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Connecting Foster Care Services and Training to Attachment Theory

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Connecting Foster Care Services and Training to Attachment Theory

Submitted by Kathryn Muellner

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MSW Clinical Research Paper

The Clinical Research Project is a graduation requirement for MSW students at St. Catherine University/University of St. Thomas School of Social Work in St. Paul Minnesota and is conducted within a nine-month time frame to demonstrate facility with basic social research methods. Students must independently conceptualize a research project, formulate a research design that is approved by a research committee and the universal Institutional Review Board, implement the project, and publically present their findings. This project is neither a Master's thesis nor a dissertation.

School of Social Work

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Abstract

Is foster care services and training adequately providing what is needed for the foster care families to care for the children both physically and emotionally? Is it supporting the research and knowledge that is known about attachment theory? This study asked Foster Care Workers, in a public and private setting in the Minnesota Twin Cities Area, if in their opinion their agency does just that.

The respondents were asked seventeen Likert Scale questions and three open-ended questions to get a sense of their satisfaction with the services and training they are able to give their family and if it is not satisfactory, what gets in the way. Six workers responded to the survey, three from each agency.

Overall the workers from both the public and the private agencies were satisfied with the services and training that their agencies provide. When looked at individually, the average of the responses, the workers at the public agency disagree that they include foster parents in on planning for the foster children and that they do a good job of informing the foster parents of the child's attachment history. The averaged responses of the private agency disagreed that the foster care parents take advantage of the trainings. One of the open ended questions might have shed light on barriers that get in the way of foster parents accessing not only trainings, but possibly other services.

Social Workers who work in the field of foster care can take note to these concerns. Some of the literature found that foster parents had the desire to be included and help the children in their care more than just physically. Including the foster parents in on the history, especially attachment history, and in on the planning, both present and future, will help them understand and fulfill the needs of the children placed with them. When the foster parents have understanding and investment this might change the way they look at situations, parent the child, and seek out support and services. This might also help with placement disruption, which as the literature shows can continue the cycle of insecure attachment.

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With all my thanks and appreciation.

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Introduction

It is not clear if foster parents have the information or skills needed to help kids learn how to develop and build new attachment relationships. In 2009, 44 states reported that approximately 124,000 victims were removed from their homes (USDH&HS, 2010) and placed into another's care due to maltreatment. Minnesota Department of Human Services (updated: 6/9/11) website stated that in Minnesota there were approximately 11,300 children placed out of home in 2010 where foster families provided temporary care to 7,900 of them. Early neglect and abuse among foster children can affect not only a child physically and emotionally, but also their ability to attach, how the child interacts, as well as how they react to the world around them.

The foster care system tries to provide children with stability while their parents deal with the issues that impact their caregiving. This might be a difficult and daunting task when dealing with the behaviors that many of these children enter their new home with. In order for the children to developmentally grow and learn they need to feel safe and secure. The Child Information Gateway website (2001) points out that children removed from their home are "often more concerned about their protection and security than any of the basic physiological needs". If one of the goals of their new home is to provide the safety their former home could not, the foster parents must be aware of how their foster children are physically and psychologically affected by their former relationships, experiences, and environment.

Besides providing for their basic needs and creating a safe secure environment, foster care providers often provide support to the child's biological family. The Minnesota Department of Human Services (2011) website, in the section *How foster parents help,* describes foster providers as a "bridge with birth parents to enable children to return safely home or to a new

adoptive or another permanent family". As the parent(s) work towards making their life healthier

and building better parenting skills, the foster parents are entrusted with the care of their

children. One might ask what support the foster care providers are also getting and does this

meet the special needs of the children in their care. These children have become part of a

complex system with social services, two families and have often undergone loss and various

forms of trauma.

Bruce Perry (2006) points out that early exposure to trauma, such as neglect, physical and

sexual abuse, can affect the children's brain development, outlook and personality. As the child

enters a new environment the foster care providers must have this trauma knowledge and realize

that the child's developmental age might be lower than their chronological age. They must

realize that they look at the world through a trauma lens, that the world has been unpredictable,

and they may have learned that trusting others is hurtful and even dangerous. The child's

personality may have been formed through these unpredictable, untrusting interactions and

relationships.

Another issue for the foster care situations and for the child's development is the child is

most often aware that their new situation is temporary and loss is again in their future. It

becomes difficult to take the risk of building a relationship in the best of situations. McWey and

Mullis (2004) stated that children with low attachment may continue to have insecure attachment

behaviors and struggle relating to their foster parents in their new environment. Not being taught

the skills to attach in a healthy, productive way can impact daily functioning and their

adjustment. This could affect their placement as well as the number of placements. To some it

might feel that they sabotage their placement(s). According to one study, about 70% of

placement changes were made to implement procedural, policy, and system mandates, e.g., moves to place a child with relatives or a sibling; almost 20% were linked to children's behavior problems; and the remaining 10% to both foster and biological family related issues (James, 2004). Multiple placements also affect their view of the world and attachment as it reinforces many inaccurate thoughts and feeling they have about themselves.

How we develop who we are and how we experience the world has so much to do with our early attachment relationships. When an infant is getting their needs met and being "read" correctly by their caregiver they develop a secure relationship. As Sroufe and Siegel (2011) explain there is "attunement, or sensitivity, and it requires that the caregiver perceive, make sense of, and respond in a timely and effective manner to the actual moment-to-moment signals sent by the child" (p.36). As the child grows they are able to explore the world and develop other relationships coming from a secure base and knowing that there is a give and take, having a sense of self and others. When infants do not get their basic needs met or are "read" incorrectly they develop what is referred to as an insecure attachment. Many foster children have developed these forms of attachment styles. Children's attachment style does not just affect their outlook of the world and relationships, but also impacts how they deal with and manage stress and conflict.

All this can be a very complex, difficult and trying process for the foster parents. The child needs them, but is scared and their perception of what a caregiver means is often twisted. Again one must ask if the foster care providers are trained and given the support to recognize that often the daily behaviors are due to brain development and attachment issues.

This study aims to answer the following questions from the point of view of both the foster care worker and the foster care parents with whom they work:

- Knowing that the kids are often coming into their homes developmentally younger, mistrustful and unable to deal with stress and conflict, is the foster care system providing the tools the foster parents will need to create a successful placement with the least disruptions possible?

- Do the foster workers feel that the foster care parents are provided with what is needed to meet the foster children's needs, both physically and emotionally?

Literature Review

The foster care system is designed to give children a safe, stable environment when their primary caretakers are unable to. They are removed from their birth home because of abuse, neglect or other family issues that endanger their safety. Schwartz (2008) informs us that in some cases, the biological parents have abused the child, in other cases, the biological parents are alcohol or drug abusers, possibly in prison or rehabilitation facility, and therefore not fit or available to take care of their children appropriately. Whatever the reason, this can be a traumatic and scary time for the child. All children need to feel safe and nurtured in order to learn and grow. Foster parents can provide this as well as help meet their educational, health, cultural and social needs. When a child is removed from their home the state or agency will look to family members to care for the children, most often referred to as kinship care. When this is not possible agencies recruit community members to become foster families. This all takes a lot of effort on everyone's part. We continually need to ask ourselves what is effective for agencies, workers, foster care parents, and most importantly the children.

While looking at the research studies that have been done previously it was found that there has been some research done to see what helps foster care providers meet the goals they held when they first made the commitment. Some research studies have looked at why it is important to reduce the number of placements a child has during their separation from their home of origin (James, 2004; Lawrence, Carlson, and Egeland, 2006; Pecora, 2007; Penzerro & Lein, 2007; Price et al., 2008; Rubin, et al., 2007); . There were also studies done on whether services and support provided were adequate for successful foster placement (Broady, et al., 2009); Cuddleback & Orne, 2002; Rodger, Cummings, Lechied, 2006; McNeil, Herschell, Gurwitch & Clemens-Mowrer, 2005). A common theme that came from many of these studies was the attachment piece (McWey, 2004; McWey & Mullis, 2004; Palmer, 1996). So also included are studies that focus on attachment in the foster care system.

Making a Difference and Working as a Team

Becoming a foster care provider is a huge commitment for a family with many rewards as well as consequences. Being fully prepared for this decision is very important as it does not just affect the foster care parents, but also their family and the young people who are placed within their care. Much of the literature states that many of the foster care providers made this decision to help others and make a positive difference in the lives of children. A study was done by Rodger, Cummings, and Lechied (2006) where they surveyed 652 foster parents to understand the motivations and needs of foster parents for recruitment and retention purposes. They found that foster parents were motivated "by wanting to be loving parents and preventing children from harm" (p. 1137). They also found that the foster parents who felt like they were an important part

of the team where communication between the agency and social worker were a priority had

higher levels of satisfaction and thought less about quitting fostering.

In their study Broady, Stoyles, McMullan, Caputi, and Crittenden (2009) saw that

motivation, expectations and the relationship with the agency also played an important factor.

They found that as time progressed within the placement, the foster parents began to feel that the

needs of the child challenged the expectations and outlook they had previously held in many

different areas "including the involvement of the child's birth family (the need to initiate damage

control), the amount of support anticipated from the authorizing agency (inconsistencies and

instabilities), and the impact that providing foster care had on their personal lives and

relationship (poor communication, jealousy)" (Broady et al., p. 568). Foster care children come

with their own special needs and challenges that can make it difficult to feel like one is making a

positive difference. It is important for caregivers to have realistic expectations for the children in

their care. Children who have been abused or neglected may not be functioning at their

chronological age in terms of their physical, social, emotional, and cognitive skills (CWIG,

2001). It seems logical that it will take training and support to make this a positive outcome for

both the child and the parent.

Placement Disruption

As stated earlier one of the goals of foster placement is to provide a stable environment

for the child while their parent deals with their own issues. Unfortunately, once placed in care, a

sizable proportion of children continue to experience change in placement (Price et al., 2008).

The challenging behaviors that foster children display in the home, school, and community can

be quite trying for the caregiver and can often lead to this failure of placement. Lawrence,

Carlson, and Egeland (2006) suggests that for children in foster care there is a significant heightened risk for behavioral problems. The severity and frequency of behavior problems far exceed the norm for children reared at home with similarly adverse backgrounds. This placement instability can be common for children placed outside the home. The National Survey of Children and Adolescent Well-Being research brief (2011) states, from a study done by Rubin, et al. (2007), that a child placed outside the home changed placements, on average, slightly more than three times over the course of three years. James (2004) points out that the use of shelters and short term facilities might facilitate assessment of children's needs, they might also add to the number of moves to the child's placement history.

Pecora (2007) tells us that changing homes because of placement disruption compounds the immeasurable sense of loss these children must face by leaving behind relationships again and again. Penzerro and Lein (2007) agree and continue to point out that the pattern of placement disruption, associated with their behavior problems, is likely to further reinforce their insecure, avoidant attachment coping style. They also point out that when foster children are faced with the stress of the loss of their placements, the attachment system can be activated and their avoidant patterns are then reenacted. Protective factors that would lower the risk of placement change include: quality of foster parent caregiving, foster parent motivation, ability of foster parents to address the behavior and emotional needs of the children, foster parents who welcome and accept the child in times of distress, which encourages more secure child attachment, family resources, support from relatives, and support from caseworkers.

In a study looking at why placements disrupt, James (2004) examined the potential reasons for foster care placement changes and what behaviors determined this. He looked at the

placement of 580 children between ages 2-16. He found that about 24% could be linked to the

child's behavioral problems and "the reasons might involve both the actual behaviors of the child

and the coping strategies of the foster families" (p.614). One problem this study found as they

looked at records was that just because a change in placement was identified as related to the

child's behavior it did not mean that the child caused the placement disruption. It only meant that

the child's behavior was related in some way to the reason the change of placement occurred.

The study also found that the more a child's placement was changed the greater their chances

would be due to behavioral related reasons. This study also found that children who enter care

due to emotional abuse increased the risk of behavioral related placement changes by 48%, that

kinship placement decreased the chances of first behavioral related changes, and also that those

who were removed due to behaviors displayed their behaviors shortly after placement happened.

Rubin et al. (2004) did a study that shows another reason looking at placement stability is

so important. He looked at 1635 children over two years old who had entered foster in

Philadelphia. Of these 1635 children 41% had three or more placements and 5% had episodic

foster care, foster care that is interrupted by a return home, during the year of observation. It was

found that both multiple placements and episodic foster care increased the probability of high

mental health service use. This found that there was a significant association between placement

stability and the need for mental health services.

Techniques and Training

A study above pointed out that the coping strategies of the foster families was one of the

reasons for foster care placement failure. This directs us to looking at training and support as an

important piece of the foster care system. A study done by McNeil, Herschell, Gurwitch and

Clemens-Mowrer, (2005) looked at whether a certain type of training done with the foster

parents, parent-child interaction therapy, helped the placement of 30 children who were

exhibiting behavioral problems. On average at the beginning of the study, before the training

workshop, the children were showing behavioral problems within the clinically significant range.

Approximately a month after the family completed the training parents reported scores that were

lower than the clinically significant range. Significant decreases were shown between the pre and

one month post-training for both the intensity and problem subscale of the study. The foster

parents reported a decline in how problematic they saw their child's behaviors, which suggested

to the authors that the parents might have adjusted or learned to better manage the child's

behaviors. This study might also suggest that with some training the foster parents felt more

confident and effective in parenting.

Another study, done by Broady, et al., (2009), also looked at what kind of training support

foster parents had and/or needed. It took twelve non-identifiable foster parents, seven of whom

participated in a focus group discussion and five additional participants who were interviewed

individually after the focus group. The aim of the focus group was to use four open-ended

questions to help the group identify their experiences of foster care. Then this was used to

develop global domains of foster care that were considered helpful and unhelpful to supporting

their choice to become a foster care provider. It was a way to look at the implications of training

procedures and the possible lack of ongoing support that was available to foster parents. After

listening to the focus group and individual interviews, Broady et al., (2009) grouped the global

domain under five areas: birth family, motivation, agency influences, relationship impacts, and

attachment. The team pointed out that "the comparative magnitude and relative frequency of

struggles within the attachment domain was noteworthy" (p. 568).

Not surprisingly it was found that positive experiences of attachment appeared to give the foster parents an enriched view of their caring experiences, where negative ones had the effect of placing the foster parent into a mind-set of confusion and rejection. It was determined by the authors that the development of any new framework would need to respect attachment in the foster care experience, both as general theory and as a personal experience. The participants in this study describe their training as a beneficial preparation for becoming a foster parent, but at the same time there was a clear suggestion that there might be some gaps in certain areas of their training. The researchers found that it was the notion of attachment, and the subsequent feelings created by the developing parent-child bond, that was the most surprising. Due to this discovery Broady et al. (2009) suggested that there is a need to shape anew the content of a training regime to provide ongoing support for the foster parent and the child in their care. The ongoing reinforcement of training would "ensure that the expectations of the foster parent are reasonable in relation to the anticipated well-being of the child. In turn, the foster parents will be encouraged to challenge impractical expectations, strengthen realistic hopes, and so feel empowered to provide the best possible care for the child" (p. 570).

In a study done by Cuddleback and Orme (2002) data was analyzed from the National Survey of Current and Former Foster Parents. They looked at 74 kinship and 659 non-kinship families and it also raised concerns about the adequacy of the training and services for foster families. They found that both groups, almost 59% of the kinship families and about 55% of the non-kinship homes, had needs in all of the service areas of the study. They also found that "approximately two-thirds in both of the groups had received post licensure training, but with the exception of training in discipline, most did not receive additional training in any other area" (Cuddleback & Orme, 2002, p. 899). This seems to speak to the need for support and training

around other issues many foster children face, such as lack of developmental skills, social skills

and attachment.

Attachment

Many of these studies found that attachment was a key to the success or failure of the

foster care placement and managing behaviors. A few other studies also looked at the connection

between foster care and attachment. McWey and Mullis (2004) looked at 123 children in foster

care receiving supervised visitations and where reunification with the birth parent/family was the

primary goal. It was found that in families where reunification was the goal, and where the

children had more consistent and frequent contact with their biological parents, the children had

more secure attachments and were better adjusted than children who had less contact. The

relationship between quality of attachment and number of placements was also statistically

significant, with fewer foster home placements associated with higher levels of attachment. The

authors suggest that this might be because as a child had more visitations with their parents they

may have experience lower levels of emotional abandonment from them and this in turn might

result in the child being able to form a more secure attachment with their new caregiver, this then

leading to a more stable placement. Children with lower levels of this attachment security might

continue to show insecure attachment behaviors when in their new environment. Due to the

difficulty in dealing with these types of behaviors this might turn into more foster care

placements. The authors also feel that an examination of which attachment styles predominate in

children in foster care and learning about what this means, could aid in preparing foster parents

with realistic expectations.

Another study, done by McWey (2004), looked at the interactions of 110 children, 5 years or younger, and their birth parent during 90 minute supervised visitations. The goal of this study was to examine attachment styles of children in foster care and to use this information to inform clinical practice. Her analyses revealed that, regardless of the type of abuse or neglect experienced by the children in this study, 85.5% were avoidantly attached. Avoidant attachments are formed when the child feels that it is unlikely their needs will be met by their caregiver. McWey (2004) concluded that looking at the behaviors exhibited by children in foster care from the perspective of attachment theory might provide great insight for therapists and caregivers working with this population.

A study was done in Ontario also addressed the importance of attachment and the success of the foster placement and how the child adjusted to the new family. Palmer (1996) analyzed the placements of 184 children using questionnaires and found that there were links between involving the biological parents and the success of the placement. It also was found that the difficulty of the child's behaviors and parental preparation for placement made the largest contributions to predicting the number of placements. The children who had received some preparation for the move, with their parent's involvement, seemed to be reassured by them and it seemed to let them know that they were still cared about as they went to an unknown home. This shows that feeling secure, and not just feeling that the physical needs are going to get met, is important to the child.

Looking Forward

These studies shined a light on how important it is for placements to be successful for both the children and the foster parents and factors that influence success. What seems to be

missing is an overall look at whether what foster care agencies and workers provide help the families understand and cope with the complex needs and behaviors of these children, resulting in increased retention of foster families and decreased displacement of the children in their care.

It is important for those working in the social work field to use practice that is evidence based. We have found that trauma, multiple placements, and attachment difficulties can have a negative impact on not only the foster care child but on the systems around them. Every effort to stop and even reverse what can become a destructive cycle can benefit the child, their team and society as every relationship they encounter is affected by their development and attachment history.

Conceptual Framework

When discussing children in the foster care system and the care they might need, it is important to remember that "children growing up in chaos, neglect, and threat do not have the fundamental developmental experiences required to express their underlying genetic potential to self-regulate, relate, communicate, and think. These children are undersocialized and at great risk for emotional, behavioral, social, cognitive, and physical health problems" (Perry, 2006, p. 28). This reflects the neurodevelopment theoretical outlook of this project. Closely connected to this framework is attachment theory. Attachment theory is also concerned with and looks at the early years of life; the time of life that is often most troubling for foster children. One of the first priorities of an infant is to form an attachment to the primary caregiver (Kraemer, 1992). This relationship is developed to not only provide the foundation for future emotional relationship, it also provides the base for other learning, because infants and children learn best when they feel safe, calm, protected, and nurtured by their caregivers. Perry (2006) also states the impact of

their early experience on their later social, cognitive, and emotional development is most often

founded on the early attachment relationships with the first primary caregiver(s).

Looking at neurodevelopment and attachment theory can provide a framework for

understanding the thoughts, feelings, and behavior foster children often display. The way the

child reacts to stressful situations, the way in which they react to their new caregiver's attempts

to offer care and concern, and the ability they have to explore are all influenced by the type of

attachment the children formed in their initial relationship. These theories can also provide

guidance on parenting skills, trainings and policies focus on increasing trust and security.

Cournos (2006) reflects that the system for foster care placement struggles to have reflective

functioning and does not keep in mind the intentions, thoughts and feelings foster children or

their caregivers. Therefore she felt that often the system fails to provide support and services that

would help them form successful and stabilizing relationships. In her own experience she found

that the system is often set up to help meet the physical needs of foster care children "while

ignoring their internal experiences" (p. 267). Looking at the child's behaviors from an

attachment point of view can help the foster care providers and the foster care system to find

alternative explanations for the child's behaviors and needs; make sense of difficult situations

that come up; and have empathy for the child to help improve development and attachment.

Infants do not attach to those who take care of them because they feed and clothe them,

but because the caregivers "trigger the unfolding of the infants' inborn disposition to seek

closeness of a protective other" (Sroufe & Siegel, 2011, p. 36). Whether or not the caregiver is in

tune with and sensitive to these inborn needs determines whether the child will develop a secure

or an insecure attachment and all behaviors and interactions that come with it. If the attachment

process is disrupted, as can occur with abusive and neglectful caretakers, the child's brain will be

more focused on meeting his day-to-day needs for survival rather than building the foundation

for future growth (CWIG, 2001). Rees (2008) adds that children with poor foundations for

attachment may revert readily with unregulated, 'immature' behavior because of early

programming of involuntary responses, often compounded by failure to learn cognitive strategies

to regulate these. Difficult feelings may precipitate uncontrolled outbursts with seemingly little

immediate provocation. Penzerro and Lein (1995) agree that the evolution of coping skills is

influenced by attachment history.

With many of the foster children's past history it is no surprise that the children's

behaviors are most strongly associated with placement stability. Perry (2006) continues to

explain that the traumatic and neglectful experience that children often placed in foster care can

cause abnormal organization and function of important neural systems in the brain. This then

compromises the functional capacities mediated by these systems.

> For the rest of the child's life, these neutral cues will have the capacity to activate a fear
>
> response and therefore to alter emotional, behaviors, and physiology…Among the
>
> saddest examples of this occurs when the primary caregiver - the source of food, warmth,
>
> comfort, and love for the dependent infant and child - is also the source episodic,
>
> unpredictable threat, rage, and pain. (p. 34)

We have also learned from Perry (2006) that the brain is malleable and affected by the

environment around it and this means that all the experiences throughout the individual's life,

especially the organizing experiences of early childhood, have the most powerful and enduring

effects on the brain organization and functioning. Unless something purposeful is put into place

Perry (2006) states that the disorganized attachment that results from these initial relationships can impair healthy relationship interactions for a lifetime.

Attachment theory also suggests that these are young people who have internalized a view of the world as a hostile, rejecting place and that these behaviors are evidence of alienation from others. In the study mentioned earlier McWey (2004) found that the avoidant attachment styles held by the majority of the children may help to explain the behaviors they exhibit in their new placement. It seems understandable that often children in foster care have learned to depend primarily on themselves and when a new caretaker comes into their lives, they may view this person in a mistrustful way. McWey (2004) states that behaviorally, foster care children may act out this fear by seeming as if they do not need the help of anyone. The behaviors also have the effect of alienating others and reinforcing the children's negative worldview (Penzerro & Lein, 1995).

For children in foster care, the losses they have experienced, including the loss of their parents, loss of their sibling relationships and repeated moves from foster home to foster home may reinforce their avoidant attachment style (McWey, 2004). This sadly may become the only way they know to relate to others. Helping foster parents understand these behaviors may help prepare them to have more realistic expectations for relationships. "Measures that move beyond the myopic view of a child's behavior to a systemic explanation of these behaviors, may transform the seeming punitive view of children in foster care to a therapeutic one. Advocating for mental health services for children and families involved in the foster care system may be the first step in healing attachment injuries, and may be a step in breaking the cycle of abuse" (McWey, 2004, p.450). For those involved with helping foster care children it is important to

note that once organized, as it is for an older child and adult, the brain is still capable of being

influenced, modified, and changed but it is much harder.

Similar to what Perry has said The Child Welfare Information Gateway (2001) states that

when a child is exposed to chronic, traumatic stress, their brain sensitizes the pathways for the

fear response and literally creates memories such that the fear response becomes almost

automatic. The state in which they don't even really think about it is referred to as 'hyper-

arousal'. This prolonged, severe, or unpredictable stress, which includes abuse and neglect,

during a child's early years, is problematic. As was discussed earlier the brain's development can

be altered by these experiences, resulting in negative impacts on the child's physical, cognitive,

emotional, and social growth. Reese (2008) adds that infants have little capacity to regulate their

stress response, relying on parents to do so by attuning to their needs, thereby molding their

development and self-regulatory system. As stated earlier this stress regulation is important for

the child's exploration, learning, independence, and effective relationships. This inability to

regulate stress also affects their concentration and their development of relationships through

reading social cues appropriately. As was already mentioned many foster children did not have

an attuned primary caregiver and they would then react to situations in a state of hyper-arousal,

reacting anxiously or aggressively to what they perceive as a threat. It was also found that they

may actually provoke threatening behavior from others in order to have some control over it

(CWIG, 2001).

The Child Welfare Information Gateway also points out that a foster child may have great

difficulty functioning when presented with a world of kindness, nurturing, and stimulation. This

is because it is an unfamiliar world and their brain has not developed the pathways and the

memories to adapt to or cope with a new world, no matter how wonderful it looks to an outside

observer. Rees (2008) speculates that because behaviors are goal-oriented, and consequences of

these behaviors are predictably negative, then this may at some level be what the child is

seeking, perhaps because it is familiar, or because any attention feels better than none. Their

behaviors that were initially adaptive, in their home of origin, may cease to be so when their

circumstances change. We can see how this is a particular problem for children learning to live

with safe relationships having honed their behavioral strategies in response to abuse. Seemingly

unreasonable reactions to 'reasonable' parenting can provoke rejection, reinforcing their already

negative self-image (Rees, 2008).

One question that needs to be asked is: How can we use this knowledge to improve our

interventions with children who have been abused and neglected, and, most importantly, to

prevent abuse and neglect from happening? (CWIG, 2001). It has been found that children with

insecure attachment problems need many positive nurturing interactions with trustworthy peers,

teachers, and caregivers. Unfortunately the very pathology related to their neglect makes it

difficult for them to engage in and benefit from relational interactions even when there are caring

adults present (Perry, 2006). With this information Perry (2006) concludes that the primary

programming implication is that the earlier we can begin to provide appropriate services to

children, the more effective we can be. He also says that there is the need to increase the number

and quality of relational interactions and opportunities for the high risk child. Key words are

appropriate and quality. The work done with foster children needs to be informed, intentional

and evidenced-based whenever possible. Perry (2006) also states that matching the correct

therapeutic activities to the specific developmental stage and physiological needs of maltreated

or traumatized child is a key to success.

Neglected children can change; however, the process is long, and it requires patience and an understanding of development. It is often true that these children aged but did not develop. Therefore, Perry (2006) says the replacement (therapeutic) experience required must be developmentally appropriate, but not completely age inappropriate. CWIG (2001) agrees that although the first few years may be 'prime time' for learning, children and adults can learn later in life, but it is more difficult. All of the principles discussed throughout point to the wisdom of, and need for, a more developmentally informed, biologically respectful approach to working with traumatized children (Perry, 2006). CWIG (2001) points out that the consideration of attachment can be relevant to assessment and management of the behavior problems one might encounter in foster children. Proactive therapeutic interventions are better than reactive ones. It is easier and more cost-effective to provide enrichment, educational, and therapeutic services earlier than later. The longer we wait to help these children, the more difficult the therapeutic challenge will be (Perry, 2006).

Looking at the foster care system through the neurodevelopment and attachment framework leads us to the importance of knowing what types of services and supports are offered to foster parents Minnesota. It seems important to know how knowledgeable the social worker is in these theories and how well they communicate their knowledge to those they work with. Whether the foster parent feels connected to the worker and the rest of the team would be important to their openness of learning and the retention of their services. It also seems that it would be cost effective to know whether the trainings and support offered is felt to be helpful in understanding and managing the behaviors of foster children. To begin this process I would like gather this data by sending survey questions to foster care workers to gage their satisfaction of services, training and support they already offer.

Method

Design

This study looked at whether foster care providers in Minnesota are receiving the

training, support and services to help them manage behaviors, use adaptive parenting skills, and

hold their foster care child/children in mind. Using evidenced-based practice is important when

working with foster care children and this applies to their day-to-day care. It is important for the

agency, parents, and children to know whether the foster care parents are receiving services that

can help them do the most effective job possible. Quantitative questions were used to see how

the foster care workers feel about the services and support their agency provides to the foster

care parents and in turn the children. A couple of open-ended questions on the survey were

added to look for any other patterns the workers experience. This is an exploratory study to see if

the foster care services provided are meeting the needs of those they serve through their training

programs and other services.

Surveys were sent out to two separate Minnesota foster care agencies within the Twin

Cities. There was a contact person for each agency through whom the researcher gained

permission to send a survey to, via e-mail. Upon their request the survey link was sent to them

and they then forwarded the link out to foster care workers in their agency. Three foster care

workers from each agency responded to the survey.

Sample

The sample for the study came from one public and one private agency in Minnesota.

Foster care workers were sent a survey via e-mail that linked them to a secure research site on-

line. Contact was first made by the researcher to a supervisor within the program. Once the

agencies granted permission, other workers were sent an e-mail asking them to participate in the

study by taking a survey on their perception of their agency's support and services provided.

This survey was open to all the foster care workers who worked within the two agencies.

Protection of Human Subjects

The subjects of this study volunteered to participate by responding to an e-mail survey

sent to them through the initial contact at each agency. The first page of the survey explained

their rights and invited them to contact the researcher at any time with questions or concerns.

They were also informed that they could stop at any time. Each response was assigned a number

through the survey link as they were completed. This kept the respondents anonymous.

Measurement

The study used a survey that consists of descriptive questions to get a sense of the

demographics of the respondents. The respondent then completed seventeen questions that used

a seven-point Likert scale. The bipolar Likert scale response was used with negative and positive

responses to the statements and had an additional choice being N/A if they felt they could not

respond to the question. Three open-ended questions wrapped up the survey. These open-ended

questions were added to get some responses in the worker's own words.

Analysis

The analysis is quantitative in nature with the addition of looking at the open-ended

questions for further patterns and interests. Due to the low numbers of responses there is a

limited amount of analysis that can be done. The responses to the Likert scale for each question

were averaged. The responses from the public agency and the private agency were also separated

and averaged to look for patterns within the two different agencies. The open-ended questions were used to gain further insight and knowledge on the subject.

Respondents

All respondents were female. Of the respondents four were Caucasian, one African American, and one Hispanic/Latina. Four of the workers were between the ages of 45-54, one between the ages of 25-34, and one over the age of 65. Only one respondent had been in their position for 1-2 years. All others have been in their position for 5 years or more. The titles of the positions for the foster care workers varied.

- Senior Social Worker
- Metro Supervisor
- Licensing Social Worker
- Child Foster Care Licensor/Social Worker
- Social Worker
- Social Worker/Child Foster Care Traditional Intake Worker.

Findings

As seen on Table 1, the responses to the seventeen Likert scale questions averaged out to be in the range of somewhat agree and agree (4.0-5.0) when all the responses were taken into account. This shows that most of the workers, who responded, on average are pleased with the training and services they are able to provide for the foster families they work with. The workers overall felt that they were able to provide for the emotional needs of the children and foster parents, be supportive, and provide the knowledge the parents might need to care for the special needs of foster care children.

Overall it seems the workers at both the public and private agencies feel they are able to provide services that are relevant, timely, and helpful to the parents and children they work with. Barriers are acknowledged, but it seems the respondents feel they can get around them enough to communicate, include and provide further education to foster parents, as well as create the safe, nurturing environment foster children often require. Lastly they state that they use attachment theory and the child's attachment history to help make placement decisions.

There were three questions that stood out after the responses were divided into the two separate sites (highlighted on Table 1). When the responses were split three of the questions where put into the somewhat disagree range (3.0). Workers in the public agency disagree with two statements: *Foster care parents are included in the planning for the current care and future of the children in their home (3.67). Parents are educated about how a child's attachment history might impact their placement (3.33).* Workers in the private agency disagree with one statement: *The foster care parents take advantage of training and service opportunities to the best of their ability (3.33).*

Table 1: Support and Training Perceptions

Questions	Public	Private	All
Workers are able to provide knowledge & skills	5.33	5.33	5.33
Workers are able to make regular connections	5.00	5.33	5.17
Workers are able to find time to listen to parents	5.00	5.33	5.17
Interactions are supportive and productive	5.00	5.33	5.17
Agency is able to remove barriers for families	4.33	4.67	4.50
Agency thoroughly goes over information	5.00	5.67	5.33
Foster families are Included in planning	3.67	4.67	4.17

Opportunities for increased knowledge	5.33	5.00	5.17
Training is taken advantage of by foster parents	5.33	3.33	4.33
Foster parent input is taken as part of team decision	4.00	5.00	4.50
Attachment history is viewed as important	4.67	5.33	5.00
Attachment history helps placement decisions	4.67	5.33	5.00
Foster Care parents learn attachment history (20)	3.33	4.67	4.00
Helpful with children who struggle in making attachments and connections	4.67	5.00	4.83
Able to empathize with foster parents who experience difficulties with the child	5.00	4.33	4.67
Attachment theory helps in matching child to foster home	5.00	4.67	4.83
Workers are theoretically and clinically prepared	4.33	5.00	4.67

Averages of Likert scale Questions 1= strongly disagree; 2=disagree;

   3=somewhat disagree; 4=somewhat agree; 5=agree; 6=strongly agree

There were three open-ended questions at the end of the survey. The majority of the respondents chose to answer all three of them. The first question asked them to state: *In (their) opinion, what are the best supports and training offered by the agency for the foster care parents*. The first respondent said that at her agency there is a Home Based Counseling and Skills component that supports the foster parents and provides training and hands on skills. She also felt that another valuable support is the other foster parents that are in their area. One of the other respondents felt that the agency they work for provides training throughout the year and opens up most of the employee training to foster parents. Another likes the on-line trainings and the MSSA Conference, the largest most comprehensive human service conference in the Midwest, that the agency participates in each year. One of the respondents appreciates the

Trauma training the agency does. Lastly a respondent noted that in addition to the trainings offered by the agency, the agency encourages the foster parents to attend MSSA Conference and also seek out additional sources of trainings that are felt to be relevant in helping foster parents better prepare for the children they work with.

The second open-ended question the survey asked was to finish this statement: *The most important support I feel is needed is…*One respondent felt that the foster parents need validation, appreciation, and acknowledgment for the hard work and sacrifices they make. Another responded that they do not think it matters who gives them this support as long as they receive it. One finished the statement saying that reminding the foster parent that they are not being judged by the child's behaviors and that they should not personalize, but instead step back and stay out of power struggles. Yet another respondent stated that more training on attachment issues and child specific training for each placement is needed. Another agreed that more training is needed to support the foster parents.

The last open-ended question that was added to the study asked: *Are there barriers that prohibit training and support? If yes, explain.* Many of the foster care worker stated that what gets in the way for the families they work with are time, location, and child care. Another pointed out that capturing the foster parents' interest can feel like a barrier. One of the workers also pointed out that sometimes language can be a barrier for the worker and or the foster care parents.

Discussion

The surveys communicated that the foster care workers agree that they, as well as their agencies, take into consideration what the research says about trauma, attachment and placement disruption. For the most part it seems the child's attachment history is looked at when matching them with potential foster families. It also seems that the workers feel they understand and are able to support any of the difficulties that could potentially happen within the home after placement.

For the most part the data showed that the foster care workers felt positive about the work their agency does for the foster care parents and the children they serve. They agree that the services they provide, the knowledge they are able to communicate, and the time they are able to spend is helpful and adequate for the care of the children. The responses showed that the foster care workers feel that they are able to take time for not only their own training, but to also encourage, and provide training for the foster care parents. Many of the trainings offered to the workers appear to be open to the foster care providers. This would help the workers and parents stay relevant and on the same page.

Two of the questions that diverged from the majority of the responses dealt with the foster care parents being included in the planning of the child's care and future as well as being informed about their attachment history. Both of these answers came from respondents working in the public agency. Their answers stand out because as prior research has shown, foster care parents are often motivated by wanting to be loving parents, preventing children from further harm, and being an important part of the team. Communication and a strong relationship between the agency, social worker and foster parents is a priority. Past research pointed out that when this

occurred foster parents had higher levels of satisfaction and thought less about quitting fostering.

In looking at the responses in the present study, it seems that the public agency, in some of the

workers' opinion, might need to work on how to include the foster parents in on the team

dynamics. This is especially true when it comes to sharing the child's history, understanding the

current plan, and participating in future planning. Being part of the process by knowing the past,

being part of the present, and helping influence the future could help the caregivers have realistic

expectations and more investment in the children they care for. It seems that the inclusion of

foster care parents in learning about the children's past attachment history and in being part of

making plans for the future may help in foster care parent's satisfaction, build stronger bonds,

and reduce placement disruption.

The other divergent response was from the private agency. The question stated that the

foster care parents take advantage of training and service opportunities to the best of their ability.

This response might be due to many factors. On one side it might reflect that the worker(s) feel

that the foster care parents do not make as much of an effort as they could. On the other side,

many different barriers were brought up on why the foster care parents might not be able to

easily access services and trainings. The workers talked about location, time and child care as

being barriers to taking advantage of training and services.

Past research has shown that learning about and developing new coping strategies and

frameworks can lessen difficulties and placement disruption. It was also felt that the

development of frameworks is important and that everyone working in foster care, both the

worker and the parents, would need to respect attachment in the foster care experience, both as

general theory and as a personal experience. Figuring out how to overcome the barriers the

workers mentioned in their response to one of the open-ended questions might shed light on this issue. The workers talked about busy schedules on both sides, child care, and access to services as the issues that get in the way. Overcoming these barriers and making sure that the topics are relevant and catch the foster parents' attention would be an important goal for all agencies. Teaching to the foster parent's needs and making connections can only help them feel competent and empowered.

Advantages and Limitations

One disadvantage to this study was that there were very few respondents to the survey, three from each setting. The researcher also received feedback from the contacts that the survey site in which the researcher used was at times difficult to access and some workers who might have responded did not due to this difficulty.

It is difficult to look in-depth at the results of this study due to the small sample size. As the researcher it seemed to be a difficult system to enter and there was an impression of being an "outsider". This was not an easy system to gain access to as an outsider. The perception of the foster care system and agencies is often negative and they are being asked to do a great many things with often very few resources. More studies could be done by those who do have experience within the foster care system and who could possibly better engage the respondents in order to get a higher response rate.

One strength of the study is that due to the anonymity of the survey those who did answer felt comfortable helping to explore the subject and have an outlet to voice praise and concerns. Another advantage is that many people are familiar with a Likert scale survey and may have felt

comfortable with it as well as feeling that it was not very time consuming to answer the

questions and send back.

Conclusion

This exploratory study examined, through the eyes of six foster care workers, how well

the foster care system meets the needs of foster care parents in preparing them to connect with,

understand, and successfully work with the children placed in their care. This study gave a

glimpse of the foster care system, its needs, and what could be done further to benefit the system

and ultimately the children. Overall the workers who were surveyed were satisfied with the work

their agency does. In future studies it would be interesting and worthwhile to go more in depth

into the agencies, the services, and the specific programs offered.

This study showed that the workers at one agency felt that they could do a better job of

communicating with foster parents about both the children's attachment history and planning for

the children's future. Workers at another agency thought that the foster parents could take better

advantage of training opportunities. Both of these areas, how to include foster parents in the

entire team process and the removal of what stands in the way of the foster parents' accessing

trainings, would benefit from further research.

Another avenue to explore in future studies would be connecting with the foster care

parents. It might be beneficial to get their perception on the services and trainings provided to

them and hear their voice. Also having a study comparing the views of the foster care workers

with those of the foster care parents to see where there are similarities and differences would be

beneficial to the system.

Many agencies incorporate the goal of making sure that the programs and services they are using are evidenced-based and relevant. Further studies would help to make sure that every effort is being made to stop and even reverse what is too often a destructive cycle in the foster child's life. This would benefit the child, the team of people assigned to help them, their family, as well as society. As we have read every relationship the child encounters is affected by their development and attachment history, so making sure we are putting them on the right path is important. The child's brain and life are still malleable and can be influenced by all the choices the adults around them make. Purposeful work between agencies and foster parents will benefit everyone, especially the children who are the center of this story and reason that foster care exists in the first place.

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Appendices

Survey Questions

What is your gender?

- ☐ Male
- ☐ Female

What is your race/ethnicity?

- ☐ Black/African American
- ☐ White/Caucasian
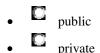- ☐ Hispanic/Latino/Latina
- ☐ Asian/Asian American
- ☐ Other [＿＿＿＿＿]

What is your age group?

- ☐ 18-24
- ☐ 25-34
- ☐ 35-44
- ☐ 45-54
- ☐ 55-64
- ☐ 65+

Years in your position?

- ☐ 1-2
- ☐ 3-4
- ☐ 5-6
- ☐ 7-8
- ☐ 9+

What is your position/title?
[＿＿＿＿＿]
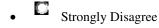Which type of agency do you work with?

- ☐ public
- ☐ private

The team is able to provide the knowledge and skills the parent will need for their foster placement match.

- ☐ Strongly Disagree
- ☐ Disagree
- ☐ Somewhat Disagree
- ☐ Somewhat Agree
- ☐ Agree
- ☐ Strongly Agree
- ☐ N/A

The team is able to make time to connect with the foster care parents on a fairly regular basis.
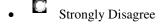
- ☐ Strongly Disagree
- ☐ Disagree
- ☐ Somewhat Disagree
- ☐ Somewhat Agree
- ☐ Agree
- ☐ Strongly Agree
- ☐ N/A

The team or a member of the team is able take time to listen to concerns and needs of the foster care parents as come up.
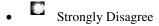
- ☐ Strongly Disagree
- ☐ Disagree
- ☐ Somewhat Disagree
- ☐ Somewhat Agree
- ☐ Agree
- ☐ Strongly Agree
- ☐ N/A

A team member is more often than not able to have productive and successful interactions with the foster care parents when there are questions and concerns.

- ☐ Strongly Disagree
- ☐ Disagree
- ☐ Somewhat Disagree
- ☐ Somewhat Agree
- ☐ Agree
- ☐ Strongly Agree
- ☐ N/A

The team works to remove barriers that get in the way of the foster care parent utilizing services provided by the agency and in the community.

- ☐ Strongly Disagree
- ☐ Disagree
- ☐ Somewhat Disagree
- ☐ Somewhat Agree
- ☐ Agree
- ☐ Strongly Agree
- ☐ N/A

The team makes an effort to thoroughly go over information with the foster care parents about the child or children at the time of placement.

- ☐ Strongly Disagree
- ☐ Disagree
- ☐ Somewhat Disagree
- ☐ Somewhat Agree
- ☐ Agree
- ☐ Strongly Agree
- ☐ N/A

Foster care parents are included in the planning for the current care and future of the children in their home.

- ☐ Strongly Disagree
- ☐ Disagree
- ☐ Somewhat Disagree

- ☐ Somewhat Agree
- ☐ Agree
- ☐ Strongly Agree
- ☐ N/A

Adequate opportunities are provided to increase the knowledge and skills of the foster care parent.

- ☐ Strongly Disagree
- ☐ Disagree
- ☐ Somewhat Disagree
- ☐ Somewhat Agree
- ☐ Agree
- ☐ Strongly Agree
- ☐ N/A

The foster care parents take advantage of training and service opportunities to the best of their ability.

- ☐ Strongly Disagree
- ☐ Disagree
- ☐ Somewhat Disagree
- ☐ Somewhat Agree
- ☐ Agree
- ☐ Strongly Agree
- ☐ N/A

The foster care parents are part of the team throughout the child's stay and have input throughout the child's placement.

- ☐ Strongly Disagree
- ☐ Disagree
- ☐ Somewhat Disagree
- ☐ Somewhat Agree
- ☐ Agree
- ☐ Strongly Agree

- ☐ N/A

The team and agency feels that the child's attachment history is significant when matching children in foster care.

- ☐ Strongly Disagree
- ☐ Disagree
- ☐ Somewhat Disagree
- ☐ Somewhat Agree
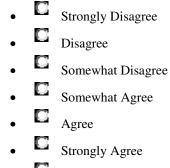- ☐ Agree
- ☐ Strongly Agree
- ☐ N/A

The team and agency thinks about the individual child's attachment history when making a placement.

- ☐ Strongly Disagree
- ☐ Disagree
- ☐ Somewhat Disagree
- ☐ Somewhat Agree
- ☐ Agree
- ☐ Strongly Agree
- ☐ N/A

Parents are educated about how a child's attachment history might impact their placement.

- ☐ Strongly Disagree
- ☐ Disagree
- ☐ Somewhat Disagree
- ☐ Somewhat Agree
- ☐ Agree
- ☐ Strongly Agree
- ☐ N/A

When working with a child who is having a difficult time making new attachments and connections the team is able to empathize and assist child to minimize placement disruption.

- ☐ Strongly Disagree
- ☐ Disagree
- ☐ Somewhat Disagree
- ☐ Somewhat Agree
- ☐ Agree
- ☐ Strongly Agree
- ☐ N/A

The team is able to empathize with foster parents who experience difficulties in relating to their foster child and help make accommodations to minimize placement disruption.

- ☐ Strongly Disagree
- ☐ Disagree
- ☐ Somewhat Disagree
- ☐ Somewhat Agree
- ☐ Agree
- ☐ Strongly Agree
- ☐ N/A

Attachment theory is used in understanding the needs of the children during the matching process.

- ☐ Strongly Disagree
- ☐ Disagree
- ☐ Somewhat Disagree
- ☐ Somewhat Agree
- ☐ Agree
- ☐ Strongly Agree
- ☐ N/A

I feel that the agency and teams I work with are theoretically and clinically prepared to help foster parents with difficult-to-place children.

- ☐ Strongly Disagree
- ☐ Disagree
- ☐ Somewhat Disagree

- ☐ Somewhat Agree
- ☐ Agree
- ☐ Strongly Agree
- ☐ N/A

In your opinion, what are the best supports and training offered by the agency for the foster care parents you work with?

[text box]

The most important support I feel is needed is…

[text box]

Are their barriers that prohibit training and support? If yes, explain.

- ☐ Yes [_____]
- ☐ No

INFORMED CONSENT

Connecting Foster Care Services and Training

The Principal Investigator, Kathryn Muellner, a graduate student at St. Catherine University and University of St. Thomas joint MSW program is conducting this research study. The Research Advisor for this study is Ande Nesmith, Ph.D., Professor, School of Social Work at the University of St. Thomas/St. Catherine University. You are eligible to participate in this study if you currently work with foster care parents in some capacity. Your participation in this research study is voluntary.

 WHY IS THIS STUDY BEING DONE?

This is an exporatory study to look at the foster care system from the point of view of the foster care worker. It will look at whether the foster care worker feels the system is providing the tools the foster parents will need to create a successful placement with positive relationship attachment and with the least disruptions possible. .

WHAT WILL HAPPEN IF I TAKE PART IN THIS RESEARCH STUDY?
You will be asked to complete an online survey. The survey consists of 20 questions and will take approximately 10 minutes to complete. Questions will include, demographics,

ARE THERE ANY RISKS OR DISCOMFORTS THAT I CAN EXPECT FROM THIS STUDY?
The proposed study should present no risk to you.

ARETHERE ANY BENEFITS IF I PARTICIPATE?
You will not directly benefit from your participation in the research.

WILL I BE PAID FOR MY PARTICIPATION?
You will receive no payment for your participation.

HOW WILL INFORMATION ABOUT ME AND MY PARTICIPATION BE KEPT CONFIDENTIAL?
You will not be asked to provide your identity. Any information that is obtained in connection with this study and that can identify you will remain confidential. Confidentiality will be maintained by means of recording your responses directly into a secure password-protected web-based database through Qualtrics.com where a number will be assigned not your name or e-mail address. Only the Principal Investigator and the faculty sponsor will have access to responses. Presentations or reports that emerge from this study will not identify specific individuals, and data will be analyzed in groups and presented in aggregate form and used for this research project only.

WHAT ARE MY RIGHTS IF I TAKE PART IN THIS STUDY?
Taking part in this study is your choice. You can choose whether or not you want to participate.

·   You have a right to have all of your questions answered before deciding whether to take part

·   You may choose to withdraw for any reason by not completing/discontinuing the survey

·   You may leave unanswered any question you decline to respond to

·   If you choose not to answer a question, or choose not to participate or to withdraw from the study, there will be no penalty

You may participate or withdraw from the study until April 7, 2012.

WHO CAN I CONTACT IF I HAVE QUESTIONS ABOUT THIS STUDY?

The Research Team: You may contact the principal investigator, Kathryn Muellner at muel2367@stthomas.edu or the research advisor, Ande Nesmith, at nesm3326@stthomas.edu with any questions or concerns about the research or your participation in this study.

By clicking on the **"Agree"** button at the bottom of this page, you indicate that you understand the purpose of this study and accept the terms of the study.

- Agree