

REVIEW OF LITERATURE

What to consider when making difficult placement decisions

The decision to place a child in foster or kinship care is difficult. Although placement may be necessary to keep the child safe, changes in placement have consequences. Placement can disrupt attachments and be traumatizing for the child. Both returning a child home and changing placements disrupts attachments. Placement may change due to reunification, adoption, placement with kin, the child's behavior, or an issue in the foster home. No matter what the cause for placement is, professionals must think about how to make the transition from one placement to another as easy as possible for the child.

When considering a placement change, the guardian *ad litem* (GAL) should think about:

- What are the benefits of changing placement? What are the risks?
- Might the child be harmed if placement is changed? In what ways?
- How do the benefits of changing placement compare to the harm?
- If attachments are disrupted, how can the child and caregivers be helped to form a new attachment?
- How does the law intersect with best practice?

The Colorado Children's Code and social science research provide some insight regarding placement decisions. Colorado Revised Statutes section 19-3-605(3) addresses placement of children after entry of an order terminating parental rights. Colorado Revised Statutes section 19-3-702(9) addresses placement of children at permanency planning hearings. Both sections require trial courts "making placement determinations concerning a child [...] consider all pertinent information related to modifying the placement of the child prior to removing the child from his or her placement." §§ 19-3-605(3), -3-702(9), C.R.S. (2016). Both sections also require courts making placement determinations to consider the following eight factors:

- (a) An individualized assessment of the child's needs created pursuant to Title IV-E of the federal "Social Security Act", as amended, and regulations promulgated thereunder, as amended;
- (b) Whether the child's placement at the time of the hearing is a safe and potentially permanent placement for the child;¹
- (c) The child's actual age and developmental stage and, in consideration of this information, the child's attachment needs;

¹ Colorado Revised Statutes section 19-3-605(3)(b) contains additional verbiage addressing the obligation of the county department or licensed child placement agency to provide documentation demonstrating that it adequately screened the family member seeking placement and any adult residing in the home, and conducted necessary criminal history and other background checks.

- (d) Whether the child has significant psychological ties to a person who could provide a permanent placement for the child, including a relative, and, if so, whether this person maintained contact with the child during the child's placement out of the home;
- (e) Whether a person who could provide a permanent placement for the child is willing to maintain appropriate contact after an adoption of the child with the child's relatives, particularly sibling relatives, when such contact is safe, reasonable, and appropriate;
- (f) Whether a person who could provide a permanent placement for the child is aware of the child's culture and willing to provide the child with positive ties to his or her culture;
- (g) The child's medical, physical, emotional, or other specific needs, and whether a person who could provide a permanent placement for the child is able to meet the child's needs; and
- (h) The child's attachment to the child's caregiver at the time of the hearing and the possible effects on the child's emotional well-being if the child is removed from the caregiver's home.

§§ 19-3-605(3)(a-h), -3-702(9)(a-h), C.R.S. (2016).

This literature review details the above statutory factors that must be considered and cites social science literature relevant to those factors. The goal of this review is to provide a helpful and organized resource for GALs addressing placement issues.

Please note that the summaries cannot and do not address every finding in a piece of literature. The author recommends that professionals read the entire piece of literature before using, citing, or referring to it. Where possible, links to articles have been provided. The majority of the articles are copyrighted, may be accessed through an online search, and require a fee to download.

Additionally, please note that the articles may correspond to more than one of the eight statutory factors, as noted by the author.

- a) **“An individualized assessment of the child's needs created pursuant to Title IV-E of the federal “Social Security Act”, as amended, and regulations promulgated thereunder, as amended.” §§ 19-3-605(3)(a), -3-702(9)(a), C.R.S. (2016).**

The author did not review any articles that correspond specifically to this section.

- b) **“Whether the child's placement at the time of the hearing is a safe and potentially permanent placement for the child.” §§ 19-3-605(3)(b)², -3-702(9)(b), C.R.S. (2016).**

Tillbury, C., Osmond, J. (2006) *Permanency Planning in Foster Care: A Research Review and Guidelines for Practitioners*. Australian Social Work, 59 (3), 265-280.

This article is a review of literature concerning permanency planning. It discusses services to help build attachment.

Key points include:

- Rupturing a positive attachment for a child can produce both short- and long-term consequences. Repeated ruptures, including a rupture from a positive care provider, can cause severe trauma to a child, which may also result in an inability to attach and trust others.
- Intervention strategies such as modifications to parenting practices, building the child’s social and cognitive skills, behavior management strategies, and therapeutic interventions aimed at improving the caregiver-child relationship must be instituted to try remedy this effect.

² Colorado Revised Statutes section 19-3-605(3)(b) contains additional verbiage addressing the obligation of the county department or licensed child placement agency to provide documentation demonstrating that it adequately screened the family member seeking placement and any adult residing in the home, and conducted necessary criminal history and other background checks.

- c) **“The child's actual age and developmental stage and, in consideration of this information, the child's attachment needs.” §§ 19-3-605(3)(c), -3-702(9)(c), C.R.S. (2016).**

AGE AND DEVELOPMENTAL STAGE

SUMMARY

Age of the child is difficult to isolate as an independent factor because it interacts with other factors. Research indicates that when infants reach a mental age of 7-9 months, they can form selective attachments. After they have this capacity, they can form attachments to a new caregiver within days to weeks of placement. To form new attachments, infants must have substantial and sustained physical contact with the adult caregiver. Through experiences with caregivers, young children develop expectations about the dependability of the attachment figure to provide comfort, support, nurturance, and protection in times of need. Studies support that attachment to subsequent caregivers remain open to change as late as adolescence.

ARTICLES

- Dozier, M., Stovall, K.C., Albus, K.E., Bates, B. (2001) *Attachment for Infants in Foster Care: The Role of Caregiver State of Mind*. Child Development, 72 (5), 1467-1477.

This is a study of 50 foster mother-infant dyads where infants were placed between birth and 20 months. Attachment quality was assessed between 12 and 24 months of age and at least 3 months after the infants' placement into foster care. In this study, age at placement was not related to attachment quality. This indicates that following a disruption in care during the first year and a half of life (placement), infants appear capable of organizing their behavior around the availability of new caregivers.

Key points include:

- The children placed in the first 1 ½ years of life could organize their attachment behaviors around the availability of their new caregivers.
- Most of the children, when not placed at birth, had been exposed to neglect or abuse, as well as up to five changes in caregivers. However, when placed with autonomous (“securely” attached) caregivers, these children often formed secure attachments.
- There are indications that children who form secure attachments to surrogate caregivers following previous relationship failures may be demonstrating the ability to rework the way they think about themselves and others and develop secure and trusting relationships.

- Altemhofen, S. Z., Clyman, R., Little, C., Baker, M., Biringen, Z., (2013). *Attachment Security in Three-Year-Olds who Entered Substitute Care in Infancy*. *Infant Mental Health Journal*, 34(5), 435-445.

In a small sample of children placed in care prior to 6 months of age, 66% showed a secure attachment with their caregiver at 3 years of age. Fifty-seven percent of the children with only one placement, and approximately 62% of children with two or more out-of-home placements showed a secure attachment with their caregivers at 3 years of age. This is comparable to 67% of children with secure attachments to their caregiver in normative populations. Authors suggest that the young age of removal of the sample may contribute to near-normative rate of attachment security using caregiver-child emotional availability (EA) as a predictor of attachment.

There was an indication that girls were more likely to be securely attached to their substitute caregivers than boys. Why is not understood.

- Zeanah, C., Shaffer, C., Dozier, M., (2011) *Foster Care for Young Children: Why It Must Be Developmentally Informed*. *Journal of the American Academy of Child and Adolescent Psychiatry*. 50(12), 1199-1201.

This commentary on foster care, written by well-respected researchers, suggests that the stability of placements should be valued and maintained. Placements should be disrupted only if there are strong reasons to believe that continuing the placement is likely to be harmful and that the new placement is likely to better meet the child's emotional needs.

Key points include:

- Young children who transition back home or to new placements face a potential disruption in their relationships with their foster parents. Transitions from foster care placements should be designed to minimize harm to the child. This means gradually building attachments to the new caregivers and maintaining contact to the former caregivers even after the transition is completed, whenever possible.
- When infants reach a mental age of 7 to 9 months, they can form selective attachments. After they have this capacity, they can form attachments within days to weeks of placement with a new caregiver. Nevertheless, to form and maintain attachments, infants must have substantial and sustained physical contact with the adult caregiver.
- Typically, infants form "selective attachments" from 6 to 12 months. At around 7 to 9 months of age, infants begin to demonstrate stranger wariness and separation protest, and when they do, they also begin to turn selectively to a small number of attachment figures for comfort, support, nurturance, and protection. Through experiences with caregivers, the young child develops expectations about the dependability of attachment figures to provide comfort, support, nurturance, and protection in times of need.

- Cole, S. (2005) *Infants in Foster Care: Relational and Environmental Factors Affecting Attachment*. *Journal of Reproductive and Infant Psychology*, 23 (1), 43-61.

The study looked at the effect of relational and environmental factors affecting attachment security in 46 infants placed in foster homes. It acknowledges that infants who experience numerous primary caregiver changes do more poorly than infants with fewer changes.

Key points include:

- Infants placed in foster care in early infancy that remain in care during the first year of life experience loss when transitioning from the foster caregiver to a subsequent or permanent placement.
 - Infants bring an expected mode of interaction to the new relationship (e.g., secure, insecure, disorganized/disoriented) and will need to adjust to the change from previous caregivers.
 - When infants are moved to an adoptive home or a subsequent placement, the caregivers' own experiences of childhood trauma can negatively affect the development of secure attachment to the infants in their care.
 - Counseling should be provided for prospective adoptive parents or subsequent caregivers on the relational aspect of the placement change to allow for the development of a positive infant-caregiver relationship in the new placement. Recognition of these positive and negative influences on attachment can improve training for foster caregivers.
- Joseph, M.A., O'Connor, T. G., Briskman, J. A., Maughan, B. Scott, S. (2014). *The Formation of Secure New Attachments by Children who were Maltreated: An Observational Study of Adolescents in Foster Care*. *Development and Psychopathology*, 26 (1), 67-80.

This study considered whether prior attachment relationships with abusive birth parents are internalized and carried forward to impair the child's subsequent attachment relationships.

Key points include:

- The attachment patterns of 62 adolescents with their birth parents and foster parents were examined and compared to a sample of 50 adolescents in normal-risk families. The findings demonstrate that there is substantial potential for maltreated children to change and develop subsequent secure attachments in adolescence.
- The findings challenge the view that, following several years of maltreatment and multiple placements, adolescents would be less susceptible to the impact of caregiving in the foster care family in forming a new relationship with the foster caregiver(s). The authors believe there is evidence to suggest that

attachment representations to subsequent caregivers remain open to change as late as adolescence.

Another statute relevant to age is Colorado Revised Statutes section 19-1-102(1.6).It states:

The general assembly recognizes the numerous studies establishing that children undergo a critical bonding and attachment process prior to the time they reach six years of age. Such studies further disclose that a child who has not bonded with a primary adult during this critical stage will suffer significant emotional damage which frequently leads to chronic psychological problems and antisocial behavior when the child reaches adolescence and adulthood. Accordingly, the general assembly finds and declares that it is appropriate to provide for an expedited placement procedure to ensure that children under the age of six years who have been removed from their homes are placed in permanent homes as expeditiously as possible.

Another statute relevant to attachment needs is Colorado Revised Statutes section 19-3-100.5(4)(a) It states:

(4)(a) The general assembly also hereby finds that:

- (I) The American Academy of Pediatrics has found that emotional and cognitive disruptions in the early lives of children have the potential to impair brain development. Paramount in the lives of children in foster care is their need for continuity with their primary attachment figures and a sense of permanence that is enhanced when the child's placement is stable.
- (II) The American Academy of Pediatrics has found that attachment to a primary caregiver is essential to the development of emotional security and social conscience; and
- (III) According to the American Academy of Pediatrics, optimal child development occurs when a spectrum of needs is consistently met over an extended period. Separation of a child from his or her primary caregiver occurring between six months and three years of age is more likely to result in subsequent emotional disturbances for the child than if the separation occurs when the child is older. Repeated moves from home to home compound the adverse consequences of separation. Further, the younger the child and the more extended the period of uncertainty or separation, the more detrimental the separation will be to the child's

well-being. Any intervention that separates a child from the child's primary caregiver or person who provides psychological support to the child should be cautiously considered and treated as a matter of urgency and profound importance.

- (b) The general assembly further finds that older children in foster care are at a high risk of having long-term mental health issues, dropping out of school, developing alcohol and drug dependence, experiencing promiscuity, and interacting with the criminal justice system. Multiple moves for older children lead to disruption in schooling and meaningful relationships and attachments, including relationships with peers and family of origin. As a result these children have few, if any, long-term connections when they leave foster care, resulting in little support for their growth into independent adults.
- (c) The general assembly therefore declares that multiple moves for children in the dependency and neglect system should be discouraged in favor of permanent planning upon which these children can rely for their healthy mental, physical, and emotional development.

GENERAL ATTACHMENT NEEDS

SUMMARY

Change can be disruptive and can impact a child's internal working model (i.e., how the child understands the world, self, and others). This may lead to a child being labeled as problematic and may lessen the likelihood of reunification. If a child stays in the same placement, the disruptive effects of placement change lessen and the likelihood of reunification increases.

There are indications that early placement change increases the likelihood of another change, thereby increasing momentum for further change. Change tends to create change. In addition, a process of repetitive momentum operates for placement changes; more frequent experience with change increases the probability of its recurrence. At the same time, the length of placement somewhat diminishes this momentum. The likelihood of change decreases the longer a child is in a placement.

There is a greater probability of reunification when older children experience a placement change, than with younger children. It is suggested that older children have a greater capacity to adapt their behavior, influence their context, and influence their reunification or stability in placement.

Some evidence suggests that many children see removal as a rejection, leading to a heightened sensitivity to rejection. Subsequent placement changes, especially after short placements, affirm this feeling of rejection and create children who attempt to defend against further rejection. This may begin a self-fulfilling prophecy of rejection.

ARTICLES

- Funrival, J. (2011, May 31). *Attachment-informed Practice with Looked After Children and Young People*. Retrieved November, 3 2016, from: <https://www.iriss.org.uk/resources/insights/attachment-informed-practice-looked-after-children-young-people>.

No specific findings were taken from this article, but it is a good reference.

- Bolen, R.M. (2000), *Validity of Attachment Theory. Trauma, Violence and Abuse*, 1(2), 128-153.

This is a review of attachment literature. The author suggests an over-reliance on attachment theory, and suggests exploring alternative explanations for concerning behavior when assessing a child's needs and planning placements and interventions.

- Goldsmith, D., Oppenheim, D., Wanlass, J. (2004) *Separation and Reunification: Using Attachment Theory and Research to Inform Decisions Affecting the Placements of Children in Foster Care*. Spring, Juvenile and Family Court Journal.

This article is not based on research. It uses a case example to explore the difficult placement decisions that GALs and courts face on a regular basis. It is worth reading to understand a thought process for making difficult decisions when there is no "one right answer".

- d) **“Whether the child has significant psychological ties to a person who could provide a permanent placement for the child, including a relative, and, if so, whether this person maintained contact with the child during the child’s placement out of the home.” §§ 19-3-605(3)(d), -3-702(9)(d), C.R.S. (2016).**

KINSHIP - IMPACT

- Font, S. (2014) *Kinship and Nonrelative Foster Care: The Effect of Placement Type on Child Well-Being*. *Child Development*, 85 (5), 2074–2090.

This study is based on a national sample of 1,215 children, aged 6–17, who spent some time in formal kinship or nonrelative foster care, and identifies the effect of placement type on academic achievement, behavior, and health.

- The results suggest that when children spend most of their time in kinship placement, there is a negative impact on reading scores and ability to internalize behavior. The suggestion is that kin placements may be less able to provide academic support and resources given that overall, kin have lower average income and education, and are less likely to have two caregivers in the home. These circumstances are likely to have the greatest impact on children already struggling academically.
- In this study, kinship care did not have an impact on child health and externalizing behavior.
- The negative impact on academic achievement and greater improvements in behavior for children placed in kinship care were most significant for children that fared worse on well-being measures at time of initial placement.

KINSHIP - PLACEMENT STABILITY

- Connell, C., Vanderploeg, J., Flaspohler, P., Katz, K., Saunders, L., Tebes, J., (2006) *Changes in Placement among Children in Foster Care: A Longitudinal Study of Child and Case Influences*. *Social Services Review*, 80(3): 398–418.

This study considers the predictors of placement change in a sample of children who entered foster care between January 1998 and December 2002 in Rhode Island.

- The children in kinship care were found to have the lowest rate of changes in placement.
- Children in nonrelative foster homes were over three times as likely to have a placement change, compared to children in relative foster homes.

KINSHIP – STABILITY - CONNECTIONS

- Myslewicz, M. (2011) *Does Kinship Care Work Well for Children? A Summary of the Research*. April. Casey Family Programs.

An internet and literature review was conducted to gather the most current research findings around the impact of kinship care.

The research indicates that children in out-of-home care generally benefit when they are placed with kin, especially with respect to outcomes around safety, placement stability, and maintenance of family connections.

However, the findings are mixed when it comes to permanency and well-being, and there is a lack of longitudinal studies comparing outcomes for children in foster care to those in kinship placements.

- e) **“Whether a person who could provide a permanent placement for the child is willing to maintain appropriate contact after an adoption of the child with the child’s relatives, particularly sibling relatives, when such contact is safe, reasonable, and appropriate.” §§ 19-3-605(3)(e) and §19-3-702(9)(e), C.R.S (2016).**

SUMMARY

Children can form attachments to multiple caregivers and can use the healthy attachment with a foster parent as an internal working model for new attachments. When possible, keeping an on-going relationship with biological family and previous caregivers can be beneficial to children and may assist in the attachment process.

ARTICLE

Joseph, M.A., O'Connor, T. G., Briskman, J. A., Maughan, B. Scott, S. (2014) **The Formation of Secure New Attachments by Children who were Maltreated: An Observational Study of Adolescents in Foster Care.** *Development and Psychopathology*, 26 (1), 67-80.

Please see summary of article in section c.

- f) **“Whether a person who could provide a permanent placement for the child is aware of the child’s culture and willing to provide the child with positive ties to his or her culture.” §§ 19-3-605(3)(f), -3-702(9)(f), C.R.S. (2016).**

The author did not review any articles that correspond specifically to this section.

- g) **The child’s medical, physical, emotional, or other specific needs, and whether a person who could provide a permanent placement for the child is able to meet the child’s needs.” §§ 19-3-605(3)(g), -3-702(9)(g), C.R.S. (2016).**

TRAUMA IN GENERAL

SUMMARY

A history of trauma makes children more susceptible to future trauma. Minimizing moves, using trauma-informed treatment, and providing support to children and caregivers is critical.

TRAUMA - STABILITY

- *Trauma in the Child Welfare System*. JBS International, Inc. Child and Family Services Reviews. Retrieved from: <https://training.cfsrportal.org/book/export/html/2437>

Children with a history of trauma may have a history of rejection. If placement needs to change for these children, evidence-based interventions must be employed to help these children work through their trauma. These children need to be provided a safe and stable environment with nurturing adults that can promote attachment and bonding. Professionals should promote the self-esteem of the child and help the child see the world as fair and predictable, so the child's coping skills can be enhanced. If possible, a child should remain with the foster parents until permanency is achieved, since children can be further damaged by multiple moves.

TRAUMA - PLACEMENT CHANGES - SUPPORT

- Child Welfare Collaborative Group, National Child Traumatic Stress Network, and The California Social Work Education Center. (2013). *Child Welfare Trauma Training Toolkit: Trainer's Guide* (2nd ed.). Los Angeles, CA and Durham, NC: National Center for Child Traumatic Stress.

This article indicates that the number of placements for children must be minimized. If placement changes must occur, professionals should support and promote positive relationships, create a safe environment, and maintain connections and supportive relationships.

MULTIPLE PLACEMENTS – GENERAL IMPACT

SUMMARY

Overall, research suggests that it is important to minimize unnecessary moves for children in care, especially when children have a history of trauma. Research also suggests that the manner in which placement changes occur has a strong impact on how children fare after changing placements. Knowing that placement changes will occur, professionals need to consider child well-being, along with safety and permanency, and transition children from one placement to another in a manner that minimizes trauma, supports children and caregivers, and considers ongoing connections with (which?) adults.

MULTIPLE PLACEMENTS – IMPACT ON CHILD’S BEHAVIOR

- Lawrence, C., Carlson, E., Egeland, B. (2006). *Impact of Foster Care on Child Development*. *Development and Psychopathology*, 18, 57–76.

This study investigated the effects of foster care on the development of children’s behavior and psychological functioning by looking at the data of 189 at-risk children. It compared data on children who were not maltreated or placed, children who were maltreated and not placed, and children that were both maltreated and placed.

Initial analysis indicates that length of time in care, age of first placement, and risks associated with multiple placements were found to be unrelated to the development of behavior problems.

MULTIPLE PLACEMENTS IN GENERAL

- Barber, J., Delfabbro, P. (2003). *Placement Stability and the Psychosocial Well-Being of Children in Foster Care*. *Research on Social Work Practice*, 13 (4), 415-431.

This study considered 255 children referred into out-of-home care over a 12-month period. The children were four-17 years of age. Baseline measures came from case files. Interviews with workers were conducted at baseline, four months, and eight months. Placement changes were determined. The workers of the 130 children still in care at 12 months were re-administered standardized measures of the child’s well-being.

Key points include:

- Results of this study appear to question a fundamental theory of the permanency planning philosophy—that multiple placements are inherently damaging and therefore that the objective of substitute care should be to secure a stable placement as quickly as possible.
- The major implication of the findings appears to be that workers shouldn't be afraid of changing placements at least up to an eight-month period if more suitable arrangements are available.
- The authors, in making this suggestion, acknowledge that the eight-month period is brief, when taken in the context of an entire childhood.
- They also acknowledge that although placement stability is a worthy objective, it should not be the sole, or even primary, objective for children in care.

PLACEMENT STABILITY - CHILD OUTCOMES

- Cashmore, J., Paxman, M. (2006). *Predicting After-care Outcomes: The Importance of 'Felt' Security*. *Child and Family Social Work*, 11 (3), 232–241

This study examined the links between stability in placement with perceived or 'felt' security and other outcomes for young people four to five years after leaving care. The study examines longitudinal data over five years of 47 young people leaving care in New South Wales, Australia. The average age for the group entering care was six to nine years old. Seventy-six percent were in care until they turned 18. The children had an average of 5.3 placements. They were interviewed three months before discharge from care, then three months, 12 months, and four to five years after discharge from care.

This study found that how well young people were doing 'across the board' was strongly predicted by how secure they felt in care, their ability to stay in the same placement beyond formal care, and the level of social support available to them after leaving care. Perceived or 'felt' security was more significant for well-being than placement stability while in care for this group of young people.

MANAGING LOSS

- Boswell, S., Cudmore, L. (2014). *The Children were Fine: Acknowledging Complex Feelings in the Move from Foster Care into Adoption*. *Adoption & Fostering*. 38(1), 5-21.

This article analyzes a very small sample of five cases where an adoption order had been finalized between one to two years before interviews of caregivers, adoptive parents, and workers. The elapsed time was to allow for reflection on the transition period. The cohort was relatively young, with four of the five children between 9 and 14 months old when they moved to adoption. One was just over two years old. Two were siblings. The researchers concluded that there is a knowledge gap between our basic understanding of attachment and loss, and the way in which children are currently moved from foster care into adoptive families. What we know does not always influence how we behave as a system.

Key Points Include:

- Losing a parent figure in childhood is traumatic at whatever age, particularly in the first three to four years of life.
- Children who have a good first attachment may be better able to form new attachments in time, but their loss will be just as profound.
- How loss is planned for and managed - including how gradual or abrupt the separation, the emotional support provided and how understanding the caregiver is to the child when placement is changed - are crucial factors in determining how traumatic the loss might be and how well the child can recover from it.
- Trauma of a sudden unaccountable loss can be reduced when separation is handled sensitively, and there is the presence of an existing attachment figure who remains available and supportive to reassure and help children rather than adding to their confusion.
- The grieving process which includes the expression of distress and anger is crucial if the child is to recover from significant losses and go on to make deep and trusting relationships. Children should be allowed to go through the grieving process, even if it is difficult and uncomfortable for adults.

- h) **The child's attachment to the child's caregiver at the time of the hearing and the possible effects on the child's emotional well-being if the child is removed from the caregiver's home.” §§ 19-3-605(3)(h), -3-702(9)(h), C.R.S. (2016).**

**ENHANCING ATTACHMENT THROUGH BUILDING
CAREGIVER CAPACITY AND SUPPORTING CAREGIVERS**

SUMMARY

When a child is moved, professionals must provide supports and services that will help facilitate a positive attachment between the child and his/her foster/adoptive parents.

The capacity of the caregiver should be a major consideration . There are indications that children can form secure attachments to substitute caregivers following previous relationship disruptions, which demonstrates that children can organize attachment behavior around the availability of their new caregivers. A tool such as the Adult Attachment Interview (AAI) may be used to help assess the caregiver’s attachment style and their ability to assist the child in their attachment.

Some researchers suggest there is an over-reliance on decision-making based on attachment.

The characteristics of caregivers affect the organization and security of children's attachment relationships with them. Sensitive, responsive parenting and parental ability to reflect on the infant's own thoughts and feelings are associated with secure attachments in children.

ARTICLES

- Barth, R.P., Crea, T.R., John, K., Thoburn, J., Quinton, D. (2006) *Beyond Attachment Theory and Therapy: Towards Sensitive and Evidence-based Interventions with Foster and Adoptive Families in Distress*. Child and Family Social Work 2005, 10 (4), 257–268.

A body of research suggests an over-dependence on the attachment model and an under-dependence on the parenting skills of the foster/adoptive parent in placement transitions.

Suggestions are that rather than sharply modifying their parenting style to address trauma or attachment, there is a tendency to put a child into therapy to address or fix their attachment issues.

There is a suggestion that evidence-based parenting programs may be effective to enhance the parent-child relationship and help children's behavioral issues.

CHILD DEVELOPMENT – DEVELOPMENTALLY SENSITIVE FOSTER PARENT TRAINING

- Harden, B., (2004). *Safety and Stability for Foster Children: A Developmental Perspective*. *The Future of Children*, 14 (1), 30-47.

In this review of research, the author concludes that developmentally sensitive child welfare policies and practices designed to promote the well-being of the whole child, are needed to facilitate the healthy development of children in foster care.

Key points include:

- Because many children have experienced compromised prenatal environments, maltreatment, or multiple moves while in foster care, it is imperative that the child welfare system move beyond a focus on safety and permanency and that it promote the well-being of children in care.
 - The child welfare system should provide support and training to foster parents, establish a well-specified model of care to promote child well-being and focus on the positive behaviors of caregivers and children. Providing safe, stable, and nurturing homes for children may lessen the harmful effects of their experiences by exposing them to protective factors that can promote resilience.
- Mennen, F., O'Keefe, M. (2005). *Informed Decisions in Child Welfare: The Use of Attachment Theory*. *Children and Youth Services Review* 27 (6), 577– 593.

After reviewing attachment theory, research on the effects of maltreatment on attachment, and research on foster care and attachment, the authors suggest that attachment theory should help provide guidance for making decisions about placement.

If children are not able to return home or have the foster home become the permanent home, the foster parents should help the child transition to a new home and maintain contact, when appropriate.

Children can form attachments to multiple caregivers and can use the healthy attachment with a foster parent as an internal working model for new attachments.

- Tucker, D., Mac Kenzie, M. (2012). *Attachment Theory and Change Processes in Foster Care*. *Children and Youth Services Review* 34, 2208–2219. <http://www.sciencedirect.com/science/article/pii/S0190740912002940>

This article is very complicated, academic- and research-oriented. It is difficult to identify the key information in a way that does not impact the findings.

The article uses data from 3,448 foster children over a 21-year period, testing arguments about how change in placement impacts future placement.

The authors see attachment theory as a relevant framework for understanding the dynamic, reciprocal processes implied as underlying patterns of reunification and change. They also suggest that the effects produced by change operate independently of the effects of the characteristics of children. The authors suggest the results “strongly support that attachment theory as a transactional theory of change”. Therefore, it is important to look at attachment and the effects of change, not just attachment theory as a standalone explanation of placement changes.

- Tillbury, C., Osmond, J. (2006). *Permanency Planning in Foster Care: A Research Review and Guidelines for Practitioners*. *Australian Social Work*, 59 (3), 265-280.

See summary of article in section b.

- Cole, S. (2005). *Infants in Foster Care: Relational and Environmental Factors Affecting Attachment*, *Journal of Reproductive and Infant Psychology*, 23 (1), 43-61.

See summary of article in section b.

- Dozier, M., Stovall, K.C., Albus, K.E., Bates, B. (2001). *Attachment for Infants in Foster Care: The Role of Caregiver State of Mind*. *Child Development*, 72 (5), 1467–1477.

See summary of article in section b.

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OTHER RESOURCES

Tina Payne Bryson, PhD, is a pediatric and adolescent psychotherapist. Karyn Purvis, PhD was a developmental psychologist who founded the Karyn Purvis Institute of Child, where professionals are trained in Trust-Based Relational Intervention®, a research-based, holistic model to work with children that have a history of trauma. Both have written books, done public speaking, and produced videos about children in foster care and attachment. They refer to children who have experienced trauma as “children that come from hard places”. Karyn Purvis supports the use of the Adult Attachment Interview to help foster or adoptive parents better meet the needs of children in care.

Resources by Karyn Purvis that discuss attachment for children in foster care include:

- Presentations on attachment: <https://vimeo.com/4005215>,
- Video - Children from Hard Places and the Brain: <https://www.youtube.com/watch?v=ak6z3pqNqFU>, and
- Book - The Connected Child.

Other helpful resources may include:

- Texas Christian University Institute of Child Development - <https://child.tcu.edu/>,
- Trust Based Relational Intervention - <https://child.tcu.edu/about-us/tbri/>, and
- Tina Bryson's website - TinaBryson.com.

This literature review was completed by Linda Metsger, MA.