2002

The attachment of children in foster care

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THE ATTACHMENT OF CHILDREN IN FOSTER CARE

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

Rosalba Espinoza
Sarah Lopez Ramirez
June 2002
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ABSTRACT

The purpose of the study was to explore the concept of attachment and insecure behaviors, such as external and internal functioning, amongst long-term foster care children. The sample consisted of thirty foster parents (29 foster mothers and 1 foster father) who fostered children ages ranging from 5-12. The children have lived at least three months with the present foster parent in order to qualify for the study. To measure the behaviors of the children in long term foster care, the foster parents completed a demographic survey along with two surveys the Parent/Child Reunion Inventory (Marcus, 1988) and a behavioral symptom checklist developed by the researchers. Data analysis was conducted using a variety of univariate (descriptive statistics, frequencies), and bivariate analyses to describe the sample and to assess significant correlations among the various independent and dependent variables. As hypothesized, children in long-term foster care homes were exhibiting insecure attachment. This study can be informative to many foster parents, children services practitioners, and others that are interesting in foster care children and attachments issues.
ACKNOWLEDGMENTS

We would like to give our sincerest gratitude to all the professors at California State University San Bernardino for giving us a new paradigm philosophy in social work. Our gratitude also goes to Sally Richter and the administration at the Department of Children Services for educating us and providing us with the data. Our endless thanks goes to the foster parents who have given their lives to service our foster children and have given us the time for this study. To Robert Marcus, we give thanks for allowing us to use his scale, the Parent/Child Reunion Inventory. To Dr. Jette Warka, we give our humble thanks for providing us with her special wit and wealth of knowledge that is much needed when under stress. Special thanks to our families for encouraging us and providing us with support. Thank you God for giving us an opportunity to serve your children.
TABLE OF CONTENTS

ABSTRACT ................................................................. iii
ACKNOWLEDGMENTS ....................................................... iv
LIST OF TABLES ........................................................... vii

CHAPTER ONE: INTRODUCTION

Problem Statement ...................................................... 1
Policy Context .......................................................... 5
Practice Context ....................................................... 9
Significance of the Project for Social Work ....................... 10

CHAPTER TWO: LITERATURE REVIEW

Human Behavior in the Social Environment
Theories Guiding Conceptualization ............................... 12
Development of Secure and Insecure Attachments ............... 17
Outcomes of Children With Insecure Attachment ................ 21
Purpose ................................................................. 27

CHAPTER THREE: METHODS

Sampling ................................................................. 29
Procedures ............................................................. 29
Data Collection and Instruments .................................... 30
Protection of Human Subjects ........................................ 32
Data Analysis .......................................................... 33

CHAPTER FOUR: RESULTS

Introduction ............................................................. 34
Presentation of the Findings .......................................... 34
LIST OF TABLES

Table 1. Frequency and Percentage of Categorical Variables for Foster Parents .................. 36

Table 2. Means and Standard Deviations of Continuous/Ratio Variables for Foster Parents ............................................... 37

Table 3. Frequency and Percentage of Categorical Variables for Foster Children ................. 38

Table 4. Means and Standard Deviation of Continuous/Ratio Variables for Foster Children ........................................... 39

Table 5. Means and Standard Deviation for Secure and Insecure Attachment and Internalizing and Externalizing Behaviors (N = 30) ............ 40

Table 6. Correlations of Variables, Report of Significant Findings (N = 30) ...................... 41
CHAPTER ONE

INTRODUCTION

Problem Statement

There is a serious and increasing problem throughout our society with more and more children who are failing to develop secure attachments to loving and responsible caregivers. Unfortunately, many of the children who are in the foster care system have not had many of their needs met. Placement in foster care may often follow a period of neglect, abuse, exposure to violence, or multiple caregivers. Such children are often left without the one most basic and vital foundations for healthy development, a secure attachment style. Disruption of attachment during the first three crucial years of life can affect the way individuals form meaningful emotional relationships throughout life. Multiple foster care placements will likely interrupt attachment relationships and affect interpersonal relationships throughout life (Levy & Orlans, 1999; Teather, Davidson, & Pecora, 1994).

If children start their lives with secure attachment, they will likely fare better in all aspects of functioning as development unfolds. Such children appear to do better in later in life in regards to their self-esteem,
independence, relationships with parents and other
authority figures, friendships, impulse control, empathy
and compassion, school success and future marital and
family relationships (Teather, Davidson, & Pecora, 1994).
On the other hand, children who begin their lives with
compromised and disrupted attachment are at risk for
developing an array of serious problems, as they grow
older. These children may become impulsive, rage-filled,
unable to give and receive love and affection, lacking in
conscience, remorse and empathy, extremely oppositional,
aggressive and violent. Furthermore, many of these
children will likely overflow the child welfare and even
the juvenile justice systems with devastating emotional,
behavioral, social, cognitive, and physical problems (Levy
& Orlans, 1999).

Statistics from all fifty-two United States
jurisdictions revealed that over 442,000 children were in
some form of substitute care at the end of the 1992 year,
with 659,000 children served by the system that year
(Teather, Davidson, & Pecora, 1994). By 1995, there were
486,000 children and youths in some type of substitute
care (Child Welfare League of America, 1998). Youth in
long-term foster care represent a significant number of
youths in the United States. These youth present special
challenges to foster parents and social work staff members because of the maltreatment that they may have experienced and the trauma of separation from family members. To avoid further trauma for these children, it is vital to maintain a child in a stable foster home placement (Teather, Davidson, & Pecora, 1994).

Most practitioners and researchers would argue that already affected children would further experience damage with more negative form of placement disruption.

According to Bowlby (1969) the affects of disrupted attachment during the first 3 years of life can lead to "affectionless psychopathy," which is the inability to form meaningful emotional relationships. In addition, the latter is coupled with chronic anger, poor impulse control, and lack of remorse, which contributes to violent behaviors that are exhibited by today's youth (Bayless, 1997; Levy & Orlans, 1999).

Insecure attachment is most closely associated with abuse, neglect, multiple out-of-home placements (such as moves in foster care system), and other prolonged separations from the primary attachment caretaker (such as hospitalization, prison, and postpartum depression) (Levy & Orlans, 1999).
There are many people concerned with foster care children who have attachment problems. Social workers and other mental health professionals are concerned with these children many of whom go undiagnosed with attachment disorder or related symptoms. Parents and other caregivers (e.g., foster parents) also have a concern about these children because they assume the responsibility of childrearing with insecurely attached children, often without the necessary information or support. In addition, as future social workers, we are also concerned about these children that we might work with.

Findings produced from this study may help social workers better understand insecure attachment among foster care children and the behavioral problems they exhibit. Further understanding of this problem can lead to a healthier social and emotional development of children. Although research on the treatment of attachment disorder/reactive attachment disorder continues, possible causes and successful prevention need additional emphasis and study. If social workers and other mental health professionals are able to identify common factors in already diagnosed children and children who have symptoms of insecure attachment, they may be able to help prevent
serious problems and treat these children (Levy & Orlans, 1999).

This study contributed to the knowledge of social workers by bringing awareness to children in the foster care system. As mentioned previously, social workers will be able to help these children and their parents who might not have any idea how to deal with these children. Social workers can also prevent parents and other caregivers (e.g., adoptive and foster parents) from becoming frustrated, angry with the child, demoralized, disillusioned and burned out.

This study mainly focused on secure and insecure attachment and the behaviors foster care children (5 through 12 years old) exhibit. The behavioral problems examined in this study included defiance, impulsiveness, destructiveness, lying, stealing, and aggressiveness. The study will answer the question: Are the behavioral problems exhibited by children in foster care associated with symptoms of insecure attachment?

Policy Context

One of the policies created concerning children in the foster care system was the Adoption Assistance and Child Welfare Act of 1980. This policy was an effort to implement a comprehensive service delivery system for
children in the foster care at state and local levels. Welfare workers removed children from foster care and reunited them with their biological families under the rationale that community support services would assist parents. However, there were problems in more than half of all the cases because of deficits in agency resources, large caseload, worker turnover, and inadequate family preparation, among others (Karger & Stoesz, 1998).

When parents are unable to care for their children, foster care is often used to provide alternative care. Most foster care in the United States is delivered at no cost to the parents, and children may be placed in the homes of other families. Foster care is a primary service for victims of child abuse. Child protective service workers placed more than half of children in foster care. Another reason for child foster care is the "condition or absence of the parent," that is, the parents are not involved in the children's lives (Jansson, 1999; Karger & Stoesz, 1998).

During the early 1960s, foster care had become a long-term experience for many young children, rather than being a temporary arrangement for child care. In many instances child welfare agencies had lost track of foster care children. States had also planned poorly for the
reunification of children with their original families (Karger & Stoesz, 1998). Permanency planning then became a central feature of the Adoption Assistance and Child Welfare Act of 1980, due to a result of the field experiments of 14 prefostor care placement service projects in Virginia that concluded that family functioning improved in 69 percent of the families receiving intensive support services (Jansson, 1999).

Under the rationale that community support services would assist parents, welfare workers swiftly removed children from foster care and reunited them with their biological families. However, an analysis of a model family reunification program found that deficits in agency resources (gaps in service, large caseload and worker turnover, inadequate family preparation, among others) presented problems in more than half of all cases. As a result, this meant a return to foster care due to the absence of intensive support services (Jansson, 1999; Karger & Stoesz, 1998). In 1982, 43 percent of the children had been in multiple placements, but by 1983, 53.1 percent had been in more than one placement. In 1982, reunification was the objective in 39.2 percent of cases, and in 1988 that increased to 60 percent (Karger & Stoesz, 1998).
The results of the Adoption Assistance and Child Welfare Act of 1980 was that due to gaps in service, large caseloads, worker turnover, inadequate family preparation, among others, children were turned back to foster care. Children had been placed in multiple placements, which could have affected the children’s ability to attach to their caregivers. These children were at risk for developing an array of serious problems, as they grew older.

Adoption had become an important child welfare service, from the standpoint of permanency planning. In the early 1980’s; however, the Children’s Bureau noted that 50,000 “hard to adopt” children were waiting for homes. Many of these children were of minority origin, handicapped, or children who had been in foster care for several years. The Adoption Assistance and Child Welfare Act of 1980 provided subsidies to adoptive parents to decrease financial burden. Furthermore, there was an issue of transcultural adoption. In 1996, President Bill Clinton signed legislation forbidding interference in child placement for reasons based on race, exempting Indian tribes (Jansson, 1999).

Hundreds of thousands of families that are in the welfare system will be removed from public assistance
rolls in the next few years due to the unrealistic requirement that labor market participation rates of welfare recipients must reach 50 percent by 2002. Termination of public aid will leave poor families unable to care for children and induce many to consider foster care. Thus, welfare reform will probably increase the number of children in foster care (Karger & Stoesz, 1998).

**Practice Context**

Current social work practice regarding this issue is that social workers can have influence over a child welfare case, and are the professionals that may have the power to keep children in their families or to remove them. The vision for working with vulnerable children and their families is very strength-based and solution-focused. Some social workers may not be examining the process of attachment; therefore, the needs of children related to attachment are not being assessed. Furthermore, the behaviors that indicate secure or insecure attachments and ways to develop attachments are not being assessed. Social workers may lack certain powers that are needed to ethically and morally assess the individual cases and to adequately provide resources that are much needed for the children and their families. However, if social workers were not constrained with heavy
caseloads their practice approaches would be to plan for systematic, holistic, and integrative interventions and utilizing a developmental structure that may prevent further harm to attachment issues.

Parents/foster parents need specialized parenting skills required in order to be successful in their parenting roles. Early intervention and prevention programs are effective for at-risk-children and families. Early intervention and prevention programs have been shown to enhance parent-children attachment, foster children’s cognitive and social development, and reduce later violence (Levy & Orlans, 1999). If social workers were not constrained by heavy caseloads, they would have the opportunity to create more of programs to assist children who are in danger of developing antisocial behavioral problems.

Significance of the Project for Social Work

The significance of the study for social work is to inform and educate social workers properly in the area of assessing children’s attachment patterns. Therefore, foster care children, who may have attachment problems can be identified before or early in the placement. Moreover, the study may also guide institutions that work closely
with children to direct special services to insecure children. The study could further emphasize the future need for social workers to adequately advocate on behalf of the misdiagnosed children and to place future policies in action.

The results of this study can change social work practice in general by helping and educating parents and other caregivers (e.g., adoptive and foster care parents) with the necessary information, training and support for their children who are insecurely attached. Social workers can be trained at the undergraduate, graduate, and continuing education levels to identify symptoms and risk factors for insecurely attached children. Such training of social workers can be on attachment-focused assessment and diagnosis educating caregivers and referring children and caregivers to treatment and to early intervention and prevention programs for high-risk families. Many social workers do not have the knowledge to properly assess for symptoms of insecure attachment. Many times children are placed in the wrong environment without taking into consideration the major consequences of multiple placements.
CHAPTER TWO

LITERATURE REVIEW

Human Behavior in the Social Environment Theories Guiding Conceptualization

John Bowlby and Mary Ainsworth, in ethological studies and “Strange Situation” empirical research respectively, are credited with pioneering the scientific study of attachment. Bowlby was one of the first researchers to suggest the importance of early relationships on the social and emotional development of children. He conceptualized attachment as a biological drive toward species survival. Specifically, he stated that selective attachment provided protection from predators. Bowlby believed that a child’s tie to a caregiver and its disruption throughout separation and deprivation can contribute to major emotional consequences to the child’s stability. He then divided the attachment cycle into four phases occurring during the first few years of life (Bowlby, 1969; Wilson, 2001).

During the first phase of the attachment cycle, the dominant signaling behavior is crying for the caregiver to provide relief for the child. Also, Bowlby thought that children were equipped with additional behaviors such as
rooting, sucking, and grasping in order to extend the physical contact. In the second phase, Bowlby set the attachment phase at the onset of discrimination between figures and a marked preference for a common caregiver. Between 8 and 12 weeks of age, this discrimination directs signaling behaviors toward a particular individual. Then, the infant expands the seeking behaviors by reaching and scooting. The third phase, Bowlby considered to continue through the second birthday and to mark the beginning of "goal-directed" behavior in which means that the infant begins to expect the caregiver's actions, if the caregiver is consistent with her actions. In addition, the infant adjusts actions to a caregiver's anticipated behavior. The final phase of the attachment cycle is the infant's understanding of the caregiver's independence. This phase is an organization of the infant's attachment behaviors and the caregiver's reciprocal behavior. There is a partnership between the infant and the caregiver and an extension of the original bond into a more complicated form of attachment. Moreover, the caregiver must consistently answer the infant's biological needs and behavioral requests in order to foster the sense of trust and security essential for the attachment to occur (Bowlby, 1969; Wilson, 2001).
Ainsworth, Blehar, Water, and Wall (1978) expanded on Bowlby’s original theory by contributing the idea of the caregiver as a secure base from which an infant explores surroundings. The researchers were among the first to test Bowlby’s theory empirically. They developed the most widely used research method for assessing the quality of attachment. This classification system, which is named the “Strange Situation,” is based on a 20-minute laboratory procedure defining attachment patterns in terms of the infant’s response to reunion with the caregiver after two short separations (Ainworth, 1978; Wilson, 2001).

Ainsworth, Blehar, Water, and Wall (1978) described three distinct patterns of attachment behaviors. Infants in Group A were labeled insecure/avoidant and showed a mark of avoidance of proximity to the caregiver in the reunion episodes. These infants either ignored or casually greeted the caregiver, combining the welcome with avoidance responses such as turning away from the caregiver. Infants in Group B were defined as secure. Infants who are securely attached actively seek physical contact with their caregiver and resists release attempts. These infants showed little sign if avoidance or resistance to proximity of the caregiver. Infants in this group showed signaling behaviors such as reaching and
crying when they are reunited with their caregiver. Finally, Group C was characterized as insecure/resistant infants. These infants exhibited noticeable resistance to contact and interaction with the caregiver on reunion. These infants exhibited more maladaptive behavior patterns and tended to be angrier than infants in other groups (Ainsworth, Blehar, Water, & Wall, 1978; Wilson, 2001).

The theoretical perspectives that have guided research on the attachment problem are: Object Relations Theory, Attachment and Loss Theory, and various other Developmental theories. The above theories were employed to guide and to conceptualize the present study. These important theories have guided the nature and biological systems from birth to death. Bowlby, Erickson, Freud, Piaget, and Klein, Kernberg, Kohut in their own times bestowed significance in human attachment.

Attachment theory depicts how the first year of the child’s life is crucial for the attachment to form between the infant and the parent (Bowlby, 1973). John Bowlby argued that attachment is a deep, close, and enduring relationship, which seeks proximity to a specific person, particularly when under stress. Therefore, infants are considered to instinctively incline to form attachment for basic needs to be met. Instinctively infants reach out for
a "secure base" with a reliable caregiver, and parents instinctively protect, nurture, and love children (Bowlby, 1969). Furthermore, according to Bowlby (1969), the effects of disruptive attachment during the first three years of life can lead to "affectionless psychopathy," which is the inability to form meaningful emotional relationships. In later years, the above coupled with chronic anger, poor impulse-control, and lack of remorse contributes to violent behaviors that are exhibited during adolescence (Bayless, 1997; Bowlby, 1973; Levy & Orlans, 1999).

One of the developmental theories that depict the importance of attachment is Erikson’s stages of development. The eight stages from birth to death are different in what the individual psychologically experiences. In each stage there is a crisis, which needs to be resolved. The person will work through the crisis to resolve it either positively with healthy development or negatively, impeding further psychological development. The way the individual resolves these issues shapes their personality. In the first stage, the foundation of human beings (Trust versus Mistrust) Erikson agrees with Bowlby that infants learn to trust that their needs will be met by the world, especially by the caregiver or it learns to
mistrusts the world around him or her. The first stage marks the rest of the development of the individual (Bernstein, Clarke-Stewart, Roy, Srull, & Wickens, 1994).

The theory of Object Relations addresses the issue of personality development, which focuses on a person’s relationships with “significant objects” (Bernstein, Clarke-Stewart, Roy, Srull, & Wickens, 1994). According to object relation theorists, the critical period of early attachment, transpires between the child and love objects, which is the caregiver or mother (Kernberg, 1976). The child’s early relationship experiences are imperative to the development of its sense of self, its security, and its identity. With healthy relationships a pattern is followed: the child develops a secure bond to the mother and other caregivers, tolerates gradual separation from the object of attachment, and develops an ability to relate to others securely. Negative experiences with the objects leads to low self-esteem, difficulties in trusting or making commitments to others, or severe mental disorders (Bernstein et al., 1994).

Development of Secure and Insecure Attachments

Many children in their early years of life are entering foster care when brain growth and development are
more active. Infants are social beings whose sensory systems focus on interacting with their primary caregivers during the first year of life. During mother-child interactions (touching, holding, rocking, singing, and using "babytalk" to communicate her emotions), which some researchers have called "attunement" (referring to the sharing of affect between mother and infant), the infant's brain is stimulated, positive emotions of interest and joy develop, and the child begins to feel special. Furthermore, during the first year, the child prefers his/her mother or father to other people (Hughes, 1999).

During the second year, the mother/father teaches her/his child that other members of the family are special as well. The mother/father begins to actively socialize her/his child by saying "no", channeling his behaviors, setting limits, and not responding to all the child's wishes. When the mother/father frustrates her/his child's wishes, the child may feel shameful, which is the mother's primary socialization intervention (Hughes, 1999). According to Hughes (1999) the mother/father intuitively recognizes that this experience has caused the child emotional stress. The child feels special again when his/her mother/father "tunes with her child with a smile, touch, or supportive word, and reassures him/her that
he/she is special but also that he/she must be aware of the rights and feelings of others" (Hughes, 1999).

At the beginning of the second year and going into the third year, the child within the safety of this secure attachment, learns to integrate attunement and shame as well as his own wishes and demands of socialization. The child also begins to accept fully the “good” and “bad” mother/father as the same person. This integration is essential if the child is to internalize all features of his/her mother/father and incorporate attachment to her into his/her developing sense of self (Hughes, 1999; Mahler, Pine, & Bergman, 1975). A secure attachment and a well-integrated self are two sides of the same reality, enabling the child to feel that he/she is special, therefore, he/she can proceed with the developmental tasks that lie ahead (Greenspan & Lieberman, 1988; Hughes, 1999).

The process of parenting, which is based on a healthy, respectful, and long-lasting relationship with the child, leads a child to perceive a given adult as his/her parent. A child then develops attachments to and recognizes as parents, those who provide “day-to-day” attention to his/her needs for physical care, nourishment, comfort, affection, and stimulation. On the other hand,
abused and neglected children (in or out of foster care) are at great risk for not forming healthy attachments to anyone. Separation during the first year of life, especially during the first six months, if followed by good quality of care thereafter, may not have a harmful effect on social or emotional functioning. If prompted by family discord and disruption, separations occurring between six months and about three years of age, are more likely to result in subsequent emotional disturbances. Children who are 3 or 4 years placed for the first time with a new family are more likely to be able to use language to help them cope with loss and adjust to change (American Academy of Pediatrics, 2000).

The emotional consequences of multiple placements or disruptions are likely to be harmful at any age, and the premature return of a child to the biologic parents often results in return to foster care or ongoing emotional trauma to the child. Interruptions in the continuity of a child’s caregiver are often detrimental. Repeated moves from home to home compound the adverse consequences that stress and inadequate parenting have on the child’s development and ability to cope.

Children who are abused and neglected have shown to have greatly impeded development of secure attachment
(Crittenden & Ainsworth, 1989; Hughes, 1999). Abuse during the first few years of life tends to fix the brain in an acute stress response mode that makes the child respond in a hypervigilant, fearful manner. When an infant is under chronic stress, the response may be apathy, poor feeding, withdrawal, and failure to thrive. When an infant is under acute threat, the typical “fight” response to stress may change from crying to temper tantrums, aggressive behaviors, or inattention and withdrawal. A child may learn to become psychologically disengaged, leading to detachment, apathy, and excessive daydreaming, rather than running away (the “flight” response). The consequences are that often children grow up to vent their rage and pain on society because of attachment disorders and an inability to trust and love (American Academy of Pediatrics, 2000).

Outcomes of Children With Insecure Attachment

Children in foster care with insecure attachment are in danger of developing severe mental disorders. According to Bowlby (1973) and Schneider (2001), separation from the mother figure can lead to sadness, anger, and subsequent anxiety in children ages two and over. Furthermore, children who already have attachment difficulties and have been removed from their home because of neglect or abuse
are more likely to experience developmental problems particularly in behavior and emotion. These children may display aggression against self and others, they may become impulsive, they may be unable to receive love and affection, they may lack a conscience, they may be unable to feel remorse and empathy, may be extremely oppositional, or they may at times be violent (Levy & Orlans, 1999; Troy & Sroufe, 1987). Children who have not experienced sensitive care and do not receive the caregiver as responsive are said to have an insecure attachment. Children who are insecurely attached may form major risk factors in the development of unsure relationships, negative mood states, and psychopathology. For instance, Rosenstein and Horowitz (1996) examined the relationship among attachment classification, psychopathology, and personality traits in 60 adolescents (13 to 20 years of age) that were admitted to a psychiatric hospital. The majority of adolescents (97%) reported feelings that were congruent with insecure attachment as described by the Adult Attachment Inventory. Adolescents labeled as dismissing (i.e., derogatory and cut off from attachment experiences) were associated with conduct and substance abuse disorders as well as denial of psychiatric symptomatology. Those adolescents that were
labeled preoccupied (i.e., passive, angry, and entangled by past experiences) were more likely to suffer from affective disorders, and manifested overt disclosure of symptomatic distress (Rosenstein & Horowitz, 1996, as cited in Huges, 1999).

According to the Diagnostic and Statistical Manual of Mental Disorders IV-TR (2000) one of the most severe forms of infant psychopathology in terms of attachment disturbances is Reactive Attachment Disorder (RAD). This disorder is defined as “markedly disturbed and developmentally inappropriate social relatedness in most contexts, beginning before five years of age.” (DSM IV-TR, 2000). Increases in social problems such as family separation, abuse and neglect, and foreign adoptions may augment the frequency of this disturbance. Furthermore, placement in foster care often follows a period of neglect, abuse, exposure to violence, and multiple changes in caregivers either within the natural family or in prior foster care homes. The attachment relationship among these foster children may be disrupted, leaving a child vulnerable to RAD (Huges, 1999).

Bower (2000) and Horn (1997) both report that children who spend their first few years in foster care without affectionate care, sensory stimulation, or other
bare necessities often are not able to form close relationships. RAD has attracted intense interest as more people become foster parents or adopt youngsters from around the world.

Marcus (1991) studied the quality and intensity of attachment between child and foster parents. The subjects for this research were 52 foster children (ages 5 through 15 years) and their foster parents. The foster parents completed the Parent/Child Reunion Inventory (Marcus, 1988) measuring the quality of reunion behavior following separation. Then the foster mothers had to complete the Child Behavior Checklist (Achenbach & Edelbrock, 1983), and measures of adult empathy were collected from both foster parents. The foster care workers then rated the quality and intensity of attachment between the child and the foster parents. In addition, the children were interviewed concerning their social support, perception of affection from adults, and the quality of relationships with adults and friends. The results of this study were that behavior and school achievement problems were predictable from measures of the quality of attachment with their parents. Internal and external behavior problems were related to insecure attachment to the foster
parents. Children's school achievement problems were also related with an insecure attachment of foster parents.

In another study, 20 boys (ages 8 to 17) in residential treatment, all of whom were in the legal conservatorship of child protective services, and four of the oldest boys were diagnosed with conduct disorder. Most (13 of 20) had experienced grade repetition and fifteen boys had a current psychiatric diagnosis of externalizing or disruptive behavior disorder. Both case records and boys agreed that multiple placement disruptions had occurred in their lives. The four oldest boys had antisocial, acting-out behaviors, which appeared in association with discharge and the termination of relationships. Behaviors also included lying, stealing, sexual inappropriateness, physical violence, threats of violent retaliation, and substance abuse. Their behavior can be understood as the unresolved rage of the abandoned, displaced outward toward others who "should care, but don't." Furthermore, the antisocial behaviors that the boys exhibited were in association with placement discharge, which suggest the presence of avoidant attachments and the concomitant defensive denial and acting-out. The boys experienced stress about leaving a
familiar setting for the unknown, which triggers attachment behaviors (Penzerro & Lein, 1995).

More than 500,000 children are in the foster care system in the United States. The majorities of these children have been the victims of repeated abuse and neglect and have not experienced a nurturing, stable environment during the early years of life. Foster care children have disproportionately high rates of physical, developmental, and mental health problems and often have many unmet medical and mental health care needs ("Developmental Issues for Young Children in Foster Care", 2000).

Warren, Huston, Egeland, and Sroufe (1997) researched infants who were anxiously/resistantly attached in infancy and reported that such children develop more anxiety disorders during childhood and adolescence than infants who were securely attached. Infants participated in Ainsworth’s Strange Situation Procedure at 12 months of age. The Schedule for Affective Disorders and Schizophrenia for School-Age Children was administered to the 172 children when they reached 17.5 years of age. Maternal anxiety and infant temperament were assessed near the time of birth. The results of this study were that the hypothesized relation between anxious/resistant attachment
and later anxiety disorders were confirmed. Fifteen percent of the adolescents had at least one past or current anxiety disorder. Twenty other adolescents had one anxiety disorder, five others had two anxiety disorders, and one adolescent had five anxiety disorders. Fifty-one percent of all adolescents interviewed had a disorder other than an anxiety disorder. No relations with maternal anxiety and the variables indexing temperament were discovered. Anxious/resistant attachment continued to significantly predict child/adolescent anxiety disorders.

Purpose

The purpose of the study was to examine the association between foster care children and the behaviors they exhibit particularly in attachment outcomes. The study was also an informative tool that addressed the impact of children with attachment issues currently in the foster care system. Examining the relationship between the two variables may be able to help parents and their children, by providing future resources necessary to both parties in case separation and loss occurs. This study may have also purposely influenced social workers to assess appropriately in the issues of emotional and psychological problems due to the consequences of attachment. Another
major function of the study was to illustrate future outcomes that the problems of attachment bring to children in foster care.

The study answered the question: Are the behavioral problems exhibited by children in long-term foster care associated with symptoms of insecure attachment? Furthermore, it was hypothesized that: the more insecure the child is the more external behaviors he or she will exhibit; the more insecure the child is the more internal behaviors he or she will exhibit; the more foster care placements the child has the more insecure attachment he or she will display; and the more insecure the child is the more behaviors he will exhibit.
CHAPTER THREE

METHODS

Sampling

The sample consisted of 30 foster parents from the County of San Bernardino Department of Children Services (DCS). There were no specific age requirements of the foster care parents who were included in the sample. The study examined children that exhibited symptoms of secure and insecure attachment. The foster parents were of various ages, ethnicities, education levels and marital status. The requirements of the foster parents to participate in this study included having a foster child between the ages of 5-12, the foster child that has been placed in the home for at least three months, and the willingness to participate in the study.

Procedures

Case files from the Department of Children Services (DCS) were randomly selected. Once it was determined that the cases selected were eligible for the study, a letter explaining the purpose of the study, informed consents, and questionnaires were mailed to the foster parents. 100 questionnaires were mailed out on self-addressed stamped
envelopes. The return rate was 30 percent of the self-administered surveys.

In order to gather data the supervisor of the intern unit of Department of Child Services (DCS) assisted the researchers with collecting the case files for the study. Cases were studied from long-term foster care placements. The researchers examined the case files carefully by selecting data in-groups of age and time in placements. Following that cases were randomly selected.

Data Collection and Instruments

Data collected for the study was in a questionnaire format for the foster parents. The study explored the concepts of attachment and insecure behaviors such as external and internal functions, which was a one-time group study. Data were collected on attitudes and feelings of foster care parents to measure the association of both variables, the external and internal behaviors exhibited by children in long-term foster care and the symptoms of secure and insecure attachment. Based on previous research, the Parent/Child Reunion Inventory (Marcus, 1988) has demonstrated adequate reliability and both concurrent and predictive validity. The brief administration time may permit more large-scale studies of
attachment than the more time-consuming methods have encouraged. The inventory was designed to measure the quality of attachment between the parent and the child. The quality of attachment was based on the perceptions of the foster parents. The inventory was divided into two subscales, which were secure and insecure attachment. The secure subscale contained six questions with scores ranging from 0-12 and 12 being the highest degree of security (2 = usually, 1 = occasionally, and 0 = never). The insecure subscale contained of 14 questions with scores ranging from 0-28 and 28 being the highest degree of insecurity.

A behavioral symptom checklist developed by the researchers was utilized by the foster parents who were familiar with the child to indicate any behavioral problems that the child exhibited. The scale itself consisted of assessing behavioral problems (external and internal). Based on the literature review and the DSM criteria, the researchers constructed the scale. The behavioral problems were assessed with a 30-item checklist with each item rated by the foster child’s parent on a three-point basis for frequency (0 = “not at all,” 1 = “occasionally,” 2 = “frequently, often”). The whole scale took approximately 15 minutes to complete. The
dependent variable consisted of various behaviors that were exhibited by children in long-term foster care, and the independent variables were the secure and insecure attachment foster children have toward their foster parents. In addition, the foster children demographics the study covered included age, gender, number of placements, time in home, child’s age, child’s highest grade completed, foster child’s religion, foster child’s ethnicity, reason for removal, and who does the child visit. The demographics of the foster parents were also be included such as age, gender, ethnicity, level of education, and marital status.

Protection of Human Subjects

The confidentiality and anonymity of the study participants was a primary concern of these researchers and all efforts were be made on their part to accomplish this. For sake of protecting the participants’ confidentiality and inputting the data, a numbering system was be utilized. No participant names were used. There were consent forms mailed to the foster parents. Study participants were asked to sign informed consents before they participate in the study and were told that they can stop at any time during the study (See Appendix C). The.
participants were given debriefing statements with the names of the researcher and the advisor along with phone numbers to contact the researchers if they had any questions concerning the study. Community resources were also given (See Appendix D).

Data Analysis

A variety of univariate (descriptive statistics, frequencies) and bivariate (correlation) were used. Further, the hypothesized relationships were examined among the variables were corrections. Correlations were used to determine if the variables were associated with each other. The above analyses assisted in describing the sample population and significant correlation among the various independent and dependent variables.
CHAPTER FOUR

RESULTS

Introduction

Included in Chapter Four was a presentation of the results, which the researchers complied. Univariate (descriptive statistics, frequencies), and bivariate correlations were used. The findings were calculated and the demographic, Parent/Child Reunion Inventory, and the behavioral symptom checklist.

Presentation of the Findings

The sample group of foster parents consisted of 1 foster father and 29 foster mothers between the ages of 25 and 63 years old, with a mean age of 44.3 years.

Twenty-seven percent of the foster parents were Caucasian (n = 8), 23.3% were African-American (n = 7), 36.7% were Latino (n = 11), and 10% were classified as other (n = 3). Twenty percent of the foster parents were Protestant (n = 6), 36.7% were Catholic (n = 11), 33.3% were Christian (n = 10), and 6.7% were classified as other (n = 2). Thirteen percent of the foster parents had less than high school (n = 4), 16.7% had some high school (n = 5), 40% were high school graduates (n = 12), 16.7% had some college (n = 5), 3.3% were college graduates
(n = 1), and 6.7% had a master's or doctoral degree (n = 2). Thirteen percent of the foster parents are single (n = 4), 50% are married (n = 15), 13.3% are separated (n = 4), 10% are divorced (n = 3), and 10% were widowed (n = 3). Forty-seven percent of the foster parents were employed (n = 14). Foster parents reported having 0 to 5 other children in the home, with a mean score of 1.6 other children. Twenty-seven percent of the foster parents did not have any other children in the home (n = 8), 23.3% had one other foster child (n = 7), 26.7% had two other foster children (n = 8), 13.3% had three other foster children (n = 4), 6.7% had four other foster children (n = 2), and 3.3% had five other foster children (n = 1). The results if this univariate analysis are summarized and into categorical and continuous variables in Tables 1 and 2.

The sample group of foster children consisted of 14 males and 16 females, between the ages of 5 and 13 years old with a mean age of 9.3. Thirty percent of the foster children were Caucasian (n = 9), 10% were African American (n = 3), 47% were Latino (n = 14), 10% were classified as other (n = 3). Seven percent of the foster children were Protestant (n = 2), 16.7% were Catholic (n = 5), 3.3% were Judaism (n = 1), 23.3% were Christian (n = 7), 3.3% were classified as other (n = 1), and 43.3% had no religious
Table 1: Frequency and Percentage of Categorical Variables for Foster Parents

<table>
<thead>
<tr>
<th>Variable</th>
<th>Frequency (N = 30)</th>
<th>Percentage %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>1</td>
<td>1.0</td>
</tr>
<tr>
<td>Female</td>
<td>29</td>
<td>29.0</td>
</tr>
<tr>
<td>Ethnicity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Caucasian</td>
<td>8</td>
<td>27.0</td>
</tr>
<tr>
<td>African-American</td>
<td>n</td>
<td>23.3</td>
</tr>
<tr>
<td>Latino</td>
<td>11</td>
<td>36.7</td>
</tr>
<tr>
<td>Other</td>
<td>3</td>
<td>10.0</td>
</tr>
<tr>
<td>Religious Background</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Protestant</td>
<td>6</td>
<td>20.0</td>
</tr>
<tr>
<td>Catholic</td>
<td>11</td>
<td>36.7</td>
</tr>
<tr>
<td>Christian</td>
<td>10</td>
<td>33.3</td>
</tr>
<tr>
<td>Other</td>
<td>2</td>
<td>6.7</td>
</tr>
<tr>
<td>Highest Grade Completed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than High School</td>
<td>4</td>
<td>13.0</td>
</tr>
<tr>
<td>Some High School</td>
<td>5</td>
<td>16.7</td>
</tr>
<tr>
<td>High School Grad/GED</td>
<td>12</td>
<td>40.0</td>
</tr>
<tr>
<td>Some College</td>
<td>5</td>
<td>16.7</td>
</tr>
<tr>
<td>College Grad.</td>
<td>1</td>
<td>3.3</td>
</tr>
<tr>
<td>Post Graduate</td>
<td>2</td>
<td>6.7</td>
</tr>
<tr>
<td>Marital Status</td>
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<td></td>
</tr>
<tr>
<td>Single</td>
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<td>13.3</td>
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<tr>
<td>Married</td>
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<td>50.0</td>
</tr>
<tr>
<td>Separated</td>
<td>4</td>
<td>13.3</td>
</tr>
<tr>
<td>Divorced</td>
<td>3</td>
<td>10.0</td>
</tr>
<tr>
<td>Widow</td>
<td>3</td>
<td>10.0</td>
</tr>
<tr>
<td>Employment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>14</td>
<td>47.0</td>
</tr>
<tr>
<td>No</td>
<td>16</td>
<td>53.0</td>
</tr>
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</table>
Table 2. Means and Standard Deviations of Continuous/Ratio Variables for Foster Parents

<table>
<thead>
<tr>
<th>Variable</th>
<th>Total Sample (N = 30)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age, years</strong></td>
<td></td>
</tr>
<tr>
<td>Mean</td>
<td>44.28</td>
</tr>
<tr>
<td>Std. Dev.</td>
<td>10.77</td>
</tr>
<tr>
<td><strong>Years Employed</strong></td>
<td></td>
</tr>
<tr>
<td>Mean</td>
<td>1.55</td>
</tr>
<tr>
<td>Std. Dev.</td>
<td>.50</td>
</tr>
<tr>
<td><strong>Length of time foster child in foster parent home (mo.)</strong></td>
<td></td>
</tr>
<tr>
<td>Mean</td>
<td>57.78</td>
</tr>
<tr>
<td>Std. Dev.</td>
<td>50.99</td>
</tr>
<tr>
<td><strong>Number of other foster children in the home</strong></td>
<td></td>
</tr>
<tr>
<td>Mean</td>
<td>1.60</td>
</tr>
<tr>
<td>Std. Dev.</td>
<td>1.37</td>
</tr>
</tbody>
</table>

affiliation (n = 13). The foster children ranged in education level from kindergarten to seventh/eight grade. Thirty percent of the foster children were removed from their parents care for physical abuse (n = 9), 16.7% for sexual abuse (n = 5), 33.3% for neglect (n = 10), 13.3% for abandonment (n = 4) and 3.3% for a positive drug test at birth (n = 1). Fifty-three percent of the foster children visit with their natural family (n = 16). Of those with visitation, 28% visit with their mother (n = 8), 23% with both their mother and father (n = 7),
Table 3. Frequency and Percentage of Categorical Variables for Foster Children

<table>
<thead>
<tr>
<th>Variable</th>
<th>Frequency (N = 30)</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>14</td>
<td>47.0</td>
</tr>
<tr>
<td>Female</td>
<td>16</td>
<td>53.0</td>
</tr>
<tr>
<td>Ethnicity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Caucasian</td>
<td>9</td>
<td>30.0</td>
</tr>
<tr>
<td>African-American</td>
<td>3</td>
<td>10.0</td>
</tr>
<tr>
<td>Latino</td>
<td>14</td>
<td>47.0</td>
</tr>
<tr>
<td>Other</td>
<td>3</td>
<td>10.0</td>
</tr>
<tr>
<td>Religious Background</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Protestant</td>
<td>2</td>
<td>6.7</td>
</tr>
<tr>
<td>Catholic</td>
<td>5</td>
<td>16.7</td>
</tr>
<tr>
<td>Judaism</td>
<td>1</td>
<td>3.3</td>
</tr>
<tr>
<td>Christian</td>
<td>7</td>
<td>23.3</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
<td>3.3</td>
</tr>
<tr>
<td>No Religion</td>
<td>13</td>
<td>43.3</td>
</tr>
<tr>
<td>Highest Grade Completed</td>
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<td></td>
</tr>
<tr>
<td>Kindergarten</td>
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<td>10.0</td>
</tr>
<tr>
<td>First</td>
<td>3</td>
<td>10.0</td>
</tr>
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<td>Second</td>
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<td>Third</td>
<td>4</td>
<td>13.3</td>
</tr>
<tr>
<td>Fourth</td>
<td>4</td>
<td>13.3</td>
</tr>
<tr>
<td>Fifth</td>
<td>7</td>
<td>23.3</td>
</tr>
<tr>
<td>Sixth</td>
<td>1</td>
<td>3.3</td>
</tr>
<tr>
<td>Seventh/Eight</td>
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<td>3.3</td>
</tr>
<tr>
<td>Reason for Removal</td>
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<td></td>
</tr>
<tr>
<td>Physical</td>
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<td>30.0</td>
</tr>
<tr>
<td>Abuse</td>
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<td>16.7</td>
</tr>
<tr>
<td>Sexual Abuse</td>
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<td>33.3</td>
</tr>
<tr>
<td>Neglect Abandonment</td>
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<td>13.3</td>
</tr>
<tr>
<td>Positive Drug Screen Birth</td>
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<td>3.3</td>
</tr>
<tr>
<td>Visits with Natural Famil</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>16</td>
<td>53.0</td>
</tr>
<tr>
<td>No</td>
<td>14</td>
<td>47.0</td>
</tr>
<tr>
<td>Visit with Whom?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mother</td>
<td>8</td>
<td>28.0</td>
</tr>
<tr>
<td>Both Parents</td>
<td>7</td>
<td>23.0</td>
</tr>
<tr>
<td>Siblings</td>
<td>1</td>
<td>3.0</td>
</tr>
</tbody>
</table>
and 3% with siblings (n = 1). The number of previous placements for the foster child ranged from 0-7, with the mean score of 1.8. The length of time that the foster child has been in the current placement ranged from 3 months to 169 months, with a mean of 58 months.

Descriptive statistics are summarized into categorical and continuous variables in Tables 3 and 4.

Table 4. Means and Standard Deviation of Continuous/Ratio Variables for Foster Children

<table>
<thead>
<tr>
<th>Variable</th>
<th>Total Sample (N = 30)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age of Foster Child</td>
<td></td>
</tr>
<tr>
<td>Mean</td>
<td>9.3</td>
</tr>
<tr>
<td>Std. Dev.</td>
<td>2.14</td>
</tr>
<tr>
<td>Number of Previous Foster Care Placements</td>
<td></td>
</tr>
<tr>
<td>Mean</td>
<td>1.83</td>
</tr>
<tr>
<td>Std. Dev.</td>
<td>2.02</td>
</tr>
</tbody>
</table>

The research question stated in the present study was: Are the behavioral problems exhibited by children in foster care associated with symptoms of insecure attachment? According to the results of the Parent/Child Reunion Inventory (Marcus, 1988) used in this study, 50% of the parents (N = 15) rated their foster child’s insecure behavior between 7-20, (mean = 7.4), with 20 being
the highest insecure score. Forty-six point six percent of the foster parent's (N = 14) rated their foster child's secure behavior between 0-6 (mean = 8.4) on the secure subscale, with 12 being the highest secure score possible. The results are summarized in Table 5.

Table 5. Means and Standard Deviation for Secure and Insecure Attachment and Internalizing and Externalizing Behaviors (N = 30)

<table>
<thead>
<tr>
<th></th>
<th>Mean</th>
<th>Std. Deviation</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Previous Placements</td>
<td>1.83</td>
<td>2.01</td>
<td>30</td>
</tr>
<tr>
<td>Secure Attachment</td>
<td>8.44</td>
<td>3.45</td>
<td>29</td>
</tr>
<tr>
<td>Insecure Attachment</td>
<td>7.41</td>
<td>4.87</td>
<td>29</td>
</tr>
<tr>
<td>Internal Behaviors</td>
<td>7.55</td>
<td>3.80</td>
<td>29</td>
</tr>
<tr>
<td>External Behaviors</td>
<td>11.37</td>
<td>6.76</td>
<td>30</td>
</tr>
</tbody>
</table>

Bivariate correlations were calculated to determine the relationships between variables. The matrix provided information on the demographics, Parent/Child Reunion Inventory, and the behavioral checklist. The matrix also provided information regarding the independent and dependent variables.

The behaviors that the foster care child exhibited did not provided statistically significant correlation between the insecure behavior the child was displaying
(r = .317, p = .094), and number of previous homes the child was in. However, there was statistically significant correlation between previous placements and internal behaviors (r = .430, p = .020). Furthermore, statistical significance between the insecure attachment and internal behaviors (r = .573, p = .001), and between external behaviors (r = .644, p = .000) was found. The results are summarized in Table 6.

Table 6. Correlations of Variables, Report of Significant Findings (N = 30)

<table>
<thead>
<tr>
<th></th>
<th>Previous Placements</th>
<th>Secure Attachment</th>
<th>Insecure Attachment</th>
<th>Internal Behavior</th>
<th>External Behavior</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Pearson</strong></td>
<td>1.000</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Sig.</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>N</strong></td>
<td>30</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Secure Attachment</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Pearson</strong></td>
<td>-.172</td>
<td>1.000</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Sig.</strong></td>
<td>.371</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>N</strong></td>
<td>29</td>
<td>29</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Insecure Attachment</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Pearson</strong></td>
<td>.317</td>
<td>-.274</td>
<td>.573**</td>
<td>.471**</td>
<td>1.000</td>
</tr>
<tr>
<td><strong>Sig.</strong></td>
<td>.094</td>
<td>.150</td>
<td>.001</td>
<td>.010</td>
<td></td>
</tr>
<tr>
<td><strong>N</strong></td>
<td>29</td>
<td>29</td>
<td>29</td>
<td>29</td>
<td>30</td>
</tr>
<tr>
<td>Internal Behaviors</td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Pearson</strong></td>
<td>.430*</td>
<td>-.309</td>
<td>.573**</td>
<td>.471**</td>
<td>1.000</td>
</tr>
<tr>
<td><strong>Sig.</strong></td>
<td>.020*</td>
<td>.110</td>
<td>.001</td>
<td>.010</td>
<td></td>
</tr>
<tr>
<td><strong>N</strong></td>
<td>29</td>
<td>29</td>
<td>28</td>
<td>28</td>
<td>30</td>
</tr>
<tr>
<td>External Behaviors</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Pearson</strong></td>
<td>.282</td>
<td>-.142</td>
<td>.644**</td>
<td>.471**</td>
<td>1.000</td>
</tr>
<tr>
<td><strong>Sig.</strong></td>
<td>.131</td>
<td>.462</td>
<td>.000</td>
<td>.010</td>
<td></td>
</tr>
<tr>
<td><strong>N</strong></td>
<td>30</td>
<td>29</td>
<td>29</td>
<td>29</td>
<td>30</td>
</tr>
</tbody>
</table>
CHAPTER FIVE
DISCUSSION

Introduction

Included in Chapter Five was a presentation of the conclusions gleamed as a result of completing the project. Further, the recommendations extracted from the project are presented as well as possible limitations that may have hindered the results.

Discussion

Three out of four hypothesis in this study did result in statistical significance. The first hypothesis stated that the more insecure the child is the more external behaviors he or she will exhibit (i.e., acts too young for his or her age, clings to adults or too dependent, cruel to animals, destroys his/her own things, and disobedient at home or school). According to the data collected, majority of the foster parents scored their foster children as insecure. The scoring could had been due to the fact that 56.7 percent of the foster parents had their foster child as their first placement or had been in foster care in one other home. According to the literature review, children who already have attachment difficulties and have been removed from their homes because of
neglected or abused are more likely to experience aggression against self or others, they become impulsive, extremely oppositional, or at times violent.

The second hypothesis stated that the more insecure the child is the more internal behaviors he or she will exhibit (i.e., cries a lot, demands a lot of attention, lying or cheating, nightmares, too fearful or anxious, and unhappy, sad, or depressed). According to the demographics, 47% of the children did not receive visitation from their biological parents or siblings. The internal behaviors could be explained due to separation and loss of the child's biological parent. According to the literature, Bowlby (1973) states that separation from mother figure can lead to sadness, anger, and subsequent anxiety in children ages two and over. In addition, children who already display attachment difficulties and have been removed from their home due to neglect or abuse are more likely to experience emotional problems.

The third hypothesis stated that the more foster care placements the foster child had the more insecure attachment he or she would display. According to the results, the number of previous homes for foster children ranged from 0-7, with the mean score of 1.8. The emotional consequences of multiple homes or disruptions, according
to the literature, may impair the coping mechanisms of children. The fourth hypothesis stated that the more insecure the child is the more behaviors are exhibited. We hypothesized that both internal and external behaviors combine would highly correlated. There was a 7.5 mean for the internal behaviors and a 11.3 mean for external. The literature review depicts that internal and external problems were issues related to insecure attachments as previously mention.

The variables within the three hypotheses were significantly correlated. Furthermore, all three were related to insecure attachment and the behaviors exhibited by the children. However, two demographic areas need to be considered for future studies religious background and age of caregivers. Under religion background of foster children, there were 43.3 percent that had no religion affiliation. Spirituality is an important issue to consider, because could be use as a coping skills for many insecure children. As for the foster parents age, the mean age was 44.28. This could mean that grandparents are taking care of grandchildren under relative care or that caregivers are becoming middle age. More studies should be conducted on grandparents raising grandchildren.
Limitations

As a result of the surveys being self-administered by mail, the foster parents might have presented a better picture of the relationship between themselves and the foster child. Perhaps because the study concerned attachment, the foster parents felt the need to boost their scores. This may have been to make themselves feel better or to please the researchers. Furthermore, the majority of the foster parents were older, which could have played a significant impact on the why they answered the questions. In addition, due to the fact that the Parent/Child Reunion Inventory is arranged in order of secure attachment behaviors and insecure attachment behaviors, the foster parents might have answered what they believed would be the appropriate answers. If perhaps the survey questions were assorted and not in order, there would be different results.

Another limitation was that this study might be biased due to the subjective views of the foster parents since the study measures the parent’s perceptions of the child’s attachment rather than directly measuring the child’s feelings of attachment. Ideally, the researchers wanted to study the children directly; however, due to children being a vulnerable population and the limited
time, the researchers were not able to conduct the study in that manner.

Another factor that might have influenced the results is that the behavioral symptom checklist that was developed by the researchers, might have not included other behaviors that the foster parent’s child may have exhibited. Also, the questions for the external and internal behaviors were not equally distributed. Perhaps if the questions were equally distributed the result might have been different.

Recommendations for Social Work Practice, Policy and Research

It is recommended that more research be conducted on foster children’s level of attachment to foster parents. Observational data would eliminate some of the possible limitations and a larger sample would produce a range of results. More research on various ages of foster children is suggested to determine attachment and behaviors.

The study was an informative tool that addressed the impact of children with attachment issues currently in the foster care system. Examining the relationship between the two variables may be able to help parents and their children, by providing future resources necessary to both parties in case separation and loss occurs. This study may
have also purposely influenced social workers to assess appropriately in the issues of emotional and psychological problems due to the consequences of attachment. Another major function of the study was to illustrate future outcomes that the problems of attachment bring to children in foster care.

Being aware of the variables that effect attachment may influence social work practice and the decisions made by social workers toward making stable placements for foster children. Many times children are placed in the wrong environment without taking into consideration the major consequences of multiple placements. The decisions social workers make may also influence the court’s decisions in permanent placement planning in the beginning of children’s entrance into the welfare system. Social workers will be better equipped to identify behaviors if they have awareness and understanding. Studies like this may educate foster parents about attachment issues and other necessary information, training and support for their foster children who may be insecurely attached. Another implication is that many of these foster children may have separation and loss issues due no parental visitation. A high percentage of the foster children in this study had no parental visitation. Having a greater
understanding and awareness that visitation from foster children’s parents is very crucial.

Further research needs to be done regarding grandparents raising grandchildren or older foster parents raising foster children. The majority of the foster parents in this study were older. Perhaps these older foster parents may need help with recognizing the behaviors their foster children may be displaying.

Conclusions

The results answered the question: Are the behavioral problems exhibited by children in foster care associated with symptoms of insecure attachment? Only three out of the four hypotheses in this study resulted in statistical significance. The results discussed the correlations between previous foster care placements and secure and insecure attachment and internal and external behaviors. Furthermore, they all related to insecure attachment and the behaviors exhibited by the children. In addition, there were several limitations that hindered the results of the study. The results of the study may be useful for foster parents as well as social workers.
APPENDIX A

PARENT/CHILD REUNION INVENTORY
Parent/Child Reunion Inventory

Parent completing form:
____ Foster Mother
____ Foster Father

Direction:
The following is an attempt to gain information about foster children’s behavior at a reunion with their foster parents after typical, everyday separations. Please think back to the most recent separations from your foster child that lasted at least one hour and rate your foster child’s behavior after reuniting with him/her.

Below you will find typical child reunion behaviors. Separations and reunions might include the following: child is away at school, comes in the door and sees the foster parent; the foster parent was at work and sees the child playing outside as the foster parent comes up the walkway.

Please rate the following behaviors of your foster child being separated and reunited after at least one hour.

<table>
<thead>
<tr>
<th>Foster Child’s Behavior</th>
<th>Rating (Circle one)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Child seems relaxed throughout reunion.</td>
<td>Usually Occasionally Never</td>
</tr>
<tr>
<td>2. Child shows some pleasure at being with the parent.</td>
<td>Usually Occasionally Never</td>
</tr>
<tr>
<td>3. Child comes nearer to the parent.</td>
<td>Usually Occasionally Never</td>
</tr>
<tr>
<td>4. Child initiates positive interaction with parent (e.g., invites parent to see what they are doing; tells about their day, etc.).</td>
<td>Usually Occasionally Never</td>
</tr>
<tr>
<td>5. Child physically touches the parent in an affectionate manner (kiss, hug, etc.).</td>
<td>Usually Occasionally Never</td>
</tr>
<tr>
<td>6. Child reacts positively to parent initiations (requests, touches, etc.)</td>
<td>Usually Occasionally Never</td>
</tr>
<tr>
<td>7. Child moves away from parent.</td>
<td>Usually Occasionally Never</td>
</tr>
<tr>
<td>8. Child stays away from parent.</td>
<td>Usually Occasionally Never</td>
</tr>
<tr>
<td>9. Child ignores presence or words of parent.</td>
<td>Usually Occasionally Never</td>
</tr>
<tr>
<td>10. Child gives an excuse or explanation for being unable to interact with the parent (is looking for a toy, busy with a toy).</td>
<td>Usually Occasionally Never</td>
</tr>
<tr>
<td>11. Child continues to be engaged with toys, other objects or activities.</td>
<td>Usually Occasionally Never</td>
</tr>
<tr>
<td>Foster Child’s Behavior</td>
<td>Rating (Circle one)</td>
</tr>
<tr>
<td>-------------------------</td>
<td>---------------------</td>
</tr>
<tr>
<td>12. Child shows hostility (e.g., by jabbing at parent with a toy or making a hurtful remark).</td>
<td>Usually Occasionally Never</td>
</tr>
<tr>
<td>13. Child acts immaturely (e.g., wriggling approach to parent, lying across parent’s lap, using a breathy, subtly fussing and babyish voice, etc.).</td>
<td>Usually Occasionally Never</td>
</tr>
<tr>
<td>14. Child rejects the parent by asking parent to leave the room or saying “Don’t bother me.”</td>
<td>Usually Occasionally Never</td>
</tr>
<tr>
<td>15. Child makes humiliating or embarrassing remarks to the parent such as “You’re really clumsy” or “I told you to keep quiet” etc.</td>
<td>Usually Occasionally Never</td>
</tr>
<tr>
<td>16. Child shows extreme, nervous cheerfulness (e.g., jumping, skipping, clapping hands at parent return or “clowning” as though to cheer the parent).</td>
<td>Usually Occasionally Never</td>
</tr>
<tr>
<td>17. Child asks parent to play in a “parental” eager or overprotective manner (e.g., It’s fun isn’t it, mommy?”, “Want to play with me, mommy?”).</td>
<td>Usually Occasionally Never</td>
</tr>
<tr>
<td>18. Child responds more like a spouse, as in a sexually playful manner.</td>
<td>Usually Occasionally Never</td>
</tr>
<tr>
<td>19. Child seems very sad or depressed.</td>
<td>Usually Occasionally Never</td>
</tr>
<tr>
<td>20. Child seems fearful of the parent.</td>
<td>Usually Occasionally Never</td>
</tr>
</tbody>
</table>
APPENDIX B

BEHAVIORAL SYMPTOM CHECKLIST
Behavioral Symptom Checklist For Children Ages 5-12

Below is a list of items that describe children and youth. For each item that describes your child now or within the past 6 months, please circle the 2 if the item is very true or often true of your child. Circle the 1 of the item is somewhat or sometimes true of your child. Of the item is not true of your child, circle the 0. Please answer all items as well as you can, even if some do not seem to apply to your child.

Please Print

0 = Not True (as far as you know)
1 = Somewhat or Sometimes True
2 = Very True or Often True

0 1 2 3 (1) Acts too young for his/her age
0 1 2 3 (2) Clings to adults or too dependent
0 1 2 3 (3) Cries a lot
0 1 2 3 (4) Cruel to animals
0 1 2 3 (5) Cruelty, bullying, or meanness to others
0 1 2 3 (6) Demands a lot of attention
0 1 2 3 (7) Destroys his/her own things
0 1 2 3 (8) Destroys things that belong to his/her family
0 1 2 3 (9) Disobedient at home
0 1 2 3 (10) Disobedient at school
0 1 2 3 (11) Gets in many fights
0 1 2 3 (12) Impulsive or acts without thinking
0 1 2 3 (13) Lying or cheating
0 1 2 3 (14) Nightmares
0 1 2 3 (15) Too fearful or anxious
0 1 2 3 (16) Physically attacks people
0 1 2 3 (17) Runs away from home
0 1 2 3 (18) Sets fire
0 1 2 3 (19) Steals at home
0 1 2 3 (20) Steals outside the home
0 1 2 3 (21) Strange behavior (describe): ____________________________
0 1 2 3 (22) Strange ideas (describe): ______________________________
0 1 2 3 (23) Swearing or obscene language
0 1 2 3 (24) Temper tantrums or hot temper
0 1 2 3 (25) Threatens people
0 1 2 3 (26) Trouble sleeping (describe): ____________________________
0 1 2 3 (27) Unhappy, sad, or depressed
0 1 2 3 (28) Withdrawn, doesn’t get involved with others
0 1 2 3 (29) Worries
0 1 2 3 (30) Please write in any problems your child has that were not listed above
APPENDIX C

DEMOGRAPHIC INFORMATION
Demographic Information

1. Sex
   a. Male
   b. Female

2. Age _____

3. Ethnicity
   a. Caucasian
   b. African-American
   c. Latino/Hispanic
   d. Asian
   e. Native American
   f. Other

4. Religious Background
   a. Protestant
   b. Catholic
   c. Christian
   d. Judaism
   e. Other
   f. No Religion

5. The highest grade you have completed
   a. Less than high school
   b. Some high school
   c. High school graduate or GED
   d. Some college
   e. College graduate
   f. Master’s or doctorate degree

6. Marital Status
   a. Single
   b. Married
   c. Separated
   d. Divorced
   e. Widow

7. Are you employed?
   a. Yes
   b. No
8. How long? (In years) _______

9. Foster child’s age _______

10. Foster child’s sex
    a. Male
    b. Female

11. Foster child’s ethnicity
    a. Caucasian
    b. African-American
    c. Latino/Hispanic
    d. Asian
    e. Native American
    f. Other

12. Foster child’s religious background
    a. Protestant
    b. Catholic
    c. Judaism
    d. Christian
    e. Other
    f. No Religion

13. Foster child’s highest grade completed
    a. No education
    b. Kindergarten
    c. First
    d. Second
    e. Third
    f. Fourth
    g. Fifth
    h. Sixth
    i. Seventh/ Eighth

14. Length of time that the foster child has been in your home (in months) _______

15. What is the reason for the foster child’s removal from their natural family?
    a. Physical abuse
    b. Sexual abuse
    c. Neglect
    d. Abandonment
    e. Positive drug screen at birth
16. Does the foster child have visitation with their natural family?
   a. Yes
   b. No

17. If yes, who do they visit with?
   a. Mother
   b. Father
   c. Both Father and Mother
   d. Siblings
   e. Extended Family

18. If there are other children, how many are foster children? __________

19. Number of previous foster care placements for the foster child? _______
APPENDIX D

HUMAN SUBJECT CONSENT FORM
HUMAN SUBJECT INFORMED CONSENT

The study you are about to participate in is designed to explore behaviors in foster care children due to secure and insecure attachment. This study is being conducted by Rosalba Espinoza and Sarah Ramirez under the supervision of Jette Warka, Ph.D, with guidance from Rosemary McCaslin, Ph.D, professor of Social Work at Cal State San Bernardino. This study has been approved by the Department of Social Work sub-committee Institutional Review Board of Cal State University San Bernardino.

In this study you will be asked a series of questions regarding your foster child’s behavior in regards to secure and insecure attachment. You will be given two questionnaires and asked to rate your foster child’s behavior and attachment. The questionnaires will require approximately 30 minutes to complete. There will be minimal risks or discomforts to you. All results will be reported in-group form only. A report of the results will be available in Pfau library on the Cal State San Bernardino campus after June 2002.

This survey is completely anonymous. Nowhere on the survey do we ask for your name or any other information that could identify you. All questionnaires will be given a code, and the answers that you provide will be kept by that code only. We will not be able to report individual reports.

Please understand that your participation in this study is completely voluntary and you are free not to answer any questions that are uncomfortable to you without any penalty. Also, understand that by answering this questionnaire will not affect your services in the agency or your future role as foster parent. If you have any questions or concerns about this study, please feel free to contact Dr. McCaslin at (909) 880-5507.

I agree to participate in this study.

Sign with an “X” only  Date
APPENDIX E

DEBRIEFING STATEMENT
DEBRIEFING STATEMENT

Thank you for participating in this study. The main focus of this study is to explore the behaviors in foster care children due to secure and insecure attachment. The research question was: Are behavioral problems exhibited by children in foster care associated with symptoms of Reactive Attachment Disorder? Foster care and behavioral problems amongst foster care children were being investigated in this study to answer the above question.

One of the possible risks of participating in this study was that you probably viewed your foster child differently and consequently acted differently towards him or her after the survey. You might begin to question other behaviors that you might have not noticed. On the other hand, the study might have a positive understanding of your relationship with the foster child and begin to see his or her behaviors as part of his history therefore a form of intervention might apply here.

If you have any questions regarding this study or have concerns about your participation in the research, please feel free to contact Dr. Rosemary McCaslin Professor of Social Work (909) 880-5507. If you have any questions or concerns about your foster care child’s behavior, you may contact the child’s county social worker or foster care social worker.

If any of the issues brought up in the questionnaire made you feel uncomfortable or distressed in any way you may want to consider contacting one of the community referrals listed below.

Sincerely,

Rosalba Espinoza and Sarah Ramirez

California State University, San Bernardino Counseling Center - 909-880-5040
Department of Behavioral Health - 909-421-9454
Bilingual Family Counseling - 909- 986-7111
Family Services Association - 909-793-2673
REFERENCES


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: Rosalba Espinoza and Sarah Lopez Ramirez

2. Data Entry and Analysis:
   Team Effort: Rosalba Espinoza and Sarah Lopez Ramirez

3. Writing Report and Presentation of Findings:
   a. Introduction and Literature
      Team Effort: Rosalba Espinoza and Sarah Lopez Ramirez
   b. Methods
      Team Effort: Rosalba Espinoza and Sarah Lopez Ramirez
   c. Results
      Team Effort: Rosalba Espinoza and Sarah Lopez Ramirez
   d. Discussion
      Team Effort: Rosalba Espinoza and Sarah Lopez Ramirez