Copyright is owned by the Author of the thesis. Permission is given for a copy to be downloaded by an individual for the purpose of research and private study only. The thesis may not be reproduced elsewhere without the permission of the Author.
FOSTERING RELATIONSHIPS: The organisation of attachment in foster care

A thesis presented in partial fulfilment of the requirements for the degree of Master of Arts in Psychology at Massey University, Turitea Campus, Palmerston North, New Zealand.

Anne Christine Dorée
2003
ABSTRACT

Externalising behaviour is known to compromise stability and continuity of care for children who have been maltreated, and who may enter statutory care with insecure or disorganised attachments. The objective of this study was to increase understanding of the significance, function and development of enduring relationships between substitute caregivers and children in need of care and protection. The study examined the contribution of foster parent relational qualities and specifically whether adult attachment dimensions are implicated in the potential for security and stability in fostered children. It also sought to identify children's behaviour that may contribute to the development of the relationship. In the Eastern Bay of Plenty, 24 fostering relationships were examined via self report questionnaires and interviews with foster parents, children and social workers. The children in care were aged between 6 and 12 years. Bi-variate correlations and linear regression analyses indicated that secure attachment in adults contributed significantly to felt security and potential stability for children and was also associated with the children's increasing capacity for self regulation and the children's own ratings of self worth. Findings overall appear to indicate that the organisation of attachment in foster care in this study is a function of both adult and child factors. In particular, the potential for stability and security was greater for children who were expressive of distress at the time of transition into the placement and who could subsequently initiate relationship interactions, compared to avoidant children. Results are discussed in terms of practice models for intervention and foster care.

ACKNOWLEDGEMENTS

Many people have contributed, some briefly but significantly, to this project with their encouragement, enthusiasm, support and knowledge. I gratefully acknowledge such contributions from Petra Aust, Nicola Atwool, Amelia Brown, Jan Bullen, Ephra Garrett, Judith Graham, Associate Professor John Kirkland, Caren Mandemaker, Judith Morris, Christine Murphy, Val Naylor, Alisdair Noble, Brett O'Shaunessy, Dr. Gwenllian Parry, Veerle Poels, Gwenda Ruegg, Chris Sides, Merrill Simmons, Sue Watson, Sue Watson, Jill Worrall and Dr Audrey Young.

I thank Professor Norma Feshbach for the use of the Parent Partner Empathy Measure.

I would like to acknowledge that approval to proceed was firstly granted by the Massey University Human Ethics Committee, followed by the Research Access Committee of the Department of Child, Youth, and Family; and that this was supported by the generous commitment of the foster families and children who participated.

I especially acknowledge the supervision provided throughout by Dr. Kevin R. Ronan, with scientific precision and human kindness.

I am grateful for the patience and understanding from my own family and friends and the unconditional support of my partner Neil Harker, and my children Melanie, Daniel and Oliver King.

PREFACE

At the outset of this research I reflected on my observations of a specific population of children and speculated about an escalating social crisis in New Zealand, before turning to the literature of social work, the developmental theory of attachment and the science of psychology for answers.

The persistence of child abuse and the increasing evidence of social pathology in some young people are deplorable and seemingly inter-related realities in New Zealand. Both may have fatal consequences. As a nation we are unable to tolerate the death of children, or death caused by children. At such times, media attention alerts us to the need for change and questions are publicly raised about breaking the cycle of abuse. Much of the debate focuses on “poor parenting skills”. Although government initiatives have directed funds into community resources, the abuse of children is not abating. In fact, recently reported current affairs suggest that the cycle may sometimes have accelerated. Apparently none of this is new. Child abuse has been around for a long time. A global media watch also informs us that in many countries the losses of children to violence are commonplace along with a daily struggle for survival. Such communities must have to adapt defensively to distress and despair, yet in New Zealand we are able to take a comfortable and conservative perspective on what normal should be. We can still identify psychopathology, such as conduct, mood or post traumatic stress disorders, as deviations from our western norms of health. Strangely enough, despite New Zealand’s historic reputation for innovative social reforms, in the relatively complacent security and isolation of an island with the potential advantages of all the knowledge in the world, it seems we are now unwittingly sliding into the worst the world has to offer. I believe we could intervene more effectively by giving more attention to attachment theory and specifically to the aetiology and sequelae of the construct of attachment disorganisation.

My thesis acknowledges the heritage of the welfare state. Our national system of care and protection holds statutory power to intervene on behalf of children who are vulnerable because of violence and neglect, and to consult through the mechanism of a Family Group Conference. The principles of the regulations acknowledge the importance of biological ties and recognise children’s needs for relationships. This
Fostering Relationships

recognition means that removal of children from their families is a last resort. If they are removed, they may be returned to their families following reparative interventions.

Parenting programmes, anger management, drug and alcohol counselling, are among the conditions placed on parents before their children return. If the conditions are satisfied, then separated children may experience a period of grief and anxiety but will eventually be re-united with their families. If parents are non-compliant with the conditions, then representatives of the state attempt to call together a small community of relatives and other interested people to decide where the children should live and who should care for them. Sometimes they are sent to family members who they do not know, removed from their friends and other significant people who may have made a difference but who are unable to make a long term commitment. In this way, they may have emotional attachments to people with whom they are unable to live, and from whom they may become separated. Sometimes they are sent to live with strangers. Sometimes the wrench and upheaval is unbearable and the children are unable to contain their distress in socially approved ways. They express it in many forms and may become stigmatised as “damaged” social welfare children. If the new caregivers are unable to make a connection with these children, then they will be unable to help them to manage their distress or bring their behaviour into line with what is acceptable, regardless of their parenting skills. If the children move on, the distress escalates internally and often spills over into the world around them. If they survive to become parents then they most likely will lack a model of how to be regular, predictable and safe parents. In this way, our statutory intervention may sometimes perpetuate the cycle of disorganised and abusing relationships rather than break it. This is not to discredit the work of hard-working social workers - allies and colleagues who get more than enough negative attention despite their sometimes astounding commitment to children. I have focussed on the characteristics of this small population of children knowing that the reduction of risk for psychopathology and antisocial conduct in any part of the population would be a desirable goal for any social service profession.

The design of the thesis evolved from clinical observations of children in care and led to speculations about the reciprocal process of attachment and bonding between such children and their non-familial caregivers. Although some children may drift through the system, others appear to thrive. After a time in their new home, some children may be observed behaving in ways reminiscent of a younger child, and eventually reports of improved everyday social behaviour seem to indicate an increase.
in felt security. The children's own accounts of the relationship show signs of beginning to trust and accept their foster parents. The non-familial relationship often becomes redefined by the language of kinship. At the same time the foster parents talk about the child in increasingly more protective ways and begin to take stronger action on their behalf. Sometimes they begin to find fault with the care plan, or become more distressed about the failure of the biological parent/s of the child or children. Speculatively, these events seem to indicate a number of sequential phenomena relating to core concepts of attachment theory as a system of survival: - the child's unique and lonely response to fear and management of grief, followed by the gradual attainment of a workable model of attachment and the reciprocal association of the attachment system in the child with the activation of the caregiving system in the adult.

The relevance of attachment theory is that it has always been concerned with care and protection in times of environmental stress, and that these are the factors of main import to the government welfare system. It is a developmental description of the way behaviour, cognition and affect are activated and modified by protective factors in dyadic relationships. It is a behavioural control system, an inner working model, an affect regulating system. It is a classification system of constructs that endure and evolve throughout the life span to predict resilience and vulnerability. There is also an ecological parallel in social epidemiology where trust, consistency and reciprocity, principles similar to those of attachment, are implicated in security, resilience, reduction of violent crime, health and longevity in communities.

As a predictor of individual resilience, security of attachment has components of self worth, a belief in the availability of others, and a capacity for the protective care of others. Deviation from an internal sense of felt security indicates a causal link from problems that, at worst, include the trauma of inter-familial abuse. The disorganised classification in particular is associated with unresolved states, a helpless caregiving style under stress, and the perpetuation of vulnerability to psychopathology, the cycle of abuse and self-inflicted mortality.

In foster care, what does break this cycle of expectations of insecurity? My contention is that it is the quality of the care and protection provided in an exemplary and interactive way with a sensitive, consistently available and resilient adult who will recognise, meet and advocate for the child's needs.
# TABLE OF CONTENTS

ABSTRACT i

ACKNOWLEDGEMENTS i

PREFACE ii

TABLE OF CONTENTS v

LIST OF TABLES x

1. INTRODUCTION 1

Attachment as an Evolutionary Model 1

The State Of The Nation’s Children 4

Foster Care in New Zealand 5

2. THE ENDURING PROBLEM OF SERIAL PLACEMENTS 8

The Contribution of Children’s Behaviour to Breakdown or Stability 8

Foster Parents Contributions to Stable and Continuous Care 9

Family Context 9

Sense of Commitment and Permanence 9

Role Clarity and Support 10

A Developmental View of Relationships 10

3. ATTACHMENT THEORY AND RESEARCH 11

Attachment Behaviour 11

Attachment as an Affectional Bond 12

The Attachment Dyad 12

The Attachment Figure 12

Unavailability of the attachment figure 12

The Infant/Child as an Active Participant 13

Attachment as a Classification System 14

Attachment as an Internal Working Model 17

Attachment as an Affect Regulating System 18

Infant Initiatives, Maternal Reciprocity and Self Formation 18

The Neglectful Absence of the Regulating Function 19

Attachment and Neurobiology 19

Critical Periods of Vulnerability 20
Foster Parent Self Report 46
Interview with Foster Parents 47
Foster Parents Ratings of the Child 47
Child's Self Report 47
Social Workers Reports on the Relationship 47

Qualities of Adult Relationships 48
Parental Bonding Instrument 48
Relationship Questionnaire 48
Relationship Scales Questionnaire 49
Parent Partner Empathy Measure 50
Alabama Parenting Questionnaire 51

Foster Parents Ratings of the Child 51
The Child Behaviour Checklist 51

Relationship Constructs: Felt Security, Reciprocity and Stability 52
Foster Parent Awareness of Attachment Interview 52

Children's Measures 55
Self Perception Profile for Children 55
Social Support Scale 56
The Desert Island Question 56

Social Workers Perspectives 57
Social Workers Questionnaire 57
The Foster Placement Evaluation Scale 57

Procedure 58

8. RESULTS 60

Sample Characteristics 60
Experience and Expertise 60
Motivation 61
Children's Relationship Experiences 61
Composition of Foster Families 61
Naming, Claiming and Commitment 61
Relationship with Biological Family 62
Roles and Relationships with CYF 62

Criteria for the Hypotheses based on Children’s Behaviour 62
Observations of Felt Security and Children’s Initiatives 63
Attachment disruption 63
Separation distress, proximity seeking and reunion responses. 63
Adaptive self reliance, compliance and caregiving 64
Attachment disorder 64
Behaviour and affect regulation 65
Disposition 65
Children’s Behaviour Ratings 66
Children’s Positive Reports of Self and Others 66
Children’s Desert Island Companions 67

Results from Adult Self Reports 67
Recall of Relationship with Parents 67
Adult Attachment 67
Empathy 68
Parenting Practices 68
Specific Parenting Strategies 72
Other Results 72
Social Workers Reports 72
The Constructs of Interest 72

Hypothesis One a): Reworking the Model of Security 76
The Complementary Relationship of Models of Self and Support 76
The Influence of Secure Adult Attachment on Security and Stability 77
The Selection of Predictors and Criterion for Felt Security 78

Hypothesis One b): The Effects of Other Adult Dimensions 82

Hypothesis Two: Children's Initiatives, Reciprocity and Stability 85
Attachment Disruption at the Beginning of the Placement 85
Felt Security 86
Proximity seeking 86
Reunion behaviour 87
Regulation 87
The Selection of Predictors and Criterion for Reciprocity and Stability 88

Hypothesis Three a): The Pattern of Past and Present Relationships 91
Foster Parents' Self Reported Memories of Parental Care 92
The influence of specific recalled parental qualities and practices 92
The effect of the absence of care 92

Hypothesis Three b): The Contribution of Adult Factors to Stability 93
The Relationship of Adult Attachment to Stability and Child Behaviour 93
Stability, Care and Protection, Adult Empathy and Parenting Practices 94
Contemporary attachment, empathy and parenting 94
The Relationship of Specific Parenting Strategies to Other Adult Factors 95
Qualitative Information 95

9. DISCUSSION 98

Summary of Major Findings 98
Security 98
Stabilising effects on children's behaviour of security and long term commitment 99
Adult attachment security 100
Non-familial transmission effects 100
Reciprocal effects 101
Stability 102
Contemporary adult factors 103

Summary of Hypotheses 104

Implications for Practice, Assessment, Treatment and Policies 105
Security in theory and practice 105
Reciprocity: attachment and assessment 106
Further implications for intervention and policies 106
Recommendations for preparation and training 107

Limitations and Future Implications 108
The Foster Parent Awareness of Attachment Interview 109
Measuring adult attachment 110
Children and ethics 111
The involvement of social workers 111
Implications of measurement on cultural difference 111

Conclusion 112
Beyond Attachment to Resilient Communities 112
LIST OF TABLES

Table 3.1. Attachment classification systems from infancy to childhood 16
Table 4.1. The relationship of classifications of observed child and caregiver behaviour in infancy to categories of adult attachment and representations of caregiving 22
Table 4.2. The four dimensional model of adult relationships 24
Table 8.1. Means, standard deviations and frequencies of characteristics of foster parents, children and families 69
Table 8.2. Means and standard deviations for children’s behaviour rated on the Foster Parent Awareness of Attachment Interview 70
Table 8.3. Means, standard deviations and clinical ratings of children’s behaviour rated on the Child Behaviour Checklist 70
Table 8.4. Means and standard deviations for children’s self-report measures. 71
Table 8.5. Means and standard deviations for adult self-report measures. 71
Table 8.6. Means and standard deviations from the APQ for preferred responses to difficult behaviour. 72
Table 8.7. Correlations between five constructs of stability 73
Table 8.8. Five constructs of stability correlated with foster parents’ ratings of children’s behaviour on the CBCL and the FPAAI 74
Table 8.9. Five constructs of stability correlated with children’s self reports and adult’s self reports 75
Table 8.10. Correlations between children’s behaviour ratings and children’s self reports 79
Table 8.11. Correlations of adult self report scales with children’s behaviour ratings and children’s self reports 80
Table 8.12. Correlations between attachment related behaviour on the FPAAI, children’s behaviour ratings, and children’s self reports 81
Table 8.13. Standardised regression co-efficients (β), t test significance, overall Anova, adjusted $R^2$, $R^2$ change and Standard Error of Estimation in the linear regression analysis where the predictors were the Secure adult attachment dimension, the capacity of the parent to manage testing behaviour without stress and anger, and the children’s perceived Support and Regard from foster parents. Global Self Worth was the criterion. 82
Table 8.14. Significant correlations between adult attachment dimensions, children’s behaviour ratings, and children’s self reports and constructs of stability. 84
Table 8.15. Correlations between children’s attachment behaviour through the placement on the FPAAI 89
Table 8.16. Correlations of adult self report scales with observations of attachment behaviour on the FPAAI

Table 8.17. Standardised regression co-efficients (β), t test significance, overall Anova, adjusted R², R² change and Standard Error of Estimation in the linear regression analysis from the child’s signals of distress, the child’s perception of an available adult, and the child’s observed capacity to manage the affective consequences of behaviour. Sense of Permanence was the criterion of Stability.

Table 8.18. Correlations of adult self report scales with recalled parenting practices and adult attachment dimensions

Table 8.19. Correlations of adult self report scales with empathy and current parenting practices