

Foster Care Placement Moves and Attachment Issues

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April 23, 2007

### Abstract

The following explanatory study examined the relationship between the number of foster care placement moves and the level of attachment issues for children in state foster care. Quantitative data regarding the level of attachment issues was obtained through a survey concerning attachment-related behaviors which was completed by the current foster parents. Attachment scores derived from the survey were compared to those with 1 or less placement moves and those with more than 1 placement move. The children ranged in age from 1 to 18 years. They were randomly selected from foster children placed within the Cabinet for Health and Family Services' Southern Bluegrass Service Region. When comparing the relationship between the numbers of placement moves with the attachment score, it was hypothesized that the children with more than one placement move would have higher attachment scores. This would indicate that increased foster care placement moves are related to increased attachment issues. However, bivariate analysis revealed no significant differences between those with 0 to 1 placement moves and those with 2 or more placement moves. Since similar studies revealed a significant relationship between foster care placement moves and attachment issues, it is determined that the results of this study were likely biased by the utilized survey and sample selection.

### **Introduction**

Attachment is defined as the emotional connection between a child and their caregiver that is evidenced by the infant's pursuit and clinging to the caregiver, which is generally the mother. Normal attachment develops over a period of time, usually from birth to approximately three years of age (Sadock and Sadock, 2003). However, research among nonadoptive families has shown that a secure attachment with the caregiver is vital for proper psychological adjustment, not just in infancy but throughout childhood (Singer, Brodzinsky and Ramsey, 1985). When normal attachment is disrupted, numerous attachment disorders are likely to emerge. Disorders of attachment include failure to thrive, personality disorders, depressive disorders, reactive attachment disorder, as well as delinquency and educational issues.

A child diagnosed with failure to thrive, which is the most extreme form of attachment disorder, often appears malnourished, exhibits hypokinesia, listlessness, and dullness, and overall appears sad, joyless and miserable. These children have difficulty forming lasting relationships, have a lack of guilt, an inability to obey rules, and lack need for attention and affection. Researcher John Bowlby initially believed that attachment disorders were irreversible but later revised his theory to include the point of separation and the level of attachment prior to separation as key factors in treating attachment disorders (Sadock and Sadock, 2003). This indicates that a child with a greater attachment to their initial caregiver may have a more difficult time overcoming attachment disorders. A factor that Bowlby may have neglected to include in his research is the affect foster care placements may have on children. However, his belief that attachment issues are reversible is beneficial for the foster care system. This belief

provides hope, especially for children that have numerous placement moves while in foster care. Many children are removed from their biological parents and due to serious issues such as sexual abuse and serious physical abuse may not be returned home. These children are at risk of experiencing many placements before a permanent adoptive home is located. Frequent placement moves typically arise due to the behavior issues possibly related to attachment disorders. Marcus (1991) found “as the number of placements increases, children show more behavior problems and experience less secure attachments” (p. 381).

Related to social work practice, training for foster parents regarding attachment issues is especially important to address this critical consequence. Hughes (1999) reports that “to facilitate the ability of such children to become a part of families, foster and adoption professionals need to understand and develop specialized programs for them” (p. 542). Training to assist foster parents in understanding and effectively dealing with behavior issues related to attachment disorders would likely reduce the number of placement moves for children in foster care. Treatment for children that exhibit signs of attachment disorders would conceivably increase the likelihood of successful and permanent foster or adoptive placements.

Numerous placement moves while in foster care limit the ability of a child to form healthy and normal attachments throughout life and lead to negative behaviors. Increased moves amplify attachment issues and limit the child’s ability to trust others. Lieberman (2003) found that,

Lack of trust in the reliable availability and protectiveness of the attachment figure(s) remains a core problem for institutionalized children who are later adopted, and that

this persistent lack of trust has a major influence in shaping the adoptive parent's perception of the child (p.279).

Statistics indicate that 10% to 13% of all adoptions disrupt. Placements of older children and children with records of more previous placements and longer stays in the foster system are more likely to disrupt (Stolley, 1993).

The purpose of this study was to determine the level of attachment issues for foster children that have had more than one foster care placement move. Analyzing foster parent surveys related to attachment issues provided insight into this issue. The survey included questions that are indicative of attachment issues. The information obtained through the survey was compared with the number of foster care placement moves for the child. The number of placement moves was obtained through records kept by the Cabinet for Health and Family Services. It was hypothesized that fewer foster care moves would reveal less serious attachment issues.

A thorough review of related literature will discuss previous studies in this area. Behaviors related to attachment issues were reviewed lending credibility to the hypothesis of this study. The method used to study this issue will be discussed in length following the literature review.

## **Literature Review**

### **Theoretical Framework**

Attachment theory affords a general framework for understanding the development of a relationship between foster children and foster/adoptive parents (Bennett, 2003). Attachment theory suggests that the attachments formed with caregivers at an early age set the stage for healthy relationships throughout one's life (Groze & Rosenthal, 1993). Normal development of attachment begins at birth and is of particular

importance throughout the third year (Sadock & Sadock, 2003). Failure to develop a healthy attachment with a caregiver during this time may result in disorders of attachment.

According to Ainsworth (1970) there are three types of attachment: (1) involves a secure attachment and results in a child that is cheerful, cooperative, and confident; (2) an insecure avoidant-attachment, generally presents a child that is emotionally insulated, hostile and antisocial; and, (3) insecure ambivalent, results in a child that is tense, impulsive, easily frustrated, passive and helpless. Most recently, a fourth type has emerged to describe children that have been abused and/or neglected. The fourth type, disorganized attachment, includes a mix of behaviors in regards to the caregiver including avoidance and resistance. This type is characterized by confusion regarding the relationship (personal communication, Otto Kaak, October 14, 2006). Children that are abused and neglected or have had numerous caretakers exhibit symptoms that fail to meet the full diagnostic criteria for an attachment disorder but show several characteristics indicative of a disorganized, anxious-ambivalent or anxious-avoidant attachment with their primary caretaker (Hughes, 1999). Failure to form a secure attachment may lead to emotional or behavior disorders as children age.

### **Attachment Disorders**

Reactive Attachment Disorder (RAD) is characterized by a marked disturbance and developmentally inappropriate behavior in social situations that begins before five years of age (Sheperis, Renfro-Michel, & Doggett, 2003). There are two types of RAD, inhibited and uninhibited. A child with the inhibited type is likely to be highly avoidant and resist interaction with others. A child with the uninhibited type may be outgoing and initiate inappropriate relationships with others, including strangers (Hughes, 1999).

Foster children are more likely than the general population to experience RAD. This finding is related to the traumas experienced before being placed in foster care.

Research shows that these children often have behaviors that are similar to Attention Deficit Hyperactivity Disorder, Oppositional Defiant Disorder and Conduct Disorder (Appellety, Brown and Shumate, 2005). Research also indicates that eating disorders may be related to the level of attachment with a primary caregiver. A study conducted regarding this subject found that a decreased level of attachment with the caregiver is often noted with the diagnosis of an eating disorder (Orzolek-Kronner, 2002). The study indicated that the eating disorder develops as a result of the child attempting to gain attention from the primary caregiver. Although treatment is available to address issues related to attachment disorders, the behaviors exhibited by these children often result in foster care/adoptive placement disruptions. This further complicates the attachment disorder, forcing the child to establish a relationship with yet another foster or adoptive family.

### **Foster Care and Attachment**

A study involving fifty-two foster children living in a foster home for at least one month examined the number of foster care placements and the level of behavior problems and attachment (Marcus, 1991). The children had on average been in 4.5 placements in their lifetime. The study was conducted by utilizing the Child Behavior Checklist, Parent/Child Reunion Inventory (completed by the foster parents), interviews with the foster child and interviews with the child's caseworker. The results showed that as the number of foster care placements increased, the children exhibited more behavior problems and had less secure attachments.

Similarly, other research examined the association between numerous foster care placements and negative outcomes for children in foster care (Penzerro & Lein 1995). Secondary data was obtained from case records at a treatment facility and involved twenty boys in the custody of protective services. The number of placement disruptions was compared with the current situation of the boys, focusing on the oldest four boys in the sample. Results indicate that the boys had on average twelve placements and exhibited signs of conduct disorder, alienation from the facility (lying, stealing, sexual inappropriateness, substance abuse, physical violence, and threats of retaliation), and anti-social behaviors. Results also indicate that moving a child from place to place is more damaging than being institutionalized throughout their childhood. A review of the literature revealed abundant information related to attachment issues and foster children. However, little information is available regarding the attachment level of the child upon entering foster care and the effect that previous abuse may have on the child's current situation. It is likely that previous abuse may affect the child's ability to form an attachment and should be considered along with the number of foster care placement moves.

### **Current Study**

The current study examined the level of attachment issues for children that have had more than one foster care placement. Again, it was hypothesized that an increase in foster care placements would result in an increase in the level of attachment issues. In social work practice, social workers should strive to reduce the number of placement disruptions by identifying potential problem areas and promptly seeking treatment for the child. Policies should be developed to enforce proper and appropriate training for foster and adoptive parents regarding behaviors associated with attachment disorders. By

helping the foster and adoptive parents to understand and effectively deal with such behaviors, placement disruptions would be reduced. Moral theory supports reduction of and ranking harms in social work practice (Gert, B., Culver, C. M., & Clouser, K. D., 1997). Although removing a child from his or her family is often necessary, providing a higher level of stability will reduce harm.

### **Methods**

This study was conducted using an explanatory design. Royce (2004) describes explanatory designs as those used to test theories and compare one group to another. This design was chosen since the level of attachment issues for children with two or more foster care placement moves were compared to the level of attachment issues for children with one or less foster care placement moves. Comparison groups, based on the number of moves, were used to determine the relationship between the number of moves and the level of attachment issues for children placed in foster care.

### **Sample**

The sample consisted of one hundred foster care children placed through the Cabinet for Health and Family Services. A convenience sample design was used to select the first one hundred children from the total list of children placed in foster care in the Southern Bluegrass Region. One hundred children were chosen as representative of all children placed in foster care in the Southern Bluegrass Region. This number was chosen as a representative sample since there are approximately one thousand children currently in foster care within this region.

Children placed in foster care, who were between the ages of 1 to 18 years of age, were included in the study. The children must have been placed in foster care through the

Cabinet for Health and Family Services. The children may have had from 1 to an undetermined number of placement moves while in foster care. The study included children of all races. Those excluded from the study were children under the age of 1 year and children placed in a private child care facility or advanced foster care.

### **Protection of Human Subjects**

The identity of the children and foster parents were not disclosed in the study. A number was assigned to each participant which is a randomly assigned four-digit number. Participation letters were provided to each foster parent that voluntarily participated in the study (Appendix A). The foster parents were assured that the identity of the child and themselves would not be disclosed. The participation letter also provided participants the opportunity to contact the Office of Research Integrity or the Cabinet for Health and Family Services Internal Review Board regarding their rights as a research participant. Internal Review Board approval was granted by the University of Kentucky (Appendix G) and the Cabinet for Health and Family Services (Appendix H). An agency support letter (Appendix D) was obtained from the Service Region Administrative Associate, April Davis. The letter granted permission for the study to be conducted using data from the Cabinet for Health and Family Services.

### **Data Collection**

Information regarding foster care placements in the Southern Bluegrass Region was obtained from ongoing case managers throughout the region. The names of the foster parents and children were provided and attachment surveys were mailed to the foster parents (Appendix B). To ensure an adequate response regarding the surveys, a time limit was set to return the survey. If a response was not received within the time limit,

reminder post cards were mailed to encourage participants to complete and return the survey.

The level of attachment issues, the dependent variable, was measured using a survey that was mailed to the foster parents. The dependent variable was defined by the score, which is the total score based on responses to individual questions from the foster parent survey. The survey contained 35 questions related to attachment behaviors. The questions presented were answered by selecting a response ranging from 1 to 5. The answered questions determined the level of attachment issues and the possibility of an attachment disorder. This researcher developed the instrument, therefore, reliability and validity had not been established. The instrument was tested using the data received from this study. Foster care placement moves, the independent variable, was divided into two categories: (1) one or fewer placements, and (2) two or more placement moves while in the foster care system.

### **Instrument**

Data collection included both primary and secondary data. Primary data was obtained through the surveys (Appendix B) mailed to foster parents. The survey was mailed to the home of the foster parents, who completed and returned the survey to this researcher. Secondary data was obtained through the Cabinet for Health and Family Services' database. The database provided information regarding previous foster care placement moves for the children and demographic data for each child including age, race, gender and length of time in care. Access to this system was gained through employment with the Cabinet for Health and Family Services and was gathered solely by

this researcher. A data collection form (Appendix C) was utilized to collect the information obtained from the surveys and the number of foster care placement moves.

### **Data Analysis**

Fifty-one of one hundred mailed surveys were returned resulting in a 51% return rate. Univariate and bivariate analysis were used to analyze the obtained data. The study contained an independent variable, number of foster care placement moves, and a dependent variable, level of attachment issues. The quantitative data obtained was analyzed through a chi-square procedure which is used to determine statistical significance between two variables. An independent samples t-test was also used to confirm chi-square analysis. Univariate analysis was used to determine the frequencies in the demographic information.

The findings of the study are presented in two informational tables that reflect the results for both primary and secondary data. Table 1 (Appendix E) includes a summary of the univariate analysis of descriptive or demographic data obtained from the mailed survey. Table 2 (Appendix F) presents information obtained through the survey and the number of foster care placement moves obtained through the database of the Cabinet for Health and Family Services. By comparing the answers on the survey to the number of foster care placement moves this researcher was able to determine the relationship between the two variables. It was hypothesized that an increase in foster care placement moves would be positively correlated to an increase in attachment issues.

## **Results**

### Univariate Analysis

Data from the surveys provided information for 51 children placed in foster care. Sixty-seven percent (67%) were female and 33% were male. The majority of subjects (68%) were Caucasian. Twenty-five percent (25%) were African American and 6% were Hispanic. Thirty-seven percent (37%) of the children were placed in foster care at 1 year of age and 63% were age 2 or older. The majority (82 %) of the children are currently 2 years of age or older.

Fifty-one percent (51%) of the foster children had been in only one foster care placement. Forty-nine percent (49%) of the foster children had been in more than one foster care placement. Thirty-five percent (35%) of the children had an attachment score ranging from 35 to 70 and 47% had an attachment score of 71 to 105. Finally, 18 % of the children had an attachment score of 106 to 138. No child had a score above 138 out of a possible 175 on the survey.

### Bivariate Analysis

Based on the hypothesis, this researcher expected to find that the greater number of foster care placement moves would result in a greater level of attachment related behaviors. This researcher used chi-square to look at the differences between those who had 0 to 1 move and those with 2 or more moves on the variable of level of attachment. There were no differences between these two groups related to the child's level of attachment behaviors ( $X^2=3.37$ ,  $df=2$ ,  $p=.185$ ). These results indicate no significant difference between children with 0 to 1 placements and 2 or more placements related to their level of attachment behaviors. Independent samples t-test also indicated no significant differences between these two groups ( $t=.995$ ,  $35$ ,  $p=.326$ ).

### **Discussion**

In comparing those children with 0 to 1 placement moves to those with 2 or more placement moves, it was expected that the greater number of placement moves would result in a greater level of attachment behaviors. When a child is moved from foster home to foster home, accruing numerous placements, the frequent moves hinder their ability to attach to individuals in their life and increase the likelihood of attachment disorders. Those frequently moved would be less likely to trust adults and assume that the foster parents will not keep them in their home. It is also likely that the child will develop the perception that they are “damaged goods” and the cause of the frequent foster care moves. By assuming that they are “damaged goods”, the child will likely develop numerous behavior problems and mental health issues. Foster parents that are not prepared for such issues and behaviors will likely determine that they are not capable of caring for the child, which could result in a placement disruption. This would only further complicate the child’s ability to overcome the attachment disorder (Eldridge, 2000).

### **Implications for Future Practice**

Although this study did not reveal a significant association between foster care placement moves and attachment behaviors, similar studies have revealed a strong association. Results of similar studies should be used to develop more effective treatment for attachment disorders. Assistance should be provided to social workers in identifying and making appropriate referrals for treatment regarding attachment disorders. However, the primary focus should be on reduction of foster care placement moves and disruptions. Interventions to reduce foster care placement disruptions and educate foster parents should be the primary focus of those working in this area. The development of educational training for foster parents regarding behavior associated with attachment disorders and behaviors of abused and neglected children may obtain this desired result. The training should include effective interventions to appropriately deal with the behavior

of the child, allowing them to remain in the home. Training for foster parents should focus on accessing necessary mental health services for a child with attachment disorders. They should also be trained regarding typical behaviors and effective interventions.

Child protective workers should be educated regarding effective treatments for attachment issues and behaviors of abused and neglected children. This would enable the workers to identify and make appropriate treatment referrals. Finally, social workers should advocate for additional funding to make treatments available in rural areas. Treatment options are limited in rural areas, which limit accessibility for needy children living in these areas.

In addition, it is noted that of the 5 levels of attachment issues, no child scored above level 3. Also, few children scored in the area of level 3, with the majority scoring in levels 1 and 2. It is likely that this finding is due to the younger age of the children scoring in levels 1 and 2. Based on this observation, age appropriate treatments should be utilized for children exhibiting signs of attachment disorders in levels 1 and 2. Such treatments could prevent further development of more serious attachment disorders in later years.

### **Limitations**

Although the results indicate no significant difference in the number of foster care placement moves, it is likely that several circumstances influenced this outcome. The instrument used to measure the level of attachment issues for the foster children was developed by this researcher and was obviously not appropriate for younger children. Several questions on the survey were related to behaviors that younger children would exhibit due to their age. For example, one question addressed behaviors related to wetting or soiling themselves. This question was rated high for children that were still in diapers. A significant portion of the children included in the survey were of the age to wear diapers. This would influence the

outcome of the survey by increasing the attachment score for children with only one foster care placement. Several comments were made by the respondents addressing this issue.

In addition, the study included only children who reside in basic foster care. Upon further consideration these children on average have less behavior problems than children placed in a private child care facility or therapeutic foster care. These placement types were not included in the study, which may have also influenced the outcome of the study. Children are generally moved to a more restrictive placement such as a private childcare facility, residential treatment or therapeutic foster care when behavior problems arise. It is likely that many of these behaviors are related to attachment disorders. Therefore, these children should have been included in the study.

A limitation to this study is that only foster children in the Southern Bluegrass Region were included. The Southern Bluegrass Region is only one of nine regions in the state of Kentucky. In addition, to say that the study may compare to other foster care systems outside of Kentucky may be an overgeneralization (Royce, 2004). Other states may have interventions in place to reduce attachment issues of the children placed in foster care. Also, children placed in more restrictive placements were not included in the study. These children typically have numerous placement moves and exhibit more severe behaviors.

Additionally, the children were not assessed for preexisting mental health diagnoses, which may have affected the results of the study. Answers on the foster parent survey may be slightly skewed regarding mental health issues unrelated to attachment disorders. Also, the foster parent survey was developed by this researcher and had not been previously tested for reliability and validity. The survey was not appropriate for children under that age of five and should be

used for older children. Finally, the survey was mailed to foster parent's verses face to face contact, which generally limits responses.

### **Lack of Resources**

With additional resources, the study would have included a random sampling of the entire foster care population of Kentucky, which would provide a sample that is more representative of the total population of foster children. In addition, given a research team the survey would have been completed in the home of the foster parent, increasing the likelihood of responses. Future studies in this area should be conducted by a research team and include a larger population. Finally, the survey utilized in this study should be modified to suit younger children or the survey should include only children from 5 to 18 years of age, or an existing instrument with proven reliability and validity could be used.

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## Appendix A

### Participation Letter

November 13, 2006

Dear Foster Parent:

You are being asked to complete the attached survey as part of a region wide study related to attachment issues for foster children. This project is being completed as part of class work at the University of Kentucky's College of Social Work Master's Program.

Two hundred and fifty foster parents across the Southern Bluegrass Region were selected to participate in the study. You were selected for participation as a result of your position as a foster parent, parenting a foster child placed within the last five years. Completion of the survey is completely voluntary and will in no way impact you or the child. The survey will remain confidential and any identifying will be excluded from the study. Only a randomly assigned number will identify participants.

Completion of the survey should take about 15 minutes. We would be grateful if you would return the completed survey in the self-addressed, stamped envelope by February 15, 2007. If you have any questions about the survey or the study, please feel free to contact Lisa Mitchell at (606) 365-3551. If you have questions regarding your rights as a research participant, please contact the University of Kentucky's Office of Research Integrity at 1-866-400-9428 or the Cabinet for Health and Family Services Institutional Review Board at 1-502-564-5497 Ext. 4102.

Thank you for your assistance with the study. Your responses are an important part of the process.

Sincerely,

Lisa Mitchell, BSW SSCI  
MSW Student, University of Kentucky

Attachments: Foster Parent Survey  
Self-addressed, stamped return envelop

**Appendix B (1)**

**Foster Parent Survey**

**General Information (please answer each question)**

Study ID Number: \_\_\_\_\_

Age of child: \_\_\_\_\_

Age of child at placement: \_\_\_\_\_

Race of child: \_\_\_\_\_

Gender of child: \_\_\_\_\_

**Survey (please complete by checking one answer 1-5. One being never and five being most of the time)**

1) Child often acts charming to get what they want?

1	2	3	4	5
Never				Most of the time

2) Child is indiscriminately affectionate with unfamiliar adults?

1	2	3	4	5
Never				Most of the time

3) Child resists genuine affection with primary caregivers?

1	2	3	4	5
Never				Most of the time

4) Child is controlling?

1	2	3	4	5
Never				Most of the time

5) Child is bossy?

1	2	3	4	5
Never				Most of the time

6) Child is manipulative?

1	2	3	4	5
Never				Most of the time

7) Child is defiant?

1	2	3	4	5
Never				Most of the time

## Appendix B (2)

8) Child is argumentative?

1	2	3	4	5
Never				Most of the time

9) Child is demanding?

1	2	3	4	5
Never				Most of the time

10) Child is impulsive?

1	2	3	4	5
Never				Most of the time

11) Child is fascinated with fire, death, blood, weapons, evil and gore?

1	2	3	4	5
Never				Most of the time

12) Child is cruel to animals?

1	2	3	4	5
Never				Most of the time

13) Child destroys property?

1	2	3	4	5
Never				Most of the time

14) Child is aggressive toward others?

1	2	3	4	5
Never				Most of the time

15) Child is aggressive toward itself?

1	2	3	4	5
Never				Most of the time

16) Child is destructive?

1	2	3	4	5
Never				Most of the time

17) Child is accident-prone?

1	2	3	4	5
Never				Most of the time

## Appendix B (3)

18) Child is very concerned about little hurts but brushes off big hurts?

1	2	3	4	5
Never				Most of the time

19) Child has temper tantrums, especially in response to adult authority?

1	2	3	4	5
Never				Most of the time

20) Child has poor eye contact except when lying, when they look me in the eye?

1	2	3	4	5
Never				Most of the time

21) Child blames others for their problems?

1	2	3	4	5
Never				Most of the time

22) Child lacks self-control?

1	2	3	4	5
Never				Most of the time

23) Child lies about the obvious?

1	2	3	4	5
Never				Most of the time

24) Child steals?

1	2	3	4	5
Never				Most of the time

25) Child hoards food?

1	2	3	4	5
Never				Most of the time

26) Child refuses to eat?

1	2	3	4	5
Never				Most of the time

27) Child eats strange things?

1	2	3	4	5
Never				Most of the time

28) Child hides food?

1	2	3	4	5
Never				Most of the time

**Appendix B (4)**

29) Child has poor hygiene?

1	2	3	4	5
Never				Most of the time

30) Child wets or soils himself/herself?

1	2	3	4	5
Never				Most of the time

31) Child has poor peer relationships?

1	2	3	4	5
Never				Most of the time

32) Child is an underachiever?

1	2	3	4	5
Never				Most of the time

33) Child asks persistent nonsense questions and incessantly chatters?

1	2	3	4	5
Never				Most of the time

34) Child has abnormal speech patterns or language problems?

1	2	3	4	5
Never				Most of the time

35) Child lacks trust in others to care for him/her?

1	2	3	4	5
Never				Most of the time

(Adapted from: Foster and Adoptive Care Association of Minnesota,

<http://www.facam.org/Articles/Behavior/attachmentdisorder.htm>)

Appendix C

Data Collection Form

Study ID Number	
Current Age of the Child	
Age of the Child at Placement	
Race of the Child	

Number of Foster Care Placements	
Attachment Score	

## Appendix D

Table 1. Demographic Information for Foster Children N=51

General Information	n	%
<b>Race of the Child</b>		
Caucasian	35	68.6
African American	13	25.5
Asian	0	0
Native American	0	0
Hispanic	3	5.9
<b>Gender of Child</b>		
Female	34	66.7
Male	17	33.3
<b>Child's Age at the Time of Placement</b>		
0-1 Years	19	37.3
2-18 Years	32	62.7
<b>Child's Current Age</b>		
1 Year	9	17.6
2 Years	7	13.7
3 Years	5	9.8
4 Years	4	7.8
5 Years	8	15.7
6 Years	1	2.0
7 Years	1	2.0
8 Years	1	2.0
9 Years	3	5.9
10 Years	1	2.0
11 Years	2	3.9
12 Years	2	3.9
13 Years	0	0
14 Years	1	2.0
15 Years	1	2.0
16 Years	0	0
17 Years	3	5.9
18 Years	2	3.9
<b>Foster Care Placements</b>		
One Foster Care Placement	26	51.0
Two or more Foster Care Placements	25	49.0
<b>Attachment Score</b>		
Score 35-70	18	35.3
Score 71-105	24	47.1
Score 106-140	9	17.6
Score 141-175	0	0

## Appendix F

**Table 2. Number of Foster Care Moves by Attachment Level (N=51)**

<b>Number of Foster Care Moves</b>	<b><u>Level of Attachment</u></b>		
	<b>1</b>	<b>2</b>	<b>3</b>
<b>One Placement</b>	<b>11(42.3%)</b>	<b>9(34.6%)</b>	<b>6(23.1%)</b>
<b>Two or More Placements</b>	<b>7(28%)</b>	<b>15(60%)</b>	<b>3(12%)</b>

## Foster Care Placement Moves and Attachment Issues

Do multiple foster care placement moves contribute to attachment issues?

## Hypothesis

As the number of foster care placement moves increase, the level of attachment issues increases.

## Literature Review

- Research shows that as the number of foster care placements increase, the children exhibit more behavior problems and have less secure attachments (Marcus, 1991).
- Research also indicates that moving a child from place to place is more damaging than being institutionalized throughout their childhood (Penzerro & Lein, 1995).
- \* The literature supports the hypothesis that numerous foster care placement moves increases attachment issues.

## Methodology

- Convenience Sample  
One hundred children placed in basic foster care in the Southern Bluegrass Region
- \*The children included had one to twelve placement moves. The children were between the ages of one to eighteen. Race was not a determining factor.

## Methodology cont.

- Foster care placement information (foster parents) was provided by ongoing case management reports throughout the Southern Bluegrass Service Region.
- Information related to foster care placement moves was obtained through the Cabinet for Health and Family Services database (TWIST).

## Methodology cont.

- Data Collection
  - Foster parent survey related to attachment behaviors for children placed in their home (5 pt. Likert Scale).
  - Number of foster care placement moves obtained through TWIST.

### Methodology cont.

- Reliability and Validity  
The instrument (foster parent questionnaire) was developed by this researcher and reliability and validity was not previously established.

### Data Analysis

- Univariate and Bivariate Analysis were used to analyze the data.
- 51 of 100 questionnaires returned (51%)

### Results: Univariate Data

#### Demographic Frequency Percentages

##### Gender

- 66.7% were Female
- 33.3% were Male

##### Race

- 68.6% were Caucasian
- 25.5% were African American
- 5.9% were Hispanic

### Results: Univariate Data Cont.

#### Age of Children

- Age at time of placement
  - Age 0-1 year-37.3%
  - Age 2-18 years-62.7%
- Current Age
  - Age 1-5 years-64.6%
  - Age 6-18 years-35.4%

### Results: Univariate Data Cont.

#### Foster Care Placements & Attachment Score

Placements: 0-1	26	51%
2 +	25	49%

#### Attachment Scores:

Score 35-70	18	35.3%
Score 71-105	24	47.1%
Score 106-140	9	17.6%
Score 141-175	0	00.0%

### Results: Bivariate Analysis

- Chi-Square and Independent Samples t-test to look at differences between those who had 0 to 1 placement move and those who had 2 or more placement moves on the variable of level of attachment.
- Chi-Square ( $X^2=3.37$ ,  $df=2$ ,  $p=.185$ ) and Independent Samples t-test ( $t=.995$ ,  $35$ ,  $p=.326$ ) indicate no significant differences in the two groups.

## Discussion

- Instrument not suited to children under the age of five.
- Study only included children in basic foster care.

## Implications for Future Practice

- Foster parent training related to attachment issues/disorders in an effort to decrease foster care placement disruptions.
- Train Social Workers to identify and make appropriate referrals for attachment disorders.
- Advocate for more treatment options in rural areas.

## Limitations of Proposed Study

- Sample one hundred taken from the Southern Bluegrass Region. Southern Bluegrass Region only one of nine regions in Kentucky.
- Children not assessed for preexisting mental health diagnosis unrelated to attachment disorders.
- Instrument not previously tested and was not suitable for children under the age of five.
- Questionnaire was mailed, which may limit response.

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