büşra.

2.1.3. ID 3 – Can

Can is a five-year-old boy, who has been living with his foster family for two months after six months of institutional care. He used to be living with his biological father, biological grandmother, and biological brother before being taken in institutional care due to father's drug addiction. His biological grandmother visits him in determined visiting times occasionally, and he regularly meets with his brother, who is in institutional care. His foster parents are a married couple, who applied to adoption service with a desire to have a child. However, because there was a long wait list for the adoption process, they were guided to the foster care unit and they became foster parents of Can. They are highly motivated foster parents, who are open to learn about child development and parenting by reading materials, seminars, and practices.

Can is a social and witty child, who has a playful and humorous relationship with his foster parents. They enjoy spending time together as a family. The problems that foster parents indicate about Can are fear of darkness, bedwetting, obstinacy, and thumb sucking. Moreover, foster parents state difficulties about discipline, because Can is likely to challenge the limits. The

expectations of foster parents from the program are improving themselves on foster parenting and strengthening their relationship with Can by understanding him better during the process.

2.1.4. ID 4 – Demir

Demir is a three-year-old boy, who has been living with his foster family for nine months after two-and-a-half years of institutional care. He does not have contact with his biological family. His foster parents are a married couple, who had a desire to adopt an infant. However, because their age was above forty, they did not have an opportunity to adopt a child under five years old. Thus, they decided to be foster parents. The adjustment period with Demir was so difficult for them that they even considered about quitting foster parenting.

Currently, nine months after the placement, the difficulties are still continuing though their intensity is lower. Demir is under psychiatric control and on medication for symptoms of hyperactivity and intense aggression. He has a conflicting relationship with his foster father and power struggles with his foster mother. Foster parents express feelings of desperateness and exhaustion against Demir's symptoms, such as disobedience, spitting, refusing to eat, hitting (both himself and others), obstinacy, attention deficit, aggression, delay in speech, crying in sleep, and nightmares. They expect support for dealing with the difficult feelings and improve themselves as parents.

2.1.5. ID 5 – Efe

Efe is a six-year-old boy, who has been living with his foster family for twelve months after three years of institutional care. He used to live with his biological mother and biological brother before being taken under government protection. There is a possible maltreatment history both in the periods when he used to be with his biological mother and when he was in institutional care. Currently, he has contact with his biological family. His biological mother

occasionally visits him in the determined visiting times and he regularly meets with his biological brother, who is in institutional care, each month. His foster family consists of a single mother, who has decided to be a foster parent after a detailed thinking process. Efe was overly compliant during the adjustment period, but started to show aggression with time, as he feels more secure with his foster mother.

Efe is a good-natured and easy-going child, who has a high capacity of play and expression. Efe and his foster mother enjoy spending time together and have a strong love for each other. His foster mother is a dominant parent with high self-awareness, who has high expectations and great investment for her child. They struggle especially about Efe's academic work. Foster mother indicates problems about Efe's attention span and self-confidence. She also states that Efe has both academic and social problems at school, such as fight with friends and not being able to follow the lessons. Foster mother takes counseling for these problems. Her expectations from the program include improving her parenting skills and strengthening her attachment relationship with Efe. Both Efe and his foster mother are open and highly motivated to work on their relationship.

2.1.6. ID 6 – Feyza

Feyza is a four-year-old girl, who has been living with her foster family for forty-two months, after one year in institutional care. She does not have contact with her biological family. Her foster parents are a married couple, who applied to adoption service with a desire to have a child. However, because there was a long wait list for the adoption process, they were guided to the foster care unit and they became foster parents of Feyza with a high motivation for touching a child's life.

Feyza is a friendly and active child, who is likely to be impulsive and avoidant in the face of distress and frustration. She has difficulty with boundaries, which shows up as violating the rules and refusing the parent-child hierarchical limits. According to the foster mother's statements, she might use violence when

she is not given what she wants. Additionally, her attention span is low and she gets bored quickly from the activities. Feyza's foster parents have high investment on Feyza but have great difficulty with limit setting and need guidance in parenting skills. Furthermore, they have not explained that they are Feyza's foster parents and they need counseling on how to talk about foster care with children.

2.2. MEASURES

2.2.1. Qualitative Measures

The study employed a qualitative design that used a semi-structured interview approach to examine the processes that foster parents experience during the intervention. Interviews were conducted in two stages for each family independently: intake and termination. Data collection occurred before and after the intervention and yielded a total of 12 interviews. The interview questions included multiple aspects of foster parenting, such as the difficulties they experience with their child, the process of being a foster family, and the characteristics of their family and family members, as well as the parents' experience during the intervention, such as their gains as parents, the development of their child, the changes in the quality of their interaction and attachment, their thoughts and feelings about the program, and strengths and weaknesses of the intervention. All of the interviews were conducted by the researcher, who applies the intervention as a part of this thesis, in a therapy room of Psychological Counseling Center of the University.

Data analysis was done through thematic analysis, which is the process of identifying themes within the qualitative data (Boyatzis, 1998). Qualitative Data Analysis Software (MaxQData) was used to systematically review each interview and code for common properties that could be developed into broader themes. Once the data was coded, coding schemas are organized into specific categories that include the themes that best illustrate the processes for the participant

families. Trustworthiness (Hays & Singh, 2011) of the themes was ensured by data triangulation with triangulated investigator.

To enhance the diligence of the study, the common themes of play sessions were revealed according to the therapist's observations to be able to examine the themes of child's play in addition to the parent interviews. Each play session was investigated in detail and outstanding themes for each session were noted. Then, themes were evaluated together under a common ground as well as being viewed for each child's unique processes throughout the intervention.

2.2.2. Quantitative Measures

To support qualitative data with quantitative values and to assess children's development throughout the intervention by structured measures, three scales were used: CBCL, ASCT, and Play Assessment. At the first and last sessions of the intervention, CBCL and ASCT were administered as outcome measures to assess children's behavioral problems and attachment patterns: Parents filled out CBCL scales and therapist applied ASCT with children. ASCT was coded by reliable coders (inter-rater reliability of the coders is .89). To assess children's play capacity, each play session was observed and recorded by clinical observers. The second parts of the sessions, which are twenty-five-minutes of child-directed play segments, were coded via Play Assessment scoring by the reliable coders (inter-rater reliability of the coders is .82). The scales that were used in quantitative analysis of the study are presented below.

2.2.2.1. Child Behavior Checklist (CBCL)

CBCL (Achenbach, 1991) is a scale that is widely used to determine problematic behaviors in children. The form, which is used for ages 1.5-5, includes 99 problem behavior items on a three-point scale (0 = "not true", 1 = "somewhat or sometimes true", 2 = "very true or often true") and asks parents to indicate how true these items for their children in the past two months. Items can

be computed for internalizing (e.g. depression, anxiety), externalizing (e.g. aggression, violence), or total problems, which have high levels of internal consistency (internalizing: α = 0.89; externalizing: α = 0.93; total: α = 0.97) and one-week test-retest reliability (internalizing: r = 0.77; externalizing: r = 0.89; total: r = 0.94) (Achenbach & Rescorla, 2000). The scales have been adapted to Turkish with good internal consistency (internalizing: α = 0.93; externalizing: α = 0.90; total: α = 0.88) and one-week test-retest reliability (internalizing: r = 0.93; externalizing: r = 0.93; total: r = 0.84) (Erol & Şimşek, 2010).

2.2.2.2. Attachment Story Completion Task (ASCT)

The ASCT (Bratherton, Ridgeway, Cassidy, 1990) is used to assess child representations of the parent-child relationship with a theoretical background supporting that story stem tasks, which are used specifically assess children's internal working models of their relationships with their parents, get young children's understanding of reality through triggering their relationship representations. The ASCT provides toys and asks children to complete a series of stories either with verbal narration, nonverbal use of toys, or both according to the child's preference. The current study uses the Doll Story Completion Task version, which was developed by Granot and Mayseless (2001) and adapted in Turkish by Uluç (2005). This version is composed of five stories with themes of: (1) the child pours juice at breakfast; (2) the child is injured by falling down from a rock at playground; (3) the child is afraid of dark when he/she goes to sleep; (4) parents depart from the house by leaving the child with a caregiver for a while; (5) the child reunites with the parents. Five-point-likert scale is used to score child's stories and attachment classifications are given according to the child's scores in each story through taking the mean of the scores. Four scales are considered in scoring: (1) expression of feelings, (2) nature of parent-child relationship, (3) resolution of the conflict, (4) consistency of child's transference with the story themes. The inter-tester reliability for the scale is between .78 and .85 for the original scale and between .81 and 1.0 for the adapted scale (Granot & Mayeless,

2001; Uluç, 2005). The stories in the current study were scored by two trained and reliable coders with an inter-tester reliability of .89.

2.2.2.3. Play Assessment

Symbolic play has been conceptualized as involving various continuums including cognitive and affective processes (Fein, 1987; Rubin, Fein, & Vandenberg, 1983; Russ, 2004; Singer & Singer, 1990). Cognitive processes include the logical organization of narratives, divergent thinking, symbolism and fantasy, while affective processes are the expression of emotions and affect themes, and expression of affect-laden content within the play story. The Affect in Play Scale Preschool (APS-P; Kaugars & Russ, 2009) is a standardized measure that simultaneously assesses affective themes and cognitive dimensions in symbolic play by using an empirically validated administration procedure and scoring attribution that emphasize the quality of fantasy and affect (Russ, 2004). The scale uses a semi-structured video-recorded individually administered five-minutes play task. However, because there is no video-recording implementation in the current study due to the regulations of government, only the cognitive dimensions of the scale (Organization, Elaboration, Imagination, Comfort) are used to assess the quality of child's play within the sessions. Twenty-five-minutes play segments were scored from 1 to 5 for Organization, Elaboration, Imagination, and Comfort by two trained and reliable coders with an inter-tester reliability of .82.

2.3. PROCEDURE

Approvals were taken for the intervention from the University's Ethical Committee and Turkey's Ministry of Family and Social Policies. Following is the detailed explanation and procedure for the current intervention.

Working with foster families during adjustment process requires a high qualification and comprehensive understanding of psychological dynamics of

children under care. The clinician need to be able to work with the child and the parents, and most importantly with the parent-child relationship in a playful, meaningful, and engaging ways by generating effective treatment plans including play in a holding environment.

A semi-structured fourteen-week attachment-based intervention for foster families, who have three-to-six-year-old children, was composed with a comprehensive integration of different methods on a theoretical basis. Aim of the intervention is helping foster parents to deal with the difficulties of their role in a better way and improving foster children's psychological well-being, through focusing on parent-child interaction and attachment in order to support family adjustment during the first phases of foster care placement. The intervention focuses on attachment, self-regulation, developmental competencies, and sense of self in foster children, because these are the developmental areas that are highly affected from childhood trauma and adverse experiences. Furthermore, the intervention puts emphasis on parents' ability of reflective functioning and managing difficult feelings to help parents realize the motivations behind the child's behaviors and respond them more sensitively. The program was created through flexible adaptation of various treatment strategies as a preventive intervention.

Sessions include psycho-education group with parents, individual parent sessions, and child-parent play sessions:

Session 1: Parent Psycho-Education on Attachment, Trauma and Parenting
Session 2: Intake Session with Parents
Session 3: Play Session 1 – Intake and Assessment
Session 4: Play Session 2 – Mirroring and Family Integration
Session 5: Play Session 3 – Attachment-Based Family Games
Session 6: Play Session 4 – Body Drawing
Session 7: Feedback Session with Parents
Session 8: Play Session 5 – Emotion Recognition
Session 9: Play Session 6 – Emotion Regulation
Session 10: Play Session 7 – Foster Care Story

Session 11: Feedback Session with Parents
Session 12: Play Session 8 - Life Book
Session 13: Play Session 9 – Termination and Assessment
Session 14: Termination Session with Parents

Order and content of the sessions are organized under the light of theory and literature. The intervention starts with psycho-education because it is important to help parents gain basic background information about attachment, trauma, development, play and parenting skills before entering in practice with their children (Steward & O'Day, 2000). Psycho-education groups also help parents to feel as part of a group experiencing similar challenges and therefore increase their sense of belonging, support, and motivation for further interventions (Hughes, 1999).

Intake session with parents enables the therapist to build alliance with the parents as well as taking information about the family. Then, the therapist can work on parent-child interaction based on the specific qualities of each family during the play sessions.

Play Sessions are organized in a semi-structured way with the presence of the parents regarding the suggestion of Hughes (1999) about the use of specific attachment techniques with parents and children in order to strengthen the therapeutic process. Sessions are applied in a standard play therapy room and takes fifty minutes. The first part of the sessions, approximately twenty-five minutes, includes various therapeutic tasks and activities around a specific theme. The second part of the sessions is child-directed play segments, in which the therapist and the parents follow the child's lead. The structured part provides a focus on the important areas and enables to work on these areas. The unstructured child-directed parts provide: 1) an area for the child to express his/her inner conflicts through play while the parents accompany and regulate the difficult feelings, 2) an opportunity for the parents to realize their child's inner world and understand him/her in a better way, 3) an occasion for the therapist to intervene and work on the child's psychological issues through play with the collaboration of the family. The whole session becomes a model for integrating attunement and

limit setting by presenting a safe and stable nurturing in a structured and predictable environment. The therapist acts as a role model by having a sensitive and attuned interaction with the child as well as establishing appropriate boundaries and routines within the sessions. Therapist uses play to help child work on his/her traumatic experiences and have a more secure relationship with his/her foster parents. This therapeutic relationship becomes a prototype for the parents to meet their child's unmet needs.

The first and last play sessions include assessment procedures. The other play sessions are for working on 1) the current attachment relationships and 2) helping the child to understand what happened before and give new meanings to them (Watson, 1997). During the first four play sessions, the primary focus is on parent-child interaction and family unit in order to strengthening the attachment security between foster parents and children and presenting a secure base for children before working on the past experiences. Just after the four play sessions, a feedback session is conducted to discuss the up-to-then process with the parents. Next two play sessions focus on emotions to help children and parents to learn how to identify and regulate specific emotions. These sessions are preliminary preparation for the following foster care work within the intervention as well as presenting basic self-regulation skills for the families. Following play sessions focus on past experiences of the child, which can be more intense in emotions both for children and parents. There is a second feedback session between play sessions of Foster Care Story and Life Book to discuss the process with the parents in order to proceed in caution while working on the intense issues as well as reviewing the last play sessions. Explanations for each session are presented below.

2.3.1. Parent Psycho-Education

As indicated in the literature review, it is important for foster parents to learn about attachment and trauma in order to understand the effects of attachment disruptions and traumatic responses when interacting with their foster children

(Stovall & Dozier, 1998). Therefore, the intervention initially focuses on training parents on attachment, attachment disruptions, effects of trauma, psychological dynamics of foster children, parenting skills, appropriate limit setting, reflective functioning, and importance of play. The psycho-education session is conducted in an interactive group format in order to provide a supportive context where foster parents can share and discuss their difficulties with other families and learn from each other's experiences. The session is applied in two one-and-a-half-hour segments, optionally, in a single day with a little break.

2.3.2. Intake Session with Parents

Following the psycho-education session, parents are invited in individual parent sessions in order to take detailed information about the child and the family. Characteristics of the child, dynamics of the family, placement process, difficulties and gains of being a foster family, and expectations from the process are discussed with each parent in detail. This information is important for the rest of the process, because the therapeutic work with each family is shaped uniquely, according to the needs, dynamics, and expectations of the family, within a flexible structure. Intake sessions with the parents are also important to build an alliance with the parents.

2.3.3. Play Session 1: Intake and Assessment

The initial play session of the intervention is for the child to meet with the therapist and the therapy room, as well as the first assessment of the child and the whole family. The intervention process is explained to the child in detail, and the play therapy room is introduced. Additionally, the child is given a process chart, including nine empty boxes that symbolize nine play sessions, to help the child follow the process. The child colors one box in each session, so that he/she can see how many sessions left. The assessment focuses on child-parent interaction, child's attachment patterns, and child's play capacity through structured

assessment tools, which will be explained later in the assessment and evaluation part, and observations of the therapist.

2.3.4. Play Session 2: Mirroring and Family Integration

In the second play session, the focus is on strengthening family unity (Fishman, Charles, & Minuchin, 1981). Techniques include mirroring exercises (e.g. child moves, parents simulate child's moves like a mirror, therapist specifies the features of the moves focusing on the pace, flexibility, and quality of the reciprocal movement) (Wiener, 1996), creating-whole-perspective exercises (e.g. therapist asks distinctive and integrative questions to the family, such as "who likes the chocolate most in this family?" and "what is the favorite activity of this family to do together?") (Goldenberg & Goldenberg, 2012; Kaduson & Schaefer, 2010), family drawings (e.g. each family member choses a color and the family creates their own family drawing together with their own colors) (Bing, 1970; Kaduson & Schaefer, 2010). The aim is emphasizing the characteristics of the unique family members as well as the family as a whole in order to help the child to develop a more stable sense of self within a safe and reliable family environment.

2.3.5. Play Session 3: Attachment-Based Family Games

The session focuses on improving parent-child attachment relationship through using play. Play activities and equilibrium of structure, engagement, nurturance and challenge from Theraplay (Jernberg, 1984) are used to create playful interactions between parents and child. Play activities are selected according to the characteristics of the child and the family in order to address their needs for safety, regulation, and mutual enjoyment. Examples of play activities include: blowing cotton balls back and forth, popping bubbles, and making stuck of hands (structure); peek-a-boo, clapping games, and decorating each other with

feathers (engagement); feeding, singing a lullaby, and making handprints (nurture); and jumping above the pillows, punching a newspaper, and keeping a balloon in the air (challenge). The aim of the session is helping the child form a safe connection with his/her foster parents and creating a safe and supportive experience for the family through play activities.

2.3.6. Play Session 4: Body Drawing

Body outline drawing consists of placing the person on a piece of paper that is large enough to accommodate his/her body and drawing the body outline, and then the outline is given to the person whose body it is to complete in any way he/she chooses (Steinhardt, 1985). The technique can be used for various purposes. The current intervention uses the technique for enhancing and intensifying personal awareness of self and body with the supportive presence of foster parents. At the beginning of the session, parents draw the outline of the child's body. During the rest of the session's structured part, parents and child fill inside of the body according to the guidance of the child. The outline body symbolizes the boundaries and the child can fill in the body freely as he/she wishes within limits. This exercise helps the child securely express his/her senses, emotions, impulses, thoughts, and conflicts through art with the help of his/her foster parents.

2.3.7. Feedback Session 1

The feedback sessions focus on 1) the observations and interpretations of child's play, which include the expressions of child's inner world, to help parents understand the child's needs better, and 2) parents' responses to child within the session. Parents take feedback for their ability of reflective functioning, limit setting, and following the child's lead in play. Furthermore, parents' specific questions and difficulties about parenting are addressed within these sessions.

Feedback sessions are important to create an area for the parents to express and discuss their experiences during the process.

2.3.8. Play Session 5: Emotion Recognition

The session focuses on helping child to realize, label, and describe his/her emotions. Techniques include emotion motions (e.g. therapist asks child: "how can you show aggression/sadness/happiness/excitement/fear in your body/face?" and "how does your parent show this emotion in his/her own body/face?"), emotion drawings (e.g. therapist asks child to choose colors for the emotions, and the family creates an emotion drawing with those colors), emotion cards (e.g. therapist shows emotional faces to the child and wants him/her to estimate and label the emotion), and role plays (e.g. therapist asks child and parents to enact a conflictual scene from their family interaction, then they try to understand emotions and find solutions for each member's need) (Kaduson & Schaefer, 2010; Malchiodi & Crenshaw, 2015). Caution is needed in this session for choosing the appropriate techniques for child's developmental and emotional level. The aim is supporting the child to understand and express his inner states to help development of self-regulation as well as teaching parents ways to talk about emotions with the child.

2.3.9. Play Session 6: Emotion Regulation

The focus of the session is on self-regulation of the child. Therapist aims to find ways to help child calm and settle down when he/she goes up emotionally. Body, breathing and holding exercises (e.g. child yoga, blowing bubbles, dance-and-freeze, whispering game) are used as techniques (Hughes, 1998; Kaduson & Schaefer, 2010). Therapist presents parents various ways of self-soothing, thus parents can choose the one that best fit for their child. Lastly, parents read a pictured children book about foster care, while the child is lying on their lap with a warm blanket; so that, a story, similar to the child's, is narrated while the child

is calm and secure with the presence of his/her foster parents. Parents help their child to feel their presence both by their voice through reading the story and by their touch through hugging the child. By this way, a subject that might help the child to have a more integrative life narrative, but at the same time might be anxiety provoking, is embraced in a safe and soothing environment, which also becomes a model for the parents to talk about foster care with their child.

2.3.10. Play Session 7: Foster Care Story

Assuming the child feels more secure within the sessions and the parents are more sensitive in attunement and soothing, as it is the seventh play session, there is a focus on helping the child form an integrative life narrative and a more stable sense of self (Bowlby, 1988). The therapist tells a foster care story, which resembles the child's story, by using toy animals, and then asks child to continue the story when the child animal is placed in a new family. Toy animals help externalization of difficult feelings and create a space for the child to express his/her experiences through play (Kaduson & Schaefer, 2010). Furthermore, parents' presence helps parents to emotionally support the child when difficult experiences are being worked on, to have a better understanding of the child's issues, and to practice how to talk about foster care with the child.

2.3.11. Feedback Session 2

As in the first feedback session, feedback sessions are used for the parents to express and discuss their experiences during the process. The focus is on 1) the observations and interpretations of child's play, which include the expressions of child's inner world, to help parents understand the child's needs better, and 2) parents' responses to child within the session. Again, parents take feedback for their ability of reflective functioning, limit setting, and following the child's lead in play. Also, their specific questions and difficulties about parenting are

addressed. The second feedback session is also important to explain Life Book activity to the parents.

2.3.12. Play Session 8: Life Book

When working with children who have severe attachment issues and traumatic experiences, integrating past and present are important components of therapeutic work to help them have an integrative life narrative and form a stable sense of self (Bowlby, 1988). Bowlby (1988) suggests an instrument in order to help children integrate past and present: the Life Story Book. Cook-Cottone and Beck (2007) recommend using this technique with foster children in order to facilitate the construction of personal narrative.

Within the session, therapist and family work on creating child's life story on a long paper with family photographs and drawings. The story begins from child's birth and continues till the current time. The time period before the child is placed in foster care is drawn as far as the family knows. The time period after the placement is described in detail with the family routines and photographs. The end of the story remains unknown and open to continue later if the child wishes as he/she grows up. The Life Book technique is adapted from Bowlby (1988) to help formation of child's life narrative and sense of self-development. There might not be child-directed play session in this session, because the life book is likely to take the whole session.

2.3.13. Play Session 9: Termination and Assessment

The last play session of the intervention is for the child to say good-bye to the therapist and terminate the process, as well as the last assessment of the child and the whole family. The intervention process is summarized for the child and the feelings about the end are discussed. The assessment focuses on child-parent interaction, child's attachment patterns, and child's play capacity, as in the intake

play session. Before the family leaves, a family photograph in the therapy room is taken with a Polaroid machine and given to the family as a tangible memory.

2.3.14. Termination Session with Parents

Before terminating the process, parents are invited to discuss their experiences about the intervention. The session focuses on child's gains and improvements, parents' learning outcomes, parents' feelings and opinions about the process, strengths and weaknesses of the intervention, and parents' suggestions for the program. Lastly, therapist shares his/her feedbacks and advices with the family, and terminates the process.

CHAPTER 3
RESULTS

The findings of the study are examined with qualitative and quantitative approaches. Firstly, observational data for play sessions will be explained. Secondly, qualitative data for parent interviews will be presented. Then, quantitative data of children's symptoms, attachment patterns, and play capacities will be demonstrated. Lastly, all of the findings will be summarized based on the hypotheses of the study.

3.1. OBSERVATIONAL DATA

Observers took detailed notes of children's play and parent-child interaction during the play sessions. Firstly, common themes of children's play throughout the process were examined based on the notes of the observers. Then, each child's unique processes in play sessions were investigated regarding the main themes of their play. Session notes and main themes in play are presented as observational data for the current study.

In the initial play session, nearly all of the children showed avoidance and hyperactivity within a disorganized play type. In the second session, where the structured play focus on mirroring and family drawing, foster parents started to follow the child in a better way and children started to bring themes of aggression, recovery, and rescuing within the child-directed play part. The third session, in which parents and children played attachment-based games in the first part of the session, included elevated levels of playful and joyful interactions between parents and children. Additionally, children started to perform more symbolic and pretend play. In the session that parents and children filled in the children's body drawings, children were asked to lie down on a big paper, so that parents could draw the lines around their body. However, most of the children got anxious and refused to lie down at the beginning. They let themselves go with the support of the therapist and could lie down at the end, but refusing to lie down at the

beginning was common for most of the participant children in the fourth session. The fifth session, where there was a focus on emotion recognition, included a lot of avoidant behaviors, while the sixth session, in which emotion regulation and foster care story were worked on, embodied more engagement. Children carefully listened to the foster care story from their parents and the parents actively supported their children. Parents' active participation continued in the seventh session, where parents and children worked on foster care story through little toys. Nearly all of the children demonstrated symbolic and pretend play during the child-directed part of the session by continuing to play their new life in foster care with their foster parents. Eighth session, in which there was a focus on children's life books, was difficult for all of the participant children. They show avoidance and denial for the work and some of them had difficulty in participating in the activity. All of the parents were highly sensitive and supportive. Most of the children prepared presents for their foster parents from toys and presented them at the end of the session seventh or eighth. In the terminal session, there was a significant improvement in most of the children's capacity of expression and play. There was a playful and joyful interaction between parents and children within reciprocal and symbolic play segments. Some children demonstrated avoidant behaviors during the termination phase.

3.1.1. Individual Processes

Each child's processes in play sessions are investigated in detail regarding the main themes of their plays.

3.1.1.1. ID 1 – Ali

When investigating Ali's process, playful and humorous interaction between parents and child draws attention. Parents were highly sensitive and supportive throughout the process. Ali had an omnipotent, playful, and talkative attitude and he strongly refused weak and helpless positions. He was avoidant

against difficult feelings (e.g. aggression, anxiety, fear), but these feelings, which he tried to keep away, has created anxiety and uneasiness in him. He got disorganized in the face of difficult feelings and memories from his earlier experiences and used avoidance and denial as defense mechanisms against these feelings. His frustration tolerance was low. The presence of foster parents was reassuring for him and he used them to get regulated in times of difficult and intense feelings during the sessions. The most prominent themes of his play were aggression-repair and rescuing.

The first three sessions focused on parent-child attachment relationship, and Ali's play improved towards symbolic and pretend play through these three sessions. In the fourth session, in which parents and child were asked to fill in the body drawing of the child, Ali got anxious to lie down at the beginning, but could lie down after encouragements of the parents and the therapist. This session was important for Ali's issues of trust. He had an insecure attitude because of his perspective for external world as dangerous and harmful; thus, he stayed closed emotionally in order to protect himself against the potential dangers. Therefore, it is crucial for him to start directly asking for help from his foster parents in the following sessions. It remarks that he has started to break the omnipotent role and open himself for the possible support systems throughout the process. One of the other difficult sessions for Ali was the fifth session, in which there was a focus on emotion recognition. Talking about the emotions was anxiety provoking for Ali and he showed avoidance and denial against difficult feelings. He got disorganized and chose structured games in the child-directed part of the session to gather himself up. The sixth session that focusing on emotion regulation also provoked some anxiety. He got agitated and needed to play active games in the child-directed part of the session to direct his inner activation to the symbolic area of play and movement. The next session, in which foster care story was worked on through little toys and pretend play, he could stay in the play for a long time and continued the symbolic play during the child-directed part. Additionally, for the first time, he explored the room more and played with the various toys that he had not played before within the sessions. In the eighth session, where the family

worked on child's life narrative through the life book, Ali showed high levels of avoidance and denial, and turned to the parents to get soothed. However, although he got difficulty in the session, he wanted to put the work on his wall of his room at the night of that session. Thus, the feelings coming from the earlier experiences are confusing and complicated, but being able to create a narrative for them helped him to find new meanings and he wanted to keep it in his view. After the structured part of the session, he continued with symbolic play in which he used three or more characters and maintained the play segment for long durations. This reflects a high capacity of symbolic play. The theme of rescuing was outstanding for his play within this session. The termination session also included high levels of avoidance and denial, but he was able to make a secure termination by using symbolic play. Parents have always been sensitive, playful, and supportive throughout the process, but their affective participation within the last sessions was especially remarkable.

3.1.1.2. ID 2 – Büşra

At the initial play sessions, Büşra was highly timid and stayed close to the foster parents by leaning her back on the mother. She tried to hide her face from the therapist and did not explore the room or the toys. Foster parents were immobile and stayed sitting on the sofa during the first sessions. Büşra was too cautious, but she could come in the play slowly with the help of therapist's encouragements. First three sessions, which focused on the attachment relationship between parents and child, were important for Büşra to get used to the therapy context as well as for the foster parents to start understanding how to interact with the child. At the end of the first three sessions, Büşra started to move away from he mother and explore the room. She also started to interact with the therapist and terminating the sessions got harder for her. Foster father demonstrated an improvement in playing and he started to be more active within the sessions. Foster mother was still on the background. Büşra was playing with

mother and father separately. Her plays did not include much variation; she was more likely to play with the play dough.

The fourth session, in which parents and child filled in child's body drawing, was a milestone for Büşra's process. Though at the beginning she refused to lie down and stayed on the mother's lap during the activity, she chose a more active game at the child-directed part and played in a very playful way contrary to the previous sessions. Foster father could follow the child's lead and enjoy within the play. Mother was also more active than the earlier sessions and started to take more place in the plays. At the end of the session, Büşra wanted to take the drawings home. Father indicated that they continued to play with her at home as they do in the sessions. The improvements on play continued in the next sessions. The fifth session distinguished for emotion recognition. Büşra was good at recognizing the emotions but she avoided talking about difficult emotions like aggression or anxiety. For the first time, she engaged in symbolic play in the fifth session after working on the emotions, and the prominent theme of the play was aggression and repairment. Therapist modeled reflective functioning within the play and father could participate in the play by following Büşra and the therapist.

The structure of the program after the fifth session included some changes for Büşra's process, because foster parents did not feel ready to talk about foster care with Büşra. Rather than working on foster care story with toys and creating a Life Book for the child, a different session was added in Büşra's process in accordance with the needs of the family system: foster mother and foster father had to teach Büşra a play from their childhood separately. The structured part of the sixth session was parted for this activity. The mother made a cloth doll by using a scarf with Büşra. After finishing, Büşra fed, slept and cared the baby doll. The father played football with Büşra. It was a playful, active, and competitive game. Both games included different but important elements for Büşra. After playing with these separately Büşra wanted to play hide-and-seek with both parents. It was a playful and active game. Before terminating the session, Büşra engaged in a symbolic play, in which the prominent themes were aggression and exploration. Seventh session continued with emotion regulation and foster care

storybook. Storybook part was anxiety provoking for the parents and the father got withdrawn emotionally. Büşra actively listened to the story and after she made presents for the foster parents from the play dough. The termination session included important improvements in family and couple relationships. Members of the family could play together as two parents and a child. The session context was highly playful and joyous as opposed to the first sessions. Parents were more active in interaction with the child and Büşra was more confident to express herself.

3.1.1.3. ID 3 – Can

When investigating Can's process, engagement of the family draws attention. Can's joyful attitude and foster parents' sensitivity have created an attuned and playful relationship between them. Parents were qualified in reflective functioning. Though they might have used some didactic functioning within the play, they were good at participating in child's play and follow his lead. Can was able to engage in symbolic play, but his play included many bizarre and intense themes that he got disorganized and could not continue to play. Foster parents, too, froze against these intense emotions and could not know what to do to help the child with these disorganized feelings. Can's main coping mechanisms were obsessive defenses, humor, and avoidance. However, these were not sufficient for him to deal with these experiences; thus, he asked to go out for toilet many times during a session when he struggled to face with the intense and disorganized emotions. Disorganized content of Can's play diminished throughout the process. Foster parents started to deal with Can's intense emotions in a better way and Can started to regulate himself through using his defenses without getting disorganized and needing to go out of the room. Last sessions included no toilet breaks.

The sixth session, in which the family read a book about foster care, included an important expression from Can about his dynamics in foster care. At the end of the book, when the character meets with his subsequent family, there is a sentence as, "He had a warm home", and Can rephrases this sentence as: "A

home of hearts". It was a session to feel the intense love between parents and child. Next sessions focused on foster care story of the child. Intense emotions were triggered for Can, but he could stay in symbolic play and work on these feelings. The prominent themes of his play were aggression and recovery. Working on the Life Book was not easy for him but he could regulate himself through play. He prepared presents for his parents from play dough and presented them at the end of the session. He was disorganized in the termination session and refused to make a proper termination. He could hardly stay in the therapy room and he had an avoidant attitude throughout the session.

3.1.1.4. ID 4 – Demir

When investigating Demir's sessions, an important change in Demir's capacities throughout the program attracts the notice. At the beginning of the process, Demir was throwing everything away and cluttering the room up. He was not making an eye contact and could not speak. He avoided the interaction and communication trials of both therapist and the foster mother. Foster mother, who has participated in the program without the foster father, perceived his attitude as "rejection" and felt an intense "frustration". These feelings interrupted her being sensitive and attuned to Demir and, in return, Demir avoided her more aggressively. This cycle resulted with a struggle between them and both of them ended up with intense frustration feelings, which they had difficulty to regulate. Thus, when Demir had difficulty with emotion regulation, he started to throw things away, and the cycle turned back to the beginning. He had very primary needs like being contained in order to get soothed, but he avoided intimate interactions and moved away from communication. Additionally, his play was so fast and abrupt that it was very difficult to follow.

Demir refused any structured activity offered by the therapist at the first part of the sessions; thus first sessions just included child-directed play, because he needed to be followed and realized before accepting anything from others. Therapist helped foster mother to follow the child's lead and they worked on

mother's reflective functioning during the first three sessions. Therapist emphasized the little moments of eye contact between mother and child, and modeled attunement and reflection. Demir showed bits of interest for communication during the attunement moments but he could not stay in the reciprocal interaction. Foster mother listened and observed the therapist very carefully, and tried very hard to achieve attunement with Demir by using mirroring and reflection. The fourth session was a striking turning point for the whole process. Surprisingly, Demir accepted the offered activity in first part of the session and let the mother draw lines around his body by lying down on the paper. Then, he scribbled the head part of the drawing and went away to play with toy cars. Mother and therapist followed his lead and observed his play. He was putting a little car in a big car. Therapist reflected his play: "Big car contains the little car, just like a mother". Demir repeated: "Just like a mother". These were the first words of him within the sessions. This moment touched the mother and she participated in his play. For the first time, they played together for a while in a reciprocal way. Then, they continued the play with hide-and-seek. When the mother found Demir, she tickled him and they giggled together. The session ended up as Demir leaning on the mother's lap and sucking his thumb.

Next sessions have passed in rapid succession with domino effect and they arrived to the point in which there were many improvements both in Demir and the mother. Demir did not just started to make eye contact but to form reciprocal and complicated interactions by an improved verbal and non-verbal expression capacity. He was much more open to communication and his emotion regulation capacity showed an important increase. He actively participated in the structured parts of the sessions as well as engaging in reciprocal symbolic play in child-directed parts. The foster mother also showed great improvements. She was able to follow the child's lead in a supportive and sensitive way and form attuned interactions with him. Her capacity of reflective functioning was so improved that she functioned like a co-therapist when the foster father participated in a session for the first and only time. On the last session, Demir and the foster mother engaged in a reciprocal symbolic play and they could maintain the play

cooperatively till the end of the session. There were fail moments within the play and Demir could express his frustration with words: “I cannot do this”. There was a strong atmosphere of attunement and humor in the session.

3.1.1.5. ID 5 – Efe

Efe had a high capacity to play. He expressed his issues in symbolic play and worked through them within the sessions. His plays included themes of killing and recovery; affects of aggression and guilt; and elements of ambivalence and disorganization. His foster mother had difficulty to tolerate and contain these intense inner states and felt the need of leading the play through a more easy-going direction. She also used didactic elements in her interaction with Efe within the play. She was good at limit setting and Efe was overly compliant with her limits. These limits helped Efe to keep himself collected against the disorganized states, but on the other way, they interrupted him to express his inner states and to work on them within the play. Both foster mother and Efe were highly cooperative and worked on their issues throughout the process. Efe was outstanding for expressing and working on his inner conflicts by using the symbolic area of play.

The third, fifth, and seventh sessions demonstrate the most improvements in play. The third session focused on attachment-based games. Efe and his foster mother easily engaged in these games and had great pleasure. It was a playful and relational session for them. In the fifth session, the focus was on emotion recognition. In this session, the mother tried hard to understand Efe’s experiences and inner states. Lastly, in the seventh session, the focus was on working on foster care story by using toy animals. This session was important for Efe, because for the first time, he showed reaction to mother’s attempts of leading the play rather than being overly compliant. Furthermore, fourth and eighth sessions show a general decrease in play assessment scores. In the fourth session, Efe and mother were angry at each other, because they had a conflict before the session. The whole session included marks of this conflict. The eighth session was the

termination session (because the Life Book session did not include free play and was not coded via play assessment).

Life Book session was also important for Efe's process. When working on the Life Book in the session, Efe could actively participated in the activity, but some anxiety was triggered in his inner state. That night, at home, he wanted to cut the piece that represented his earlier life off, but the mother did not let him do because she thought it was important for him to be able to accept his past. In response, Efe ripped the work up and threw it in the bin. The reflections of this event on Efe were tried to be understood with the foster mother in the feedback session.

At the end of the process, Efe was able to express himself in a more confident way and the foster mother playfully responded these expressions. Humor was frequently used between mother and child. Child's capacity of regulation and expression was improved; and the mother was able to give him more space to express himself.

3.1.1.6. ID 6 – Feyza

When investigating the sessions, boundary issues attract the notice. They appear in various levels, such as distortions in hierarchical family system, challenging the limits, and confusions in fantasy and reality. Additionally, Feyza was overly hyperactive in the sessions and had a low attention span. Her plays were fast and short, and she could not maintain a play for a while but, instead, passed from one activity to the other in a rapid tempo. Her frustration tolerance was low, and she used obsessive and avoidant defenses. Her play included disorganized themes and intense anxiety. The foster mother was more likely to lead the play rather than following the child's lead. She also used many didactic elements within the play. Feyza generally used avoidance against these interferences. She also avoided relational games in the sessions at beginning, though she was a relational child. At the third session, in which parents and child played attachment games, Feyza got overly stressed and played arranging games

in order to sooth herself rather than participating in the parents with the relational games. For a few times, she engaged in pretend play, but then she immediately made undoing and started arranging games again. In these short-noticed symbolic play segments, the prominent themes were intrusiveness and role confusion with the emotions of aggression and anxiety.

Fifth session was important for Feyza, because parents talked about foster care before coming to the session. Surprisingly, there was an increase in her play capacity in this session. For the first time, there was a genuine, playful and relational interaction between mother and child, in which they sang a song together by using musical instruments, and the following sessions included more symbolic play. At the end of the process, there was an increase in Feyza's relational capacity as well as her capacity of play. Her attention span was also improved. She could stay in play for longer durations and she chose more symbolic and relational games. Additionally, her expression capacity was developed and the intensity of obsessive defenses got lower. On the other hand, there were still issues to be worked on, such as the issues in family system and parental reflective functioning.

3.2. QUALITATIVE DATA

Thematic Analysis (Boyatzis, 1998) was applied on the data for intake and termination interviews separately in order to identify the main themes within the narratives of foster parents before and after the intervention. Parents' narratives in intake and termination data revealed two main themes: *Parenting* and *Parents' Perception of the Child*. Additionally, intake interviews revealed a theme of: *Issues About Foster Parenting* and termination interviews revealed a theme of: *Effects of Participating in the Program.* In addition to the data collected from the participants, therapist interventions during the interviews were coded via Thematic Analysis under the heading of *Therapist Interventions.*

3.2.1. Parenting

3.2.1.1. Intake Interviews

Four prominent sub-themes that illustrate parenting in foster families before the intervention were revealed from the intake data: parents show considerable *effort to understand the child,* parents have high motivation *to have good parenting capacities*, foster parenting brings *concerns about the care of the child* and *challenge of limit setting* is a constant issue. These sub-themes present a comprehensive narrative of the parenting experiences families have had since the placement of the child.

3.2.1.1.1. Effort to Understand the Child

Effort to understand the child was one of the most common experiences for the foster parents. In the face of a challenging behavior of their foster child, parents attempt to understand the underlying reason of the behavior. Can's foster parents report that Can was highly appetent and wanted to eat more than he should have that one time he threw up after eating a huge portion. His foster parent explains his behaviors as: "He wants a big plate of fruits. I prepare fruits on a big dish, and he eats them all. I link this behavior to his earlier hunger". His parents try to find meanings for Can's challenging behavior through regarding his previous experiences. Similarly, Demir's foster mother talks about Demir's refusal of staying in his room: "His (foster) father sent him in his room as a punishment. He might connect the room with punishment; maybe that's why he behaves like this". Demir's mother tries to find reasons for Demir's refusal of staying in his room and believes that it might have been resulted from their parenting behaviors.

Focusing on the child's feelings is also a common experience for the foster families, as Demir's parents explicitly report: "We try to focus on his feelings rather than his behaviors". Foster parents try to understand what their child feels,

thinks and experiences in order to understand him/her better. Demir's parents were confused after speaking with their pediatrician and psychiatrist: "I wonder if he (Demir) knows or not. The pediatrician and the psychiatrist say he knows that his biological parents had left him. According to them, it is the reason of his aggressiveness and he tries us by these challenging behaviors to understand whether we are going to stay with him or not. Okay, then he knows his parents have left him. What are we going to do then?" They express their confusion about the child's mind and try to decide how to respond. Without understanding the child's experiences, it is difficult for the families to give sensitive and adequate responses. Thus, understanding their child is important for the foster families who participated in the program to make more sense of their child's behaviors as well as to find ways to respond these behaviors.

3.2.1.1.2. Effort to Have Good Parenting Capacities

For many of the parents in this study, there was a clear effort to be good parents for their foster child. Feyza's foster mother explains her desire and endeavor as: "The most important thing for us was: would we going to make her happy? Would we be able to give the affection and love that she needed? Would our efforts be enough to satisfy her needs? What could we do to do the right things for her as her foster parents?". Other parents report similar concerns. They give a considerable time to focus on their foster children's needs and have a great investment on the children as foster parents. Efe's foster mother is a single mother and has reorganized her life according to Efe's needs. They spend a lot of time and have good quality interaction spaces. She describes the things they do together: "We go to the playground regularly everyday even if there is rain or snow, we can get warm by being active. We cook together, like pizza or spaghetti. He prepares the sauce". As a parent who is aware of the importance of interaction of quality with the child, she spares time to have fun and enjoy with Efe.

In addition to spending quality of time together, parents try to train their foster children on social convention in order to help them be more functional

within the society. Feyza's parents speak about an event in which Feyza took a sugar from the market and kept it in her pocket until going out: "We told her that this is stealing. We explained what is stealing and told that it is very bad to take something that belongs to someone else without his/her permission". Similarly, Ali's parents talks about a toy struggle between Ali and his friend: "I say that you can only play as much as he lets you, it is not our toy".

For the foster parents in this study, raising their foster child as good as they can was a strong endeavor. Therefore, their anticipations from the program included improving their parenting capacities. Demir's foster mother provides a statement that sums up not only her expectations, but also the expectations of the other parents in this study: "My expectation is to get help for raising him (Demir) in a more healthier way with more awareness. If I have mistakes, I want to correct them. I have to do my best if I am raising an individual".

3.2.1.1.3. Concerns about the Care of the Child

One of the most prominent themes shared among the parents in this study is having concerns related to the care of the child. With a child they try to understand and with a strong diligence to be good parents, they face with many dilemmas that they have to cope with. They need counseling both for basic parenting and advanced foster parenting. Can's foster parents report that Can has sleeping problems and he wets his bed at nights. They read and research about these problems, but there are many different opinions; therefore they get in a quandary about how to respond. His foster mother states: "I ask my friends. One of them has a seven-year-old and the other has an eight-year-old, and they bed-wet, too... I searched about sleeping patterns. He (the expert) says an infant has to sleep with the mother between ages 0 to 2. It seems logical to me". She makes a lot of reading and searching as well as speaking with her friends to compare the problems with other children in order to understand the severity, and tries to find the best-fit perspective to herself, but still needs a validation and clear explanation. Moreover, being a foster family brings up specific questions. She

asks: “When he cannot remember his (biological) father’s name, should I tell him or not?”. Managing the relationship between the child and the biological family was very typical for the other parents in the study. Because they do not have many examples and models, it becomes more difficult for them to muddle through these dilemmas without a professional consultancy.

Concerns about the child were also very common for the parents in the study. Some of them were anxious about the future of the child. For example, Feyza’s foster parents were nervous about Feyza’s hyperactivity and attention deficit symptoms. The mother explains: “I was worried about the apprehension that it could become an ongoing habit. Would it become an ongoing habit and become her personality trait in the future?”. There was also a specific concern that was common for each of the families in the study: what if the biological family takes the child back? Efe’s foster mother states this concern as: “My greatest anxiety is that he (Efe) might go back to his biological family. It is the greatest anxiety of my life”. This worry of losing the child signifies a significant negativity of being a foster family for many of the parents in the study. Can’s parents state: “Actually we were not very willing for foster parenting because of the risk that the child can be taken away from us”. In the face of their concerns and questions, parents needed to talk about these issues and make sense of their anxieties as well as finding answers for their confusions about foster parenting.

3.2.1.1.4. Challenge of Limit Setting

One of the most common challenges for the parents in this study was incorrect ways or difficulties with limit setting. Some of them indicated that they used long explanations to convince the child to follow the rules, while some of them used bluffs. Ali’s foster parents provide a clear example for long explanations: “He (Ali) found a sharp scissor yesterday. I said okay son you can take it, but it is very harmful for you. If it comes in your eyes, it might hurt you. I said okay his daddy let him play; he is going to give in a minute. Then, he gave”. Ali, as a compliant child, followed the instruction. However, this type of limit

setting might not work in other cases. Another example is stated by Büşra's parents: "She watches a lot of cartoon on television. I change the canal or close the television, and she says, 'open!'. I say that they are sleepy and they are going to sleep. It works for around half an hour". She uses incorrect ways of limit setting and the cartoon issue becomes an ongoing struggle between mother and child.

Feyza's parents were encountered with a similar problem. It was very difficult to establish regulations to Feyza for the foster parents; because she refused any rules and did not follow their instructions. The way her parents set limits to her included incorrect components, such as confusing bluffs. Foster mother explains an incidence that happened at school and wants Feyza to tell her the issue: "I say 'the birds tell me', I don't tell that her teacher told me because the teacher does not want me to tell her not to create insecurity. Therefore I say that there are birds that I talk with and these birds come and tell me what is happening at school". This statement includes expressions that might be confusing for Feyza and make it difficult for her to be cooperative with the limits. The collective experiences of the families with limit setting highlight the need for more emphasis on the issue.

3.2.1.2. Termination Interviews

Three prominent sub-themes that illustrate parenting in foster families after the intervention were revealed from the termination data: parents developed better *mentalization capacities,* they had high *motivation and effort to be good parents* and they contained various *concerns and hopes* about the child. These sub-themes present a comprehensive narrative of the parenting experiences families have had since participating in the program.

3.2.1.2.1. Mentalization Capacities

All of the parents in this study demonstrated an improvement in their mentalization capacities. Their narrative showed significant differences in explaining the child and his/her challenging behaviors. Their understanding of the child was improved and they started to develop tolerance for the difficult behaviors. Demir's mother provides a clear example and states: "Each feeling turns into anger. As you have told before, he puts up a wall against the outside world. He does not receive anything from outside; but sometimes he lowers the wall when I am talking to him". Demir's aggression was nearly impossible for his foster parents to tolerate, but the mother came to the point that not only she can observe and differentiate his affective states, but also she can understand how to approach and respond against these bursts of anger through using symbolizations and visualizations to sooth herself. Thus, she could start to view Demir's difficult behaviors as a way to express his pain rather than a way to annoy his parents: "He does not do these consciously, he is not aware".

As indicated before in the Introduction Chapter, raising a child with a history of adverse experiences brings various challenging behaviors and difficult relational patterns that might result with overwhelming experiences in the foster parents. Coping with these unbearable emotions and situations requires patience and sacrifice coming together with a high awareness for both self and child. Foster parents in the study, presented significant tolerance and sensitivity to their children's challenging behaviors as well as developing good level of awareness for their own internal processes. For Efe's foster mother, school achievement was a crucial matter and she had very high expectations from Efe. She was having continuing struggles with Efe, who preferred to play rather than studying or doing his homework. She was aware of the fact that she was putting a lot of pressure but she could not help changing her expectations, since she viewed achievement as a core attainment in life and Efe's apathy for lessons caused significant anxiety for her. Despite her ambition for Efe's school achievement, she could come up with this statement: "Spring came and we became disorganized (laughs). I am not

making pressure, because he is so tired. It was a long term and there is a short period of time till the schools are closed. He can make up next term". After numerous years of working hard and not giving up the control, it was not easy for her to loose the reins, but she was able to do this at the point where she realized the primary needs of Efe. Likewise, Ali's foster father provides a clear description of the point families in the study have arrived after developing a good understanding for their children: "He (Ali) crabbed a lot today, and he will continue to do. We are going to remember when he grows up: he used to do these and we used to experience these. These type of difficulties are normal".

3.2.1.2.2. Motivation and Effort to Be Good Parents

Motivation and effort of foster parents in the study had been stable from the beginning till the end of the program. Improving their parenting capacities during the program helped them to gain more confidence on themselves as parents. Ali's foster father states: "I can make self evaluation. If I had a child before, I could have been a good father (laughs)". This confidence helps them to keep their motivation high against the difficulties and strengthens their effort on parenting even in the most challenging situations. Furthermore, parents expressed awareness and acceptance for their mistakes on parenting. Feyza's foster mother talks about limit setting problems: "We used to take lots of toys and clothes. We used to do whatever she wanted. It was our mistake, I see it now. I mean, we needed to do this limit setting long ago when she first came to our family. We are a bit late on this". Feyza had been living with them for around three years, and the foster mother expresses her guilt as a parent. Taking in the consideration that every parent makes mistakes, realizing the wrongs and taking a step to repair them are important components of good parenting capacities and each of the parents in the study had the motivation to work on their rights and wrongs as parents.

3.2.1.2.3. Concerns and Hopes

Another consistent theme among foster parents was the concerns about the child. Ali's foster parents talk about their future concerns about Ali: "Currently he is very good, but we cannot know how he is going to be in five years. He seems to be going well, but still we can't know. His social environment can change". Though there are some anxieties alike for each family, foster parents are also able to see the strengths in their children, and it creates hope about the future. Ali's parents realize Ali's social skills and states: "He is going to be successful in social interactions in the future, it is a fact". Similarly, despite Demir's many challenging behaviors, his foster mother comes to realize his strengths: "I say that he (Demir) is so clever, and I mean it". Namely, as the foster parents develop a more comprehensive understanding for their child, their apprehensions are balanced with hopes and positive expectancies.

3.2.2. Parents' Perception of the Child

3.2.2.1. Intake Interviews

The intake data revealed five prominent sub-themes that illustrate parents' perception of their foster children: parents report considerable *positive change* on the child since the placement, *separation anxiety* and *difficulty with self-regulation* is constant issues for the foster children, and parents focus both on *challenging behaviors* and *positive qualities* of the child. These sub-themes are highly interrelated and present a comprehensive narrative for the perception of the parents.

3.2.2.1.1. Positive Change

Making a progress since foster care placement was the most common experience for the participants that six of the parents reported a positive change in

their foster children during the time they have been living together. Demir's mother recounts: "Currently, I view him as an angel when I compare with the earlier stages. He was full of rage, full of hate, full of grudge. His eyebrows were scowled, but now, they are much more softened". Though his aggressive behaviors and symptoms continue, the mother reports a significant decrease in their intensity compared to the earlier stages of the placement. Feyza's foster mother speaks about the physical growth of Feyza since the placement: "She has rallied so fast. She used to look like a six-month-old when I took her, although she was one, but she has caught up instantly. She was on the average after six months". She emphasizes the positive influence of foster care on Feyza's physical development. Foster parents also report considerable differences on children's cognitive and verbal abilities after the foster care placement. For example, Can's parents state: "He could not count to ten when he first came, but now, he can event count in English". Similarly, Efe's foster mother indicates: "He used to know less than thirty words when he first came to me, he could not express himself, he didn't even know what he was eating. We leaped forward a lot about these". Both parents talk about the important improvement they have had since the children join in their families. Some parents also speak of the spoiled behaviors of their children following the rise in their secureness within the family. Ali's foster parents indicate that Ali used to change his clothes by himself and did not accept any help from the parents during the earlier phases of his placement. However, with time, he started to let his parents help him and, currently, he even asks them to dress him up. Thus, according to the parents' reports, there is a significant progress in children in many developmental areas following the placement in foster care.

3.2.2.1.2. Separation Anxiety

For six of the foster families in this study, there were substantial issues about attachment and many of the children showed separation anxiety according to the parents' reports. When Feyza started the kindergarten, she showed

significant difficulties about separating with her foster mother. Foster mother describes Feyza’s reaction in the first days of school: “She cried a lot. A lot. She cried for: why did my mother leave? The other day she would go by school bus. She cried: my mother will come with me, my mother will get in the bus, mom you will come, too. I told her: honey, you will go with the bus and the bus will take you back here in the afternoon. She cried: mommy, why aren’t you coming, you should come, we should play together, why should I go by myself”. Other parents report similar difficulties with remaining separate with the children. Most common condition is bedtime. Six of the children in the participant foster families are reported to be sleeping with their parents: “He loves when three of us sleep together. Sometimes we sleep together, he comes and asks us to read a story” (Ali’s parents), “She sleeps with us at nights” (Büşra’s parents), “He still sleeps with us” (Can’s parents), “Currently, he is sleeping with me” (Demir’s parent), “He sleeps at his own room, but he comes to my bed towards morning. Actually, we sleep together once a week. We have a day of sleeping together” (Efe’s parent), “He sleeps in his own room, but his father leaves very early on the mornings, and when his father leaves, he comes to the bed. And sometimes he comes during the night at two when he wakes up for toilet” (Feyza’s parent). For the parents in the study, sleeping with their foster children was a first step for enhancing the attachment and meeting the child’s earlier needs. For children, it was a way of showing their need for their foster parents as well as their anxiety against remaining separated with them.

3.2.2.1.3. Difficulty with Self-Regulation

One of the most prominent themes shared among the participants in this study is experiencing difficulty with child’s self-regulation. Having neglectful and abusive earlier interactions during the critical years has interfered with the development of children’s regulatory capacities and resulted with emotional outbursts in case of an intense feeling within their subsequent foster families. Feyza’s foster mother, like many parents, struggles with Feyza’s temper tantrums

when Feyza fails to get her way. She states: “She asks if she can take something and when I say no, she just yells and cries out in the market”. Similarly, Büşra’s foster parents report that Büşra struggles when they do not let her do something she wants to do. They explain: “I said it’s bedtime and shut down the television. She yelled and cried out: how can you shut down the television! She got mad”. Demir’s foster mother also reports experiences of great difficulty with Demir’s pushes to take his way. According to the mother, there is no other option but to give him what he wants, because other way it becomes so difficult to regulate him. In addition to bursts of anger, she expresses experiences of manipulative behaviors to make the parents let him do what he wants. She states: “But then he says: ‘I am scared, open the television’. He says he is scared. He uses the fear to make me do what he wants”.

According to the participant parents’ experiences, difficulty in child’s self-regulation can also show up in other contexts. For Efe’s foster mother, it was a big surprise that Efe showed maladaptive behaviors at school, since he has been overly complying with her at home since the first day of the placement: “He had a lot of problems at school that I could not acknowledge him... He was violating the rules, walking around the class during the lesson, wasn’t sitting still”. Efe was showing his difficulty in self-regulation at school, where he was expected to stay calm and follow the lesson for long durations.

3.2.2.1.4. Challenging Behaviors

All of the parents in this study report challenges with their children’s specific behaviors and traits. Most common ones are: lying, unsaturated hunger, and remembering the negative events. Lying was a mutual behavior for most of the children in the participant families during the intake interviews. Ali’s parents notify frequent lying in Ali: “He tells lies, it is a frequent behavior”. Feyza’s mother also notices some falsehood in Feyza: “Sometimes she lies, even it is so rare”. Efe’s mother, too, indicate lying behaviors in Efe: “I say: ‘you are lying and nobody believes in this’ and he replies: ‘I made a joke’. He actually capitalizes the

situation on himself". Lying appears to be an escape way for the children in the case of a difficulty.

The earlier unmet needs of the children create an unsaturated hunger within their new families. Children's overly appetent behaviors confuse the parents on how to respond, since, according to their narratives, children want to eat so much that they might event throw up if they do not stop them. Can's parents state: "He has a good appetite, but he is insatiable. For example, if he takes the pomegranate, he must finish it. He loves eating but he can't put a stop. The other day, he ate so much at school that he threw up. The same night he wanted to eat pomegranate, and also wanted to put strawberry, but that week he had also eaten so much strawberry". His parents are mixed up in between responding to his unmet hunger by feeding him and putting limits on his overly eating behavior. Feyza's mother, too, talks about a similar conflict about Feyza's appetence: "She was very appetent. I cannot tell you how hard it was to take the bread from her hands when she first came. Currently, she has been fixated on cacao milks, she drinks two-to-three everyday". This overly appetent attitude of children is so obvious that even the other people out of the family notice. "When he eats so much roast chicken at school, the cook says 'son, enough you will get sick!'" says Ali's family. Thus, foster children's dissatisfied hunger was a common issue that should be emphasized for the participant families.

There was a little knowledge about the past history of the children in this study, but some children presented some parts of their histories with their expressions to their foster parents. For the parents, the adverse experiences coming from the past have created some challenges to deal with. For example, foster mother states that Efe remembers washing up by boiling water before coming to his foster family each time he is getting a shower: "He had bath with cold water for a very long time. It was winter when he first came to me and he used to refuse hot water. Still, no matter how much he trusts me, he puts his hand under water before entering in the shower". Such reflections of past memories created emotional pain and difficulty for the parents as well as confusion on how

to respond. It was challenging for them to both resolve the current crisis and sensitively compensate the child's emotional expression.

3.2.2.1.5. Positive Qualities

Positive qualities of the child are as noticeable as challenging behaviors for the foster parents in the study. Most prominent qualities that were expressed are socialness, rapport and adjustment, and cognitive capacity of the children. Six of the families talk about their foster children's social capacities. Feyza's foster mother provides an explanation not only true for her own perception of Feyza but also the other parents' view of their own children: "She is a friendly child who loves to talk and communicate" and she continues: "She has a good memory. She is open and learns quickly". Each of the participant parents indicated similar descriptions for their foster children and emphasized their socialness and cognitive capacities.

Despite the challenging behaviors, parents speak at length about their foster children's adjustment in their family as well as in the other contexts. Efe's foster mother expresses her view as: "Both Efe and I have accommodated each other easily. It was as if he has been living with me since ten years". Ali's parents also make a similar statement: "He is a coherent child, he can adjust in any context in a way". Children's rapport with their parents provides a hopeful frame for the foster families, in which they can work on the challenging issues.

3.2.2.2. Termination Interviews

The termination data revealed three prominent sub-themes that that illustrate parents' perception of their foster children: *sociability, warmth and compassion* and *activeness*. These sub-themes present a comprehensive narrative for the perception of the parents.

3.2.2.2.1. Sociability

The responses from the parents during the termination interviews emphasized positive qualities of the children. Most of the parents talked about their children's sociability. Sociability is one of the most common qualities of the children according to the parents' statements. For example, Can's foster parents describe him as: "Warm, clever, funny, friendly, neat, tidy, energetic, playful. He makes friends very easily. He is the favorite in school. Everybody knows him in the places we go". They emphasize his social abilities and highlight his achievements on social functioning. Similarly, Büşra's foster parents talk about Büşra's social development: "Recently, she makes friends very easily. Not with adults, but more with children. She says I have friends, too, when I talk about my own friends. She counts them one by one". Büşra was a relational but timid child at the beginning of the program. She came to a point where she can express herself better and form more active interactions with the others throughout the program according to her parents' view.

3.2.2.2.2. Warmth and Compassion

Another consistent sub-theme among the parents' perception of their children is the warmth and compassion of children. Despite the intense aggressive feelings of Demir, his foster mother describes him as: "Sharing, compassionate... He is so emotional, he cannot stand someone crying". Efe's foster mother gives another impressive example for children's compassion by explaining an incident Efe has experienced at school: "He is so conscientious, compassionate, warmhearted. Once they went to health screening with other schools. There was a disabled and aggressive kid from another school. Everybody run away from the kid, but Efe helped him to wear his shoes and waited with him until he got calm. And he didn't even know the kid. This caught everyone's attention that the doctor told he wanted to meet with his parent to say: 'how could she raise such a child'".

This is a strong example for both parents' positive perception of their children and children's compassionate feelings.

According to parents' narratives, children started to express their love for the parents more explicitly and more often. Can's parents give a statement representative for many other families in the study: "He is warmer to us. He says: 'I will say something to your ear' and hugs and kisses. He did not do this before". This statement presents an important improvement for the attachment relationship between foster parents and children as well as children's developing capacities of expression. These improvements help foster parents to see their children in a more positive way, and reciprocally, this positive perception helps the improvements to strengthen.

3.2.2.2.3. Activeness

Challenging behaviors continue to be a part of the foster parents' narratives when talking about their children, though they are much fewer. The most common challenging qualities of the children according to the parents' perceptions are children's hyperactivity and obstinacy. Most of the participant parents talked about these qualities. Büşra's foster father states: "I do not bother but her mother gets angry due to her activeness". Because the mother spends more time with Büşra at home, she has more difficulty dealing with her activeness. Demir's foster mother talks about Demir's obstinacy: "He is so stubborn. You should not struggle with him, you cannot make him do something by forcing". Though she reports a challenging behavior, she also explains the ways she found to deal with this behavior, and this remarks a change in attitude for how the foster parents approach to children's challenging behaviors.

3.2.3. Issues About Foster Parenting

Four prominent sub-themes that illustrate foster parenting experiences of the participants were revealed from the intake data: *infant preference* is a common

issue, families think about *adoption before foster care*, parents have a *strong bond* with their children, and *biological families* are viewed as abandoners. These sub-themes present a comprehensive narrative of parents' experiences as foster families.

Before meeting with their foster children, most of the parents had applied for being foster parents of an infant child with a desire to raise the child from the first years of his/her life. Büşra's foster parents provide an explicit statement for this preference: "We wanted a child between zero to one years old, why, because we wanted her to be with us from infancy, so that we could know everything about her". Earlier experiences of the child before coming in the foster family create ambiguity and anxiety for most of the parents in the study. They attribute challenging behaviors to child's adverse experiences and think that if they can be with the child from the beginning, problems can be at the minimum level. Demir's foster mother states: "I wish mine was a baby, too. I would have less difficulty, then". The ambiguity of not knowing the child's past leaves a confusing impression on the families, and thus, families express a preference for young children.

For many of the parents in this study, adoption was a first option when they have decided to care for a child, since they wanted to have a child of their own. However, for many of them, their conditions were more optimal for foster care than adoption. For example, Ali's foster parents explain: "We first applied to adoption and we had some interviews for it. They told us that it is a long process and when regarding our age we could apply for foster care during the waiting period. It was not something that we thought before". Other families had similar responses in adoption interviews and were referred to foster care unit that they ended up as foster parents. Some of them are also still on the waiting list for adoption.

When the parents meet with their foster children, a strong bond has been formed instantly. Some of them indicate this attachment was composed during the first meeting, while it took several sessions for the others, but at the end, there was a strong love for their foster child in each of the parents. Extended family of

Büşra's foster parents were opposed to a child who does not have a blood tie with their family. However, when Büşra came home, they changed their opinion immediately: "When we came home with the child, the house was like a fair ground".

Within this love-bonded context, foster families viewed their children's biological parents as abandoners and they had a tendency to make the biological parents all bad. Büşra's parents state: "Her biological mother never called. She left her and never called". Similarly, Demir's foster mother indicates: "He has a biological mother, but according to the social service personnel, she said that she didn't want the child". The love bond of foster families for their children creates strong emotions about their children's painful memories and they start to feel aggressive against the children's earlier attachment figures.

3.2.4. Effects of Participating in the Program

The termination data revealed three prominent sub-themes that illustrate foster families' experiences of the program: according to the parents there are considerable *positive changes on children*, parents report significant *improvement in parenting skills*, and parents have a *positive perception for the process*. These sub-themes present a comprehensive narrative for parents' views after the intervention.

3.2.4.1. Positive Changes on Children

For all of the parents in this study, there was a clear change in their children's challenging behaviors. Ali's parents were complaining about Ali's lying behaviors during intake assessments. At the termination interview they indicate: "He does not have lies any more. It used to be so different before. He used to say 'joke!' after lying, now he does not have lies". For Büşra's parents, the most problematic issue with Büşra was television times. They were having difficulty to keep Büşra away from cartoons. At the termination interview they

state: “That cartoon thing is nearly over, she could save herself from that. There is such a thing, it (the intervention) was helpful”. Demir was one of the children who showed significant improvements during the process. Her foster mother speaks of many changes in his behaviors and developmental areas. When they went out, the mother used to be anxious since Demir was moving away without looking for her. This avoidant behavior is much less after the intervention: “Now, he gets scared. For example, he does not go to the neighbor without looking for me. He says ‘look at me and I will go’... I like him getting scared because, you know, he once got lost in the bazaar before. Now, he holds my hand tightly when we enter in a crowded place. This is very important”. She also talks about other improvements in Demir: “At one stage, he was trying to have things done through crying, as I told you before, but that behavior is over now... His speaking has changed, he can form sentences, sing songs”. Efe’s foster mother, too, remarks developments in Efe’s challenging behaviors: “For the first time I received thanks about him from the school. He used to be a child who made planes from the plastic bottles and threw them to the walls when we have started in this program, now he tries to participate in the lesson and tries to understand”. Feyza’s foster parents also indicate considerable improvements in Feyza’s aggressive behaviors: “She is much better in general. The violence is much less”. Thus, this process has been helpful for the improvements on children’s challenging behaviors according to the parents, as they indicate significant positive changes in problems.

Parents also report changes in discipline. Feyza’s foster parents were having great difficulty with putting limits on Feyza, since Feyza was refusing any rules and boundaries established by the parents. There was a focus on limit setting within their process during the intervention. At the end of the program, her foster mother’s statement points an important progress: “Now, I can speak with her more easily, I can convince her on things. We can express ourselves in a better way with various alternatives. For example, I was having great difficulty expressing myself, but now, because she listens to me, she can understand me. She didn’t listen before, now she listens more. We start to put limits on some points. First, she refused these limits a lot but now she has started to accept the

limits, she is accepting now". Though there are still issues to work on limit setting, this intervention has helped the parents to start establishing limits and boundaries with Feyza.

Self-regulation, academics, cognitive and social abilities are other areas that have showed improvements throughout the program according to the parents. Can's parents report progress both in academic and social development of Can: "His English was zero, now, he has learned very well. He is at the class average... He knows more things now. His timidity is over, his confidence got high". Ali's parents, too, indicate improvements in Ali's academic and cognitive abilities: "He could not count, he used to forget, after here, he has started to be able to count". For Büşra, the progress is presented more on the social abilities: "She has improved. Not only limited in this room but outside as well. When we go to the playing ground, she has started to play more with the other kids", say her parents. Apparently, according to the foster parents, children show improvements in various developmental areas as well as their challenging behaviors.

3.2.4.2. Improvement in Parenting Skills

One of the most prominent themes shared among the participants in this study is demonstrating significant improvements in parenting skills, such as understanding their child better, learning how to interact and how to play with he child, and strengthening their attachment relationship. All of the parents give explicit explanations for their developments as parents:

Ali's parents: "It (the intervention) was good, we developed a good understanding for the child. We spent time together, completed our deficiencies".

Büşra's parents: "We learned something from your explanations. For instance, there is a specific way to sooth the child; it was very helpful for us. We learned how to respond when she get upset. Also, we didn't know how to play with the child, okay playing with the ball, but we didn't know that we should talk with her when playing. You talked with her while playing, we didn't know that".

Can’s parents: “It (the intervention) was good, joyous. We gained awareness for Can’s characteristics and ‘play is the most serious act for the child’. We learned that we should not use ‘teaching’ when playing”.
Demir’s mother: “I had the most help from you. You told me that he has put up a wall around him. I went to a lot of psychologists and psychiatrists for him; none of them went in deep as much as you, thank you very much. I have really learned a lot of things from you, such as attuning with him and following his lead. I got more conscious. He used to be more aggressive but I was also yelling at him. I got a training here, it is not happening with clamoring. I got a real training, I started to behave as more trained, as more aware”.
Efe’s mother: “Actually, this program has contributed more to me than him. I learned what should I do and what shouldn’t I do while playing. I really had a substantial help from this program. Parents learn to play and observe where they do wrongs by seeing themselves from an objective view within the play”.
Feyza’s mother: “First of all, attitude change. My attitude has changed, how can I tell, I have learned not to impose something because I saw that there is no turning back, after many experiences. At that point, it (the intervention) has contributed a lot to me”.

Most common improvements in parenting skills of the participants are understanding the child better, and learning how to play and interact with the child. Parents in the study have showed better mentalization skills in their narratives when talking about their children during the termination interviews. Ali’s parents speak of Ali’s character and forgetfulness: “It’s only that he is so strong, he tries not to show his weaknesses... His forgetfulness is more rare than before. He used to have things that he did not want to remember, so he used to forget. That might be the reason”. His parents try to understand him and make assumptions for his difficulties. This reflects a good mentalization ability. Some parents also demonstrate awareness for their own responses as well as their children’s. For example, Efe’s mother talks about the play session, in which there is a focus on child’s life book: “It (the past) takes a lot of space in his mind. If you remember, I intervened that day without awareness, and then I gathered myself

up, I said, ‘there will no space left for our life’, because he was drawing (the past) so big. Actually, it (the past) fills a lot of space in his mind”. She shows an advanced awareness both for Efe’s drawing and her own responses. She also continues later in the interview: “I have learned what he likes... For example, I knew he always has had an interest for gun toys but not that much to spend his eighty percent of time (during the sessions)”. She indicates great understanding for Efe and focuses on his play. She continues by: “I have learned how to play here; because I used to just play strategy games. I have learned to play with guns and horses, and learned how to create a play, and now we play in that way”. Like many parents, she expresses how the intervention has helped her to learn playing with her child. In addition to understanding the child better and learning how to play, parents indicate improvements in their attachment relationships with the child. These are some statements that are made by the participant parents about the quality of their attachment relationships with their children: “Our eye contact is more than before, our love bond is much strengthened” and “Our interaction is much better now, she listens and cooperates with us”. Thus, improved mentalization skills and developed interaction capacities seem to be the common gains of parents from the intervention according to their statements.

3.2.4.3. Positive Perception for the Process

Most of the parents in the study report positive feelings for the program. Ali’s foster mother provides a clear explanation for their experiences: “I was actually unwilling at the beginning. I told my husband that I would come one or two times, and then he would continue to come, because generally I go to the seminars; but then I have realized that it is being helpful and I told that I am happy to come”. Even in the most difficult sessions, parents provide positive feedbacks. Ali’s parents continue: “During the last session, in which we made a life book, it was a bit difficult for him, I suppose. He could not give himself on the work, but then he wanted to put it on his wall”. According to the parents’ statements, as in Ali’s parents indicate, the effects of the sessions continue outside

of the session room. Ali could not concentrate on the life book during the session because it triggered intense and overwhelming feelings about the past, but at the same night, he asked his parents to put the life book on the wall of his room across his bed. It seems like creating a narrative for the traumatic memories was not easy and caused many overwhelming feelings, but at the end, it helped to organize the complicated feelings and experiences by presenting an organized life story for the child; thus Ali wanted to put it on a very visible place for himself. Efe's foster mother also indicate an example for the effects of the intervention on their life. She states: "When he hit the toys here, I have learned how he copes with his aggression and let him do the same thing at home. Thus, because the most important problem for him is aggression, when we could sublimate it to Spiderman and pillows at home and to shouting at car, he got calmer at school. For me, it is the greatest contribution (of the intervention)". For Efe's mother, the sessions have became an area to understand Efe and his coping mechanisms, so that she has continued to use the things she learned at home to help Efe to deal with his difficult feelings. Demir's mother, too, talks about the contributions of the sessions. For her, working on limit setting was an important model to apply at home: "When he wants something, I say: 'okay, you want it so much, but we have a time, now it is bedtime'... When I attune with him, both love and trust appear". Thus, parents state positive feelings and experiences about the sessions since the sessions have contributed them tools to use at home as well as helping children work on their issues.

3.2.5. Therapist Interventions

Therapist interventions during the interviews were coded via thematic analysis and three most prominent themes were revealed from the intake data: mentalization, psychoeducation, and support.

Therapist most commonly uses reflection to paraphrase parents' expressions, such as: "I hear two things from the things you have told. One is that he cannot control himself and the other is that he cannot keep it in his mind".

Additionally, trying to understand the child's mind and showing the reasons behind the child's behaviors are also common interferences the therapist uses to respond the parents' statements. Examples include: "He might be remembering the earlier memories when he realizes that you get angry", "He might be calling for attention with this behavior", "He might be needing this behavior to stop himself", "Maybe it is dangerous for him to ask, he might be afraid of the things he is going to hear as an answer. It might be confusing and uneasy to think about that. Probably it is so worrisome for him to look back, he is going to start asking when he is ready to think". These interventions focus on helping parents to improve their mentalization abilities both for the child and themselves.

Psychoeducation is another response that the therapist uses frequently during the interviews. Most commonly, therapist informs the parents about the developmental level of the child ("Age two to three is the term for saying no and insisting on the wishes") and helps them to find ways to put boundaries and to sooth the child ("When he is having an outburst and throwing himself, you can hold him and stay until he is calmer by saying 'that's okay, you are angry'"). These interventions focus on helping parents to improve themselves on child development and parenting while talking about practical issues of their interaction with the child.

Lastly, the therapist uses many supporting responses during the interviews, such as: "It is very difficult for you" and "You have achieved something really difficult". These statements focus on verifying the difficulties parents face during raising their child as foster parents and validating the overwhelming feelings.

3.3. QUANTITATIVE ANALYSIS

Children's symptoms, attachment patterns and play capacities were assessed before and after the intervention by using standardized measures (CBCL, ASCT, and Play Assessment). The results analyzed through Wilcoxon Signed Rank Test in SPSS. Furthermore, each play session was examined by using Play Assessment measure to have a better understanding of the development of

children's play capacities throughout the process. Results are presented in the following section with individual explanations for each child's outcome results in addition to common outcomes.

3.3.1. Common Outcomes

Regarding the low sample size, a non-parametrical approach (Wilcoxon Signed Rank Test) was employed by using SPSS software Version 23 (IBM Corp., 2015) for the purpose of testing the influence of the intervention on children's symptoms, attachment patterns, and play capacities.

Table 3.1. Wilcoxon Rank Test Scores and Outcome Measures

	Pre-Median (IQR)	Post-Median (IQR)	Wilcoxon Rank Test Z=	*df*	*p*
CBCL Stress	55.5 (9)	52 (10)	-0.37	6	.72
CBCL Internalizing	60 (11)	53.5 (18)	-0.84	6	.40
CBCL Externalizing	55 (15)	53 (17)	-0.14	6	.89
CBCL Total	57 (14)	52 (20)	-1.21	6	.23
CBCL Anxiety	59 (9)	51 (5)	-1.75	6	.08
CBCL Somatization	60 (12)	60 (11)	-0.14	6	.89
CBCL Withdrawal	55.5 (9)	53.5 (9)	0	6	1
CBCL Emotional Reac	52.5 (11)	53 (10)	-0.18	6	.85
CBCL Sleep Problems	56 (11)	51.5 (5)	-1.63	6	.10
CBCL Aggressive Beh	54.5 (12)	53 (11)	-0.18	6	.85
CBCL Attention Prob	59.5 (11)	55 (15)	-0.55	6	.58
ASCT Secure	1 (1)	1.5 (1)	-1	4	.32
ASCT Avoidant	3 (4)	3.5 (3)	-1.41	4	.16
ASCT Ambivalent	1 (1)	1 (1)	0	4	1
ASCT Disorganized	3.5 (3)	2 (3)	-1.41	4	.16
Play AssessmentImag	2 (2)	2.5 (1)	-2	6	.05*
Play AssessmentOrg	1.5 (2)	2 (1)	-2	6	.05*
Play AssessmentComp	1.5 (2)	2 (1)	-2	6	.05*
Play AssessmentInvolv	2.5 (3)	3 (1)	-1.47	6	.14

* $p < .05$

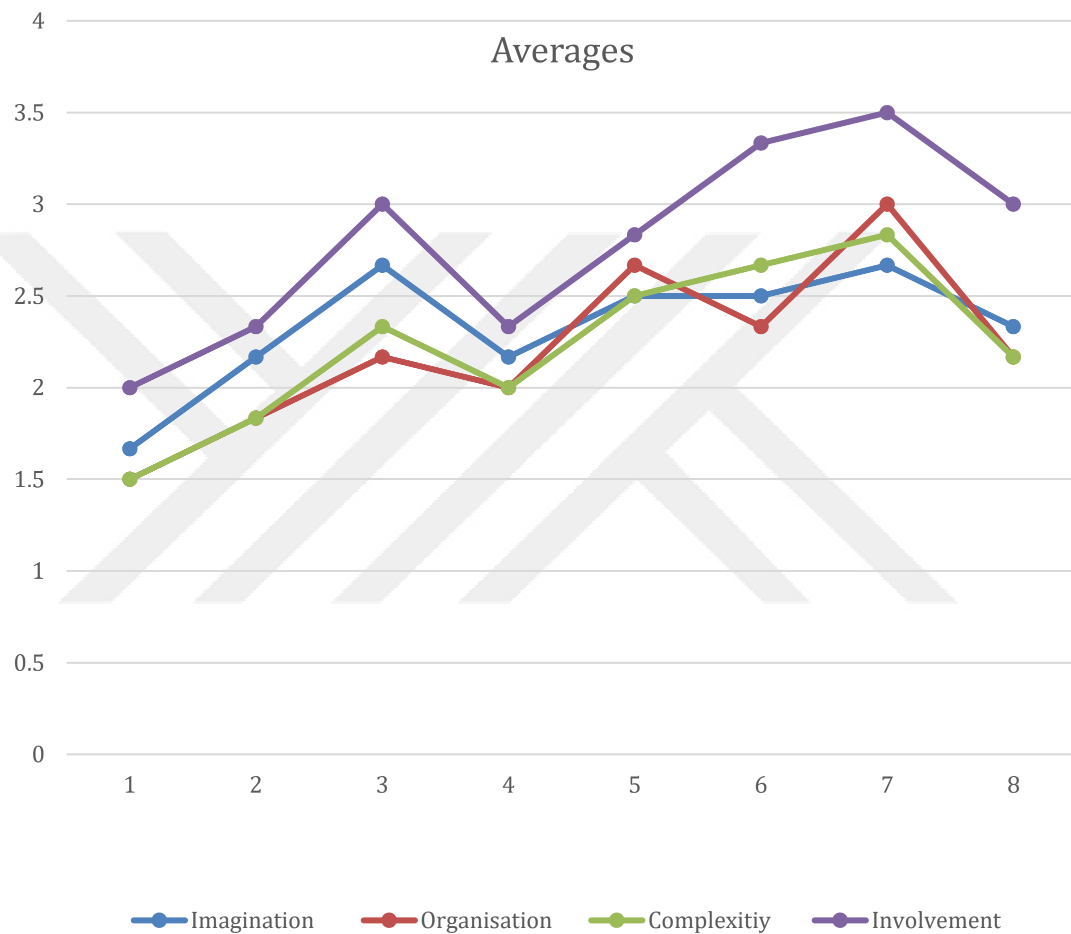
Pre-medians, Post-medians, and inter-correlation of the variables are presented above in Table 3.1. There were no significant symptomatic changes after the intervention, but there was a decline trend for all of the CBCL scales, especially for Anxiety scores and except for Withdrawal scores. According to the results, children showed tendency to have less anxiety after the intervention. ASCT results, too, do not demonstrate a significant difference between pre and post intervention results. Thus, there was no significant change in children's attachment patterns after the intervention. However, there was an insignificant decline in disorganized attachment and an uptrend in secure and avoidant attachment patterns.

The results show that children's play capacity scores (Play Assessment Imagination, Play Assessment Organization, Play Assessment Complexity) showed significant change after the intervention. In the post-intervention assessment, children's play included more elements of pretending and imagination, the organization of the play was less fragmented and disjointed, and the play was more embellished. There was no significant change in children's involvement in play. Figure 3.1 presents the changes in Imagination, Organization, Complexity, and Involvement of children's play throughout the process.

The first three sessions, in which there is a focus on the attachment relationship between parent and child, show a stable increase in four of the play areas: children's play starts to include more elements of pretending and imagination, the organization of their play starts to be less fragmented and disjointed, children start to embellish the play more, and the their involvement within the play increases. In the fourth play session, where children fill in their body drawings, four of the play areas demonstrate a decrease, while in the fifth session, in which there is a focus on emotion recognition, they increase back. The sixth session, where the focus is on emotion regulation, there is a fluctuation in changes of the play areas: organization of the play is on the decline, while the imagination stays stable, and complexity of the play and involvement of the child is still on the rise. In the session where children work on foster care story, all of

the play areas, but especially organization of the play, show an increase. Finally, in the termination session, children's play capacity drops down significantly in all of the four play areas, but still stays above the beginning level.

Figure 3.1. Changes in Play



These results suggest that the intervention has the most influence on children's play capacities, while having slight impacts on children's symptoms and attachment patterns.

3.3.2. Individual Examination

Because the sample size is small, each child's scores were investigated in detail in order to have a better understanding of the results. Firstly, each play scale was examined for play sessions with individual and average processes. Then, pre and post outcome scores for each child is given and explained.

Following is the process analysis for Imagination, Organization, Complexity, and Involvement.

Figure 3.2. Changes in Play (Imagination)

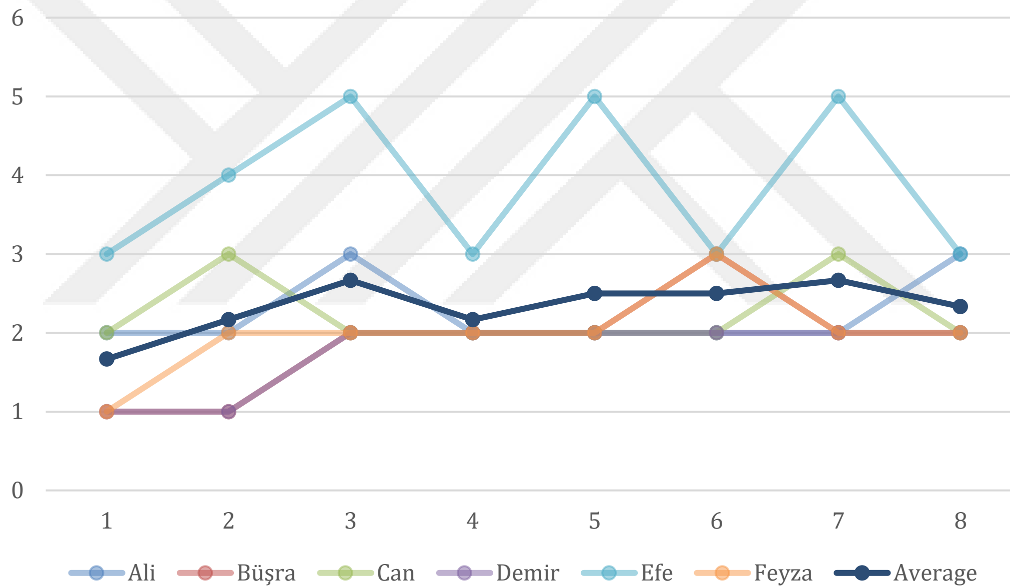


Figure 3.2 presents the changes in Imagination scale for children's Play Assessment scores throughout the process. Imagination scale assesses the level of imagination and engagement in symbolic play. According to the results, children's imagination scores increase following the third session, which focuses on attachment-based activities. A common decrease is seen at the fourth session, where the family engage in body-drawing activity. Children's individual imagination scores are generally in between 1 to 2 at the beginning and increase to 2 to 3 during the first three sessions and remain within this interval until the end of the process. Efe's scores are outstanding and reach to the highest score in the

third (attachment-based games), fifth (emotion recognition), seventh sessions (foster care story with toys).

Figure 3.3. Changes in Play (Organization)

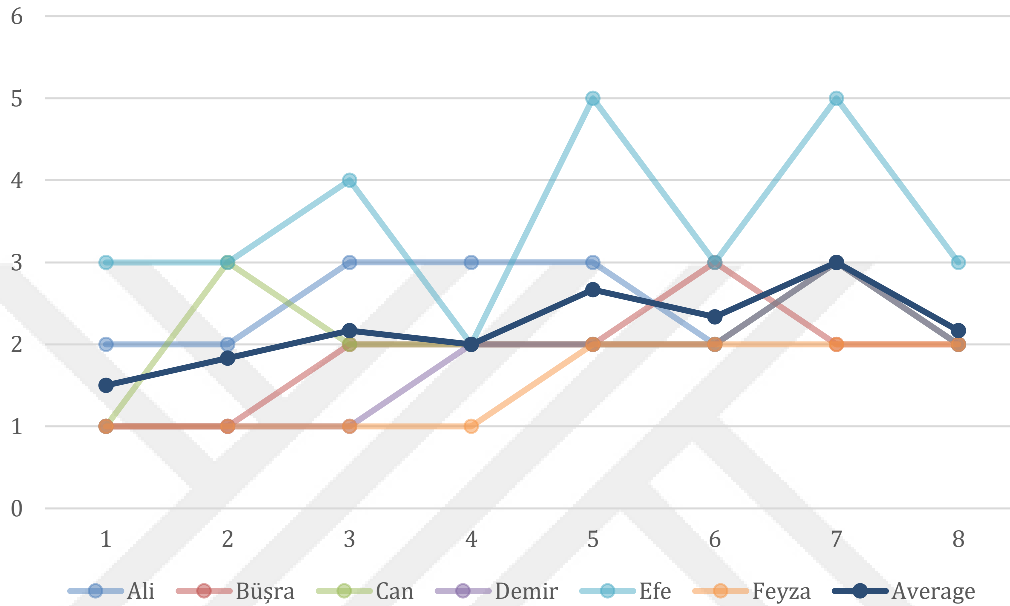


Figure 3.3 presents the changes in children's scores in Organization scale of Play Assessment throughout the process. Organization scale assesses the organization and coherence in expressions within the play. According to the results, there is a common increase in organization of children's play at the third, fifth and seventh sessions, which respectively focus on attachment-based games, emotion recognition, and foster care story with toys. There is a common decrease at fourth, sixth, and eighth sessions, which respectively focus on body-drawing, emotion regulation, and termination. Children's individual organization scores are generally in between 1 to 3 until the fourth session and in between 2 to 3 after the fourth session. Again, Efe's scores are outstanding and flactuate between 3 to 5 (except for the fourth session), compatibly with the average trend. Can's spike in the second session, in which the focus is on family integration, is remarkable.

Figure 3.4. Changes in Play (Complexity)

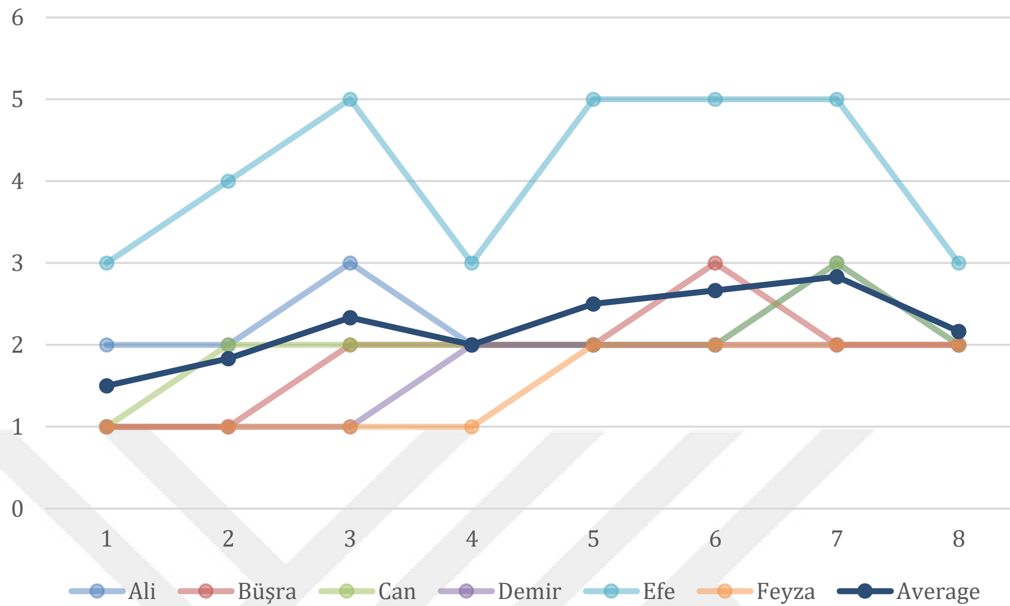
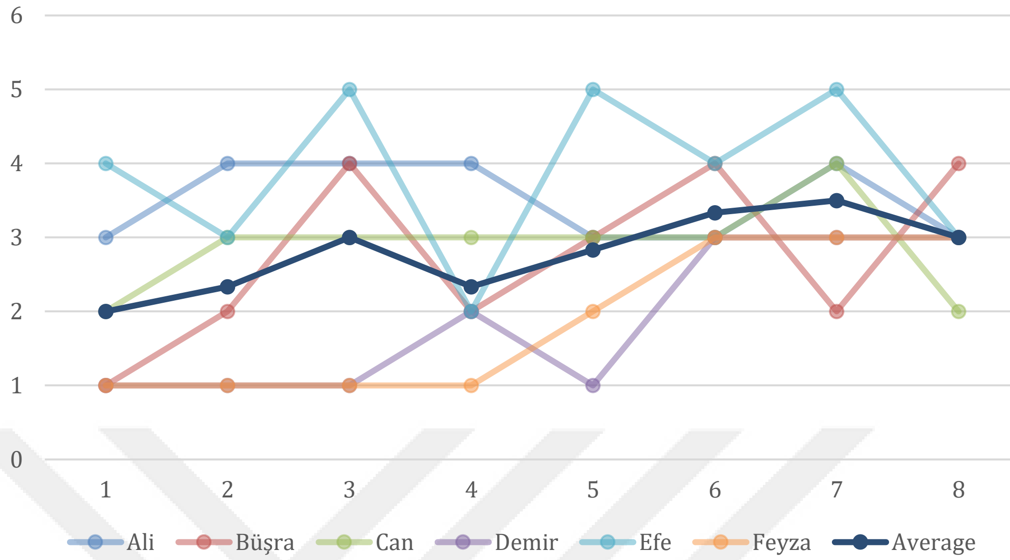


Figure 3.4 presents the changes in Complexity scale for children's Play Assessment scores throughout the process. Complexity scale assesses the elaboration of the themes and characters in play. According to the results, there is a common increase in children's complexity scores at the third (attachment-based games) session and a common decrease at the fourth (body-drawing) and last (termination) sessions. Children's individual complexity scores flactuate between 1 to 3 during the first four sessions, and between 2 to 3 during the last four sessions. As the other two play scales, Efe's complexity scores are compatible with the average trend but outstanding for the highness of his scores.

Figure 3.5 presents the changes in children's scores in Involvement scale of Play Assessment throughout the process. Involvement scale assesses children's involvement and comfort within the play. The results do not demonstrate a common pattern for children's Involvement scores, but a chequered trend that follows a different path for each child.

Figure 3.5. Changes in Play (Involvement)



3.3.2.1. ID 1 – Ali

Table 3.2. Outcome Scores (Ali)

	Pre-Score	Post-Score
CBCL Stress	51	50
CBCL Internalizing	53	33
CBCL Externalizing	51	40
CBCL Total	54	37
CBCL Anxiety	59	50
CBCL Somatization	58	50
CBCL Withdrawal	51	50
CBCL Emotional Reaction	50	50
CBCL Sleep Problems	56	50
CBCL Aggressive Behavior	51	50
CBCL Attention Problems	53	53
ASCT Total	1	1
ASCT Secure	1	2
ASCT Avoidant	4	5
ASCT Ambivalent	1	1
ASCT Disorganized	3	1
Play Assessment Imagination	2	3
Play Assessment Organization	2	2
Play Assessment Complexity	2	2
Play Assessment Involvement	3	3

According to Ali's pre and post results, his CBCL scores either go down or remain the same after the intervention. There is especially a decrease in his scores of Internalizing, Externalizing, and Total scales. Also, Somatization and Sleep Problems scores show a decline. There are some changes in his ASCT scores, too. While Disorganized Attachment score goes two levels down, Secure and Avoidant Attachment scores go one level up. Ambivalent Attachment score stays stable. There is no much difference in his Play Assessment scores, but his Imagination Scale demonstrates a slight increase. Thus, Ali's symptoms show a relief both for internalizing and externalizing issues. Moreover, tendency of his attachment patterns changes from avoidant and disorganized to avoidant and secure.

3.3.2.2. ID 2 – Büşra

Table 3.3. Outcome Scores (Büşra)

	Pre-Score	Post-Score
CBCL Stress	50	50
CBCL Internalizing	45	51
CBCL Externalizing	42	47
CBCL Total	44	46
CBCL Anxiety	50	51
CBCL Somatization	62	62
CBCL Withdrawal	50	51
CBCL Emotional Reaction	50	50
CBCL Sleep Problems	50	53
CBCL Aggressive Behavior	50	50
CBCL Attention Problems	50	53
ASCT Total	-	1
ASCT Secure	-	1
ASCT Avoidant	-	4
ASCT Ambivalent	-	1
ASCT Disorganized	-	1
Play Assessment Imagination	1	2
Play Assessment Organization	1	2
Play Assessment Complexity	1	2
Play Assessment Involvement	1	4

According to Büşra's pre and post results, her CBCL scores either go up or remain the same after the intervention. There is a slight increase in her Internalizing and Externalizing Scales. Also, Sleep Problems and Attention Problems show a little increase. There is an important change in her ASCT scores, because at the initial assessment, she refused to complete the task and the task could not be scored. At the termination assessment, she could complete the task concertedly. According to her post-ASCT results, Avoidant Attachment is her highest score among the other attachment types. Parallel with her ASCT results, there was a crucial development in her Play Assessment results. Like refusing ASCT, she could not engage in play during the first assessment. Therefore, her play scores were at the minimum level before the intervention. In her post-intervention results, Involvement scale demonstrates a crucial rise while other scales show slight increases. To sum up, Büşra's internalizing and externalizing symptoms show a slight increase after the intervention. She experienced more sleep problems and attention problems according to her post-intervention results. On the other hand, her play capacity is crucially improved, especially her involvement in play. This improvement showed itself both in her Play Assessment scores and in ASCT. At the beginning of the process, she refused ASCT, which included symbolic play tasks, but at the end of the intervention, she could complete it by being able to engage in symbolic play within the task. Her scores within ASCT demonstrate her tendency for avoidant attachment.

3.3.2.3. ID 3 – Can

Table 3.4. Outcome Scores (Can)

	Pre-Score	Post-Score
CBCL Stress	58	51
CBCL Internalizing	63	49
CBCL Externalizing	50	46
CBCL Total	52	43
CBCL Anxiety	63	51
CBCL Somatization	62	58
CBCL Withdrawal	60	50
CBCL Emotional Reaction	59	51
CBCL Sleep Problems	50	50
CBCL Aggressive Behavior	50	50
CBCL Attention Problems	57	51
ASCT Total	1	1
ASCT Secure	2	2
ASCT Avoidant	2	2
ASCT Ambivalent	1	1
ASCT Disorganized	4	4
Play Assessment Imagination	2	2
Play Assessment Organization	1	2
Play Assessment Complexity	1	2
Play Assessment Involvement	2	2

According to Can's pre and post results, his CBCL scores either go down or remain the same after the intervention. Stress, Internalizing, Externalizing, and Total Scales show a decrease with the diminishing symptoms of Anxiety, Somatization, Withdrawal, Emotion Reaction, and Attention Problems. There is no change in his ASCT scores, while Organization and Complexity Scales of Play Assessment demonstrate a slight increase. Thus, the most important improvements in post assessment for Can are symptomatic relief. Most of his symptoms were diminished, including stress level well as internalizing and externalizing issues. His play capacity also showed a slight improvement after the intervention. He demonstrated more elaboration and complexity within the play at the termination assessment.

3.3.2.4. ID 4 – Demir

Table 3.5. Outcome Scores (Demir)

ID 4	Pre-Score	Post-Score
CBCL Stress	58	67
CBCL Internalizing	60	62
CBCL Externalizing	63	68
CBCL Total	66	67
CBCL Anxiety	59	52
CBCL Somatization	70	68
CBCL Withdrawal	51	56
CBCL Emotional Reaction	50	62
CBCL Sleep Problems	67	59
CBCL Aggressive Behavior	62	68
CBCL Attention Problems	67	67
ASCT Total	-	-
ASCT Secure	-	-
ASCT Avoidant	-	-
ASCT Ambivalent	-	-
ASCT Disorganized	-	-
Play Assessment Imagination	1	2
Play Assessment Organization	1	2
Play Assessment Complexity	1	2
Play Assessment Involvement	1	3

According to Demir's pre and post results, his CBCL scores demonstrate an up-and-down table. His Stress, Total, Internalizing and Externalizing Scales show a general rise, as well as his Withdrawal, Emotional Reaction and Aggressive Behavior scores, while his symptoms of Anxiety, Somatization, and Sleep Problems decrease. His Attention Problems remain the same. For ASCT, his results were not scored, because he could not complete the task. His Play Assessment scores, especially Involvement, demonstrate a general increase. Thus, though some of Demir's symptoms, particularly the ones related with anxiety, show a decrease, there is a general rising tendency in his symptomatic scales. On the other hand, he demonstrates an improvement in play capacity, which was also stated in the Play Sessions part with more detail.

3.3.2.5. ID 5 – Efe

Table 3.6. Outcome Scores (Efe)

ID 5	Pre-Score	Post-Score
CBCL Stress	53	53
CBCL Internalizing	60	64
CBCL Externalizing	59	59
CBCL Total	60	60
CBCL Anxiety	66	66
CBCL Somatization	50	53
CBCL Withdrawal	60	67
CBCL Emotional Reaction	55	59
CBCL Sleep Problems	59	50
CBCL Aggressive Behavior	58	59
CBCL Attention Problems	62	57
ASCT Total	1	1
ASCT Secure	1	1
ASCT Avoidant	1	2
ASCT Ambivalent	1	1
ASCT Disorganized	5	3
Play Assessment Imagination	3	3
Play Assessment Organization	3	3
Play Assessment Complexity	4	3
Play Assessment Involvement	2	3

According to Efe's pre and post results, there is no significant difference between his scores before and after the intervention except some slight changes. His score for Internalizing Scale show an increase with the rise of Somatization, Withdrawal, and Emotional Reaction scores. On the other hand, his Sleep and Attention Problems demonstrate a decrease at post assessment. In ASCT, his Disorganized Attachment score decreases while his Avoidant Attachment score slightly increases. There is no change in his Play Assessment scores of Imagination and Organization but his Complexity score decreases and his Involvement score increases. Thus, there are ups and downs in Efe's symptoms after the intervention: he shows increase in issues of somatization, withdrawal and emotional reaction, while demonstrating decrease in sleep and attention problems. Additionally, his attachment patterns changed from predominantly disorganized to

disorganized-avoidant. Lastly, his play capacity was already good at the beginning, but showed very slight changes at the end: the complexity of his play decreased while his involvement in play increased.

3.3.2.6. ID 6 – Feyza

Table 3.7. Outcome Scores (Feyza)

ID 6	Pre-Score	Post-Score
CBCL Stress	63	58
CBCL Internalizing	62	56
CBCL Externalizing	63	59
CBCL Total	63	58
CBCL Anxiety	56	51
CBCL Somatization	53	62
CBCL Withdrawal	60	56
CBCL Emotional Reaction	67	55
CBCL Sleep Problems	56	53
CBCL Aggressive Behavior	63	56
CBCL Attention Problems	62	67
ASCT Total	1	1
ASCT Secure	1	1
ASCT Avoidant	5	5
ASCT Ambivalent	2	2
ASCT Disorganized	1	1
Play Assessment Imagination	1	2
Play Assessment Organization	1	2
Play Assessment Complexity	1	2
Play Assessment Involvement	1	3

According to Feyza's pre and post results, there is a general decrease in her CBCL scores except for Somatization and Attention Problems. There is no difference in her ASCT scores, but a rise in Play Assessment Scores, particularly in Involvement Scale. Thus, after the intervention, Feyza shows a symptomatic decrease except for issues of somatization and attention. Her attachment patterns do not demonstrate any change after the intervention, while her play capacity shows an improvement.

3.4. SUMMARY OF THE RESULTS

To sum up, when investigating the results of the study based on the hypotheses presented previously in the Introduction chapter, the findings reveal:

1) Observational data of play sessions demonstrate improvements on parent-child interaction. Towards the end of the intervention, play sessions included more segments of playful and joyful interaction between parents and children, in which parents were more attuned to their children and children were more open to positive communication with their parents.
2) Qualitative data of parent interviews demonstrate better coping skills for parents against challenging behaviors of their children. According to the parents' reports in termination interviews, some of children's challenging behaviors still persisted after the intervention but these behaviors were lower in intensity and parents could find alternative ways to deal with these struggles. Furthermore, termination interviews included more positive and hopeful parent expressions for the children.
3) Qualitative data of parent interviews demonstrate improvements in parents' understanding and mentalization capacities for their children. Parents developed better understanding for their children as well as enhancements in mentalization skills. These progresses are seen both in parents' narratives during the termination interviews and in parents' explicit expressions after the intervention. Parents reported improvements in parenting skills, including attunement, reflective functioning, and mentalization skills as well as learning how to play and interact with their children.
4) Observational, qualitative and quantitative data demonstrate significant improvements in children's play capacities. Observation of play sessions and thematic analysis of parent interviews revealed positive change in children's capacity of play and expression. Additionally, quantitative analysis showed significant changes in Imagination, Organization, and Complexity on Play Assessment scores after the intervention.

5) There are no significant changes in children's attachment patterns according to the quantitative data. However, there is an insignificant decline in disorganized attachment and rise in secure and avoidant attachment patterns. Moreover, some of the foster parents report strengthened parent-child attachment relationships after the intervention.
6) There are no significant changes in children's symptoms according to the quantitative data. CBCL scores do not demonstrate significant decreases after the intervention. However, there was a decline trend for the CBCL scales, especially for Anxiety scores and except for Withdrawal scores. Additionally, parent interviews reveal less challenging behaviors and some relief of symptoms in termination interviews.

CHAPTER 4
DISCUSSION

This study aimed to examine the effectiveness of a preventive intervention that was created to provide psychological support to foster families during the adjustment process. In order to measure the effectiveness of the program and to assess the intervention outcome, mixed design was used to comprehensively investigate the process. Intake and termination interviews with the foster parents were qualitatively coded via thematic analysis, play sessions were examined quantitatively through Play Assessment as well as qualitative observations, and, lastly, children's symptoms, attachment patterns, and play capacities were assessed with standardized measures (respectively: CBCL, ASCT, and Play Assessment) before and after the intervention. The quantitative data was analyzed by using nonparametric methods due to the small sample size. Additionally, each participant's findings throughout the process were individually investigated. According to the results, the most important impacts of the intervention were the progresses in children's play capacities and the improvements in parenting skills, such as mentalization, reflective functioning, attunement and interaction with the child. There were no significant changes in children's symptoms and attachment patterns. The findings will be discussed below.

Parenting Skills

Consistent with the hypotheses, results reveal that foster parents showed improved parenting skills by developing good understanding and mentalization capacities for their children. The first parent interviews demonstrated that foster children were already attached to their foster parents and being in foster care had already helped children to show improvements in various developmental areas as expected regarding the previous literature (van der Dries, Juffer, van IJendoorn, & Kranenburg, 2009). Findings of the current study also support the notion that children might behave challenging due to their previous traumatic attachment

experiences, and thus, parents might have difficulty to sensitively respond to their needs and this might result with a negative parent-child cycle (Stovall & Dozier, 1998). Most of the foster families in the study talked about the challenging parent-child relationship patterns, including boundary issues and aggressive behaviors of their children. In order to deal with these issues, literature suggest that foster parents need to be sensitive to their children’s distress behaviors and make them feel more secure by realizing the underlying needs, so that children can find healthier ways to express their distress and be open to take support from others (Stovall & Dozier, 1998). Literature also indicates, most of the foster parents are not well equipped to achieve this challenging task which require them not to be just sensitive but therapeutic as well (Hughes, 1999). Thus, specialized trainings and supportive interventions for foster parents are strongly recommended and widely recognized in literature in order to help parents understand the functions of their children’s attachment strategies, realize the underlying needs, correctly interpret their behaviors and develop alternative responses (Stovall & Dozier, 1998). The current study provides an intervention focusing on these skills and the termination data revealed that foster parents benefited from the intervention in this sense. All of the participant foster parents indicated that the intervention helped them to understand their child better as well as learning how to play and interact with their child.

When regarding Walker’s (2008) suggestions (ability to manage a wide range of feelings, the resolution of any losses or traumas, and the acquisition of reflective functioning) for parents to progress in dealing with the challenges in foster parenting, the current study focuses and helps parents to proceed especially in the acquisition of reflective functioning. Based on Fonagy’s (1999) description of reflective functioning, the intervention focused on parents’ ability to think flexibly for the emotions and thoughts in oneself and others including the efforts to tease out the internal reasons behind the behaviors. According to the termination interviews, nearly all of the parents in the study gained the ability to reflect what might be lying behind the child’s behavior rather than focusing on the overt behavior. For example, Demir’s mother narrative changed from “He creates

great difficulties for me, I cannot reach him" to "I can understand why he behaves like this; he creates a wall around him to protect himself and responds with anger whenever he feels vulnerable". Moreover, though there was no significant difference in children's symptomatic behaviors according to the outcome measures, the frequency of parents' narrative of challenging behaviors importantly decreased in termination interviews, which points the notion that the improved mentalization and reflective functioning ability of parents helped them to cope with their children's challenging behaviors.

There are many factors that might have influence on these improvements. First of all, the participant parents had an opportunity to have psychoeducation about psychodynamics of children in foster care and parenting skills against challenging behaviors. Additionally, they were able to observe the dynamics of their own foster children and practice parenting skills with them during the play sessions with the presence of the therapist, who was providing a holding environement through a containing and supportive attitude (Hughes, 1999). Moreover, parents were able to take guidance for the difficult conditions and to observe the therapist interacting with the child in times of intense feelings and challenging behaviors. They also realized the dynamics and system of their own family, thus, they became more aware of their strenghts as parents, as well as the abilities they have to work on. All these gains might help them to develop a better understanding for their children and improve themselves in parenting skills, including mentalization, reflective functioning, and attunment.

Play Capacity of Children

Child literature has shown that play has a crucial role in children's development because it contributes to the cognitive, physical, social, and emotional well being of children as well as offering an opportunity for the parents to engage with their children (Ginsburg, 2007). Symbolic play activity is a major expressive tool for a child to reflect his/her subjective experience and adaptation to the world (Chazan, 2001). Child uses symbolic play to communicate and

express his/her feelings, thoughts, needs, conflicts, and fantasies (Russ, 2004). However, when the child is under significant stress, his/her play capacity might be inhibited (Winnicott, 1971). Regarding the empirical work suggesting symbolic play has a significant role in adjustment and coping (Russ, 2004), improvement in play capacities helps children to deal with stressful issues in a better way. Additionally, repeated play can also rewire the brain, establish the neural pathways, and lead to development of playfulness, which might be a lifelong outcome of secure attachment and well being (Gordon, 2014). This study has an important contribution, in this context, by providing foster children an intervention that has a positive influence on their play capacities.

All of the Play Assessment scales, but Involvement, demonstrated improvement throughout the process. The reason of the stability of Involvement scores might be that children's Involvement scores were already higher than the other scale scores before the intervention. Therefore, the difference between pre- and post-intervention scores might have remained insignificant.

Participant children's low play capacity findings in intake assessment were expected and compatible with literature. Previous studies suggest that traumatic experiences, including abusive and neglectful care environment, can disrupt or inhibit play development in variety of ways, such as creating an inability to symbolize events and to integrate play activities (Cooper, 2000; Gordon, 1993). This study supports the notion that earlier traumatic experiences are sometimes related with disrupted play. Most of the participant children began the program with disorganized and fragmented play, demonstrating their low capacity for symbolic activity. However, their pretend activity improved in response to the intervention, such that they began to engage in more reciprocal and symbolic play with a more playful and joyful manner at the end of the process. Even children with severely disorganized play, like Demir, demonstrated segments of more integrated symbolic activity.

At the beginning, most of the participant children showed avoidant responses in the face of symbolic activities. They preferred more structured games rather than pretend play. According to Bretherton (1989), this refusal to engage in

pretend play provides a safety for the child by preventing him/her from recalling the painful experiences. On the other hand, the child who inhibits the pretend activity and avoids symbolizing these painful experiences also avoids acknowledging and understanding these experiences, and thus, acts out impulses and substitutes symptoms rather than expressing the painful experiences in the symbolic area of play (Gordon, 1993). This program provided them an opportunity to engage in pretend play in a holding environment with the presence of their foster parents who were there to sooth them in case of distress. Though it was frightening for them to engage in pretend play at the beginning, the interventions within the program helped them to construct new cognitive structures and create new insights for the past memories. Ali's avoidance during the Life Book activity, his presents for the parents at the end of the session, and his demand to put his Life Book on the wall of his room at the time they arrived home might be a good example for this process.

The importance of play-based therapeutic approaches for abused and neglected children are widely recognized in literature. Studies suggest the use of play-based therapies in the treatment of abused children (Gil, 1991) and prevention programs to support at-risk children and their families (Wright, 1994; Esdaile, 1996). This study provides a preventive play-based therapy intervention based on Axline's (1947) nurturing play environment and therapeutic relationship to help the child work on his/her traumatic experiences. Because traditional child-directed psychotherapies might remain insufficient to demonstrate prompt outcomes on traumatized children (Cooper, 2000), more structured play activities were also integrated in the program. These structured parts became very helpful to work on the targeted themes, including parent-child attachment, emotion-regulation, and foster care story. Without these structured parts, it would take much more time to work on these topics, regarding the limited period of time and children's tendency for avoidance. Furthermore, the presence of parents in the room with an accepting and holding attitude for children's pretend play, which included difficult and intense feelings, helped children to pursue their symbolization ability not only in the therapy room, but in other contexts, too. For

instance, Efe's his aggressive behavior at school decreased as his mother opened room for expression of aggression within symbolic play both in the sessions and at home. The presence of the mother in the sessions made it easier to continue the improvements at home and to generalize them to the other contexts.

Symptoms and Attachment Patterns of Children

Results regarding the symptoms and attachment patterns of children reveal no significant differences in CBCL and ASCT scores in children after the intervention. Previous findings show that foster children show elevated levels of mental health and attachment problems (Minnis, et al., 2006) and that internal models of attachment remian relatively stable accros the life span (Bowlby, 1980). The results of the current study seem to be consistent with these findings. This study hypothesized that the intervention could be helpful in improvements in children's symptomatic behaviors and attachment patterns. However, the findings point out that children's symptoms and attachment patterns remained same after the intervention. Several reasons might be related with these results. First of all, the intervention was conducted with six families, which compose a very low sample size for quantitative analysis. Findings of qualitative data and the insignificant changes in quantitative data predict that if the quantitative analysis was done with a larger sample, significant results might have been revealed for children's symptoms and attachment patterns. Secondly, symptomatic behaviors and attachment patterns migth be less changeable by fourteen weeks of psychological intervention than play capacity of children and parenting skills of foster parents. A longer period of therapeutic intervention as well as positive experiences with continuous caregivers in a stable supportive environment over a longer period of time might have helped foster children to gradually develop adaptive strategies to replace maladaptive strategies in the means of symptomatic behaviors and attachment patterns.

In treatment of children with severe attachment disorders, Keck and Kupecky (1995) suggest: "Holding is a process that often reactivates delayed

development. It is a vehicle that allows an intensive interpersonal relationship to develop and consequently promotes, nurtures, and supports growth. Holding therapy does not result in a quick fix but rather a jump start" (p. 157). In this regard, the development of foster parents in holding and reflective functioning skills can help children to repair their developmental gaps and attachment deficits in the long run by providing them a continuous sensitive nurturing and interactive environment. Schore (2015) also supports this notion by indicating that the presence of another who tries to understand the person's life as a whole at its very depth helps the person to mentalize the painful experiences, and thus, to bring the pain to a form in which the one can think about, so that symptoms start to become alleviated. Concordantly, the sensitive and respondent presence of the foster parents might help children process the traumatic experiences and replace them with this new attachment relationship, and as a result their symptomatic behaviors and attachment patterns might show changes as long-term outcomes in future. Thus, this intervention might be a starting point for a long-run change in symptomatic behaviors and attachment patterns by providing an improvement in parenting skills and parental sensitivity as well as presenting an expression channel for children through play. Future research is recommended to assess future development of those children who participated in the program.

Individual Outcomes

One of the strengths of the intervention was that each participant family had benefited from the program in their own ways, meaning that the intervention could help parents in different levels on various areas. Though there are some common themes and common gains for all families, the course of proceeding was different for each of the participant family and child. Each family's processes and gains are discussed below.

For Ali's process, the most important gains were the general decline in his symptoms, particularly in somatization and sleep problems. Additionally, his disorganized attachment scores decreased while avoidant and secure attachment

scores increased. These changes in his symptoms and attachment patterns might be related with two points: 1) He might have started to express himself through play during the sessions, and, 2) His parents might have gained a better understanding for Ali and this new sight helped them to be more sensitive and supportive in parent-child interaction. In other words, he found ways and courage to start expressing his distress and disorganized inner conflicts through play during the sessions and his parents were there to respond him sensitively. The play sessions might have helped to reorient his distress from somatic expression to symbolic expression, and the symptoms might have started alleviated. The emotional presence and psychological support of his parents during this process might have strengthened the secure attachment relationship between them and helped the replacement of disorganized coping mechanisms with avoidant coping mechanisms, which might be seen as a step for secure coping mechanisms in attachment patterns. Thus, the program might have presented an area for Ali to try constructing new cognitive structures and create new insights for the past memories with the sensitive and responsive presence of his foster parents, while providing parents a better understanding for their child.

For Büşra's process, the prominent gains were: 1) parents learned how to interact and how to play with the child, 2) the relationship between family members was strengthened, and, 3) Büşra started to express herself through play. One of the findings to be emphasized in Büşra's results was the elevation on her CBCL scores. This rise might be related with the improvement of her expression capacity. As she started to play, her issues might have been more observable. Another possibility is that her parents might have started to observe her in a better way and to realize her symptomatic behaviors more. Because the symptomatic assessment was made based on parent reports, the improvement in parents' understanding and reflection of the child might have influence on children's CBCL scores. In each case, there is a hopeful process for Büşra, because the expression capacity can help her to work on her issues through play and better understanding of her foster parents can help her to receive supportive responses from them.

Can’s process included a general decline in symptoms and improved elaboration and complexity in play capacity. Most probably, the decline in symptoms was related with Can’s progress in symbolization and expression capacity through play as well as the sensitive support of his foster parents. His foster parents were highly motivated and aware of the importance of attachment, thus, the process focused on advanced reflective functioning and mentalization work with parents. Parents gained improved understanding of Can’s inner world, developed themselves in reflective functioning and realized the importance of symbolic play for children’s mental health and development. These achievements are likely to help both the child and the parents in their future interaction and provide a holding environment for Can to create new cognitive structures and insights for the past memories with the supportive and sensitive stance of his foster parents.

Demir was one of the children who had the most remarkable progress throughout the process. At the initial sessions, it was nearly impossible to communicate with him as he was throwing the toys and refusing any trials of interaction coming from the therapist or the mother. This challenging attitude of Demir turned into a point where he was engaging in reciprocal symbolic play with verbal and nonverbal interactions for long durations with his foster mother. This change took place as the mother started to follow the child’s lead, developed an understanding for Demir’s inner world and improved in reflective functioning. As Keck and Kupecky (1995) suggest, this program was a jump-start for Demir’s development.

Efe’s process included more advanced psychodynamic interventions, as his play capacity and insight was high. His foster mother was also a motivated parent who was open to work on their relational issues. Thus, the process focused on working on child’s inner conflicts, parent-child relational dynamics, and parenting skills during the child-directed part of the program. Efe constructed new cognitive structures and created new insights for past experiences while the mother gained better understanding for her own parenting style, Efe’s inner world, and the dynamics of their relationship.

Differently from the other participants, Feyza had been living with the foster family for about three years and the relationship attachment between parents and child had been more established when they had participated in the program. There were problems in parent-child attunement. Additionally, foster parents had not made the foster care explanation before participating in the program. Therefore, Feyza's process focused more on the parent-child interaction and foster care issues. Feyza's gains included general decline in symptoms and improvement in play capacity, which were probably related. As she improved in expression through play, she also started to show symptomatic relief. Working on foster care story might have also had role on the improvement in symptoms. Though the parent-child dyad could catch moments of attunement and positive interaction segments throughout the process, further work on family system and parental reflective functioning were recommended for them at the end of the program.

Observations and Evaluations about the Program

When investigating the process from the beginning to the end, the structure of the program provided a favorable context for foster families to work on their attachment relationships. First of all, the psycho-education part gave parents an opportunity to understand the dynamics of foster parenting before starting to work on parent-child interaction. Thus, when they entered in the play sessions, they could observe their child in the light of this information and respond accordingly. Feedback sessions helped them to discuss their difficulties throughout the process as well as focusing on the unique dynamics of their families. First four play sessions created a holding environment within the therapy room by working on parent-child attunement and attachment, so that children could work on more intense issues within this context. The third play session, in which the focus is on attachment-based activities, demonstrated increase in children's play capacities in each of the Play Assessment scales: Imagination, Organization, Complexity, and Involvement. Thus, compatible with the findings

of Kerr and Cossar's (2014) meta-analysis, current study supports the notion that attachment-based interventions have a positive effect on children's well-being. Fifth play session, which focused on emotion recognition, provided a similar influence on children's play capacities. Following the activities that identified and named their emotions, children engaged in better organized symbolic play. On the other hand, the fourth session, which focused on body drawing, provoked anxiety for children and their Play Assessment scores demonstrated a decrease. Lying down made them feel insecure and vulnerable, and they did not want to lie down. Similarly, children showed avoidant behaviors in the session where the family worked on children's Life Book. Though the activity provided an area for the children to work on their intense issues in a holding environment, most of them got anxious to work directly on their own experience. On the other hand, children could work on their issues by using the symbolic area of play in the seventh session, where the focus is on foster care story with toys. Working on the foster care story through toys enabled them to put some distance between themselves and their emotions (Miller, 1994), so that they could express their inner experience within the symbolic area of play by feeling more secure and comfortable. Thus, by taking these into consideration, interventions that focus on attachment and emotion recognition seems to be beneficial when working with foster families, while interventions that make children feel vulnerable need to be used in caution. Additionally, it seems better to use symbolic mediums when working with issues that can trigger intense feelings like earlier experiences of the child.

The semi-structured disposition of the play sessions enabled working on the specific issues while regarding the individual needs of the families. First part of the play sessions helped focusing on the targeted issue by structuring the session around the topic. Other way, it could have been more difficult to reach the targeted issue by just following the child's lead considering foster children's tendency for avoidance and disorganization. The unstructured part, on the other hand, helped to focus on the uniqueness of children and families, so that the intervention could show flexibility according to their needs rather than just

following the steps of the program. Therefore, the semi-structured disposition of the program seems to be the fittest model when working with foster families regarding the positive changes in children and families within fourteen weeks of time.

Working with foster parents was crucial for the program. Parents needed support and information about foster parenting before the intervention. Even though some of them made a lot of reading about the topic and some of them had psychological support before, the information provided within the intervention was new for all of them. In addition to being informed, they needed to practice these skills with their children. Play sessions provided them an area to understand their children's dynamics and apply the acquired information with the guidance of the therapist. Additionally, the therapist provided them a holding environment, in which they could rely on the therapeutic relationship that the therapist offered when they had difficulty in the face of their children's challenging behaviors. For instance, many telephone talks were done with parents who needed support within the week in between the sesssions in order to help them find ways to deal with the struggles. Parents reported that they felt contained and supported by the therapist's presence. In this sense, regarding Hughes's (1999) concept of "parenting the parents", therapist's containing and holding attitude made parents feel supported, and thus, helped them to develop more sensitive responses for the challenging behaviors of their children both by discussing what to do with the therapist and taking the therapist as a model in parenting.

One of the other important part of the program was working with children. Despite having a tendency for avoidance, children needed to understand and to be understood. Creating an area for them to lead the interaction helped them to improve in play capacity and express themselves within the symbolic area of play. When they were able to express their inner world through play, they started to develop an understanding for themselves as well as feeling understood with the presence of actively following and responding parents. In addition, the activities about foster care helped them to create a more integrative narrative about their past and current lives, though it was not easy for them to work on these activities.

Caution was needed in the activities included foster care story, because it was a vulnerable issue and triggered intense emotions in children.

Lastly, it was important to have a psychological intuition as a highly-trained integrative clinical worker, since each family and child was uniqe and needed different techniques within the same structure. Psychodynamic background helped to observe children's inner worlds and therapist countertransference experiences, systemic approach helped to understand the family dynamics, attachment and mentalization theories helped to focus on here-and-now parent-child interaction, and cognitive models helped to structure the sessions according to the targeted issues. All of these approaches were integratively used according to the needs of the families during the process. Therefore, though the program provides a semi-structural intervention, focusing on the needs of the families in the light of this model takes precedence of the process.

4.1. IMPLICATIONS FOR CLINICAL PRACTICE

Foster care has become an increasingly developing service within Turkey's child protection system in recent years and is consequently worthy of the focused attention of mental health professionals (Karataş, 2007; Yolcuoğlu, 2009). With the increasing number of foster families for children with adverse earlier experiences, challenges including attachment issues and parenting difficulties will likely to continue to create struggles for the foster families. There are some studies focusing on the experiences of foster families and presenting empirical-based interventions to provide support for them in other countries (e.g. Adkins, Luyten, Fonagy, 2018; Dozier, Bernard, Robert, 2002), but there is an important gap on this field in Turkish literature and practice. This study aimed to fill this gap by presenting an empirical and theoretical-based semi-structured preventive treatment program to support foster parents during their adjustment period with their child through psycho-educational and practical interventions. The current study contributes the Turkish literature and clinical practice by

demonstrating the effectiveness of the program on parent-child interaction, parenting skills and children's play capacities. Implication of the program on different regions of Turkey by clinical workers during the adjustment period of foster families can help to support parents with the struggles of caring foster children, to enhance children's attachment difficulties and mental health, to ensure family integrity and to minimize the placement breakdowns.

The following is a summary of implications for similar interventions based on the current study. First, foster families need to have a psycho-education about attachment, trauma, parenting, and importance of play as an introduction for the intervention in order to provide them background information about children in foster care. Previous studies demonstrated the importance of training for foster parents (e.g. Hoffman, Marvin, Cooper, Powell, 2006; Kelly & Salmon, 2014). In the recent years, Ministry of Family and Social Policies in Turkey have developed a training program for foster parents (Baysal, 2017). Opportunity to practice these acquired skills is equally important (Kinniburgh, Blaustein, Spinazzola, van der Kolk, 2017; Steward & O'Day, 2000). This study provide this opportunity to the foster parents by helping them to work on their parent-child interaction and to have a better understanding both for themselves as parents and for their children, based on here-and-now moments within the sessions. According to Kerr and Cossar's (2014) review of interventions with foster and adoptive parents, the strongest studies with positive outcomes support the use of attachment-based interventions, which focus on increasing parental attunement to young children. The structure and findings of this study are coherent with their suggestions by presenting a positive influence on parenting sensitivity and reflective functioning as well as children's capacities of play through working on parent-child attunement during the sessions. One of the other concordances of the current study with Karr and Cossar's study is that they showed the most valid studies with positive findings as the preventive interventions and this program is prepared as a prevention program, which intervenes during the adjustment period before the problems escalate.

The current findings and previous research show that foster parents often come into parenting with high expectations and motivations to change a child’s life as well as certain concerns about their children and their parenting capacities (e.g. Hughes, 1999; Steward & O’Day, 2000). However, because of their early adversity, foster children might come into foster care with various challenges (Stovall & Dozier, 1998). As previously discussed in Introduction chapter, they may present attachment and self-regulatory issues as well as certain symptoms including behavior problems, intense anxiety, and developmental delays. In order to protect the valuable motivation of foster parents to embrace these difficulties, it is very important for professionals to provide supportive interventions. Clinicians working with foster parents may need to emphasize that the process may be challenging and difficult at times while helping them to identify and practice parenting skills against children’s challenging behaviors within a holding environment. At this point, the therapist needs to provide a containing attitude for the parents as Hughes’ (1999) “parenting the parents” principle suggests. Parents can be more sensitive and supportive for their children’s needs as their own needs are more understood and contained by the therapist. Furthermore, the therapist should be flexible and sensitive to the unique needs of the families. Each family participates in the program with its own family structure and needs different interventions on the foster care journey. For example, Demir’s and Efe’s needs were on different levels and the interventions were practiced based on different approaches though they were within the same therapeutic structure: Demir’s process included more mentalization based interventions while Efe’s process included more psychodynamic based interventions. Therefore, the therapist should be competent and flexible on clinical work with children and families and be able to understand the dynamics of the family and the child to use them in the service of intervening throughout the process within the therapeutic frame.

Regarding the process of each participant, intervening during the adjustment period was a strenght of this program. Feyza was the only child in the study who had been in foster care for more than two years and her family showed the slightest improvement during the process. This might be because of the fact

that their attachment relationship was more established and stabilized than the other participants. The others were still in the adjustment process and were able to shape their interaction with the child in an easier way with a higher motivation. Therefore, the application of the program with more foster families during the adjustment process is strongly reccommended. Additionally, other interventions focusing on parent-child interaction in later periods of placement should be developed to provide support to foster families in each period of foster parenting. Further interventions should also focus on the age range of children. This intervention was developed for children between three to six years old considering their developmental level. Similar preventive intervention programs need to be developed for younger and older children in foster care. Moreover, a second level for the current intervention can be created for the families who need further work.

Lastly, support of government and cheriatable foundations would help to maintain the continutity of the intervention and to enable it for a larger group of foster families. For this purpose, trainings for clinical workers on the current intervention can be arranged and families can be led to these trained clinical workers during the adjustment period of the foster care placement. In addition, foster families who are in need of psychological support can be identified through regular scannings and personal applications, and this program can be provided to them as a supportive service as well as other similar supportive programs.

4.2. LIMITATIONS AND RECOMMENDATIONS FOR FUTURE RESEARCH

Its mixed design and use of data from various parties (children, parents, therapist) are the strengths of the current study. Nonetheless, it has limitations requiring attention. The study prioritized the therapeutic processes and benefits of participants; therefore, the research part involves some weaknesses. First of all, because it is primarily a clinical and qualitative study, the sample size is small. A larger sample would strengthen the quantitative methodology. On the other hand, the small sample size enabled the researcher to investigate each participant's

process in detail and to focus on the unique experiences of the foster families in the program. In addition to the limited number of participants, the program was applied by a single therapist. Though this condition minimizes the effect of therapist characteristics on the results, it also limits the generalizability of the study. The program should be applied by different therapists with a larger sample to strengthen the methodology and differentiate between therapist effect and the effects of the program.

When considering the quantitative methodology of the current study, it is short of a control group, thus, it is limited in internal validity. Furthermore, because of the small sample size, non-parametrical methods were used for analysis. Using other analysis methods, with a larger sample size would enable to examine the outcome and process results with a stronger quantitative methodology. Lastly, post assessment was conducted at the termination session, which is very likely to trigger separation anxiety responses in children. The triggered anxiety in children might have influence on children's post assessment results of ASCT and Play Assessment scores. Thus, controlling this condition by using process assessment and analysis could help to strengthen the validity of the post assessment scores.

Research and clinical practice on empirical-based preventive interventions for foster families are missing in Turkish literature and further studies are greatly needed in the field. Recommendations for future research and practice are presented as follows. First of all, although one of the important findings of the study was the improvement in children's play capacities, the study was limited in terms of standardized measures to assess children's play, because there was no record permission and most of the standardized play measures require video records of the play sessions. For instance, Play Assessment measure, which was used in the current study, could only be taken for its cognitive dimensions because affective dimensions required video records of the sessions. Nonetheless, children's affective experiences in play are equally important as children's cognitive capacities. Moreover, there are other standardized measures that assess other variables in children's play, such as CPTI (Kernberg, Chazan, &

Normandin, 1998) and CPQ (Schneider & Canes, 2006), but all require the video, or at least audio, records of the sessions. Furthermore, restriction of taking records of the sessions necessitated scoring ASCT and Play Assessment scales by using session notes of the observers instead of session records and transcripts and this condition created a limitation for the current study. Therefore, future research is recommended to use video records of the play sessions in order to assess children's play and attachment patterns with stronger standardized measures.

Secondly, although one of the strongest findings of the study is the improvement on parenting skills, the study did not use any standardized measures to assess parenting capacities, because it did not predict such an improvement before the qualitative findings. The quantitative part of the current study focused more on the improvements in children's symptoms, attachment patterns and play capacities. It is important for future research to quantitatively focus on parenting by using standardized measures to have supportive data for the qualitative findings. Self-report scales for parents, such as Parental Stress Index, and observational coding scales, such as Parent-Child Interaction Coding, can provide quantitative data for parental functioning. Current findings show that parents improved in skills like reflective functioning and mentalization as well as reduced parenting stress. These are obtained from parents' reports in qualitative interviews; a more focused and detailed examination is needed in the field to strengthen these findings.

CONCLUSION

This is one of the first studies in Turkey that developed an empirical-based preventive and supportive intervention for foster families to help the parent-child adaptation during the adjustment period. The study demonstrated the effectiveness of the intervention on parent-child interaction, parenting skills, and children's play capacities. Results of the study provide preliminary findings for research and clinical practice and contribute to Turkish literature by presenting a pilot study of a preventive intervention to support foster families.

References

Adkins, T., Luyten, P., & Fonagy, P. (2018). Development and preliminary evaluation of Family Minds: A mentalization-based psychoeducation program for foster parents. *Journal of Child and Family Studies*, 1-14.

Allen, B., Timmer, S. G., & Urquiza, A. J. (2014). Parent–Child Interaction Therapy as an attachment-based intervention: Theoretical rationale and pilot data with adopted children. *Children and Youth Services Review*, *47*, 334-341.

Achenbach, T. M. (1991). *Manual for the child behavior checklist /4-18 and profile.* Burlington, VT: University of Vermont, Department of Psychiatry.

Achenbach, T. M., & Rescorla, L. A. (2000). *Mental health practitioners' guide for the Achenbach System of Empirically Based Assessment (ASEBA).* Burlington: University of Vermont, Department of Psychiatry.

Axline, V. (1947). *Play therapy.* Boston: Houghton Mifflin.

Bakermans-Kranenburg, M. J., Steele, H., Zeanah, C. H., Muhamedrahimov, R. J., Vorria, P., Dobrova-Krol, N. A., Steele, M., van Ijendoorn, M. H., Juffer, F., & Gunnar, M. R. (2011). Attachment and emotional development in institutional care: characteristics and catch up. *Monographs of the Society for Research in Child Development*, *76*(4), 62-91.

Bateson, G. (1972). *Steps to an ecology of mind: A revolutionary approach to man's understanding of himself*. New York: Ballantine Books.

Baysal, A. E. (2017). *Koruyucu Aile Uygulamaları ve Sonuçları: İstanbul Örneği* (Masters Dissertation, İstanbul Sabahattin Zaim Üniversitesi)

Becker-Weidman, A. (2008). Treatment for children with reactive attachment disorder: Dyadic developmental psychotherapy. *Child and Adolescent Mental Health*, 13, 52-58.

Beijersbergen, M. D., Juffer, F., Bakermans-Kranenburg, M. J., & van IJzendoorn, M. H. (2012). Remaining or becoming secure: parental sensitive support predicts attachment continuity from infancy to

adolescence in a longitudinal adoption study. *Developmental psychology*, *48*(5), 1277.

Bilican-Gökkaya, V. (2014). Koruyucu Ailelerin, Yanlarına Yerleştirilen Çocuk ya da Çocuklarla Aile İçinde Yaşadıkları Sorunlar ve Başa Çıkma Yolları: Sivas İli Örneği. *International Journal of Social Science* 25(I), 249-267.

Bing, E. (1970). The conjoint family drawing. *Family Process*, *9*(2), 173-194.

Bowlby, J. (1951). Maternal care and mental health. *World Health Organization Monograph*

Bowlby, J. (1980). *Attachment and loss, volume 3: loss; sadness and depression*.

Bowlby, J. (1988). Attachment, communication, and the therapeutic process. *A secure base: Parent-child attachment and healthy human development*, *137*, 157.

Boyatzis, R. E. (1998). *Transforming qualitative information: Thematic analysis and code development*. sage.

Bratton, S. C., Ray, D., Rhine, T., & Jones, L. (2005). The Efficacy of play therapy with children: A meta-analytic review of treatment outcomes. *Professional Psychology Research and Practice,* 36(4), 376-390.

Bretherton, I. (1984). Representing the social world in a symbolic play: Reality and fantasy. In I. Bretherton (Ed.). *Symbolic play: The development of social understanding*. Orlando: Academic Press.

Bretherton, I., & Munholland, A. a. M., KA (1999). Internal working models in attachment relation ships: a construct revisited. *Handbook of attachment*.

Bretherton, I., Ridgeway, D., & Cassidy, J. (1990). Assessing internal working models of the attachment relationship: An Attachment Story Completion Task for 3-year-olds. In T. Greenberg, D. Cicchetti, & E.M. Cummings (Eds.), *Attachment in the Preschool Years: Theory, Research, and Intervention.* University of Chicago Press: Chicago, IL.

Brodzinsky D. M., Schechter M. D., & Henig R. M., 1992. Being adopted: The Longlife search of self. *New York: Anchor Books.*

Buckner, J. D., Lopez, C., Duknel, S., & Joiner, J. E. (2008). Behavior

management training for the treatment of reactive attachment disorder. *Child Maltreatment, 13,* 289-297.

Caspers, K., Yucuis, R., Troutman, B., Arndt, S., & Langbehn, D. (2007). A sibling adoption study of adult attachment: The influence of shared environment on attachment states of mind. *Attachment & human development*, *9*(4), 375-391.

Chazan, S. E. (2001). Toward a nonverbal syntax of play therapy. *Psychoanalytic Inquiry*, *21*(3), 394-406.

Cook, A., Spinazzola, J., Ford, J., Lanktree, C., Blaustein, M., Cloitre, M., DeRosa, R., Hubbard, R., Kagan, R., Liutaud, J., & Mallah, K. (2017). Complex trauma in children and adolescents. *Psychiatric annals*, *35*(5), 390-398.

Cook‐Cottone, C., & Beck, M. (2007). A model for life‐story work: Facilitating the construction of personal narrative for foster children. *Child and Adolescent Mental Health*, *12*(4), 193-195.

Cooper, R. J. (2000). The impact of child abuse on children's play: A conceptual model. *Occupational Therapy International*, *7*(4), 259-276.

Daggett, J., O'brien, M., Zanolli, K., & Peyton, V. (2000). Parents' attitudes about children: Associations with parental life histories and child-rearing quality. *Journal of Family Psychology*, *14*(2), 187.

Dobrova-Krol, N. A., Van Ijzedoorn, H., Bakermans-Kranenburg, M. J., Cyr, C., & Juffer, F. (2008). Physical growth delays and stress dysregulation in stunted and non-stunted Ukrainian institution- reared children. *Infant Behavior and Development*, 31, 539–553. 1

Dozier, M., Stoval, K. C., Albus, K. E., & Bates, B. (2001). Attachment for infants in foster care: The role of caregiver state of mind. *Child development*, *72*(5), 1467-1477.

Dozier, M., Bernard, K., & Roben, C.K. (2002). Attachment and bio-behavioral catch-up.

Dozier, M., Lindhiem, O., Lewis, E., Bick, J., Bernard, K., & Peloso, E. (2009). Effects of a foster parent training program on young children's attachment

behaviors: Preliminary evidence from a randomized clinical trial. *Child and Adolescent Social Work Journal*, *26*(4), 321-332.

Drisko, J. W., & Zilberstein, K. (2008). What works in treating reactive attachment disorder: Parents' perspectives. Families in Society: The journal of contemporary social services, 89(3), 476–486.

Egbert, S. C., & LaMont, E. C. (2004). Factors contributing to parents' preparation for special-needs adoption. *Child and Adolescent Social Work Journal*, 21(6), 593–609.

Erdal, L. (2014). Türkiye'de Sosyal Politika ve Koruyucu Aile Hizmet Modeli. *Sosyoekonomi*, *22*(22).

Erol, N., & Şimşek, Z. (2010). *Okul çağı çocuk ve gençler için davranış değerlendirme ölçekleri el kitabı.* Ankara: Mentis Yayıncılık.

Escobar, M. J., Pereira, X., & Santelices, M. P. (2014). Behavior problems and attachment in adopted and non-adopted adolescents. *Children and Youth Services Review*, *42*, 59-66.

Esdaile, S. A. (1996). A play-focused intervention involving mothers of preschoolers. *American Journal of Occupational Therapy*, 50 (2): 113-23.

Eyberg, S. M., & Robinson, E. A. (1983). Conduct problem behavior: standardization of a behavioral rating. *Journal of Clinical Child & Adolescent Psychology*, *12*(3), 347-354.

Eyberg, S. (1988). Parent-child interaction therapy: Integration of traditional and behavioral concerns. *Child & Family Behavior Therapy*, *10*(1), 33-46.

Fein, G. (1987). Pretend play: Creativity and consciousness. In P. Gorlitz & J. Wohlwill (Eds.), *Curiosity, imagination, and play* (pp. 281–304). Hillsdale, NJ: Lawrence Erlbaum Associates.

Fishman, H., Charles, H., & Minuchin, S. (1981). *Family therapy techniques*. Harvard University Press.

Freud, S. (1920). Beyond the Pleasure Principle. Standard Edition, 18:12.

Freud, A. (1946). *The psycho-analytical treatment of children.* New York: International Universities Press.

Fonagy P. (1999). *Transgenerational Consistencies of Attachment: A new theory*, Developmental and Psychoanalytic Discussion Group, American Psychoanalytic Meeting, Washington, DC.

Gabler, S., Bovenschen, I., Lang, K., Zimmermann, J., Nowacki, K., Kliewer, J., & Spangler, G. (2014). Foster children's attachment security and behavior problems in the first six months of placement: Associations with foster parents' stress and sensitivity. *Attachment & human development*, *16*(5), 479-498.

Gil, E. (1991). The healing power of play: Working with abused children. New York: Guilford Press.

Gil, E. (2014). *Play in family therapy*. Guilford Publications.

Ginsburg, K. R. (2007). The importance of play in promoting healthy child development and maintaining strong parent-child bonds. *Pediatrics*, *119*(1), 182-191.

Goldenberg, H., & Goldenberg, I. (2012). *Family therapy: An overview*. Cengage learning.

Goldstein, D. S. (1995). *Stress, catecholarnines and cardiovascular disease. New*York: Oxford Univer- sity Press.

Gordon, D. E. (1993). The inhibition of pretend play and its implications for development. *Human Development*, *36*(4), 215-234.

Gordon, G. (2014). Well Played: The Origins and Future of Playfulness. *American Journal of Play*, *6*(2), 234-266.

Granot, D. ve Mayseles, O. (2001). Attachment security and adjustment to school in middle childhood. *International Journal of Behavioral Development, 25*, 530-541.

Graze, V., & Rosenthal, J. A. (1993). Attachment theory and the adoption of children with special needs. In *Social Work Research and Abstracts* (Vol. 29, No. 2, pp. 5-12). Oxford University Press.

Greenspan, S. I. (1989). *The development of ego.* Madison, CT: International Universities Press.

Guerney, B. G., Jr. (1964). Filial Therapy: Description and rationale. *Journal of*

Consulting Psychology, 28, 303-310.

Guerny, L. F. (2003). The history, principles, and empirical basis of Filial Therapy. In R. VanFleet & L. F. Guerney (Eds.), *Casebook of Filial Therapy*. Boiling Springs, PA: Play Therapy Press.

Guerney, L. F. & Ryan, V. M. (2013). *Group Filial Therapy: A complete guide to teaching parents to play therapeutically with their children*. Philedelphia: Kingsley.

Gunnar, M. R., & Kertes, D. A. (2005). Prenatal and postnatal risks to neurobiological development in internationally adopted children. In D. M. Brodzinsky & J. Palacios(Eds.), Psychological issues in adoption (pp. 47−65). London: Praeger.

Hays, D. G., & Singh, A. A. (2011). *Qualitative inquiry in counseling and education*. New York, NY: Guilford Press.

Hoffman, K. T., Marvin, R. S., Cooper, G., & Powell, B. (2006). Changing toddlers' and preschoolers' attachment classifications: the Circle of Security intervention. *Journal of consulting and clinical psychology*, *74*(6), 1017.

Hughes, D. (1998). *Building the bonds of attachment*. Northvale, NJ: Jason Aronson.

Hughes, D. (1999). Adopting children with attachment problems. *Child Welfare*, 1999, 78.5.

IBM Corp. (2015). *IBM SPSS Statistics for Macintosh, version 23.0.* Armonk, NY: Author.

Jernberg, A. (1984). Theraplay: Child therapy for attachment fostering. *Psychotherapy: Theory, Research, Practice, Training*, *21*(1), 39.

Juffer, F., & Rosenboom, L. G. (1997). Infant-mother attachment of internationally adopted children in the Netherlands. *International Journal of Behavioral Development*, *20*(1), 93-107.

Juffer, F., Palacios, J., Le Mare, L., Sonuga-Barke, E. J., Tieman, W., Bakermans- Kranenburg, M. J., Vorria, P., van IJzendoorn, M. H., & Verhulst, F. C. (2011). II. Development of adopted children with histories of early

adversity. *Monographs of the Society for Research in Child Development*, *76*(4), 31-61.

Kaduson, H., & Schaefer, C. (2010). *101 favorite play therapy techniques* (Vol.3). Jason Aronson.

Karataş, K. (2007). Türkiye'de Çocuk Koruma Sistemi ve Koruyucu Aile Uygulamaları Üzerine Bir Değerlendirme. *Journal of Society & Social Work*, *18*(2).

Kaugars, A. S., & Russ, S. W. (2009). Assessing preschool children's pretend play: Preliminary validation of the Affect in Play Scale-Preschool version. *Early Education and Development*, *20*(5), 733-755.

Keck, G., & Kupecky, R. (1995). Adopting the hurt child: Hope for families with special needs. *Colorado Springs, CO: Pinon*.

Kelly, W., & Salmon, K. (2014). Helping foster parents understand the foster child's perspective: A relational learning framework for foster care. *Clinical child psychology and psychiatry*, *19*(4), 535-547.

Kennedy, M., Kreppner, J., Knights, N., Kumsta, R., Maughan, B., Golm, D., Hill, J., Rutter, M., Schlotz, W., & Sonuga-Barke, E. (2017). Adult disinhibited social engagement in adoptees exposed to extreme institutional deprivation: examination of its clinical status and functional impact. *The British Journal of Psychiatry*, *211*(5), 289-295.

Kernberg, P. F., Chazan, S. E., & Normandin, L. (1998). The Children's Play Therapy Instrument (CPTI): Description, development, and reliability studies. *The Journal of Psychotherapy Practice and Research, 7*(3), 196-207.

Kerr, L., & Cossar, J. (2014). Attachment interventions with foster and adoptive parents: A systematic review. *Child Abuse Review*, *23*(6), 426-439.

Kinniburgh, K. J., Blaustein, M., Spinazzola, J., & Van der Kolk, B. A. (2017). Attachment, Self-Regulation, and Competency: A comprehensive intervention framework for children with complex trauma. *Psychiatric Annals*, *35*(5), 424-430.

Levy, T. M., & Orlans, M. (1998). *Attachment, trauma, and healing*. Washington,

DC: CWLA Press.

Lieberman, A. F., Padron, E., Van Horn, P., & Harris, W. W. (2005). Angels in the nursery: The intergenerational transmission of benevolent parental influences. Infant Mental Health Journal, 26(6), 504–520.

MacGregor, T. E., Rodger, S., Cummings, A. L., & Leschied, A. W. (2006). The needs of foster parents: A qualitative study of motivation, support, and retention. *Qualitative social work*, *5*(3), 351-368.

Malchiodi, C. A., & Crenshaw, D. A. (Eds.). (2015). *Creative arts and play therapy for attachment problems*. Guilford Publications.

Marvin, R., Cooper, G., Hoffman, K., & Powell, B. (2002). The Circle of Security project: Attachment-based intervention with caregiver-pre-school child dyads. *Attachment & human development*, *4*(1), 107-124.

Mercer, J. (2014). Examining Dyadic Developmental Psychotherapy as a treatment for adopted and foster children: A review of research and theory. *Research on Social Work Practice*, *24*(6), 715-724.

Minnis, H., Everett, K., Pelosi, A. J., Dunn, J., & Knapp, M. (2006). Children in foster care: Mental health, service use and costs. European Child & Adolescent Psychiatry, 15, 63–70. doi:10.1007/ s00787-006-0452-8

Minty, B. (1999). Annotation: Outcomes in long-term foster family care. Journal of Child Psychology and Psychiatry, 40, 991−999.

Oosterman, M., Schuengel, C., Slot, N. W., Bullens, R. A., & Doreleijers, T. A. (2007). Disruptions in foster care: A review and meta-analysis. *Children and Youth Services Review*, *29*(1), 53-76.

Ormhaug, S. M., Jensen, T. K., Wentzel-Larsen, T., & Shirk, S. R. (2014). The therapeutic alliance in treatment of traumatized youths: Relation to outcome in a randomized clinical trial. *Journal of Consulting and Clinical Psychology*, *82*(1), 52.

Özbeşler, C. (2009). Koruyucu aile hizmetlerinde değerlendirme süreci. *Sosyal Politika Çalışmaları Dergisi*, *16*(16).

Perry, B. D., Pollard, R. A., Blakley, T. L., Baker, W. L., & Vigilante, D. (1995). Childhood trauma, the neurobiology of adaptation, and use dependent

development of the brain: How states become traits. *Infant mental health journal*, *16*(4), 271-291.

Purvis, K. B., Cross, D. R., Dansereau, D. F., & Parris, S. R. (2013). Trust-based relational intervention (TBRI): A systemic approach to complex developmental trauma. *Child & Youth Services*, *34*(4), 360-386.

Randolph, E. M. (2001). *Broken hearts, wounded minds: The psychological functioning of severely traumatized and behavior problem children*. Salt Lake City, UT: RFR Publications.

Redfern, S., Wood, S., Lassri, D., Cirasola, A., West, G., Austerberry, C., Luyten, P., Fonagy, P., & Midgley, N. (2018). The Reflective Fostering Programme: background and development of a new approach. *Adoption & Fostering*, *42*(3), 234-248

Reilly, T., & Platz, L. (2003). Characteristics and challenges of families who adopt children with special needs: An empirical study. Children and Youth Services Review, 25(10), 781–803.

Robb, B. J. (2003). Changing the future: The story of attachment with a child with special needs. *Clinical Social Work Journal*, *31*(1), 9-24.

Rubin, K., Fein, G., & Vandenberg, B. (1983). Play. In P. Mussen (Ed.), *Handbook of child psychology* (Vol. 4, pp. 693–774). New York: Wiley.

Roy, P., Rutter, M., & Pickles, A. (2000). Institutional care: Risk from family background or pattern of rearing? *Journal of Child Psychology and Psychiatry and Allied Disciplines*, 41, 139−150.

Russ, S. W. (2004). *Play in child development and psychotherapy: Toward empirically supported practice*. New York: Routledge.

Sameroff, Arnold J., and Michael J. Chandler. "Reproductive risk and the continuum of caretaking casualty." *Review of child development research* 4 (1975): 187-244.

Schneider, C., & Jones, E. E. (2006). *Child psychotherapy Q-Set Coding manual.* Berkeley: University of California. Unpublished manual.

Schore A. (2001). The effects of early relational trauma on right brain development: affect regulation and infant mental health. *Infant Mental Health Journal,* 22, pp 201–69.

Schore, A. N. (2015). *Affect regulation and the origin of the self: The neurobiology of emotional development*. Routledge.

Schofield, G. & Beek, M. (2005) Providing a secure base: parenting children in long-term foster family care. Attachment & Human Development 7(1): 3-26.

Sinclair, I., Wilson, K., Gibbs, I. (2000) Supporting Foster Placements: Report two. York: Social Work Research and Development Unit, University of York.

Singer, D. G., & Singer, J. L. (1990). *The house of make-believe: Children's play and the developing imagination.* Cambridge, MA: Harvard University Press.

Sroufe, L. A. (1988). The role of infant-caregiver attachment in development. *Clinical implications of attachment*, 18-38.

Steward, D. S., & O'Day, K. R. (2000). Permanency planning and attachment: A guide for agency practice. *Handbook of Attachment Interventions (Second Edition)* (pp. 147-167).

Steinhardt, L. (1985). Freedom within boundaries: Body outline drawings in art therapy with children. *The Arts in Psychotherapy*.

Stinehart, M. A., Scott, D. A., & Barfield, H. G. (2012). Reactive attachment disorder in adopted and foster care children: Implications for mental health professionals. *The Family Journal*, *20*(4), 355-360.

Stone, N. M., & Stone, S. F. (1983). The prediction of successful foster placement. Social Casework, 64, 11−17.

Stovall, K. C., & Dozier, M. (1998). Infants in foster care: An attachment theory perspective. *Adoption Quarterly*, *2*(1), 55-88.

Stovall-McClough, K.C., Dozier, M. (2004). Forming attachments in foster care: Infant attachment behaviors during the first two months of placement. *Development and Psychopathology, 16*, 253-271.

Thomas, R., & Zimmer-Gembeck, M. J. (2007). Behavioral outcomes of parent-child interaction therapy and Triple P—Positive Parenting Program: A review and meta-analysis. *Journal of abnormal child psychology*, *35*(3), 475-495.

Uluç, S. (2005). *Okul öncesi çocuklarda benlige iliskin inançlar, kisilerarsı semalar ve baglanma iliskisinin temsilleri arasındaki iliski: Ebeveynlerin kisilerarası semalarının ve baglanma modellerinin etkisi*. Yayınlanmamıs Doktora Tezi, Ankara: Hacettepe Üniversitesi.

Üstüner, S.; Erol, N.; Şimşek, Z. (2005) "Koruyucu Aile Bakımı Altındaki Çocukların Davranış ve Duygusal Sorunları". *Çocuk ve Gençlik Ruh Sağlığı Dergisi.* 12 (3), S: 130 – 140.

Van den Dries, L., Juffer, F., van IJzendoorn, M. H., & Bakermans-Kranenburg, M. J. (2009). Fostering security? A meta-analysis of attachment in adopted children. *Children and youth services review*, *31*(3), 410-421.

Van IJzendoorn, M. H., Palacios, J., Sonuga-Barke, E. J., Gunnar, M. R., Vorria, P., McCall, R. B., Le Mare, L., Bakermans-Kranenburg, M. J., Dobrova-Krol, N. A., & Juffer, F. (2011). I. Children in institutional care: Delayed development and resilience. *Monographs of the Society for Research in Child Development*, *76*(4), 8-30.

Vasquez, M., & Stensland, M. (2016). Adopted children with Reactive Attachment Disorder: A qualitative study on family processes. *Clinical Social Work Journal*, *44*(3), 319-332.

Vaughn, B., Egeland, B., Sroufe, L. A., & Waters, E. (1979). Individual differences in infant-mother attachment at twelve and eighteen months: Stability and change in families under stress. *Child development*, 971-975.

Walker, J. (2008). The use of attachment theory in adoption and fostering. *Adoption & Fostering*, *32*(1), 49-57.

Walsh, J. A., & Walsh, R. A. (1990). Studies of the maintenance of subsidized foster placements in the Casey Family Program. Child Welfare, 69, 99−114.

Watson, K. W. (1997). Bonding and attachment in adoption: Towards better

understanding and useful definitions. *Marriage & Family Review*, *25*(3-4), 159-173.

Wiener, D. J. (1996). Mirroring movement for increasing family cooperation. *Journal of family psychotherapy*, *7*(4), 85-88.

Wimmer, J. S., Vonk, M. E., & Bordnick, P. (2009). A preliminary investigation of the effectiveness of attachment therapy for adopted children with reactive attachment disorder. *Child and Adolescent Social Work Journal*, *26*(4), 351-360.

Winnicott, D. W. (1971). *Playing and reality.* London: Tavistock.

Wright, S.A. (1994). Physical and emotional abuse and neglect of preschool children: A literature review. *Australian Occupational Therapy Journal*, 41(2): 55-63.

Yaholkoski, A., Hurl, K., & Theule, J. (2016). Efficacy of the Circle of Security intervention: A meta-analysis. *Journal of Infant, Child, and Adolescent Psychotherapy*, *15*(2), 95-103.

Yarrow, L.J., & Goodwin, M.S. (1973). The immediate impact of separation: Reactions of infants to a change in mother figure. In L.J. Stone, H.T. Smith, & L.B. Murphy (Eds.), *The competent infant: Research and commentary*, New York: Basic.

Yazıcı, E. (2014). Türkiye’de Çocuk Koruma Sistemi ve Koruyucu Aile Bakım Yönteminde Yeni Yaklaşımlar. *Çankırı Karatekin Üniversitesi İİBF Dergisi*, *4*(2), 247-270.

Yolcuoğlu, İ. G. (2009). Türkiye'de Çocuk Koruma Sisteminin Genel Olarak Değerlendirilmesi. *Sosyal Politika Çalışmaları Dergisi*, *18*(18).

Zeanah, C.H. & Anders, T.F. (1987). Subjectivity in parent-infant relationships: A discussion of internal working models. *Infant Mental Health Journal*, *8*, 237-250.

Zeanah, C. H. (2000). Disturbances of attachment in young children adopted from institutions. *Journal of Developmental and Behavioral Pediatrics*, *21*(3), 230-236.

Zeanah, C. H., & Smyke, A. T. (2008). Attachment disorders and severe

deprivation. In M. Rutter, D. Bishop, D. Pine, S. Scott, J. Stevenson, E. Taylor, & A. Thapar (Eds.), Rutter's child and adolescent psychiatry (pp. 906–915). London: Blackwell.

Appendix A: Child Behavior Checklist for Ages 1.5-5 (CBCL/1.5-5)

ÇOCUĞUN;
Cinsiyeti: ___ ERKEK ___ KIZ
Yaşı:
Doğum Tarihi: GÜN___AY___YIL_______
Kreşe, anaokuluna gidiyor mu? ___ HAYIR ___EVET
(Okulun adı: ___________)

ANNE BABANIN İŞİ (Ayrıntılı bir biçimde yazınız, örneğin emekli, ilk okul öğretmeni, şoför, oto tamircisi, avukat gibi) EĞİTİMİ (Son bitirilen okula göre eğitim durumunuz)
BABANIN İŞİ: _____________ EĞİTİMİ: ______________ YAŞI: ____
ANNENİN İŞİ: _____________ EĞİTİMİ: ______________ YAŞI: ____

FORMU DOLDURAN:
___ Anne
___ Baba
___ Diğer (Çocukla olan ilişkisi: _______________________________________)

Çocuğunuzun davranışlarıyla ilgili bu formu lütfen görüşlerinizi yansıtacak biçimde yanıtlayınız. Her bir madde ile ilgili bilgi verebilir ve 2. sayfadaki boşluklara yazabilirsiniz. Lütfen bütün maddeleri işaretlemeye çalışınız. Teşekkür ederiz.

Aşağıda çocukların özelliklerini tanımlayan bir dizi madde bulunmaktadır. Her bir madde çocuğunuzun şu andaki ya da son 6 ay içindeki durumunu belirtmektedir. Bir madde çocuğunuz için çok ya da sıklıkla doğru ise 2, bazen ya da biraz doğru ise 1, hiç doğru değilse 0 sayılarını yuvarlak içine alınız. Lütfen tüm maddeleri işaretlemeye çalışınız.

0: Doğru değil (Bildiğiniz kadarıyla) 1: Bazen/Biraz doğru 2: Çok/Sıklıkla doğru

0 1 2 1. Ağrı ve sızıları vardır (Tıbbi nedenleri olmayan).
0 1 2 2. Yaşından daha küçük gibi davranır.
0 1 2 3. Yeni şeyleri denemekten korkar.
0 1 2 4. Başkalarıyla göz göze gelmekten kaçınır.
0 1 2 5. Dikkatini uzun süre toplamakta ya da sürdürmekte güçlük çeker.
0 1 2 6. Yerinde rahat oturamaz, huzursuz ve çok hareketlidir.

0 1 2 7. Eşyalarının yerinin değiştirilmesine katlanamaz.

0: Doğru değil (Bildiğiniz kadarıyla) 1: Bazen/Biraz doğru 2: Çok/Sıklıkla doğru

0 1 2 8. Beklemeye tahammülü yoktur, her şeyin anında olmasını ister.
0 1 2 9. Yenmeyecek şeyleri ağzına alıp çiğner.
0 1 2 10. Yetişkinlerin dizinin dibinden ayrılmaz, onlara çok bağımlıdır.
0 1 2 11. Sürekli yardım ister.
0 1 2 12. Kabızdır, kakasını kolay yapamaz. (Hasta değilken bile).
0 1 2 13. Çok ağlar.
0 1 2 14. Hayvanlara eziyet eder.
0 1 2 15. Karşı gelir.
0 1 2 16. İstekleri anında karşılanmalıdır.
0 1 2 17. Eşyalarına zarar verir.
0 1 2 18. Ailesine ait eşyalara zarar verir.
0 1 2 19. Hasta değilken bile ishal olur, kakası yumuşaktır.
0 1 2 20. Söz dinlemez, kurallara uymaz.
0 1 2 21. Yaşam düzenindeki en ufak bir değişiklikten rahatsız olur.
0 1 2 22. Tek başına uyumak istemez.
0 1 2 23. Kendisiyle konuşulduğunda yanıt vermez.
0 1 2 24. İştahsızdır. (Açıklayınız):
____
0 1 2 25. Diğer çocuklarla anlaşamaz.
0 1 2 26. Nasıl eğleneceğini bilmez, büyümüş de küçülmüş gibi davranır.
0 1 2 27. Hatalı davranışından dolayı suçluluk duymaz.
0 1 2 28. Evden dışarı çıkmak istemez.
0 1 2 29. Güçlükle karşılaştığında çabuk vazgeçer.
0 1 2 30. Kolay kıskanır.
0 1 2 31. Yenilip içilmeyecek şeyleri yer ya da içer (kum, kil, kalem, silgi gibi). (Açıklayınız):
____
0 1 2 32: Bazı hayvanlardan, ortamlardan ya da yerlerden korkar. (Açıklayınız):
____
0 1 2 33. Duyguları kolayca incinir.
0 1 2 34. Çok sık bir yerlerini incitir, başı kazadan kurtulmaz.
0 1 2 35. Çok kavga dövüş eder.
0 1 2 36. Her şeye burnunu sokar.
0 1 2 37. Anne-babasından ayrıldığında çok tedirgin olur.

0 1 2 38. Uykuya dalmakta güçlük çeker.
0 1 2 39. Baş ağrıları vardır (tıbbi nedeni olmayan).
0 1 2 40: Başkalarına vurur.
0 1 2 41. Nefesini tutar.
0 1 2 42. Düşünmeden insanlara ya da hayvanlara zarar verir.
0 1 2 43. Hiçbir nedeni yokken mutsuz görünür.
0 1 2 44. Öfkelidir.
0 1 2 45. Midesi bulanır, kendini hasta hisseder. (Tıbbi nedeni olmayan).
0 1 2 46. Bir yerleri seyirir, tikleri vardır. (Açıklayınız): ________________

0: Doğru değil (Bildiğiniz kadarıyla) 1: Bazen/Biraz doğru 2: Çok/Sıklıkla doğru

0 1 2 47. Sinirli ve gergindir.
0 1 2 48. Gece kabusları, korkulu rüyalar görür.
0 1 2 49. Aşırı yemek yer.
0 1 2 50: Aşırı yorgundur.
0 1 2 51. Hiçbir neden yokken panik yaşar.
0 1 2 52. Kakasını yaparken ağrısı, acısı olur.
0 1 2 53. Fiziksel olarak insanlara saldırır, onlara vurur.
0 1 2 54. Burnunu karıştırır, cildini ya da vücudunun diğer taraflarını yolar. (Açıklayınız): ____
0 1 2 55. Cinsel organlarıyla çok fazla oynar.
0 1 2 56. Hareketlerinde tam kontrollü değildir, sakardır.
0 1 2 57. Tıbbi nedeni olmayan, görme bozukluğu dışında göz ile ilgili sorunları vardır. (Açıklayınız): ____
0 1 2 58. Cezadan anlamaz, ceza davranışını değiştirmez.
0 1 2 59. Bir uğraş ya da faaliyetten diğerine çabuk geçer.
0 1 2 60. Döküntüleri ya da başka cilt sorunları vardır. (Tıbbi nedeni olmayan).
0 1 2 61. Yemek yemeyi reddeder.
0 1 2 62. Hareketli, canlı oyunlar oynamayı reddeder.
0 1 2 63. Başını ve bedenini tekrar tekrar sallar.
0 1 2 64. Gece yatağına gitmemek için direnir.
0 1 2 65. Tuvalet eğitimine karşı direnir. (Açıklayınız): ________________
0 1 2 66. Çok bağırır, çağırır, çığlık atar.
0 1 2 67. Sevgiye, şefkate tepkisiz görünür.

0 1 2 68. Sıkılgan ve utangaçtır.
0 1 2 69. Bencildir, paylaşmaz.
0 1 2 70. İnsanlara karşı çok az sevgi, şefkat gösterir.
0 1 2 71. Çevresindeki şeylere çok az ilgi gösterir.
0 1 2 72. Canının yanmasından, incinmekten pek az korkar.
0 1 2 73. Çekingen ve ürkektir.
0 1 2 74. Gece ve gündüz çocukların çoğundan daha az uyur.
(Açıklayınız):
____
0 1 2 75. Kakasıyla oynar ve onu etrafa bulaştırır.
0 1 2 76. Konuşma sorunu vardır. (Açıklayınız):
____
0 1 2 77. Bir yere boş gözlerle uzun süre bakar ve dalgın görünür.
0 1 2 78. Mide-karın ağrısı ve krampları vardır. (Tıbbi nedeni olmayan).
0 1 2 79. Üzgünken birden neşeli, neşeli iken birden üzgün olabilir.
0 1 2 80. Yadırganan, tuhaf davranışları vardır.
(Açıklayınız):
____
0 1 2 81. İnatçı, somurtkan ve rahatsız edicidir.
0 1 2 82. Duyguları değişkendir, bir anı bir anını tutmaz.

0: Doğru değil (Bildiğiniz kadarıyla) 1: Bazen/Biraz doğru 2: Çok/Sıklıkla doğru

0 1 2 83. Çok sık küser, surat asar, somurtur.
0 1 2 84. Uykusunda konuşur, ağlar, bağırır.
0 1 2 85. Öfke nöbetleri vardır, çok çabuk öfkelenir.
0 1 2 86. Temiz, titiz ve düzenlidir.
0 1 2 87. Çok korkak ve kaygılıdır.
0 1 2 88. İşbirliği yapmaz.
0 1 2 89. Hareketsiz ve yavaştır, enerjik değildir.
0 1 2 90. Mutsuz, üzgün, çökkün ve keyifsizdir.
0 1 2 91. Çok gürültücüdür.
0 1 2 92. Yeni tanıdığı insanlardan ve durumlardan çok tedirgin olur.

(Açıklayınız):____
0 1 2 93. Kusmaları vardır. (Tıbbi nedeni olmayan).
0 1 2 94. Geceleri sık sık uyanır.
0 1 2 95. Alıp başını gider.
0 1 2 96. Çok ilgi ve dikkat ister.
0 1 2 97. Sızlanır, mızırdanır.

0 1 2 98. İçe kapanıktır, başkalarıyla birlikte olmak istemez.
0 1 2 99. Evhamlıdır.
0 1 2 100. Çocuğunuzun burada değinilmeyen başka sorunu varsa lütfen yazınız:____
___

Appendix B: Scoring Sheet for Attachment Story Completion Task

Coding Procedure

1. "Spilled Juice" Story – classification by content criteria: Secure vs. Insecure

2. "Hurt Knee" Story – classification by content criteria: Secure vs. Insecure

3. "Scary figure" Story – classification by content criteria: Secure vs. Insecure

4. "Departure" Story: – classification by content criteria: Secure vs. Insecure

   Scale no. 1. Coping while the mother is away (the Departure Story)

   (5) Extremely Secure Coping ....(1) Extremely Insecure Coping

   Scale no. 2. Relationship with the alternative figure – baby-sitter (the Departure Story)

   (5) Well-Distinguished Relationship .... (1) Disturbed Relationship

5. "Reunion" Story– classification by content criteria: Secure vs. Insecure

   Scale no. 3. Child's behavior during the reunion (the Reunion Story)

   (5) Extremely Secure Coping ....(1) Extremely Insecure Coping

Prototypically scores for each of the 4 attachment prototypes:

Rating for each: "Secure" "Avoidant" "Ambivalent" "Disorganized" (1-5)

One score must be higher than the others!

Appendix C: Scoring Sheet for Play Assessment Coding System

Guidelines for Scoring Comfort/Involvement:

This score reflects child's interest, involvement, and comfort with the play activity.

(1) No interest in play, reticent, distressed; talks only to examiner about other things.
(2) Passive, superficial interest in toys, some reticence to play.
(3) Moderate interest in toys, some distractibility, not enjoying or involved in play; playing but a lot of affect in facial expressions.
(4) Good absorption in play activities, comfortable, enjoying play.
(5) Very involved, interested in toys.

Guidelines for Scoring Fantasy:

Imagination and Pretense.

(1) No pretending. The properties of the object are the stimulus; child is stimulus bound by the materails. No imitiation of object or animal sounds.
(2) Few fleeting instances of pretending activities of other people or objects but the child does not continue the situation for very long (e.g. moves a car with sounds).
(3) Some pretending, but simple activities/themes, not very long; average amount of pretending.
(4) Moderate amount of pretending – several schemas are related to one another in a sequence. Introduction of few novel situations (e.g. several animals go to eat, animals interact with one another). May have developed pretending but not continue for the entire duration of 5 minutes.
(5) Frequent pretending with more original and creative elements. Child indicates that pretend acts are planned before being executed (e.e. "I'm going to bite you and eat you up", "let's go to the store").

Organization and Coherence.

(1) No pretense, play not organized.
(2) Fragmented, isolated, unrelated pretend events; disjointed.
(3) Some loosely related events.
(4) Related events organized in a short, temporal sequence but no one theme sustained for very long.
(5) More coherent, related sequences of events, possibly some narration and description of activities

Eloboration/Complexity: complexity of the themes, sound effects/voice tones, character development, use of different toys.

(1) Isolated events with no embellishment.
(2) Minimal embellishment in one area.
(3) More emballishment in two dimensions.
(4) Moderate embellishment in three areas.
(5) Highly eloborate episodes of pretend play with sound effects, character development, variety of toys used, many details, high activity.

Appendix D: Intake Interview

1. Çocuğunuzla yaşadığınız en büyük zorluğu anlatmakla başlayabilir misiniz?
    a. Bu sorunlar ne kadar zamandır devam ediyor?
    b. Bu sorunlar aileyi nasıl etkiledi?
    c. Bu sorunla başa çıkmak için şimdiye kadar neler yaptınız?
    d. Daha önce bu sorunla ilgili başka bir yere başvurdunuz mu? Bir tanı kondu mu? Ne tür bir tedavi uygulandı?
    e. Buradaki süreçten beklentileriniz nelerdir?
2. Çocuğunuzu bana biraz tarif edebilir misiniz?
    a. çocuğunuz neleri yapmaktan hoşlanır, neleri sevmez?
    b. Çocuğunuzu ailenizde birine benzetiyor musunuz? Neden?
3. Bana koruyucu aile olma sürecinizi biraz anlatır mısınız?
    a. Birlikteliğinizin kaçıncı yılında koruyucu aile olduğunuz?
    b. Planlı bir süreç miydi nasıl karar verdiniz?
    c. Çocuk hakkında ne tip umutlar ya da korkular besliyordunuz? Kız ya da erkek tercihi var mıydı? Anne ve baba olarak bu çocuğa hazır hissediyor muydunuz?
    d. Koruyucu aile olma süreci nasıl gerçekleşti? Sorunlar yaşadınız mı? İlk günlerde size destek verecek biri oldu mu? Kim? Nasıl bir destekti? Nasıl hissettiniz?
    e. Çocuğu ilk gördüğünüzde neler hissettiniz?
4. İlk günlerde çocuğunuzun huyunu nasıl anlatırdınız? Değişimler oldu mu?
5. Gelişimi nasıl?
    a. Uykusu nasıl?
    b. Konuşması nasıl? Bir sorun yaşıyor mu?
    c. Tuvalet eğitimi?
    d. Yürüme, koşma...
    e. Yemek
6. Çocuğunuz yuvaya gidiyor mu? İlk tepkisi nasıl oldu? Sizden nasıl ayrıldı?
    a. Diğer çocuklarla ilişkileri nasıl?
    b. Öğretmenle ilişkileri nasıl?
    c. Ne tür oyunlar oynamayı sever?
    d. Okul sorunları (Öğrenme, hafıza, dikkat sorunları)
7. Sizinle ilişkisi nasıl? /Diğer evde yaşayanlarla ilişkileri nasıl?
    a. Ailede en çok kime yakındır?
    b. Birlikte en çok ne yaparken keyif alırsınız?
8. Genellikle çocuğunuza isteklerinizi nasıl yaptırırsınız?
    a. Evde kuralları kim koyar?
    b. En etkili disiplin yöntemi nedir?
    c. Çocuğunuz disipline nasıl tepki verir?
    d. Kurallara uymadığı zaman ne yaparsınız?
9. Çocuğunuzun güçlü ve başarılı olduğu alanlar nelerdir?

Appendix E: Termination Interview

1. Çocuğu tanımlama ve değişim
    a. Genel anlamda şu sıralar çocuğunuz nasıl?
    b. Çocuğunuzun şimdi tanımlayacak olsanız onu nasıl anlatırdınız? Hangi özelliklerinden bahsederdiniz? Eğer kısa/genel bir şeylerden bahsedilirse, bana bir örnek verebilir misiniz?
    c. Terapi evvelsi çocuğunuzu tanımlamanız gerekse o zaman nasıl tanımlardınız?
    d. Terapi başladığından beri çocuğunuzda ne gibi genel değişiklikler gördünüz? (Örneğin, Eskiden yaptıklarına/hissettiklerine ya da düşündükleriniz göre daha farklı şeyler yapıyor/hissediyor ya da düşünüyor mu?)
    e. Çocuğunuzda değiştirmek istediğiniz bir şeyler varsa bunlar nedir?
2. Genel anlamda şu sıralar çocuğunuz nasıl?
    a. Çocuğunuzun şimdi tanımlayacak olsanız onu nasıl anlatırdınız? Hangi özelliklerinden bahsederdiniz? Eğer kısa/genel bir şeylerden bahsedilirse, bana bir örnek verebilir misiniz?
    b. Terapi evvelsi çocuğunuzu tanımlamanız gerekse o zaman nasıl tanımlardınız?
    c. Terapi başladığından beri çocuğunuzda ne gibi genel değişiklikler gördünüz? (Örneğin, Eskiden yaptıklarına/hissettiklerine ya da düşündükleriniz göre daha farklı şeyler yapıyor/hissediyor ya da düşünüyor mu?)
    d. Çocuğunuzda değiştirmek istediğiniz bir şeyler varsa bunlar nedir?
3. Duygusal durum ve değişim
    a. Çocuğunuzun duygusal durumu şu sıralar nasıl?
    b. Eğer olduysa, terapi başladığından beri çocuğunuzda ne gibi duygusal değişiklikler gördünüz? (Örneğin, Eskiden yaptıklarına/hissettiklerine ya da düşündükleriniz göre daha farklı şeyler yapıyor/hissediyor ya da düşünüyor mu?)
4. Sosyal durum ve değişim
    a. Çocuğunuzun sosyal ilişkileri (arkadaş, öğretmen, hayatındaki önemli kişilerle) şu sıralar nasıl?
    b. Eğer olduysa, terapi başladığından beri çocuğunuzda ne gibi sosyal değişiklikler gördünüz? (Örneğin, Eskiden yaptıklarına/hissettiklerine ya da düşündükleriniz göre daha farklı şeyler yapıyor/hissediyor ya da düşünüyor mu?)
5. Aile ilişkileri ve değişim
    a. Şu anki aile ortamın anlatabilir misin? Ailede üstlendiği roller nedir? Aile üyeleri ile ilişkileri nasıldır?
    b. Eğer olduysa, terapi başladığından beri çocuğunuzda ne gibi aile ilişkilerine dair değişiklikler gördünüz? (Örneğin, Eskiden yaptıklarına/hissettiklerine ya da düşündükleriniz göre daha farklı şeyler yapıyor/hissediyor ya da düşünüyor mu?)
6. Okul/akademik başarısı ve değişim

a. Çocuğunuzun şu anki okul/akademik performansı nasıl?
b. Eğer olduysa, terapi başladığından beri çocuğunuzda ne gibi akademik değişiklikler gördünüz? (Örneğin, Eskiden yaptıklarına/hissettiklerine ya da düşündükleriniz göre daha farklı şeyler yapıyor/hissediyor ya da düşünüyor mu?)

7. TERAPİ SÜRECİ
    a. Çocuğunuzun terapisi şu ana kadar sizin için nasıldı?
    b. Aile seansları sizin için nasıldı?
    c. Terapide olmak nasıl hissettirdi?

- Yüklemeler:
    d. Genel olarak, yukardaki değişikliklere neden olan şey/şeyler sizce neydi/nelerdi? Başka bir ifadeyle, bu değişiklikler nasıl oldu da gerçekleşti? (Terapi ile ilgili olan ve olmayan değişiklikler dâhil)
- Yardım Edici/Yararlı Yönler:
    e. Şimdiye kadar, terapide nelerin yardımcı/yararlı olduğuna ilişkin düşüncelerinizi aktarabilir misiniz? Lütfen örnekler veriniz. (Örneğin, süreç genel olarak nasıldı ve/veya bununla ilgili aklınıza gelen belirli olaylar var mı, varsa nedir/nelerdir?)
- Sorunlu Yönler:
    f. Terapi başladığından beri çocuğunuza dair kötü anlamda herhangi bir değişiklik oldu mu?
    g. Terapi başladığından beri, çocuğunuzda, sizin istediğiniz fakat gerçekleşmeyen değişiklikler var mı?
    h. Terapi ile ilgili ne gibi şeyler engelleyiciydi, fayda sağlamadı, olumsuzdu ya da hayal kırıklığı yarattı? (Örneğin, süreç genel olarak nasıldı ve/veya bununla ilgili aklınıza gelen belirli olaylar var mı, varsa nedir/nelerdir?)
    i. Zor ya da acı verici olduğu halde iyi olan/iyi gelen ya da yararlı olan şeyler var mıydı? Bunlar neydi?
    j. Terapi süreci ile ilgili olarak atlanan bir şeyler var mı? (Neler terapinizi daha etkili ya da faydalı, işe yarar yapardı?)

A. Öneriler: terapi ile ilgili olarak bize sunabileceğiniz önerileriniz var mı?

B. Bana anlatmak istediğiniz başka şeyler var mı?

ETİK KURUL DEĞERLENDİRME SONUCU/RESULT OF EVALUATION BY THE ETHICS COMMITTEE

(Bu bölüm İstanbul Bilgi Üniversitesi İnsan Araştırmaları Etik Kurul tarafından doldurulacaktır /This section to be completed by the Committee on Ethics in research on Humans)

Başvuru Sahibi / Applicant: Selin Kitiş

Proje Başlığı / Project Title: KAMP: Koruyucu Aile Müdahale Programı

Proje No. / Project Number: 2016-20024-046

1.	Herhangi bir değişikliğe gerek yoktur / There is no need for revision	XX
2.	Ret/ Application Rejected Reddin gerekçesi / Reason for Rejection	

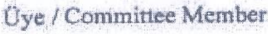
Değerlendirme Tarihi / Date of Evaluation: 4 Ekim 2016

Kurul Başkanı / Committee Chair

Doç Dr. Itır Erhart

Üye / Committee Member

Prof. Dr. Aslı Tunç



Üye / Committee Member

Prof. Dr. Hale Bolak

Üye / Committee Member

Prof. Dr. Turgut Tarhanlı

Üye / Committee Member

Doç. Dr. Koray Akay

Üye / Committee Member

Yrd. Doç Dr. Uğur Kevenk

Üye / Committee Member

Doç Dr. Ayhan Özgür Toy