Attachment, Fostering Parenting and Placement Stability

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ATTACHMENT AND FOSTER PARENTING

AND PLACEMENT STABILITY

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A Project

Presented to the

Faculty of

California State University,

San Bernardino

————————————

In Partial Fulfillment

of the Requirements for the Degree

Master of Social Work

————————————

by

Renae Lynn DeVolld

Myra Alicia Louise Rickman

June 2014

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ABSTRACT

A significant number of children remain in foster care for long periods of time. Among this vulnerable population there is a high rate of placement disruption. Multiple placement changes are more likely to have a negative effect on children in out-of-home care than those who remain in the same foster home until they can return to their parents, be adopted or leave foster care between 18 and 21 years of age. This study examined the effect of the foster parent's attachment style on the parenting values for touch, praise, encouragement, hope and commitment regarding foster children. Adults with a secure attachment style have been shown to be more effective in interpersonal relationships and are more likely to weather the storm through a child whose behavior is affected by trauma. The study found that caregivers with a secure attachment style would use touch, praise, encouragement, have hope for the child's future and be committed to the long term placement of the child or youth more often.

The study measured attachment styles of foster parents using the State Adult Attachment Measure (Gillath, Hart, Noftle & Stockdale, 2009); and an instrument developed by the researchers to measure parenting values. Foster parents also were invited to provide their contact information for participation in an interview. The qualitative interviews added depth to the study by helping shed light on how foster parents use touch, praise, encouragement, hope and commitment with foster children.

ACKNOWLEDGMENTS

DEDICATION

I would like to dedicate this research to my family and friends, your have been both patient and kind. I would also like to dedicate this research to those who work directly with foster children; so many of you have poured your hearts into improving the lives of foster children. Foster parents have a special place in my heart after hearing your stories, struggles, heart breaks and the love you have for children in your care. I am thankful for the dedication of the agencies and foster parents we met in the course of this research. – Renae DeVolld

I dedicate my thesis to my family and many friends. I want to thank all the foster parents who participated and made this possible by sharing their hearts for foster children in their care. A special feeling of gratitude to my friend and author of this work, Renae DeVolld whose hard work in editing me on this project, deep understanding of the moral obligation we have to create stability for children who have been traumatized, her commitment for the work we do for children, and constant encouragement is without question the reason this project has been able to be done thank you. – Myra Rickman

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CHAPTER ONE

INTRODUCTION

Children in out-of-home care continue to experience poor outcomes
due to multiple changes in placement. Many of these placement disruptions
are due to the child's behavior, especially once a child reaches adolescence
and has been moved multiple times. Child welfare agencies aim to reduce the
number of placements for children while in out-of-home care. Since the
passage of AB636 in 2006, which aims to improve the foster care system for
children in care in 2006, the measurable improvement has been insufficient to
meet the needs of this vulnerable population.

Problem Statement

Each year, hundreds of thousands of children enter foster care in the
United States. Many go back home, and others find a permanent family
through adoption or legal guardianship. However, many remain in out-of home
care for several years before they find a permanent home or simply age out of
foster care (Child Welfare Outcomes, 2010). Placement into foster care by
itself does not lead to short term attachment problems, reduced cognitive and
academic performance or behavior problems, at least for the short term
(Berger, Bruch, James, Johnson & Rubin, 2009). However, a significant
number of these children remain in foster care for long periods of time.
Children in long term foster care experience more placement changes after

they have been in out-of-home placement for more than two years (Child Welfare Outcomes, 2010), which negatively affects development, ability to control behavior and adjustment to the educational setting (Lewis, Dozier, Ackerman & Sepulveda-Lozakowski, 2007).

Previous studies have linked poor outcomes for both children and adults who were in foster care for behavioral adjustment, health, cognitive development, educational attainment, economic status and criminal delinquency (Jonson-Reid & Barth, 2000). Due to Federal mandates, States are working diligently to increase placement stability and improve emotional and behavioral problems among children in long term foster care (Blakey et. al, 2012, p. 370).

There are four specific areas where placement stability can be improved, "child related factors, biological parent related factors, system related factors and foster family related factors" (Blakey et. al, 2012, p. 370). The factors that affect a foster family's are characteristics of the foster family or events that affect their willingness and/or ability to continue as foster parents. A lack of experience with foster children, unrealistic expectations and the individual parenting style (Blakely et al., 2012) are changeable through training and experience. There is little research on how the attachment style of the caregivers relates to the connection with the child including the commitment the caregiver is willing to make to the long term care of the child.

Children who experience multiple placements may see caregivers as objects who can meet their needs rather than people who can be part of a reciprocal relationship (Hughes, 1998). A child who has aged chronologically without a caring adult to protect and provide for them learns self-reliance and hesitates to enter into trusting relationships where vulnerability is a requirement. Maltreatment combined with the experience of multiple placement episodes negatively impacts a child's ability to form attachments with subsequent caregivers and disrupts the child's ability to function (James, 2004). Each placement disruption adds to the barriers the child builds around their emotional state of being.

Healthy child development depends on the formulation of trusting attachment relationships between the child and caregiver (Bowlby, 1979). Children who have experienced multiple placements are often both cognitively and emotionally delayed when compared to their same aged peers. Although they crave emotional connections, they also resent and reject them in order to protect themselves (Schofield & Beek, 2005).

Not all children who enter foster care have been abused and neglected since birth. Some have formed secure attachments to their parents or other caregivers and are removed or relinquished to the Juvenile Court after this attachment is formed. Child welfare workers and foster caregivers are charged with giving this vulnerable population an opportunity to reestablish an attachment relationship or for developing one for the first time (Schofield &

Beek, 2005). The responsibility to establish and solidify a trusting attachment relationship with the child falls completely on the caregiver in the child welfare system due to the child's inability to interpret caregivers as someone they can love and trust (Schofield & Beek, 2005).

Both children and caregivers bring their own ideas, past relationships and hope for the future into the child/caregiver relationship. Unlike simpler developmental tasks, learning to love and be loved does not come automatically for a child and the lack of reciprocal love is likely to negatively affect both the child and the caregiver. The child often brings severe behavior problems and emotional chaos into the relationship and the caregiver may experience feelings of hopelessness and failure if they are unable to connect with a child in their care (Lieberman, 2003). The inability to enter into what a caregiver sees as a normal parent/child relationship may lead the caregiver to believe the child does not like them, does not want a relationship with them and eventually give up trying to establish an intimate connection with the child.

Children who have not had a secure attachment or have been in multiple disrupted placements come to a new child/caregiver relationship with a set of preconceived ideas of mistrust and self-reliance. The caregiver must send continual messages of reassurances and love to develop a lasting trusting relationship with the child (Lieberman, 2003).

Purpose of the Study

The purpose of this study is to explore foster parent attachment styles and how they affect their ability to utilize touch, praise, encouragement, hope and commitment in their relationship with the children in the home.

The United States Department of Health and Human Services annually reviews data collected from 48 states to ensure the States are continuing to improve outcomes for children and youth in the care of Child Welfare Services (Child Welfare Outcomes, 2010). Children in foster care are the responsibility of the child welfare system and the government, as well as child welfare agencies, are interested in improving their lot. Historically, outcomes for children who have aged out of child welfare have been grim (Child Welfare Outcomes, 2010), and it is important to do whatever is necessary to provide them every opportunity to heal rather than cause additional harm. The social work profession aims to do no harm but the children who experience long term foster care in our system are certainly harmed by the inability of the child welfare system to provide them with a family who loves them and is committed to their future.

Currently, the training provided to foster parents in San Bernardino County consists of eight three hour training sessions, designed to provide future caregivers with skills that will allow them to provide a loving home for children in out-of-home care. The Parent Resources for Information, Development and Education (PRIDE) training is designed to teach parenting

skills specific to the foster care population. The training is required prior to the beginning of the home study, which can take from a few months to close to a year (Adoption network law, 2013). There is no system to ensure caregivers use the training or keep up on new relevant information regarding the development of traumatized children. However, children with special needs can qualify for a special care rate which requires caregivers to attend a preset number of trainings each year. The trainings are selected by the caregiver and proof of attendance is provided to the county worker.

In other words, barring criminal convictions and child abuse history, anyone can become a foster parent in the State of California. The impact that foster caregivers have on these vulnerable children must be carefully considered. Furthermore the child's need must be carefully considered and matched with the caregiver's abilities in order to provide children in out-of-home care with greater opportunities to experience stability and form lasting relationships.

This study examined the appointed caregiver's attachment style and their ability to establish a parent/child connection with the children in their care. This connection between the caregiver and the child predicts a more stable placement, because adults with a secure attachment style have been shown to be more effective in interpersonal relationships and are more likely to weather the storm of a child whose behavior is affected by trauma (Berry, Weardon, & Barrowclough, 2007).

The project also studied how attachment style affects the foster parent's ability to use touch, praise, encouragement, hope and commitment to establish a lasting relationship with foster children. Specifically, the study hypothesized that caregivers with a secure attachment style can touch, praise, encouragement, have hope for the child's future and be committed to the long term placement of the child or youth.

This study included a quantitative data analysis of participants' attachment style using the State Adult Attachment Measure. Although attachment is formed early in life (Bowlby, 1979) attachment security can increase and decrease based on the individual's current relationships. The tool measures the current state of attachment for the individual (Gillath, Hart, NOftle, & Stockdale, 2009). This study also included a quantitative analysis of foster parents' ideas and incorporation of touch, praise, encouragement, hope and commitment in the daily lives of children in their care. In addition, in depth interviews were conducted to better understand the effect of touch, praise, encouragement, hope and commitment and on the family's everyday life.

Significance of the Project for Social Work

Forming secure attachments and finding caregivers who have high levels of training and commitment to a child with multiple placement disruptions will help children who have had multiple placements over several years to develop a sense of belonging and become part of a family that includes reciprocal love between them, the caregivers and other family

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members (Schofield & Beek, 2005). A study on the effect of adult attachment style could bring two changes in the foster care placement system. Children with severe attachment deficits could be matched to caregivers who have a secure attachment style and are better able to handle the more difficult behaviors these children display without experiencing feelings of failure and despondence. The second possibility for this research is the development of training materials, possible referrals for therapy, and awareness of the implication of adult attachment on the caregiver/child relationship dyad.

The State of California and the University of California Berkeley formed a partnership to collect data and review child welfare outcomes for California's children in out-of-home placement. The collection of data allows County and State administrators to review the measurable performance of each county. Placement stability of foster youth are but one of the outcomes being looked at for performance improvement (California Child Welfare, n.d.).

Since the passage of the Child Welfare System Improvement and Accountability Act (AB 636) in 2001, the State of California and its counties have been working toward achieving better outcomes for children in out-of-home placement. As part of AB 636, Child Welfare intends to significantly increase the number of children who have family relationships and connections to important others as well as living in permanent and stable homes (CDSS, n.d).

Children in foster care can experience long term gains in social skills, emotional functioning and academic achievement if they are in a stable placement (Oke, Rostill-Brooks, & Larkin, 2013)and this study proposed that the children who are at the highest risk for placement disruption be placed with foster parents with secure attachment styles in order to give them a higher chance of placement stability while in out-of-home care.

CHAPTER TWO

LITERATURE REVIEW

Introduction

There is a plethora of research on attachment and behavior in children. However, the research on the attachment styles of the adult caregivers is limited. The following review of the literature examines the possibility of measuring adult attachment style as well as particular caregiver behaviors that will decrease placement disruptions. The chapter reviews the literature on attachment, the foster parent/child relationship, caregiver attachment styles and what that means to foster children, the use of touch, praise, encouragement, hope and commitment to foster children.

Theories Guiding Conceptualization

Infant/Caregiver Attachment

Attachment theory (Bowlby, 1979) proposes that early intimate relationships with significant caregivers define a person's ability to function in intimate and social relationships throughout the lifespan. Early attachment relationships have a life-long impact on an individual's self-esteem, emotional regulation, and mental health and provide an internal working model of an individual's self and social world (Shaver & Mikulincer, 2002). Hepper and Carnelley (2012) found that attachment style influences how an individual interprets feedback from significant others. There was a much higher impact on individuals with anxious attachment for negative feedback. Anxious people

are more negatively affected by negative feedback than are boosted by positive feedback experiences (Hepper & Carnelley, 2012). This would indicate that a child with attachment problems and consequent behavior problems is likely to produce negative self-esteem in an anxiously attached foster parent.

Anxious Attachment

Adults with anxious attachment are more likely to think about problems excessively, intensifying the possible threat and perpetuating a sense of helplessness and vulnerability (Caldwell & Shaver, 2012). They also have the tendency to link negative events and emotions together, creating a trail of negative feelings and thoughts. When one thinks of a single negative event, it triggers a flood of negative memories and feelings (Blom, van Middendrop, & Geenen, 2012). Often, those who are anxiously attached will work to persuade themselves and others how badly they have been treated and continue to focus on past traumas and see themselves as victims (Blom, van Middendrop, & Geenen, 2012). In order to develop a healthy reciprocal relationship with a child in foster care, the parent/caregiver must see themselves as a caregiver rather than a victim.

Adults who have established an anxious attachment are more likely to try to attempt control their external environment in order to reduce emotional pain associated with external stimuli. Disorganized attachment can result in controlling strategies in caregiving relationships (Liotti, 2011). Over controlling

foster parents, can limit the child's development and ability to self-regulate.

Because the foster parent is not aware of these unconscious, self-protective

actions they are very resistant to change (Liotti, 2011). A caregiver who is

expending all of their energy working to control their external environment to

reduce emotional pain, will be unable to respond to a traumatized child's

special needs.

Avoidant Attachment

Adults who had attachment related avoidance had a reduced attention

span relating to emotions and were more prone to suppress their emotions

rather than process them with significant others. This is thought to be a

consequence of reducing the pain associated with an unavailable or

dismissive attachment figure (Caldwell & Shaver, 2012). Foster parents who

have an avoidant attachment style are more likely to avoid emotional distress

and may not be able to emotionally connect with foster children who have high

levels of emotional distress.

Secure Attachment

Securely attached adults are more likely to be able to regulate emotion

and change the emotional impact of a situation and are more able process

both good and bad emotions without being overwhelmed by cycles of negative

effect (Caldwell & Shaver, 2012). Adults with secure attachment are more

willing and able to provide the trusting relationship needed by traumatized

children and youth in order to allow themselves to become vulnerable and establish new relationships with important others.

Romantic Attachment Theory

Romantic attachment theory assumes that adult romantic relationships use the same emotional and behavioral systems developed and nurtured during early attachment relationships (Fraley & Shaver, 2000). Adults who are in a healthy romantic relationship feel more secure and safer when their partner is nearby, responsive and accessible to them (Hazen & Shaver, 1994). Shaver, Hazen and Bradshaw (1988) compared romantic relationships with infant relationships and found similar emotional characteristics between them. The continuity of attachment style after adulthood can be looked at through the lens of romantic relationships. Romantic attachment theory also proposes that romantic love consists of attachment, caregiving and sex (Hazen & Shaver, 1987).

One can compare the love and caregiving aspect of romantic attachment to the bonds formed between a foster caregiver and child. Fraley (1999) proposed two schools of thought for the stability of these relationships. Either the infant attachment relationships remain intact throughout the lifespan, or the original representations can be "overwritten" through new attachment experiences. One can surmise that although attachment between infants and caregivers is the primary way individuals learn to interact in an intimate relationship, human beings continually modify and edit their definition

of intimate relationships and build a mental representation which continually affects new and current relationships (Haydon, Salvatore, Simpson, & Roisman, 2012).

<u>Caregiving and Attachment</u>

Looking at the literature on caregiving and attachment styles, one can surmise that the caregiving relationship between adults emerges from the romantic relationship. Attachment and caregiving are often thought of two separate and distinct systems because they occur at different points of development (Simpson & Rholes, 2000). Freeney and Collins (2001) described the caregiving relationship as behavior resulting from engaging in a reciprocal trusting relationship and looked at caregiving and attachment in an attempt to connect an individual's attachment style to the type of caregiving provided to an intimate partner. They concluded that individuals with a secure attachment would be a more effective caregiver and be more responsive to their partner's needs than those who are insecure. They also found differences in the type of care and attitude of caregivers in avoidant and anxious adults. Avoidant adults were less responsive and appeared to lack sensitivity to their partner's needs. However, anxious adults were sensitive to their partners but were very controlling of their partner. While avoidant persons were less sensitive to emotional needs, anxious people were very sensitive to their partner's emotional distress.

A study done on attachment and caregiving for a loved one with advanced cancer revealed avoidant attachment was negatively associated with caregiving physical closeness and the ability to respond to others needs, while anxious attachment was associated with compulsive caregiving (Braun, Hales, Gilad, Mikulicer, Rydall, & Roden, 2012). While individuals with the anxious attachment style are seeking love and trust in a relationship but are not sure it will be returned, avoidant individuals cope with emotional distress by turning away from loved ones when they are upset or anxiety levels are high (Braun, Hales, Gilad, Mikulicer, Rydall, & Roden, 2012).

The infant/caregiver relationship is formed in the early part of life and has a profound impact on intimate relationships throughout life. Some infants do not develop a secure attachment with their primary caregiver, and others may have their attachment development disrupted due to trauma, neglect, or abandonment by their primary caregivers. Children who have experienced a disruption in attachment development can still form a secure attachment with someone but they must be willing to take risks, be vulnerable and attempt to trust others. Foster caregivers who have avoidant or anxious attachment styles may be more controlling or less willing to make an emotional commitment to a foster youth due to their own insecure attachment and inability to handle the undeniable emotional distress that comes along with caring for children who have experienced trauma and loss.

Adult Attachment with Adoptive Children

Attachment patterns established in the first two years of life are thought of as stable, but can be altered with significant changes in the caregiving environment (Pace & Zavattini, 2011). Children who have experienced trauma during their early years may develop attachment styles and behaviors that can be trying for foster or adoptive parents (Pace & Zavattini, 2011). Studies have shown that foster mothers with secure attachment were better able to form an attachment relationship with foster and adoptive children (Pace & Zavattini, 2011). Pace and Zavattini (2011) found that children experienced a significant enhancement in attachment after less than a year of being placed in a stable home. All of the children in the study whose attachment security increased were placed in homes where the mothers were classified as securely attached, while children who were placed with mothers whose attachment was classified as insecure did not experience any movement towards attachment security (Pace & Zavattini, 2011).

It is important for foster caregivers to have resolved their own attachment issues prior to trying to establish a relationship with a child or youth that has experienced multiple placement disruptions. These children lack trust and are often unwilling to enter into another relationship with a high possibility of failure. Foster children need to be loved and emotionally supported by caregivers who have the ability to form healthy attachments.

The Foster Parent/Child Dyad

Caregivers of children in foster placement often find themselves in an intricate dance between a child's disrupted emotional development and the need to function in school, the community and in peer groups (Schofield & Beek, 2005). The California Welfare and Institutions Code clearly defines child maltreatment as a crime. A foster child with multiple placements has been victimized on two fronts, once when by their family and again by the child welfare system. The compound emotional trauma of being victimized by the people who were supposed to love them and the system that was designed to help them, leave many children broken and unable to respond to love from a well-meaning caregiver who is unaware of their own attachment style and the impact it has on their relationship with others.

Caregiver Attachment Styles and Commitment to Maltreated Children

Attachment style impacts the functioning of adults as well as children. Adults with the anxious attachment style tend to have a negative self-image and an excessive need for approval while adults with an avoidant attachment style are more likely to have a negative image of others, an excessive fear of being dependent on others and desire to be self-reliant (Berry, Wearden, & Barrowclough, 2007). Caregivers with a negative self-image or excessive need to be self-reliant will be poorly matched to a child who has been maltreated and needs extensive love and care in order to form trusting relationships.

Adult attachment styles also affect the amount of parental stress experienced by a caregiver. Parents with avoidant or anxious attachment styles have a higher level of parental stress than caregivers with the secure attachment style (Zuck, 2009). Caring for children who have poor attachment relationships and/or significant behavior problems is difficult work. Caregivers with anxious or avoidant attachment styles and added parental stress are likely to have greater difficulty making the long term commitments these children need in order to develop a trusting relationship that will teach them how to function within relationships and in the greater society (Bowlby, 1979).

There is a fair amount of literature regarding romantic commitments and attachment relationships. The literature proposes that a secure attachment style contributes to the individual's ability to make a greater commitment to their romantic partner (Joel, MacDonald, & Shimotomai, 2011). Attachment styles are fairly stable across relationship types, (Shaver, 2002) allowing us to infer a secure attachment style would also bring a greater degree of commitment of a caregiver to a foster child.

Touch, Praise, Encouragement, Hope and Commitment

Touch, praise, encouragement, hope, and commitment are characteristics of secure adult attachment styles. Touch breaks down defense mechanisms used to protect one's self. Praise is used as reward tool to express approval for a behavior, attitude, or performance that meets

expectations. Encouragement allows the child to accept his or herself just the way they are in that moment while prompting change for self-improvement. Hope and commitment are used to create trust and reaffirm the intention to stay in a relationship. Based on the attachment style of the foster parent these characteristics will create a positive connection and therefore a forever family or another disruption in placement for the child.

Touch

Touch occurs when two people experience physical contact in any form (Zur & Nordmarken, n.d.), creating a sensation that makes one human being feel connected to another. Touch is a reciprocal action that can bring either pain or pleasure (Leder & Krucoff, 2008). Children, who receive inadequate amounts of physical touch, may develop abnormal behavior (Zur & Nordmarken, n.d.). A lack of touch can cause insomnia, depression, stunted growth, and create a tendency for physical violence. Using touch based massage therapy has been shown to have a positive effect on anxiety and depression in children who have experienced trauma (McNeil-Haber, 2004). Part of secure attachment is the ability of individuals to connect to one another. Touch creates a dynamic human connection between individuals, as it is one of the five human senses it creates and perpetuates a deeper connection between people (Zur & Nordmarken, n.d.).

<u>Praise</u>

Descriptive praise is the use of spoken words to reinforce desired behavior. The praise needs to make a statement about the child's correct behavior and completion of the desired task. Praise given incorrectly leads a child to believe the only measure of value is performance. However research shows descriptive praise promotes self-esteem and helps children feel unconditionally accepted. For example a general praise may say "Summer thank you for being a good listener." However, specific praise would say "Summer thank you for listening when I asked you to put the dishes away." Children who never receive praise can become depressed and stop caring due to their perception of never being good enough (Haydon & Rao, 2011).

Children who are removed from parents immediately face a broken bond of trust. These foster children have been abused, neglected, or have incapacitated parents who could not care for them due to drug issues, mental health issues, or other disabilities which compromise their parenting ability. From the initial removal foster children experience fear and uncertainty of the rules in a new environment, which can lead them to act out and be disruptive. The disruptive behaviors then lead to multiple placements because foster parents do not have the skills, understanding or empathy to deal with this behavior.

Much of the research done involving praise has to do with teacher student relationships. The increase of behavior-specific praise (BSP) and the

decrease in reprimands has been shown to improve disruptive behaviors and increase self-esteem, self-worth and self-acceptance of the child and instructor (Moffat, 2011). These techniques made part of the training for foster parents will increase stability in a child's life.

Descriptive praise is a new language foster parents need to learn. This type of praise will allow children to take pride in accomplishments. When children feel pride it is empowering and promotes attachment to the caregiver who acknowledges the achievements being made.

Encouragement

Encouragement is about improvement not performance. Encouragement validates the person for doing the best that can be done. Encouragement does not judge or compare but accepts and motivates change in behavior, attitude and allows a child to feel worthwhile just for being (Evans, 1997). Encouragement looks at strength based words and action from foster parents to the children in care. Encouragement does not wait for success, it promotes success. A foster parent using encouragement keeps the child trying and sees mistakes as opportunities to learn new behaviors and attitudes. If a foster parent only measures success by an expected standard, then the child in foster care can become discouraged. A foster parent meeting the child where the child is and appreciating the child's differences and uniqueness will encourage the child to meet their fullest potential for life. Speaking words of encouragement validates the child and creates a bond of social connection

within the family. This type of social support has been shown to create positive life changes in behaviors, and give a person the ability to endure trauma (Sarason, Basham, & Al, 1983).

Children in foster care learn quickly if the expected standard is attainable. If the child's culture, value, and morals are significantly different from that of the foster parent the response will be discouragement. Discouragement can lead to anger, fear of being rejected, and eventually lead to apathy and acting out to prove the perception of worthlessness is true. This child is left without the social support of the system built to protect them. This lack of support will create resistance, depression and unneeded stress in the home (Sarason, Basham, & Al, 1983).

Hope

All foster children have been exposed to trauma. Trauma can consist of witnessing or experience physical trauma or it can be attachment based trauma, which is a non-violent removal from the home. Between 46% and 90% of these children have been exposed to chronic trauma or have experienced multiple traumatic events. Long term exposure to trauma affects a child's ability to develop and function in the family or school setting (Kisiel et. al., 2013). Hope is one of the ways we can help children balance the negative effects caused by trauma. Hope can help trauma exposed children believe in themselves and others (Nayar, 2012). Stabilizing children in out-of-home placement is critical to helping children feel hopeful after experiencing trauma.

Helping foster children experience hope accomplishes two goals. It can reduce negative behaviors, which will reduce placement disruptions (Pace & Zavattini, 2011) and it can reduce the effects of trauma (Nayer, 2012).

Training foster parents to provide unconditional love, acceptance and approval, can give foster children a sense of belonging, which inspires hopefulness. Belonging and acceptance create safety and security. Hope becomes the gift of self-empowerment. This empowerment helps instill perseverance in the young person by seeing the strengths of the child and focusing on the positive. Hope in children will lead to an ability to use self-discipline, and the motivation to continue to receive positive encouragement (Lippman, Moore, Guzman, Matthews, & Hamilton, n.d.).

If the foster parent is unable to engage in a trusting intimate caregiver/child relationship it reinforces the child's perception of hopelessness and despair, behavior problems increase, and the likelihood of placement disruption is high. A foster parent with a secure attachment styles can endure the behaviors of a child who has a poor attachment style. Repairing attachment disorders in a child requires the foster parent to stay positive and hopeful to the possibility of change in the child. If the caregiver can maintain hope for the child's future, the child can learn to have hope for themselves (Lippman, Moore, Guzman, Matthews, & Hamilton, n.d.). Hope is the perception of meaning in life. It creates change in both thinking and

philosophy. Hope creates a vision for a better future, based on possibility

rather than history (Brink, 1990).

<u>Commitment</u>

      Birthparents have an innate, biological, and chemical reaction to their

child during pregnancy and birth that provides them with the desire for an

intimate emotional connection with their new baby. Foster parents lack the

positive biological and chemical responses and therefore many are less

committed to the foster child than they would have been to the same child if he

or she had been their offspring. However, after five years of placement, the

caregiver's level of commitment to foster children was the same as their

offspring (Bernard & Dozier, 2012). Children who grow up in homes where the

caregiver is committed to the long term love and care of the child are more

likely to form and maintain secure attachment relationships (Oke,

Rostill-Brookes, & Larkin, 2013) that will allow them greater success in future

relationships (Bowlby, 1979). The caregiver who sees the child as a member

of their own family and integrates him or her into both the nuclear and

extended family will likely remain committed to the well-being of the child

indefinitely (Bernard & Dozier, 2012).

      Commitment is the caregivers' investment in an enduring relationship

with the child. This investment includes emotional vulnerability with the child,

and economic commitments to the child's education and development

(Bernard & Dozier, 2012). A caregiver who knows what to expect has a better

commitment to a foster child than one who is waylaid by unexpected behaviors. Caregivers who knew more about the child's history and who were willing to take on a child with previous placement disruptions and behavior problems maintained a longer period of placement (Oke, Rostill-Brookes, & Larkin, 2013).

The quality of a child's attachment is highly dependent on the responsiveness of the caregiver (Bernard & Dozier, 2011). A child who experiences high level of responsiveness and establishes a place in the family will be able to express their own feelings, desires and dreams in the context of the parent/child relationship. A high level of commitment to a child in out-of-home placement is in his or her best interest regardless of whether the child welfare agency's goal for the child is parental reunification or adoption (Bernard & Dozier, 2012). A child who returns home to their family of origin with a sense of who they are and where they fit in the world will be far more successful than a child who has withdrawn from emotional commitment because they experienced too much grief and loss due to multiple placement disruptions and the initial removal from the home. Children in out-of-home placement who do not have committed caregivers are more likely be experience removal and replacement (Bernard & Dozier, 2012).

There is a clear connection between secure attachment styles and successful relationships. Individuals with secure attachments are more likely to a have satisfying romantic relationships, are more likely to engage in

reciprocal caregiving relationships and are more likely to be sensitive to the needs of others.

Summary

The attachment formed early in life has multiple effects throughout the lifespan. Looking at the attachment style of caregivers for foster children will provide one answer to the question of placement instability. Foster parents with secure attachment styles are better equipped to manage the emotional instability and behavior problems of children who have experienced grief, loss and trauma. Caregivers who use touch, praise and encouragement along with having hope for a child's future are more likely to be committed to the long term care of the child.

CHAPTER THREE

METHODS

Introduction

This chapter describes this study's design, sampling strategy, data collection instruments and data collection procedures. The protection of human subjects during the course of the study is also covered in greater detail. The chapter concludes with an overview of the quantitative and qualitative analysis.

Study Design

The purpose of this study was to examine foster parent attachment style and how attachment style impacts the use of touch, praise, encouragement, hope and their commitment to foster children. The study was conducted using a quantitative survey to measure adult attachment style and foster parents' perception of their use of touch, praise, encouragement, hope and commitment.

The researchers also conducted in depth qualitative interviews with foster parents to look for more specific incidents of touch, praise, encouragement, hope, and commitment in the relationship between the caregivers and the child. The data from the qualitative interview was used to deepen our understanding of variables on family life in foster homes.

Sampling

The sampling methods included attending trainings for foster parents in order to collect quantitative surveys in San Bernardino and Riverside County. The researchers also attended a state wide foster parent conference to distribute and collect surveys. Additionally the researchers distributed the samples by way of mail with postage paid self-addressed return envelopes for mail in responses. Efforts were made to contact foster family agencies and foster parent associations in order to distribute and collect surveys at trainings and conferences where foster parents would be in attendance. A total of 215 telephone contacts were made that included 125 foster family agencies and 5 foster parent associations.

Participants in this study were licensed foster parents who presently have foster children or have fostered children in the past. Relatives and adoptive foster parents were also included.

Foster parents were asked to complete the questionnaire as honestly as possible and asked to volunteer for an in depth interview in order to gather additional data about their relationship with the foster children in their care.

Data Collection and Instruments

Data were obtained through two self-administered questionnaires. The State Adult Attachment Measurement (Gillath, Hart, Noftle, & Stockdale, 2009), which is a 21 Likert Scale questionnaire. A second questionnaire, developed by the researchers, was administered to foster parents

successively and consisted of nineteen yes or no questions to measure touch, praise, encouragement, hope and commitment. As part of the quantitative data collection, participants were asked to volunteer for a qualitative study by leaving their email or phone number for the researcher to contact them to schedule an in person interview. The qualitative study was an unstructured interview using open ended questions to cover the following domains of interest:

1. Praise and Encouragement

2. Touch

3. Commitment

4. Hope

Interviews were conducted by both researchers. The researchers recorded the first six interviews. However, the tape recorder broke. For the other fifteen interviews, one researcher conducted the interview while the other typed the results.

Ten questionnaires were received by mail, three questionnaires were received from Greater Hope Foster Family Agency in Barstow, seven questionnaires were received from Greater Hope Foster Family Agency in Victorville, seventeen questionnaires were collected at New Beginnings Foster Family Agency in Hesperia, six questionnaires were collected from Child Help Foster Family Agency in Redlands, seven questionnaires were collected from United Connections Foster Family Agency in Riverside and forty

questionnaires were collected at the foster family agency conference in Ontario. Twenty-one qualitative interviews were conducted. However, only fifteen interviews were able to be transcribed due to a faulty tape recorder.

Procedures

The investigators received permission from each of the seven agency contact persons to administer the questionnaire during a foster parent training or mail the questionnaires to foster parents. During the initial inquiry, a description of the study was provided both verbally and by email when requested. If a hard copy was requested, a cover letter (see appendix A), the consent form,which explained the purpose of the study, confidentiality and any risks involved (see appendix B), questionnaires (see Appendix C and D) and debriefing statements (see Appendix E) was either mailed or delivered. Of those contacted, four foster family agencies allowed the researchers to attend trainings, two foster family agencies mailed the surveys to foster parents, one foster family association distributed the surveys to their email list via survey monkey and one foster family association allowed the researchers to attend a conference.

When attending the trainings, the investigators arrived early enough to ensure there was time to give a detailed description of the questionnaire packet and procedures for completing it. The investigators offered to answer questions and remained until there were no more. It was emphasized that the study was confidential and voluntary. The questionnaires were placed in a box

during the duration of the trainings. The investigators left the training in order to avoid intruding on the foster parent's training time. The investigators returned at the end of the training to collect the questionnaires and answer any additional questions. Those foster parents who were unable to complete the questionnaire during the training that expressed a desire to do so were given a self-addressed return envelope.

Protection of Human Subjects

In order to ensure the protection and rights of the participants, the guidelines and ethical principles and for the protection of human subjects for research that is stated in the Belmont Report were followed (Grinnell & Unrau, 2008). Participants were provided a consent form describing the purpose of the study, confidentiality and any risks or benefits that may occur from participation in the study. Participants were informed that participation voluntary, they could withdraw at any time, and they could skip any question they did not want to answer. Participants at trainings were also told if they do not wish to complete the questionnaire, they could fold up the blank survey and place it in the box in order to prevent any knowledge by the agency or researchers as to their participation or lack of participation in the research. To protect each participant's identity, each questionnaire was assigned a random identification number and no identifying information was connected with the data collected. The original surveys and consent forms were kept in a secure location and destroyed when the study was complete. Participants were given

a debriefing statement after they completed the questionnaires. Participants were also provided the local social service resource number of 211 to ensure they could find services if participation in the study caused them any type of distress.

Data Analysis

The quantitative data was measured on an ordinal level that compared attachment style with the relationship style of the caregiver based on touch, praise, encouragement, hope and commitment. A Univariate analysis were conducted on each independent variable. A bivariate analysis for attachment and the other independent variables, touch, praise, encouragmenet, hope, and commitment was conducted. Correlation coefficiant's were used to analyze the relationships between the variables. The qualitative data was coded into common themes and descriptive analysis was used to determine the relationship between the qualitative data and the quantitative variables.

Summary

This chapter reviewed the study design, sampling method, data collection, instruments used and procedures. The chapter also reviewed the protection of human subjects and the method of analyzing the data collected. The study examined both qualitative and quantitative data using an attachment measure, a parenting measure and qualitative interviews.

CHAPTER FOUR

RESULTS

Introduction

This chapter discusses the findings of this study. Demographic data and tables are provided to help describe the results of the study and the common themes.

Presentation of the Findings

Demographics

Table 1. Age

	Participants	% of Participants
20-29	3	4.4
30-39	5	7.3
40-49	25	36.7
50-59	15	22.0
60-69	17	25.0
70+	4	5.0
Total	68	76.4
Did not answer	21	23.6
Total	89	100.0

Table 2. Gender

	Participants	% of Participants
Female	60	67.4
Male	12	13.4
Did not answer	17	19.1
Total	89	100.0

Table 3. Race

	Participants	% of Participants
American Indian	18	20.2
Asian	2	2.2
Black	30	33.7
White	25	28.1
Did not answer	18	20.2
Total	89	100.0

The sample for this study included 89 foster parents from California. Foster parents ranged in age between 22 years old and 76 years old; The mean age of the participants was 51.5 (sd = 12.19) Twenty one participants did not indicate their age (See table 1). Although the mean age was 51.5,

more foster parents were between 40-49 years old than any other age. The majority of the participants were female (67.4%) (See table 2.) and black (33.7%) (See table 3).

Table 4. Foster Family Agency

	Participants	% of Participants
Greater Hope Foundation	9	10.0
New Beginning Foster Family Agency	17	19.1
Child Help	6	6.7
Coming of Age Foster Family Agency	1	1.1
Aspiranet	1	1.1
United Connection	7	7.9
Kinship Care	2	2.2
County foster home	19	21.3
Other	7	7.9
Did not answer	20	22.5
Total	89	100.0

Table 5. County of Residence

	Participants	% of Participantes
Alameda	1	1.1
Contra Costa	2	2.2
Fresno	1	1.1
Imperial	1	1.1
Los Angeles	5	5.6
Marin	2	2.2
Riverside	9	10.1
Santa Barbara	1	1.1
San Bernardino	51	57.3
San Luis Obispo	1	1.1
Siskiyou	1	1.1
Did not answer	15	16.8
Total		

Participants represented a variety of foster family agencies (FFA) as well as county foster homes. The greatest number of participates were county foster parents (19 participants or 21.3%), (see table 4). The study included participants from eleven California counties, with a large number from San Bernardino (51 participants or 57.3%), (see table 5).

Table 6. Attachment Style

	High	%	Neutral	%	Low	%	Total
Secure	80	89.8	2	2.2	1	1.1	83
Avoidant	7	7.8	17	19.1	58	65.1	82
Anxious	40	44.9	17	19.1	25	28.0	82

One of the main purposes of this study was to measure attachment style of the foster parents. The State Adult Attachment Measure (Gillath, Hart, Noftle, & Stockdale, 2009) was given. The tool measures anxious, avoidant, and secure attachment styles based on what the participant is feeling at that moment. The maximum score a participant could achieve for anxious style was 49, for avoidant 42 and for secure 49. Participants with a score less than 21 in each category were considered low in that category, between 21 and 28 were neutral or mixed and a score higher than 28 was considered a high score for that attachment style.

A large number of participants scored high in secure attachment, (89.8%). However, 44.9% of participants also scored high in anxious attachment and 7.8% scores high for avoidant attachment (see table 6).

Parenting Values

Participants answered four yes or no questions in a group that measured their value for praise as a parenting tool (See appendix B). Scores

of 2 or 3 indicated a neutral or medium value, and a score of 1 indicated a low

value for praise as a parenting tool. A large percentage of foster parents

scored in the neutral range for use of praise as a parenting tool (See table7).

Table 7. Parenting Values

	High	%	Neutral	%	Low	%	Total
Praise	5	5.6	63	67.8	11	12.4	79
Initial Touch	20	22.5	34	38.2	26	29.2	80
After six months	42	47.2	29	32.6	9	65.1	10.0
Commitment	57	71.2	15	16.9	6	6.9	78
Encouragement	48	53.9	19	21.3	1	1.1	68
Hope	60	67.4	19	21.4	1	1.1	80

Participants were asked questions to measure their value for touch,

praise, commitment, encouragement and hope (see appendix B). The

numerical scores were divided into categories of high, neutral and low for each

category. Participants scored highest in commitment and encouragement and

lowest in praise,(see table 8).The number of high scores for touch as a

parenting value doubled after the child had been in home six months.

Table 8. Value of Reward System

	Participants	% of Participants
0	2	2.2
1	17	19.1
2	26	29.2
3	31	34.8
4	10	11.2
Did not answer	3	3.4
Total	89	100.0

Participants were asked four questions to measure the value of using a rewards system with foster children in their care (see appendix B). If participants answered "none of the above" they do not value using a rewards system, if the participants scored 1 or more, they value the use of a reward system with foster children. Only 2.2% of the participants indicated they do not use a reward system (see table 8).

The researchers conducted 21 qualitative interviews with survey participants who volunteered to participate in an in depth interview. Six of the interviews were unable to be used for this study due to a technical problem, leaving 15 for analysis. The participants were asked questions to describe four areas of parenting; praise and encouragement, touch, commitment, and hope. The data revealed seven common themes to be discussed in more detail.

<u>Parenting Techniques</u>

The researchers rated each survey separately to ensure inter-rated reliability to determine the following from the interview transcripts:

1. Did the foster parent know the difference between praise and encouragement?

2. Does the participant believe acceptance and approval is the same thing?

3. Does the participant accept the child's values?

4. Has the foster parent been able to provide a home that is welcoming to the child in regards to physical touch?

5. How has the participant used praise with foster children?

6. How has the participant used encouragement with foster children?

7. Length of time the participant had been a foster parent.

Table 9. Parenting Knowledge

	Yes	NO
Praise vs Encouragement	11 (73.3%)	4 (26.7%)
Acceptance vs Approval	1 (6.7%)	14 (93.3%)
Children Have Values	9 (60.0%)	6 (40.0%)
Home Welcoming?	11 (78.6%)	3 (3.4%)

The participants who were interviewed were asked questions to determine their ideas surrounding children and parenting techniques. 73.3% understood the difference between praise and encouragement and 78.6% had rituals that made their home welcoming to a child when they arrived for the first time (see table 9).

Table 10. Participant uses Praise to…

	Participants	% of Participants
Reward Behavior	8	53.3
Encourage More of the Same	6	40.0
Other	1	6.7
Did not answer	0	0.0
Total	15	100.0

Participants were asked to describe how they use praise with foster children. 53.3% of participants stated they used praise to reward behavior (see table 10).

Table 11. Participant uses Encouragement to…

	Participants	% of Participants
Reward Behavior	1	6.7
Encourage More of the Same	7	46.7
Other	7	7.9
Did not answer	0	0.0
Total	15	100.0

Participants were asked to describe how they use encouragement with foster children. 46.7% of participants stated they used encouragement to increase desired behavior (see table 11).

Table 12. Length of Time Providing Foster Care?

	Number of Participants (N = 15)	Percentage of Participants
1	1	6.6%
3	1	6.6%
7	2	13.3
8	2	13.3
9	1	6.6%
10	1	6.6%
15	1	6.6%
18	1	6.6%
20	1	6.6%
30	12	80.0%
Did not answer	0	0.0
Total	15	100.0

Participants were asked how long they had been taking care of foster children. 80% of the foster parents interviewed had been a foster parent for 30 years or longer (see table 12).

Correlations

Age had a weak positive relationship with anxious attachment style, $r(62) = .263$, $P < .05$, and age had a weak positive relationship with Avoidant attachment style as $r(63) = .337$, $P < .01$. Age also had an moderate strength negative relationship with commitment, $r(58) = -.48$, $P < .05$, and a very weak positive relationship with encouragement, $r(49) = .148$, $P < .01$.

Avoidant attachment style has an moderate negative relationship with Anxious Attachment Style as r(79) = -.289, P < .01. Avoidant attachment style has weak positive relationships with physical touch, after six months, r(72) = .257, P < .05; and a moderate positive relationship with commitment, r(71) = .306, P < .01.

Anxious attachment style has very weak positive relationships with physical touch after six months, r(72) = .168, P < .05; and a weak positive relationship with commitment, r(72) = -.249, P < .05. Anxious attachment style has an moderate negative relationship with rewards, r(77) = -.291, P,.01.

Secure attachment style has a very weak positive relationship with encouragement as r(62) = .19, P < .01. Secure attachment style has an medium negative relationship with commitment as r(72)-.249, P < .01.

The study found no significant differences in attachment styles between males and females. There were no significant differences in terms of attachment style and ethnicity. There were no significant findings for initial touch or praise in regards to attachment styles.

Summary

The preceding chapter reviewed the results of the study. The data indicated there are some weak significant relationships in attachment style and parenting values. The strongest relationship was between commitment and secure attachment style. However, it was not what the researchers expected. The data also showed relationships between age and both parenting values

and attachment styles. Previous research indicates placement stability increases if children and foster parents are able to form an attachment. This data in this study supports a direct positive relationship between secure attachment, using a reward system and encouragement with foster children. The results of the study supported the hypothesis that the ability to use effective parenting techniques combined with a secure attachment style increases the chance that children foster parents will work with a child in out-of-home placement rather than give a 7 day notice.

CHAPTER FIVE

DISCUSSION

Introduction

The following chapter will discuss the implications of this study. Significant findings were noted in regards to praise, encouragement, touch, and commitment. Some of the findings were unexpected. However the main findings supported the hypothesis that a secure attachment style facilitates proven parenting techniques in foster parents.

Discussion

<u>Praise</u>

The study measured the use of praise and token economies as a parenting tool and compared it to attachment style. The research showed that as anxious attachment style goes up, the use of praise goes down. Praise is parenting style that is characteristic of authoritative parenting. Parenting styles can be categorized as authoritarian (control based), permissive (acceptance based) or authoritative (blended). Research has shown that the authoritative parenting style has better outcomes for children in the United States (Masayo, Sakamoto & Adachi, 2013).

Participants in this study primarily saw praise as a way to reward a foster child's behavior. One foster parent told us that praise is "telling them they have done a really good job and if they do something innovative to make

sure to let them know" (51, Personal Interview, October 2013). Statements

foster parents used to praise foster children were:

"You figured that out" (51, Personal Interview, October 2013).

"You did a good job" (37, Personal Interview, November 2013).

"I liked the way you did that" (38, Personal Interview, November 2013).

"I appreciate that" (42, Personal Interview, November 2013).

Some foster parents also offered a tangible reward along with the

praise, like going to get ice cream, a special shopping trip or "special time

alone with mom" (91, Personal Interview, 11/2013) The interviews revealed

that the participants primarily used an authoritative parenting style with foster

children. On more than one occasion, foster parents related they wish they

had learned the skills they have now with their own children.

Parents with an authoritative style work to direct their children's

activities rather than control them. They encourage the children to

communicate their needs and wants as well as telling the child why they made

the decision they did (Massayo, Sakamoto, & Adachi, 2013). Authoritative

parents have a style that is both responsive to the child's needs and sensitive.

The literature has shown, authoritative parenting helps children become

socially adjusted, self-assured, competent, and confident (King, Kraemer,

Bernard, & Vidoerek, 2007). Authoritative parenting has also been shown to

be present with higher levels of academic achievement and fewer behavior

problems (Richardson & Gleeson, 2012). Children in out-of-home placement

need consistent sensitive parenting due to behavioral symptoms derived from trauma. However, many foster parents struggle with the knowledge and skills needed to address these problems (King, Kraemer, Bernard, & Vidourek, 2007). Anxious attachment is characteristic of a controlling parenting style. The study indicated foster parents higher in the anxious attachment style would adopt a more controlling less sensitive style of parenting. The literature supports that a secure attachment increases positive social support networks and has a positive influence on the relationship a parent has with the child and the quality and diversity of parenting skills (Green, Furrer, & McAllister, 2007).

Encouragement

Encouragement has been defined in this study as a social support that can create positive life changes in behaviors and increase resilience in the face of trauma (Sarason, Basham, & AI, 1983). Encouragement can be seen as attending to the child's positive behavior in order to increase it (Timmer et al., 2011). The results of this study shows that individuals with secure attachment are more likely to be encouraging with children.

Encouragement is especially important with foster children who have been exposed to trauma in early or middle childhood. Maltreated children may experience atypical development in the psychological, social and psychobiological arenas (Timmer, Urquiza, & Zebell, 2004). They also have higher rates of antisocial, aggression and non-compliance (Timmer & Urquiza, 2014). These behaviors and mental health problems predict multiple

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placement disruptions for children in out-of-home care (Timmer, Urquiza, &

Zebell, 2004).

Participants who were interviewed during this study indicated

encouragement was used to help children work toward and accomplish goals.

A second and equally important use for encouragement was increasing

positive behavior. Several interview participants indicated encouragement

could helped foster children feel safe in the home and allowed them to do

things they were interested in. One participant told us that "encouragement is

laying the ground work," (44, Personal Interview, November 2013) and "I want

them to learn skills to use when they go back home to help themselves" (44,

Personal Interview, November 2013). Foster parents also believed

encouragement was to help a child improve skills, abilities and grades. What

was not said, but implied in many of the interviews is that encouragement

serves to solidify positive emotions between the caregiver and the foster child

in order to increase the strength of their relationship.

Research shows that an emphasis on the caregiver/child relationship is

far more effective on reducing behavioral symptoms caused by trauma than

typical behavior management techniques such as restriction, time outs, or

token economies (Timmer, Urquiza, & Zebell, 2004). When foster caregivers

work toward building a rewarding, positive relationship with the child while

managing the child's behavioral problems, the child experiences fewer

placement disruptions (Timmer, Urquiza, & Zebell, 2004). A healthy adult with

a secure attachment style will encourage others they are in a relationship with to set and go after personal goals, to take on challenges and grow as they explore and learn about the world around them. Encouragement will help increase a child or young person's ability to explore the world around them and regain enthusiasm and confidence in themselves and others, (Feeney & Thrush, 2010).

<u>Physical Touch</u>

This study found that physical touch after 6 months increases as avoidant and anxious attachment styles increase. Touch has been defined for the purpose of this study as two people experiencing physical contact in any form (Zur & Nordmarken, n.d.), creating a sensation that makes one human being feel connected to another. Children, who receive inadequate amounts of physical touch, may develop abnormal behavior (Zur & Nordmarken, n.d.). A lack of touch can cause insomnia, depression, stunted growth, and create a tendency for physical violence. Maltreated children may experience atypical development in the psychological, social and psychobiological arenas (Timmer, Urquiza, & Zebell, 2004). They also have higher rates of antisocial, aggression and non-compliance (Timmer & Urquiza, 2014).

Touch creates a dynamic human connection between individuals, as it is one of the five human senses. Physical touch creates and perpetuates a deeper connection between people (Zur & Nordmarken, n.d.). The researchers expected to find an increase in the amount a caregiver used parental touch to

comfort foster children when the caregiver had a secure attachment style. However, the results of this study showed an increase in parental touching after the foster child was in the home for six months when the foster parents scored higher in the anxious or avoidant attachment styles.

Adults with avoidant attachment are typically characterized as finding it difficult to trust others and entering into relationships that require trust and vulnerability. They prefer relationships that allow them to remain as independent as possible. As time passes and foster parents become more comfortable with the child in their care they can relate to the child's perceived need to be independent. Increased parental touch after six months suggests the caregiver is using touch when they are more comfortable in their perception of the child as being independent.

Adults categorized as having an anxious attachment style may enter into caregiving relationships and quickly become overbearing to the child. They may use touch as a way to increase emotional closeness with the child. This type of relationship is inappropriate for childhood trauma survivors who are relearning how to function in relationships. Foster children need their caregivers to model healthy relationships. Individuals high in the anxious attachment style may see the opportunity to care for the child as a way to also feel validated.

Attachments based in security are characterized by positive interpersonal expectations and experiences (Etcheverry, Le, Wu, Weis, 2012),

which, is what foster children need to reestablish human connections after experiencing trauma.

Studies show physical touch sets off a chemical reaction in the brain to induce well-being.

When you get a loving and firm handshake and firm hug, it stimulates pressure receptors under the skin, which in turn send a message to the vagus nerve in your brain. The vagus nerve takes this cue to slow down your heart rate and your blood pressure, putting you in a relaxed state. The hug even curbs stress hormones such as cortisol, facilitates food absorption and the digestion process, and stimulates the release of serotonin, which counteracts pain. (Craft n.d., para. 6)

This kind of stimulus is especially beneficial with foster children who have been exposed to trauma. Using gentle touch initially such as a pat on the back, a handshake, or a side hug, can help a child relax and begin to feel safe (Craft, n.d.).

An initial handshake or appropriate hug as a child is being placed in a stranger's home can say volumes. It says they are welcome, and they are wanted. Foster parents who chose to use verbal cues as an initial welcoming, as opposed to touch have missed an opportunity to reach a deeper unspoken form of bonding.

This study showed, many foster parents ask before giving any form of physical touch. Many comments were:

"Don't push just ask if it is Ok to give them a hug. As a foster parent you do not know what the child has been through, most of the time social workers don't know so you have to ask before you touch" (42, Personal Interview, November 2013).

"wait for the child to be ready and they will ask for a hug, and read the body language to determine if they want to be touched or not" (44, Personal Interview, November 2013).

Participants seemed to believe that children coming into their care do not want to be touched. Foster parents related:

"You should never touch a child it is more important they know you are there for them without touching them" (37, Personal Interview, November 2013)

"Hugs are OK if they are done appropriately like a side hug" (46, Personal Interview, November 2013).

"Children are terrified and it is invasive to impose myself into their space" (51, Personal Interview, October 2013).

Touch is one of the most important elements of human development. It is critical to the growth and health of infants and acts as an important method of communication. Touch is also has powerful healing abilities (Bowlby, 1952; Harlow, 1971, 1986). Research has shown tactile stimulation is very important to the development of the brain and the body in all ages of humans (Field, 1998, 2003; Montagu, 1971, 1986).

Commitment

        Commitment is an investment in an enduring relationship (Bernard &

Dozier, 2011) and the motivation to work towards its success (Birnie, McClure,

Lydon & Holmberg, 2009). Commitment has been associated with relationship

persistence and success. The literature focuses on how adult attachment

affects commitment within the context of romantic relationships. Development

of successful adult relationships is due to one's accommodation and sacrifice

within those relationships (Birnie, McClure, Lydon & Holmberg, 2009). Adults

engaging in intimate relationships weave a fabric of mutual dependency,

increasing the attachment relationship between them (Birnie, McClure, Lydon

& Holmberg, 2009), which is different than a relationship a caregiver has with

a foster child. The child is dependent on the adult for a consistent loving

relationship. However, the secure adult finds his or her relationship support

from other adults. The study hypothesized that avoidant attachment would be

negatively associated with commitment and other parenting values. However,

in this study foster parents who scored high in avoidant attachment style also

had higher scores in the commitment category. Avoidance is associated with a

lower value for close relationships and less reliance on those relationships for

satisfaction and fulfillment. They are less likely to rely on others for care and

prefer relationships with lower levels of intimacy (Etcheverry, Wu, & Weis,

2013). One reason for this discrepancy is that the less reciprocal relationship

may be easier for those higher in avoidance to maintain, indicating a higher

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level of commitment. The body of research could benefit from a deeper exploration of this phenomenon.

The study also hypothesized that individuals high in secure attachment would score high in commitment. However, this was not the case. Secure attachment was negatively associated with commitment to foster children. One reason for this is that securely attached individuals have built personal schemas that predict positive relationship outcomes (Birnie, McClure, Lydonm, & Holmberg, 2009) and have an expectation that the parenting relationship will be a positive one even if the child returns to their birth family.

Participants who were interviewed indicated commitment to the foster children was important to them. Of the participants that volunteered to interview for the study, nine reported they have never given a 7 day notice to have a foster child removed from the home. Nine foster parents reported they had given one 7 day notice. However, their reasons behind the request to remove a child all had to do with the safety and stability of the children that had been previously placed in the home. Not a single foster parent reported giving more than one 7 day notice. Participants reported keeping in touch with foster children who had been placed in their home up to 20 years prior. Former foster children were all referred to as "my kids" by foster parents. The foster parents who were interviewed for the study all had a high value for commitment to the children they cared for. This included both the children that were currently placed with them and children who had either aged out of the

system or returned to their families of origin. These foster parents also had very low rates of asking for a child to be removed from their home. This shows that a high value for commitment will result in more stable placements for foster children. When children are placed in a foster home, child welfare workers need to do their best to ensure the children are a good "fit" for the family in order to allow them time to acclimate and become part of the family. This study showed that regardless of their attachment style, foster parents were very committed to the children in their care once they had been in the home long enough to establish an attachment relationship. Additional research is needed to determine the length of time a foster parent needs to develop this protective relationship with a foster child.

Limitations

One of the limitations to this study was the access to the data needed to measure placement stability. Foster family agencies involved in the study were unable to provide the records needed to analyze the foster parent's placement history. Placement data is recorded by children's moves rather than by the placement home.

Another limitation to this study was the sample method. Researchers attempted to collect a random sample of foster parents by attending trainings which required attendance by foster parent agencies. However, the foster parents in attendance and those who chose to complete the surveys were more interested in furthering the research on working with traumatized

children. The participants in this study were highly committed to the care and well-being of children. However, there may be a number of foster parents who are primarily concerned with the income derived from foster parenting rather than the well-being of children. In the course of our data collection and surveys the researchers did not speak to any foster parents who were less committed to furthering the cause of children affected by abuse or neglect, which may have created a bias in our sample.

A third limitation to this study was the lack of an existing instrument to measure the parenting styles and techniques being studied. The researchers attempted to produce an instrument. However, without the time needed to test and validate it, the results gleaned may be less reliable that with a proven instrument.

The last limitation to this study was the time needed to collect data. The study was part of an academic program with time constraints. The researchers began attending trainings and collecting data at a time when foster family agencies were wrapping up their trainings for the year and less meetings available for the researchers to attend. Some trainings were make-up trainings and had only a few participants. Another problem with the time constraints was the inability to work with a larger county child welfare agency to have access to a more diverse representation of foster parents.

Recommendations

Multiple placements for foster children contribute to poor outcomes in school and behavior for these children, which creates a cycle of expectation of placement changes and disruptive behavior for these children and youth. In order for foster children to have stable placements, foster parents must have access to the training and resources they need to cope with negative and disruptive behavior. The interviews in this study revealed that many foster parents do not feel prepared to parent children who have been exposed to trauma as they welcome their first few foster children into the home. They are surprised by the type and volume of negative behavior of foster children. Foster parents related that both experience and training helped them understand why foster children act the way they do and what can be done to mediate that behavior.

The foster parents in this study most often did not utilize praise to the full extent of its power. Most foster parents used limited praise words of praise like telling a child, "good job" immediately after an approved act. Foster parents also substituted genuine praise for token economies as a praise system.

Foster parents and social workers should work together to recognize and praise genuine growth and healing in children who are in out-of-home placement. When a child reaches an emotional milestone or reduces negative

behavior when faced with a heightened emotional state, praise should be used to describe what the child did and how it affected the family in a positive way.

Study participants were even less likely to use encouragement as a way to empower and instill hope in foster children. The main reason for using encouragement was to increase compliance within the household, even with older children. Encouragement was seen as a promise of verbal or monetary rewards to increase compliance in school or doing chores. Foster parents could benefit from training that would help them understand how to encourage a child to develop positive coping skills, social relationships and life skills. This includes goal setting and discussions to encourage the child to keep trying when goal achievement seems difficult. This type of encouragement will give children back some of the control they lost due to the abuse, neglect and removal from their homes.

Children need touch, age appropriate parental touch with permission is healing (Zur & Nordmarken, n.d.). Right now, foster parents are trained to believe touch is bad due to the possibility that a foster parent's touch could re-traumatize a child who has experienced sexual abuse. Foster parents need additional training on each type of abuse in order to determine the most appropriate way to interact with a child as they enter their home for the first time.

Different cultures have different values about touching. One cultural belief is that men should not touch the children (even in a parental capacity),

another prohibits children of opposite sex touching each other, and another prohibits strangers touching each other (this includes foster parents and children). These cultural taboos are based on fear rather than research. Additional research is needed to determine the appropriate level of touch for children who have experienced trauma.

In this study, a surprising phenomenon was the foster parents stated their willingness to give a 7 day notice when certain behaviors are present and the contradicting statements that these same foster parents had given a maximum of one 7 day notice during their foster parenting career.

Foster parents showed commitment to the children who were already placed in their homes over newly placed children. When interviewed, foster parents stated that the reason they might give a 7 day notice is that a newly placed child is disruptive or causing harm to the existing children in the home. This demonstrates a need to ensure the child being placed in the context of an already functioning family be assessed for his or her ability to fit in with the family structure. In today's child welfare environment, it is difficult to take the time to match children with existing family structures. However, a full assessment of both the newly removed child and the existing family may result in less placement changes.

One suggestion for future social work practice is to develop a mentoring program for foster parents in county child welfare departments. One participant told the researchers about a mentoring program where she is a

mentor. The county supports the program and gives a small stipend to foster parents who agree to mentor newer foster parents. Further research is needed to explore mentoring programs for foster parents as well as trauma informed training in order for foster parents to be better prepared for the children who enter their home.

Conclusions

The attachment relationship between foster parents and the children they care for is an important part of placement stability and healing for foster children. An intense training program for foster parents may enhance their ability to connect with children who have been exposed to neglect, abuse and/or trauma. It is vital for foster parents to develop skills and techniques that work with children and youth in order to provide them with a stable home in the foster system. Foster parents have a need to develop and maintain adult supportive relationships in order to allow them to be emotionally available for the demanding role of they play with children in out-of-home placement.

APPENDIX A

STATE ADULT ATTACHMENT MEASURE (SAAM)

QUESTIONNAIRE

SAAM QUESTIONNAIRE

Demographics:

Name: _____   Date of Birth: _____   Gender: _____

Ethnicity: _____   Zip Code: _____   Agency Afflation: _____

STATE ADULT ATTACHMENT MEASURE

The following statements concern how you feel **right now**. Please respond to each statement by indicating how much you agree or disagree with it as it reflects your **current** feelings. Please circle the number on the 1-to-7 scale that best indicates how you feel at the moment:

Right now…

1	I wish someone would tell me they really love me						
1	**2**	**3**	**4**	**5**	**6**	**7**
Disagree Strongly			*Neutral/Mixed*			*Agree Strongly*

2	I would be uncomfortable having a good friend or a relationship partner close to me						
1	**2**	**3**	**4**	**5**	**6**	**7**
Disagree Strongly			*Neutral/Mixed*			*Agree Strongly*

3	I feel alone and yet don't feel like getting close to others						
1	**2**	**3**	**4**	**5**	**6**	**7**
Disagree Strongly			*Neutral/Mixed*			*Agree Strongly*

4	I feel loved						
1	**2**	**3**	**4**	**5**	**6**	**7**
Disagree Strongly			*Neutral/Mixed*			*Agree Strongly*

5	I wish someone close could see me now						
1	**2**	**3**	**4**	**5**	**6**	**7**
Disagree Strongly			*Neutral/Mixed*			*Agree Strongly*

6	If something went wrong right now I feel like I could depend on someone

1	2	3	4	5	6	7
Disagree Strongly			Neutral/Mixed			Agree Strongly

7	I feel like others care about me

1	2	3	4	5	6	7
Disagree Strongly			Neutral/Mixed			Agree Strongly

8	I feel a strong need to be unconditionally loved right now

1	2	3	4	5	6	7
Disagree Strongly			Neutral/Mixed			Agree Strongly

9	I'm afraid someone will want to get too close to me

1	2	3	4	5	6	7
Disagree Strongly			Neutral/Mixed			Agree Strongly

10	If someone tried to get close to me, I would try to keep my distance

1	2	3	4	5	6	7
Disagree Strongly			Neutral/Mixed			Agree Strongly

11	I feel relaxed knowing that close others are there for me right now

1	2	3	4	5	6	7
Disagree Strongly			Neutral/Mixed			Agree Strongly

12	I really need to feel loved right now

1	2	3	4	5	6	7
Disagree Strongly			Neutral/Mixed			Agree Strongly

13	I feel like I have someone to rely on

1	2	3	4	5	6	7
Disagree Strongly			Neutral/Mixed			Agree Strongly

14	I want to share my feelings with someone						
1	**2**	**3**	**4**	**5**	**6**	**7**	
Disagree Strongly			*Neutral/Mixed*			*Agree Strongly*	

15	I feel like I am loved by others but I really don't care						
1	**2**	**3**	**4**	**5**	**6**	**7**	
Disagree Strongly			*Neutral/Mixed*			*Agree Strongly*	

16	The idea of being emotionally close to someone makes me nervous						
1	**2**	**3**	**4**	**5**	**6**	**7**	
Disagree Strongly			*Neutral/Mixed*			*Agree Strongly*	

17	I want to talk with someone who cares for me about things that are worrying me						
1	**2**	**3**	**4**	**5**	**6**	**7**	
Disagree Strongly			*Neutral/Mixed*			*Agree Strongly*	

18	I feel secure and close to other people						
1	**2**	**3**	**4**	**5**	**6**	**7**	
Disagree Strongly			*Neutral/Mixed*			*Agree Strongly*	

19	I really need someone's emotional support						
1	**2**	**3**	**4**	**5**	**6**	**7**	
Disagree Strongly			*Neutral/Mixed*			*Agree Strongly*	

20	I feel I can trust the people who are close to me						
1	**2**	**3**	**4**	**5**	**6**	**7**	
Disagree Strongly			*Neutral/Mixed*			*Agree Strongly*	

21	I have mixed feelings about being close to other people						
1	**2**	**3**	**4**	**5**	**6**	**7**	
Disagree Strongly			*Neutral/Mixed*			*Agree Strongly*	

Developed by Gillath, O, Hart, J, Noftle, E. & Stockdale, G (2009). Development and validation of a state adult attachment measure (SAAM). *Journal of Research in Personality, 43*, 362-373

APPENDIX B

PARENTING QUESTIONNAIRE

PARENTING QUESTIONNAIRE

Do you believe children should be given high expectations to meet challenges? Y _____ N_____

Do children need to be praised regardless of behavior? Y ___N _____

Should praise only be given after completion of a task or chore? Y _____N _____

Do you acknowledge or praise to increase positive behavior in the child/ren? Y _____N _____

What are you physical boundaries when first meeting a child?
   A. Do you give them a hand shake? Y _____N _____
   B. Do you ask can I hug you? Y _____N _____
   C. Do you hug without asking? Y _____N _____
   D. Do you ever just put your arm around the child? Y _____N _____
   E. Do you give a high five? Y _____N _____
   F. It is not appropriate to use any form of physical contact initially with a child? Y __N __

What are your physical boundaries after a child has been in your home 6 months?
   A. Do you give them a hand shake? Y _____N _____
   B. Do you ask can I hug you? Y _____N _____
   C. Do you hug without asking? Y _____N _____
   D. Do you ever just put your arm around the child? Y _____N _____
   E. Do you give a high five? Y _____N _____
   F. It is never appropriate to use any form of physical contact with a child?

In order to have a commitment to child…
   A. Is it important to like the child? Y _____N _____
   B. Is it important for the child to like you? Y _____N _____
   C. Is it important for the child to feel your home is there home? Y _____N _____
   D. Is it important for my child/ren to accept other children in your home? Y __N ___
   E. Do you want to stay in touch with a child who has left your home? Y _____N _____

Do you find the positive qualities in the child/ren who is acting out and tell them what their strengths are? Y ___N _____

It is more important for a child to complete a task than to try and give up? Y ___N ___

It is more important for a child to try to complete a difficult task then to complete it? Y __N __

I can think of many ways to get out of a jam? Y ___N ___

There are lots of ways around any problem? Y ___N ___

I can think of many ways to get the things in life that are important to me? Y ___N ___

Even when others get discouraged, I know I can find a way to solve the problem? Y ___N ___

Which statement would you use to encourage your child?
   A. I know your brother did not go to college but if you apply yourself maybe you can.
   B. I know you are trying your best and your efforts will get you to college.

17. In the two weeks, what type of "reward system" do you use with your children? (Check all that apply)
☐ Verbal praise ☐ Material reward ☐ Physical affection ☐ A point system ☐ I have not used these methods

Developed by Myra Rickman

APPENDIX C

INTERVIEW OUTLINE

INTERVIEW OUTLINE

Qualitative interviews were conducted in an unstructured format covering the following domains, follow up questions were used to gain the information needed under each generalized statement below:

1. Praise and Encouragement: as used by foster parents on a daily basis. The study intended to examine the foster parents' knowledge of praise and encouragement, the difference between the two, when they are used on a daily basis with the children in their care. Questions to foster parents included: "talk to me about your understanding of the use of praise and encouragement as a parenting tool in raising children." "What types of words to you use to indicate approval, acceptance and expectations of the foster child in your home in regards to family values?"

2. Touch – How foster parents perceive touch, its appropriateness in what form and when it should be used. The study intends to examine the foster parents usual procedure for welcoming a child into their home in regards to touch. Are physical boundaries too rigid, too soft, or measured by the perceived needs of the child. Questions to foster parents will include: "Describe your typical welcoming of a foster child into your home." What are you beliefs and attitudes about touching in your family or origin and in your family today?"

3. Commitment – Is the foster parent committed to the child? Will they keep the child in the home if the child begins to have behavior problems? What ist he foster parent's tipping point for giving a 7 day notice to have the child removed from their home? Is it inconvenience, or will they continue to work with the child until they feel the child is a danger to her family members or longer? Questions to foster parents will include "How do you deal with the differences in family values that you have versus the foster child? "What kind of behaviors or attitudes of the foster child would indicate to you this is not a good match of this child in your family?"

4. Hope – Does the foster parent have hope for the child's future? Do they see the child as their own, and do they see the child's future children as their grandchildren? Does the foster parent believe the child can make something of themselves and be a successful adult in the future? Questions to foster parents will include: Please share with us how you have helped foster children in your home reach their full potential and meet personal goals." What are some ways you show foster children they have value, worth and are capable?"

APPENDIX D

INFORMED CONSENT

CONSENT TO PARTICIPATE IN RESEARCH

You are invited to participate in a research study conducted by Renae DeVolld and Myra Rickman, who are Master of Social Work student's from the Social Work Department at California State University San Bernardino (CSUSB). Ms. DeVolld and Ms. Rickman are conducting this study for their Master's Thesis Project. Dr. Cory Dennis, is their faculty supervisor for this project.

Your participation in this study is entirely voluntary. You should read the information below and ask questions about anything you do not understand, before deciding whether or not to participate. You are being asked to participate in this study because you are a current foster parents.

- **PARTICIPATION AND WITHDRAWAL**

You can choose whether or not to be in this study. If you volunteer to be in this study, you may withdraw at any time without consequences of any kind. You may also refuse to answer any questions you do not want to answer.

- **PURPOSE OF THE STUDY**

The purpose of this study is to explore foster parent attachment styles and how they factor into the longevity of placement for foster children. Furthermore, the researchers intend to examine touch, praise, encouragement, hope and commitment in order to determine their relationship to foster parent attachment and effect on placement stability.

- **PROCEDURES**

If you volunteer to participate in this study, we will ask you to do the following:

1. Researchers will ask you to take part in two written surveys given or mailed to you together and which will take approximately 20 minutes for both.
2. Researchers will ask for contact information below for those who would be willing to take part in the second part of this study to be interviewed by researchers one time.
3. Interviews will be recorded. The recorder will be operated by one of the researchers during the second part of the research during interviews.
4. We will also be collecting data on how many placements have been in your home and for how long the child was in your home as well as why they left.

- **POTENTIAL RISKS AND DISCOMFORTS**

We expect that any risks, discomforts, or inconveniences will be minor and we believe that they are not likely to happen. If discomforts become a problem, you may discontinue your participation. You may call Dr Cory Dennis at 909 537-3501.

- **POTENTIAL BENEFITS TO SUBJECTS AND/OR TO SOCIETY**

It is not likely that you will benefit directly from participation in this study, but the research should help us learn how to improve outcomes for long term placements and reduce multiple placements of foster children.

- **PAYMENT FOR PARTICIPATION**

You will not receive any payment or other compensation for participation in this study. There is also no cost to you for participation.

- **CONFIDENTIALITY**

Any and all information that is obtained in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your permission or as required by law. Participants will be asked to provide their name, contact information and foster care agency affilation. No information that identifies individuals will be shared with any agency although the collective data and report may be shared with the agency. The researchers will give each participant a numerical assignment and give the same assignment to the placement data provided by the agency. All identifying information will be placed in a locked file cabinet and destroyed upon the completion of the study. Participants in the qualitative study will be identified with their numerical assignment only. Video recordings will also be kept in locked file cabinet and destroyed at the end of this study.

- **IDENTIFICATION OF INVESTIGATORS**

If you have any questions or concerns about the research, please feel free to contact

Dr. Cory Dennis
Associate Professor
Department of Social Work
CSUSB San Bernardino, CA
Telephone: 909-537-3501
cdennis@csusb.edu

- **RIGHTS OF RESEARCH SUBJECTS**

The School of Social Work Sub - Committee of the Institutional Review Board at CSUSB has approved our request to conduct this project. If you have any concerns about your rights in this study, please contact Dr. Cory Dennis at 909 537-3501

Please check all boxes below to indicate you have read and understand consent.

Subject's Understanding

- ☐ I agree to participate in this study that I understand will be submitted in partial fulfillment of the requirements for the degree of Master of Social Work from California State University San Bernardino.
- ☐ I understand that my participation is voluntary.
- ☐ I understand that all data collected will be limited to use for this study and copies of the report may be obtained by contacting the researchers.
- ☐ I understand that I will not be identified by name anywhere in the data or final product.
- ☐ I am aware that all records will be kept confidential in the secure possession of the researchers.
- ☐ I acknowledge that the contact information of the researcher and his advisor have been made available to me along with a duplicate copy of this consent form.
- ☐ I understand that the data I will provide will not be given to any foster care agency and in no way is being used to evaluate my performance as a foster parent.
- ☐ I understand that I may withdraw from the study at any time with no adverse repercussions.
- ☐ I understand the procedures described above. My questions have been answered to my satisfaction, and I agree to participate in this study. I have been given a copy of this form.

In regards to second part of the survey the interview please check one box below.

- ☐ I do not wish to participate in the second part of this survey to be interviewed. However, I did take part in the survey and I have given my name and agency affiliation for data to be collected.
- ☐ I would like to participate in the second part of this survey please contact me for an interview. I agree to be audio recorded during interview. I have listed my contact information below.

VIDEO/AUDIO/PHOTOGRAPH

I understand that this research will be audio recorded for the interview process. Initials___

_____
Printed Name of Subject

_____   _____
Signature of Subject   Date

Contact Information for Interview

_____

_____
Your Address

_____
Phone Number

APPENDIX E

DEBRIEFING STATEMENT

DEBRIEFING STATEMENT

The study you have just completed is a research project by Renae DeVolld and Myra Rickman, graduate students at California State University San Bernardino. The study was about foster parent attachment style and how it relates to longevity of placement for children in out-of-home care. The study was particularly interested in touch, praise, encouragement, hope, and commitment and how those factors play into the daily life of foster children. Results of this study may be used to better prepare caregivers for dealing the children who have been in multiple placements and/or experienced trauma do to abuse or neglect.

Thank you for participating in this study. If you have questions or concerns about the study or for additional assistance you may contact Assistant Professor, Cory Dennis at (909) 537-3501. If you would like to obtain a copy of the findings of the study please contact the California State University San Bernardino John M. Pfau Library or your Foster Family Agency, after September 2014.

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ASSIGNED RESPONSIBILITIES PAGE

This was a two-person project where authors collaborated throughout. However, for each phase of the project, certain authors took primary responsibility. These responsibilities were assigned in the manner listed below.

1. Data Collection:

   Team Effort: Renae DeVolld & Myra Rickman

2. Data Entry and Analysis:

   Team Effort: Renae DeVolld & Myra Rickman

3. Writing Report and Presentation of Findings:

   a. Introduction and Literature

      Team Effort: Renae DeVolld & Myra Rickman

   b. Methods

      Team Effort: Renae DeVolld & Myra Rickman

   c. Results

      Team Effort: Renae DeVolld & Myra Rickman

   d. Discussion

      Team Effort: Renae DeVolld & Myra Rickman