

Basic Trust: An Attachment-Oriented Intervention Based on Mind-Mindedness in Adoptive Families

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Abstract

Objectives: We evaluated a new attachment-oriented intervention aimed at improving parental mind-mindedness, promoting positive parent–child relationships, and reducing child psychopathology in families with adopted children. **Method:** The sample consisted of 20 families with adopted children (2–5 years of age). After the pretest, the intervention was conducted, followed by a posttest, 6 months later. **Results:** Positive medium-to-large changes between pretest and posttest were found in children’s insecure attachments to their mothers, disorganized attachments to both their parents and conduct problems. Finally, mothers who had spent more time with their adopted children perceived less peer problems in their children after the intervention. **Conclusion:** Basic Trust is a promising intervention for improving parent–child relationships in adoptive families and decreasing attachment and conduct problems.

Keywords

basic trust method, attachment problems, attachment-oriented intervention, adoption, mind-mindedness, sensitivity, psychopathology

The first and most basic child-rearing task is to provide children with a sense of basic trust so that the child can experience security in its relationship with his or her caregiver. This is a prerequisite for healthy cognitive, social, and personality development (Bowlby, 1988; Stams, Juffer, & Van IJzendoorn, 2002). A failure to foster a sense of basic trust in children by means of sensitive parenting can be a risk for insecure child–parent attachment relationships (De Wolff & Van IJzendoorn, 1997; Van IJzendoorn & De Wolff, 1997), which has been shown to be associated with both internalizing (Brumariu & Kerns, 2010; Colonesi et al., 2011; Groh, Roisman, Van IJzendoorn, Bakermans-Kranenburg, & Fearon, 2012) and externalizing problem behavior (Fearon, Bakermans-Kranenburg, Van IJzendoorn, Lapsley, & Roisman, 2010; Hoeve et al., 2012). This is particularly true for adopted children, who are at risk for both insecure attachment and related behavioral problems (Welsh, Viana, Petrill, & Mathias, 2007).

Mind-mindedness is the parental predisposition to treat children, already during early infancy, as individuals with minds (Meins, 1997). Research on attachment shows that parental insensitivity and the more specific lack of parental mind-mindedness are associated with attachment insecurity (Allen & Fonagy, 2006; Colonesi, Stams, Noom, & Bögels, 2012; Fonagy, Gerely, Jurist, & Target, 2002; Fonagy & Target, 1997; Meins et al., 2002). Basic Trust is a novel attachment-

oriented intervention aimed at promoting both parental sensitivity and mind-mindedness, and at reducing children’s attachment insecurity and associated psychopathology. In the present pilot study, Basic Trust was evaluated in a sample of adopted children with behavioral and social problems.

Attachment in Adopted and Nonadopted Children

There are four patterns of attachment: insecure avoidant (A), secure (B), insecure ambivalent (C), and disorganized (D; Main & Solomon, 1990). Avoidant children minimize attachment behaviors and, thereby distance themselves from a parent who is consequently insensitive to their signals and needs, which is an organized strategy to keep proximity to a rejecting parent.

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Secure children make proximal contact with a parent who is sensitive and responsive, and who is available as a secure base from which to explore the environment and a secure haven in times of stress and danger. Ambivalent children maximize attachment behaviors in order to maintain proximity to an inconsequently sensitive parent. These children remain distressed without being able to derive comfort from the physical availability of the parent. Disorganized children experience their parents as frightening and they do not have an organized strategy to maintain proximity to their caregiver. The disorganized child is in a state of “fear without solution,” as the parent is both a source of fright and comfort (Main & Hesse, 1990; Main & Solomon, 1990).

Adopted children are thought to be at high risk for insecure attachment relationships because of adverse preadoption conditions—including institutional rearing, child abuse, and neglect—and particular postadoption risks, even in children adopted at an early age (Altstein & Simon, 1991; Sokoloff, Carlin, & Pham, 1984; Welsh et al., 2007). In addition, adoptive parents can also represent a risk for insecure attachment relationships. First, the prenatal biological preparation for the mothering experience is lacking in adoptive mothers. Second, signals of the adopted infant may be less clear to the parents because of previous malnutrition, undernourishment, dehydration, and skin diseases. Third, the adoption process may be experienced as stressful (Finley, 1999; Stams, 1998). Finally, adoptive parents may experience unresolved loss due to unwanted childlessness resulting from infertility. Van den Dries, Juffer, Van IJzendoorn, and Bakermans-Kranenburg (2009) conducted a meta-analysis of attachment in adopted children and showed that children adopted after 12 months of age were less often securely attached than nonadopted children, and adopted children were overrepresented in the disorganized category (31% compared to 15%) irrespective of age at adoption placement.

The Relation Between Parental Sensitivity, Mind-Mindedness, and Child Attachment

Parental sensitivity is probably one of the most important antecedents of children’s attachment security (Ainsworth, Blehar, Waters, & Wall, 1978; Bowlby, 1973, 1982). Sensitivity can be defined as the parental tendency to respond in an appropriate, timely, and consistent way to children’s signals and needs. In previous research, a moderate relation has been found between parental sensitivity and child attachment. In the first study of Ainsworth, Blehar, Waters, and Wall (1978), a strong relation was found between sensitivity and attachment ($r = .78$). However, three meta-analyses examining the same relation in the last 30 years only found a small association between parental sensitivity and child attachment: $r = .16$, (Goldsmith & Alansky, 1987), $r = .22$ (De Wolff & Van IJzendoorn, 1997), $r = .27$ (Atkinson et al., 2001). De Wolff and Van IJzendoorn (1997) argued that the concept of sensitivity is probably too general, and that other aspects are also involved in the prediction of children’s attachment

security, such as parents’ internal working model of attachment relationships. Some researchers posit that a more specific form of sensitivity may be a better predictor of attachment in children, namely, mind-mindedness (Meins, 1997, 1998).

Mind-mindedness is a specific form of parental sensitivity expressed by naming the feelings, wishes, intentions, and thoughts of the child in a situation-appropriate way (appropriate mind-related comments; Meins, 1997; Meins, Fernyhough, Fradley, & Tuckey, 2001). Meins, Fernyhough, Russell, and Clark-Carter (1998) showed that securely attached infants performed better in a theory-of-mind task and had parents who showed higher levels of mind-mindedness. A growing number of studies has also shown that parents’ mind-mindedness has a positive effect on the child’s attachment security (Meins et al., 2003). In addition, empirical support has been found for a positive relation between parent’s mind-mindedness and the child’s sociocognitive abilities (Dunn, Brown, & Beardsall, 1991; Laranjo, Bernier, Meins, & Carlson, 2010; Ruffman, Perner, & Parkin, 1999; Ruffman, Slade, & Crowe, 2002; Taumoepeau & Ruffman, 2006). It is therefore argued that parental mind-mindedness is a social-interactional factor of parental sensitivity that has an influence on children’s attachment and on their social competence (Meins et al., 2002).

In a recent meta-analytic study, Colonnese et al. (2012) analyzed published and nonpublished studies of the last three decades investigating the relations among parental sensitivity, mind-mindedness, children’s attachment, social understanding, and competency. The results showed a large overall effect size ($r = .51$) for the relation between parental mind-mindedness and children’s attachment. This relation proved to be larger in disorganized insecure children than in organized insecure children. In addition, a medium overall effect size ($r = .28$) was found for the relation between parental mind-mindedness and children’s social understanding, and a medium overall effect size ($r = .27$) for the relation between children’s attachment and their social understanding. In sum, changes in the way parents interact with their children in terms of mind-mindedness may have a strong effect on children’s emotional and cognitive development.

The Basic Trust Intervention

The Basic Trust intervention is aimed at children with attachment difficulties and psychopathology. The Basic Trust method (Polderman, 1998) is a brief intervention of about 3 months (eight sessions) for children with attachment difficulties. It is based on video home training, which aims to increase positive parenting skills by means of video feed back (VFB; Dekker & Biemans, 1994; Häggman-Laitila, Pietila, Friis, & Vehvilainen-Julunen, 2003). The Basic Trust method also uses psychoeducation to inform parents about the meaning of their child’s symptoms from an attachment perspective, and provides parents with advices for dealing with their child’s attachment difficulties. It is one of the few attachment-oriented interventions focusing on mild attachment difficulties, namely, avoidant and ambivalent/resistant attachment, as well

as on the more clinical patterns of insecure attachment, that is, disorganized attachment. The Basic Trust method can therefore provide both selective-preventive interventions, aimed at parents of children who are at risk for attachment problems and curative interventions, delivered to parents of children with (serious) attachment difficulties.

Strengthening the child–parent attachment relationship is central to the Basic Trust method. To achieve this aim, VFB is used. The therapist records natural child–parent interactions on videotape and discusses these recordings with the parent to focus the parent’s attention on concrete behavioral sequences between the child and the parent from the perspective of parental sensitivity, highlighting sensitive responding by the parent to the child’s (attachment) signals and needs. VFB is often embedded in a family intervention aimed at improving parenting behaviors and fostering positive parental experiences. A meta-analysis conducted by Fukkink (2008) showed positive effects of methods using VFB on parenting behaviors and experiences, but not on attachment. However, two other meta-analyses (Bakermans-Kranenburg, Van IJzendoorn, & Juffer, 2003, 2005) showed small-to-medium positive effects of various VFB methods on both maternal sensitivity and child attachment.

The innovative aspect of the Basic Trust method is the use of VFB in order to promote and improve the parental mind-mindedness abilities and ameliorate the child–parent attachment relation. It teaches parents to objectively attend to their children’s behaviors and signals by practicing a specific communication skill (mental state discourse), that is, “naming” the behaviors, feelings, wishes, intentions, and thoughts of the child according to a set of well-specified criteria. First, “naming” starts with you-statements, such as “you would like to paint the flowers with yellow paint,” which ensures that the child’s behaviors and mental states are named instead of the parents’ behaviors and mental states (*I see that you paint the flowers with yellow paint*). Second, “naming” should be concerned with the child’s behaviors and mental states (here and now) in natural moment to moment interactions with the parent, enabling the child to become conscious of its experiences, which is thought to enable adequate self-regulation (Schore & Schore, 2008). Third, “naming” must include a detailed description of the child’s behaviors, feelings, wishes, intentions, and thoughts (not *you are playing*), which makes sure that the parent’s communications are clear, concrete, and geared to the child’s perception of its environment. The child’s behaviors and mental states are being mirrored by the parent. Fourth, “naming” should be declarative and neutral (not containing an evaluation of the child’s behaviors or mental states), which is thought to communicate acceptance of the child’s self as a person. Therefore, “naming” should not take the form of a question. Finally, naming should also be supported nonverbally by eye contact, friendly vocal intonation, and facial expressions that mirror the child’s mood.

According to Polderman (1998), “naming” is a crucial interaction principle to promote attachment security in children, above all for those who are at risk for attachment problems or who have already developed (serious) attachment

difficulties. Naming reinforces and makes concrete the sensitive responsiveness and mind-mindedness of the parent, and it is an explicit way for parents to express how they interpret the behavior and the emotional signals of their child. Moreover, parental “naming” is thought to facilitate the child’s ability to recognize its own feelings, thoughts, and intentions and those of others, in other words, to advance the process of “mentalizing.” In sum, strengthening parental “naming” of the child’s mental states is thought to promote secure attachment and reduce attachment difficulties, because it positively affects parental sensitive responsiveness and mind-mindedness and the child’s mentalizing capacities.

The Present Study

The Basic Trust method has now been used for several years in clinical practice in the Netherlands. The present study is the first to evaluate the Basic Trust intervention in a pretest–posttest design without a control group in families with adopted children aged 2–5 who are referred for conduct problems. Adopted children have been shown to be at increased risk for attachment difficulties; most often disorganized attachment resulting from aversive care prior to adoption placement (Van den Dries, Juffer, Van IJzendoorn, & Bakermans-Kranenburg, 2009). Positive changes were expected in parental sensitivity, child–parent attachment relationships, and children’s psychopathology, and prosocial behavior. Because there is a vast body of empirical evidence showing that longer length of stay in the adoptive family may help decrease attachment insecurity and psychopathology (Van IJzendoorn & Juffer, 2006), all analyses will be controlled for number of months spent with adoptive parents.

Method

Participants

Twenty Dutch families with an adopted child participated in the present study. The families were selected from the population of families with an internationally adopted child referred for the Basic Trust intervention because of children’s emotional and conduct problems. The families were formally invited to participate in the study by the therapist who delivered the intervention and no parent refused to participate. At pretest, the mean age of the mothers was 40.35 years ($SD = 4.21$), and of the fathers 41.42 years ($SD = 4.14$). The majority of the parents (68%) attended higher education and came from middle to high socioeconomic status backgrounds. The children (7 boys and 13 girls) had a mean age at pretest of 45.60 months ($SD = 10.00$). At posttest, the children were, on average 9 months older. Mean age at adoption placement was 20.95 months ($SD = 11.81$), and the mean number of months spent with the adoptive parents was 24.65 months ($SD = 14.12$).

Procedure

The intervention study consisted of a pretest, a 3 months treatment period, and a posttest, 6 months after the final treatment

Table 1. Psychometric Properties of the Questionnaires AISI (Attachment Insecurity Screening Inventory) and SDQ (Strength and Difficulties Questionnaire) (α s Internal Consistency Reliabilities at Pretest and Posttest)

	α Pretest	α Posttest
AISI		
Avoidant	.86	.76
Ambivalent	.63	.66
Disorganized	.74	.65
Total	.81	.77
SDQ		
Emotional problems	.72	.61
Conduct problems	.76	.82
Hyperactivity	.81	.87
Peer problems	.57	.72
Prosocial behavior	.69	.61
Total	.81	.86

session. Parents were asked to fill out two questionnaires at pretest and posttest. In order to measure parental sensitivity and children's attachment, parents were observed with their child for 2 hr, which was recorded on videotape. Both father and mother were observed during 50 min while interacting with their child with no one else present, except for the researcher/researchers. The parents were asked to interact and to play with their child for at least 5 min and to leave the room for 2 min, leaving the child alone with the researcher. Finally, the family was observed for 20 min during a meal.

The intervention comprised eight training sessions and a consult by phone after the training. Both parents were present during all sessions. In the first session, after the pretest, the therapist conducted an open interview with the parents to discuss the results from the questionnaires, to interpret a short fragment of a videotaped parent-child interaction, and to set up treatment goals with the parents. The second session took place in the therapist's practice with all family members present. Family interaction was recorded on videotape for 10 min, with special attention paid to "naming." The video recording was critically evaluated during the third session. The therapist established to what extent treatment goals had been achieved. In the fourth session, a video recording was made of the entire family while parents were performing motion exercises with their child. This video recording was discussed during the fifth session.

Measures

The parents filled out two questionnaires: the Attachment Insecurity Screening Inventory (AISI; Polderman et al., 2008; Wissink et al., 2012) to assess children's attachment insecurity and the Strength and Difficulties Questionnaire (SDQ; Goodman, 2001) to assess children's psychopathology and prosocial behavior. Two observation instruments were used: the attachment Q-sort (AQS; Waters & Deane, 1985) to assess child attachment and the MBQS (Pederson, Moran, & Bento, 1999) to observe parental sensitivity. Table 1

presents the psychometric properties of the instruments used in the present study.

AISI 2–5 years. The AISI 2–5 years (Polderman et al., 2008; Wissink et al., 2012) is a caregiver-report questionnaire assessing attachment insecurity of the child (including avoidant, ambivalent/resistant, and disorganized attachment) with an overall attachment insecurity score. The AISI contains 20 6-point Likert-type items (never, occasionally, regularly, often, very often, and always). The validation study of the AISI 2–5 years (Wissink et al., 2012) demonstrated construct validity of the AISI with confirmatory factor analyses (CFA) that confirmed the theoretically based factor solution, including the three subscales of attachment insecurity (avoidant, ambivalent/resistant, and disorganized attachment) and one higher order total insecurity scale. Also, multigroup CFA proved measurement invariance for this 3-factor model, both across mothers and fathers, and across the general population and clinical group.

Convergent validity was supported by inverse associations between parent report of attachment insecurity (AISI) and observed attachment security with the AQS (Waters & Deane, 1985). Evidence for concurrent validity was found in negative associations between observed parental sensitivity (maternal behavior Q-sort, MBQS; Pederson et al., 1999) and parent report of attachment insecurity (AISI), and positive associations between parent report of attachment insecurity (AISI) and psychopathology (SDQ; Goodman, 2001).

The overall AISI scale for attachment insecurity discriminated well between children who were found to be secure and insecure on the AQS (observed attachment), with an AUC-value for mothers of .91, and an AUC-value (area under the curve) for fathers of .70. A clinical cutoff score of 46 was chosen (maximizing sensitivity and specificity) to represent the boundary between secure and insecure attachment for both mothers (*sensitivity* = .88, *specificity* = .85) and fathers (*sensitivity* = .71, *specificity* = .83). Internal consistency reliabilities in the validation study (Wissink et al., 2012) were α = .80 for avoidance, α = .67 for ambivalent/resistance, α = .79 for disorganized attachment and α = .82 for the total AISI scale (see Table 1 for the internal consistency reliabilities of the present study). In the current study, internal consistency reliabilities at pretest and posttest were sufficient, and ranged from α = .63 (ambivalence at pretest) to α = .86 (avoidance at pretest).

Q-sorts for observed attachment and parents' sensitivity (AQS and MBQS). The AQS (Waters & Deane, 1985) and the MBQS (Pederson et al., 1999) both contain 90 items. The AQS assesses attachment security (secure-base behavior) of children between 1 and 5 years old, whereas the MBQS originally assesses maternal sensitivity, but it is used in this study to rate sensitivity of both fathers and mothers. The procedure for rating attachment corresponds with the procedure for rating sensitivity. A total of 90 items are sorted in 9 clusters of items containing 10 items each. Attachment and sensitivity scores are calculated by computing the correlation between the observer sort and a criterion sort of the prototypically secure

child (Waters & Deane, 1985), or the prototypically sensitive parent (Pederson et al., 1999), respectively. The validity of the AQS was examined by Van IJzendoorn, Vereijken, Bakermans-Kranenburg, and Riksen-Walraven (2004), who reported satisfactory convergent, discriminate, and predictive validity. Evidence of concurrent and predictive validity of the MBQS can be derived from a meta-analysis by Atkinson et al. (2000) and Atkinson et al. (1999) reported favorable reliabilities of the MBQS. In this study, interrater reliability of the AQS and MBQS were both sufficient, with *intraclass correlation* (ICC) = .72 and ICC = .83, respectively. The attachment and sensitivity scores were not averaged across parents, because child–parent relationship quality may be different in child–mother and child–father dyads within the same family. An attachment score lower than .33 was considered insecure (Howes, Rodning, Galluzzo, & Meyers, 1990; Van Bakel & Riksen-Walraven, 2004; Van IJzendoorn, Vereijken, Bakermans-Kranenburg, & Riksen-Walraven, 2004).

Psychopathology and prosocial behavior (SDQ). The SDQ (Goodman, 2001; Van Widenfelt, Goedhart, Treffers, & Goodman, 2003) is a brief behavioral screening questionnaire for children aged 3–16. The SDQ can be completed by parents, teachers, and adolescents and contains 25 items with positive and negative attributes. The respondents use 3-point Likert-type scales to indicate to what extent each attribute applies. The SDQ assesses *four* domains of psychopathological symptoms (emotional symptoms, conduct problems, hyperactivity inattention, and peer problems) and one domain of personal strength (prosocial behavior). The *four* domains of psychopathological symptoms can be summed to generate a total score for psychopathology. The SDQ contains cutoff scores for the borderline clinical and clinical range, which are emotional problems (4 = *borderline clinical*; 5–10 = *clinical*); conduct problems (3 = *borderline clinical*; 4–10 = *clinical*); hyperactivity (6 = *borderline clinical*; 7–10 = *clinical*); peer problems (3 = *borderline clinical*; 4–10 = *clinical*); prosocial behavior (5 = *borderline clinical*; 0–4 = *clinical*); total psychopathology (14–16 = *borderline clinical*; 17–40 = *clinical*).

The validity and reliability of the SDQ has been established by Goodman (2001), who reported satisfactory internal reliability, interrater reliability and test–retest reliability in a study among 10,438 British children. Muris, Meesters, and Van den Berg (2003) showed that the SDQ is a valid and reliable instrument for diagnosing psychopathology in a sample of 562 Dutch school-aged children. See Table 1 for the internal consistency reliabilities, which ranged from $\alpha = .57$ (peer problems at pretest) to $\alpha = .87$ (hyperactivity at posttest) in the present study. Although the assessment of peer problems at pretest was only marginally reliable, we included this measure in our analysis for two reasons. First, reliability at posttest proved to be satisfactory. Second, according to Streiner (2003) marginal Cronbach's α reliabilities between .50 and .60 can be accepted, because this may indicate that items show important variability, adequately covering the domain of interest, and do not contain redundant commonality that might unduly inflate internal consistency reliability.

Statistical Analyses

Since the data were normally distributed (no violation of skewness and kurtosis), a series of repeated measures analyses were conducted, with number of months spent with adoptive parents as a covariate (ANCOVAs). Post hoc analyses were computed by means of adjusted SIDAK comparisons and McNemar tests with binomial distribution in order to test the effect of the intervention and to test possible differences between mother and father in their perception of the child's attachment and psychopathology. The effect sizes for the ANCOVAs were presented in terms of partial eta squared (η_p^2 : .01 = *small*, .06 = *medium*, .14 = *large*). Finally, Spearman nonparametric correlations were computed in order to test the relation between change in insecurity and change in children's psychopathology and in prosocial behavior. Alpha levels were adjusted (using Sidak comparisons in the ANCOVAs and Bonferroni in the correlations). There were no missing data.

We conducted a power analysis with the program G*Power (Faul, Erdfelder, Lang, & Buchner, 2007) to find out whether our design had enough power to detect significant change between pretest and posttest. We performed a power analysis for an ANCOVA for one group with two repeated measures, assuming an effect size of d is .80, an alpha of .05 and a power of .80, and an estimated correlation of .30 between the pretest and posttest scores. The power analysis revealed that a sample size of $N = 20$ families ($N = 40$ parents) should be sufficient to detect a significant difference between pretest and posttest.

Results

Basic Trust: Children's Attachment Insecurity and Parental Sensitivity

The outcome of the Basic Trust intervention on children's attachment insecurity (AISI), security (AQS), and parental sensitivity (MBQS) was examined by means of a series of repeated measures ANCOVAs, with intervention (pre and post) and gender of the parent (mother and father) as within factors, and number of months spent with the adoptive parents (duration of adoption) as a covariate. Table 2 presents the descriptive statistics and the ANCOVA results: F -values for simple and interaction effects with related effect sizes (Cohen's d , and partial η^2) and the adjusted SIDAK comparisons for significant changes in children's attachment security and parental sensitivity.

A significant interaction effect for intervention and gender of the parent was found for total insecurity. Adjusted Sidak comparisons show that children's total insecurity reported by mothers (but not by fathers) was lower after than before the intervention (a), and that mothers reported higher levels of attachment insecurity in their children's attachment than father before the intervention (b). Next, a significant main effect for intervention was found for disorganized attachment: on average, parents reported lower levels of attachment disorganization in their children after the Basic Trust intervention ($M_{pre} = 15.78$, $SD = 4.48$; $M_{post} = 13.08$, $SD = 3.13$). No interaction effects were found between the two within factors

Table 2. Results for Attachment and Sensitivity: Descriptives (Means and Standard Deviations), and GLM Results (F -Values (Partial η^2) and Sidak Comparisons

	Pretest		Posttest		Cohen's d	GLM analyses		
	M	(SD)	M	(SD)		Intervention (η_p^2)	Parents (η_p^2)	Interaction (η_p^2)
Total insecurity (AISI)								
Mother	51.45 ^{a,b,**}	(9.28)	44.90 ^{a,*}	(8.04)	0.76	3.02 (.14)	0.00 (.00)	4.64* (.21)
Father	44.95 ^{b,**}	(11.04)	42.90	(9.44)	0.19			
Avoidant								
Mother	18.60	(4.98)	17.10	(4.15)	0.32	1.10 (.06)	0.59 (.03)	0.17 (.00)
Father	16.65	(7.13)	16.75	(5.63)	-0.02			
Ambivalent								
Mother	16.10	(4.02)	14.20	(3.56)	0.50	0.40 (.02)	0.01 (.00)	2.46 (.12)
Father	13.50	(3.28)	13.60	(4.46)	-0.02			
Disorganized								
Mother	16.75	(4.49)	13.60	(3.38)	0.79	5.42* (.23)	1.68 (.09)	3.03 (.14)
Father	14.80	(4.48)	12.55	(2.87)	0.56			
Security (AQS)								
Mother	.26	(.32)	.29	(.24)	0.06	0.44 (.03)	0.03 (.00)	0.26 (.02)
Father	.24	(.27)	.27	(.27)	-0.11			
Sensitivity (MBQS)								
Mother	.62	(.21)	.55	(.22)	-0.41	3.10 (.16)	0.36 (.02)	0.43 (.03)
Father	.64	(.12)	.53	(.17)	-0.57			

Note. GLM = generalized linear model.

** $p < .01$ (one-tailed significance). * $p < .05$.

^{a, b}Indicate significant post hoc adjusted Sidak comparisons.

Table 3. Results for Psychopathology: Descriptives (Means and Standard Deviations) and GLM Results (F -Values (Partial η^2) and Sidak Comparisons

Strength and Difficulties Questionnaire (SDQ)	Premeasurement		Postmeasurement		Cohen's d	GLM Analyses		
	M	(SD)	M	(SD)		Intervention (η_p^2)	Parents (η_p^2)	Interaction (η_p^2)
Emotional problems								
Mother	3.35	(2.68)	2.90	(1.77)	0.19	0.14 (.01)	0.66 (.04)	0.14 (.01)
Father	3.18	(2.88)	2.55	(2.28)	0.24			
Conduct problems								
Mother	4.30 ^{a, c}	(2.96)	2.35 ^a	(2.41)	0.71	7.75* (.30)	0.53 (.03)	0.71 (.04)
Father	3.55 ^{b, c}	(2.19)	2.40 ^b	(2.09)	0.54			
Hyperactivity								
Mother	5.55	(3.50)	4.95	(2.93)	0.18	0.01 (.00)	0.07 (.00)	1.85 (.09)
Father	5.30	(2.83)	4.75	(2.63)	0.20			
Peer problems								
Mother	2.60	(2.23)	2.70	(2.36)	-0.04	0.86 (.05)	2.18 (.11) ^{*1}	4.33 (.19) ^{*2}
Father	2.25	(1.97)	2.45	(2.11)	-0.10			
Prosocial behavior								
Mother	6.85	(2.21)	7.85	(1.63)	0.50	2.41 (.12)	0.02 (.00)	0.02 (.00)
Father	6.80	(2.42)	7.50	(1.96)	0.31			
Total psychopathology								
Mother	15.80	(7.61)	12.90	(7.27)	0.39	1.44 (.07)	1.58 (.08)	0.454 (.02)
Father	14.27	(4.56)	12.15	(5.89)	0.40			

Note. GLM = generalized linear model.

** $p < .01$ (one-tailed significance). * $p < .05$.

¹Interaction parents \times time adoption, $F(1, 18) = 5.29, p < .05, \eta_p^2 = .23$.

²Interaction intervention \times parents \times time adoption, $F(1, 18) = 5.11, p < .05, \eta_p^2 = .22$.

(intervention, parents) and number of months spent in the adoptive family. Also, no significant effect was found for ambivalent and avoidant attachment.

We conducted McNemar tests with binomial distribution to test whether the number of children scoring within the clinical range on the AISI total insecurity scale differed between pretest

and posttest. We found significant differences for overall insecurity in child–mother dyads ($p < .01$), with 16 children scoring in the clinical range at pretest (80%) against 6 children (30%) at posttest (11 children—55%—turned from insecure to secure). In child–father dyads, no significant differences were found for overall insecurity. Ten children scored in the clinical range at pretest (50%), and 7 (35%) at posttest, and only 5 children (25%) turned from insecure to secure according to the fathers.

Basic Trust: Children’s Psychopathology and Prosocial Behavior

Table 3 shows descriptive statistics and the ANCOVA results of the Basic Trust intervention for children’s psychopathology (emotional problems, conduct problems, hyperactivity, peer problems, total psychopathology, and prosocial behavior), using intervention (pretest–posttest) and parents (mother and father) as within factors, and duration of adoption as covariate. Before the Basic Trust intervention, only children’s conduct problems were at a clinical level: on average the scores reported by mothers and by fathers were 4.30 (clinical) and 3.55 (borderline clinical) respectively. Therefore, we expected children to have less conduct problems after the Basic Trust intervention. The ANCOVA analyses only yielded a significant main effect for change in children’s conduct problems, explaining 30% of the variance. This result indicated that both parents reported significantly less conduct problems in their children after the intervention, independent of time spent with the adoptive parents.

Looking at individual change from the mother’s perspective, of the six children classified as clinical (4–10) in the pre-measurement, five were perceived as normal (<3) and one as borderline (3) in the postmeasurement. Seven children were perceived as normal during both premeasurement and postmeasurement, and five children remained clinical. From the father’s perspective, of the five children perceived as clinical in the premeasurement, three were perceived as normal in the post measurement and two as borderline. Two borderline children in the premeasurement became normal in the postmeasurement and one clinical. Seven children remained normal and five remained clinical. That is, the intervention reduced conduct problems in 61% of the children according to the mother and in 58% of the children according to the father.

When looking at peer problems, a significant interaction effect for parents and duration of adoption was found. This result was qualified by a significant linear Spearman correlation between duration of adoption and the difference between the average score (pretest–posttest) of father and mother for peer problems, $r_{(20)} = .51, p < .05$. That is, children who had lived more time with their adoptive parents were perceived as more problematic in their peer relationships by mothers. Also, a significant interaction effect was found for intervention, parents, and duration of adoption. Spearman correlations between duration of adoption and change scores (pretest–posttest) revealed a significant relation with the change score of the mother, $r_{(20)} = .58, p < .01$, but not of the father, $r_{(20)} = .22$.

In sum, mothers (but not fathers) of children who spent more time with their adoptive parents perceived significantly less peer problems after the Basic Trust intervention.

Discussion and Applications to Social Work

Basic Trust is a new attachment-oriented intervention based on theoretical advancements in the field of parental sensitivity, mind-mindedness, and children’s attachment. The present pilot study evaluated if parental sensitivity, children’s insecure attachments to their parents, and psychopathology had changed after the Basic Trust intervention. The study was carried out in a sample of 20 adoptive families, both fathers and mothers, with adopted children aged 2–5. Significant differences between pretest and posttest were found for overall attachment insecurity, disorganized attachment, conduct problems, and peer problems. In particular, mothers reported more insecurity in their children before than after the intervention. No significant difference between pretest and posttest was found for parental sensitivity.

The first aim of the present study was to examine if child–parent attachment relationships had changed after the Basic Trust intervention, as reported by both parents and observed during the interaction of the child with both parents. Children’s levels of insecure attachment to mother were lower after the intervention than before, while children’s levels of disorganized attachments to both parents were significantly reduced after the intervention. No significant changes, however, were found for ambivalent and avoidant attachment insecurity. If the positive change in children’s level of disorganized attachment can be attributed to the Basic Trust intervention, this result is consistent with the meta-analysis by Colonnesi et al. (2012), showing that parental incapacity to name children’s intentions, desires, emotions, and thoughts (mind-mindedness) is stronger in children with disorganized attachment compared to children with only insecure attachment. A possible interpretation for the improvement in disorganized attachment is that the parental attitude to take the perspective of the child and the parental ability for “naming” both improve children’s organization of their affection (Sharp & Fonagy, 2008).

No changes were observed in parental sensitivity after the Basic Trust intervention. It is plausible to suggest, however, that the Basic Trust intervention affected factors related to parental sensitivity that were not assessed, but which could have had a positive effect on attachment relationships, such as mutuality, synchronicity, stimulation, emotional support, a positive attitude (De Wolff & Van IJzendoorn, 1997), a facilitating and regulating attitude (Scher, 2001), and a secure parenting representation (Van Vugt et al., 2012). In addition, we argue that the intervention may have had a stronger effect on the parental level of mind-mindedness, since the parents were trained to name the child’s behavior, wishes, intentions, and thoughts, which may have positively affected the self-organization and mentalizing capacities of the child and thereby attachment. However, the quality and frequency of parental naming were not assessed in this study as well as the

parental perception of the child as a person with mental states. Therefore, it cannot be established whether or not parental naming improved between pretest and posttest and had a positive influence on child–parent attachment relationships. These results show that an evaluation of Basic Trust in the future should include an observation of parental referral to appropriate mental states of the child before and after the intervention (Meins et al., 2003) as well as the use of a questionnaire assessing the perception of the child (McMahon & Meins, 2012).

The second aim of the present study was to evaluate whether a decrease of children’s psychopathology and an improvement of prosocial behavior occurred after the Basic Trust intervention. Both parents reported less conduct problems in their adopted child after the intervention. As such, the results provide some evidence for the specificity of the intervention, since only conduct problems were in the clinical range before the intervention.

An important aspect of the present study is the difference between mothers and fathers in their perception of the relationship with their children. Mothers reported higher levels of insecurity than fathers before the intervention. Even more interesting, mothers perceived more security of their children after than before the intervention. This result may be explained in terms of adoptive mothers’ relatively high involvement with their adopted child compared to adoptive fathers, in particular in terms of time spent with their adopted children in their primary care giving role in the first years of life (Stams, 1998). This result is also consistent with an interaction effect found between mother’s report about their children’s peer problems and time spent with the adoptive family. Mothers of children who had spent more time in the adoptive family in general reported more peer problems than fathers, but also a decrease in their child’s peer problems after the Basic Trust intervention. It seems that time spent with the adopted child has an effect on mothers’ perception about their children’s problems with peers.

This evaluation study has some limitations. First of all, the sample size was rather small, which sets limits to the generalizability of our study findings and negatively affects the statistical power to detect significant changes between pretest and posttest. Second, our results should be interpreted with caution since the lack of a control group does not warrant the conclusion that the Basic Trust intervention is responsible for the positive changes in the adopted children. There are other possible factors that may have played a role in the improvement of attachment relationships or the decrease in psychopathology, such as an enriched environment. However, we did control for time spent with the adoptive parents, and still found positive changes in attachment and conduct problems.

A third limitation was the inability to test treatment fidelity. It is therefore unclear whether or not the Basic Trust therapists carried out the intervention as intended. It should be noted, however, that all therapists had been extensively trained to use protocols, and received supervision on a regular base by senior Basic Trust therapists. A final limitation is that positive changes were only found by means of parent report. Parent report could possibly bias the results, because parents may wish

to demonstrate that the intervention has worked. However, an advantage of parent report compared to behavioral observation is that parents observe their children in diverse contexts under various circumstances, which supports the ecological validity of parent report.

The Basic Trust method is the first early attachment-oriented VFB intervention for (adopted) children at risk for serious attachment difficulties and psychopathology that is based on parental mind-mindedness. Whereas, Bakermans-Kranenburg et al. (2003, 2005) found small-to-medium effects of early attachment-oriented intervention on both organized and disorganized attachment, the results of the current study indicate positive and medium-to-large changes in attachment relationships after following the Basic Trust intervention, especially in child–mother dyads. Notwithstanding the study’s limitations, the current study sets the basis for future research assessing parental mental state discourse (i.e., *naming*), establishing treatment integrity, and using a robust randomized controlled trial design to evaluate possible intervention effects of the Basic Trust method.

Authors’ Note

The evaluation study was approved by the institutional review board (IRB) of the Basic Trust organization, and could be considered as standard evaluation research, adding some nonintrusive assessments to the routine outcome monitoring approach that is part of the Basic Trust intervention.

Declaration of Conflicting Interests

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