

1-1-2001

## **Behavioural problems of children in foster care as affected by attachment to and visitation with biological parents**

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**BEHAVIOURAL PROBLEMS OF CHILDREN IN FOSTER CARE  
AS AFFECTED BY ATTACHMENT TO  
AND VISITATION WITH BIOLOGICAL PARENTS**

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**AUGUST 2001**

### Overview of Submission

This submission consists of two independent articles, namely:

- 1) A Literature Review
- 2) A Research Report

The research report is presented according to the guidelines of the journal, Child Welfare, and a copy of these guidelines is included within the submission.

**Declaration**

I certify that this thesis does not, to the best of my knowledge and belief:

- (i) incorporate without acknowledgement any material previously submitted for a degree or diploma in any institution of higher education;
- (ii) contain any material previously published or written by another person except where due reference is made in the text; or
- (iii) contain any defamatory material.

### Acknowledgements

The author wishes to acknowledge the help and assistance of Richard Matthews and Christine Callow from the Research and Information Unit at Family and Children's Services. Mr. Matthews assisted with obtaining ethics approval with this organisation as well as ongoing support. Ms. Callow provided a comprehensive list of participants from this organisation's database. The author also wishes to acknowledge the assistance of all the team leaders and case workers, too numerous to mention, at Family and Children's Services who made time in their busy schedules to consult with the author. Finally, thanks to Lis Pike for supervising this research and Glenys Siddons for her help with producing the final document.

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**BEHAVIOURAL PROBLEMS OF CHILDREN IN FOSTER CARE**

**AS AFFECTED BY ATTACHMENT TO**

**AND VISITATION WITH BIOLOGICAL PARENTS**

**Part 1:**

**Literature Review**

**Abstract**

The following paper examines the literature on attachment and children in foster care to form the foundation for a study of the effects of attachment and visitation on the behavioural problems of these children. It begins with an overview of the area of attachment, focusing on the work of Bowlby, Ainsworth, and Main. Cicchetti and colleagues extensive research on attachment in maltreated school aged children is reviewed. The mental health implications for maltreated children are discussed. The section on foster care gives an overview of the area including demographics and practices. Attachment theory has led to development of current practices that emphasise the important role that natural parents need to continue to play when their child is placed in foster care. The ways in which contact has been shown to assist children with identify formation, improved psychological health and increasing the chances of reunification, is discussed.

## INTRODUCTION

The following literature review precedes a research report on the effects of attachment and visitation by biological parents on the psychological well-being of children in foster care. The aim is to comprehensively review the literature on attachment, with an emphasis on maltreated children. The effects of the amount of contact children placed in foster care have with their biological parents is also examined as it is important to consider the attachment relationship and the beneficial effect that ongoing contact can have for children.

The first section of the literature review gives an overview of the important features of attachment starting with a brief history of the development of the area starting with the seminal work of Bowlby. Bowlby's research was the catalyst for changing policies regarding children being reared in institutions, which occurred up until approximately the 1960s. Attachment theory has been refined since Bowlby's early work in the 1950s and 1960s, however the major premises remain largely unchanged. The paper then goes on to examine measures of attachment used across the lifespan. The 'Strange Situation' is the method used to measure attachment in infants and young children and was developed by Ainsworth, Blehar, Waters and Wall (1978). The measurement of attachment of school-aged children has lagged behind research on other age groups largely due to the lack of adequate measures. The Patterns of Relatedness Scale (Wellborn & Connell, 1987) was the only measure of attachment for this age group found in the literature which Cicchetti and colleagues have used in their research. The Patterns of Relatedness Scale has been researched quite extensively on maltreated children, and when factor analysed has similar groupings to Ainsworth's

classifications of attachment. Measurement of attachment in adolescents and adults has received much more research attention, however lies beyond the scope of this paper.

Drawing on the work of another major theorist in the area of attachment, Ainsworth's categories of attachment are described in detail; these being, secure, avoidant, and ambivalent attachment. It is important to discuss Ainsworth's categories as these are frequently mentioned in the literature and are determined largely by the quality of parenting the child receives. Main and Hesse (1990) identified the paradoxical research finding that maltreated children up until then were categorised as having secure attachments. This led to the development of the disorganised attachment category that was used to appropriately classify the attachment behaviour of children who had been maltreated. Particular emphasis is given to describing the disorganised category of attachment because of the emphasis of this paper is on maltreated children. A disorganised attachment classification can have long-term impacts on the psychological functioning of children and this is supported by the literature that shows that the quality of the parent-child relationship has a very strong impact on later psychopathology.

The second section of the literature review focuses on issues regarding foster care. The work of Bowlby, outlined above, has been extremely influential in changing fostering over the past few decades, particularly in stressing the importance of having the biological family still involved with the child. Contact between children in foster care and their parents can lead to the increased probability of reunification, improved psychological functioning, and improvements in relationships with foster carers. Other important factors include having

foster children maintaining relationships with other extended family and social networks, and the importance of kinship care. The emphasis of the review on foster care studies is to critically analyse the research and methodology used and suggestions are made on how research in this area can be improved.

## ATTACHMENT

Attachment, a central concept in theories of human development, was formulated almost 30 years ago by John Bowlby, a London psychiatrist. The roots of attachment theory lie in evolutionary theory and cognitive psychology. Attachment theory has been of special interest to clinical psychologists concerned with developmental psychopathology because of the pervasive effect that the quality of the relationship between the child and caregiver has on the child's later behaviour, development, and emotional well-being (Jones, 1996).

Bowlby's (1969) first volume of the trilogy on attachment conceptualised attachment as a pattern of organised behaviour within a relationship, not a trait infants held in varying degrees (Sroufe, Carlson, Levy and Engeland, 1999).

Developmentally there is no consistent preference for particular caregivers until six to nine months of age. At this point, infants begin to demonstrate a clear preference for a small number of caregivers with whom they interact regularly (Bowlby, 1969). Onset of preferred attachment is heralded by separation protest, stranger wariness and a number of other cognitive, social and emotional changes (Zeanah, Boris & Scheeringa, 1997).

The attachment relationship starts to form along with locomotion in the child, which allows them to seek and maintain proximity rather than relying solely on signals such as smiling and crying to attract the caregiver's attention. Attachment behaviour is most intensely activated in situations when the infant is anxious or alarmed (Morton & Brown, 1998). The function of attachment is to increase the infant's chances of survival by allowing the infant to explore and learn from the environment and maintain proximity to the attachment figure during times of danger, consequently protecting the infant from potential physical and psychological harm (Morton & Brown, 1998).

From Freud, Bowlby drew the idea of the primacy of the earliest relationships as the first experiences of emotional closeness. These vital relationships represent the prototypes for close relationships throughout life, especially for intimate relationships and parenting.

Bowlby centered his own ideas on his concept of internal working models, where children extract from their experience expectations regarding the likely behaviour of others and themselves in relationships (Sroufe et al., 1999). Specifically, these internal working models relate to expectations about the self and others; the self as worthy or unworthy of care and protection, and others as available or unable to provide care and protection (George, 1996).

These internal working models are formed during interactions with caregivers. Children who are subject to insensitive or abusive care-giving develop a model of caretakers as uncaring and undependable and of themselves as undeserving of nurturance and of little value to others (Biringen, 1994; Pilowsky & Kates, 1996).

The formation of an ongoing positive relationship with the child is as important during parenting as the provision of stimulation, discipline, and general care. The child continually monitors their accessibility to one of the attachment figures, and flees to these individuals for safety. Parenting is considered in terms of sensitivity and consistency towards the child. Quantitative terms such as strong or weak attachment are not used in describing differences in attachment as infants as become attached to insensitive and maltreating parents. Rather, the attachment relationship is described in terms of the quality of the interaction between the caregiver and child, that is, secure, anxious, avoidant, or disorganised (Main, 1996; Rutter, 1995).

Ainsworth (1989) proposed that attachment relationships influence the child's sense of self-efficacy, confidence and competence during social interactions. The psychological availability of the caregiver is important as a source of safety for the child in times of distress by providing protection and comfort, distinguishes the attachment figure from other social partners (Barnett & Vondra, 1999).

Changes by later researchers to Bowlby's initial theory include changes to the time attachment needs to develop. Initially it was thought to be a critical period of the first two years of life, however is now thought to be a broader period of up to 3 years. Also attachment was thought to occur with one person, usually the mother. It is now known that children develop selective attachments with a small number of people who are closely involved in their care (Rutter, 1995). Attachment relationships are long lasting and cannot be replaced by another. A child may form multiple distinct attachment relationships but none can substitute for existing



attachments. Stress results from sudden and unexplained separation. Grief and mourning are the result of permanent loss of the attachment figure (Barnett & Vondra, 1999).

The theory of attachment has the following six elements that have received empirical support in the literature (Barnett & Vondra, 1999; Rutter, 1995). Firstly, infants are predisposed to develop patterns of attachment through the process of relating to primary caregivers.

Secondly, attachment is a normal developmental process with secure attachments promoting security and encouraging independence. Thirdly, attachment is seen as an intrinsic feature of human development and not as a secondary feature learned as a result of rewards of feeding.

Fourthly, attachment is an internal working models of relationships and is the means for carrying forward the effects of early attachment experiences into later relationships. Fifthly, the mental representations of attachment generalise to guide and influence infants' emotional well-being and social interactions beyond the relationship with the primary caregiver. Lastly, insecurity in early attachments plays a role in the development of later psychopathology.

The following section examines the assessment of attachment. As the emphasis of this paper is on children, the following section will focus on the measurement of attachment in infancy; i.e., up to the age of 5 years; and school-aged children, and is based on the work of Ainsworth and Cicchetti who are recognised as important theorists in this area.

### **Measurement of attachment**

Major advances have been made in the development of psychometrically sound measures of psychopathology for infancy and adulthood, however attachment measures for the later years

of childhood lags behind (Del Carmen & Huffman, 1996). Difficulties in assessing attachment in older children are compounded by children in this age group's ability to develop defensive strategies (Easterbrooks, Davidson, & Chazan, 1993).

The following sections give an outline of the two most widely used measures to classify attachment of preschool and school-aged children. These measures are the Strange Situation and the Patterns of Relatedness scale respectively. The former is an observational method, and the latter is a pencil-and-paper measure that reflects this age groups' ability to internally represent relationships with increasing cognitive functioning.

#### **Measurement of attachment in infancy**

The typical method for determining attachment in empirical studies has been to observe the separation and reunion behaviour between the primary caregiver and child in the laboratory setting. Based on children's responses to separations they are categorised as either securely attached or insecurely attached. Security of attachment in this manner has been related to better child outcomes (Azar, Lauretti, and Loding, 1993) and child maltreatment has been related to higher incidences of insecure attachment in children (Cicchetti & Lynch, 1995).

The Strange Situation is a 21 minute structured laboratory technique designed to produce levels of stress in the infant sufficient to activate the infant's attachment behavioural system.

The session is videotaped from behind a one-way mirror and divided into eight brief episodes. The procedure is meant to elicit both curiosity and wariness in the infant as it involves a visit to an unfamiliar building and room. The child is introduced to new toys,

people, and experiences two separations from the caregiver including a period of up to three minutes of being left alone. Seven point ratings are made by trained coders for the five interactive behaviours exhibited by the child during each reunion; i.e., proximity seeking, contact maintenance, resistance, avoidance and distance interaction. Each child is assigned a major class, i.e., secure, avoidance and ambivalent (Ainsworth et al, 1978). These classes are described in the attached Appendix.

The stress in the Strange Situation is produced by a combination of separations from the caregiver and the presence of a stranger. Infant behaviour upon separation from and reunion with the mother are most important to assess attachment. When this procedure is used with non-clinical samples, 66 % of infants are placed in the secure category, 22% in the avoidant category, and 12% in the ambivalent category (Barnett & Vondra, 1999; Morton & Brown, 1998).

Observational methods of measuring attachment (i.e., the Strange Situation) have been the most widely studied. They are, however, suitable with only a limited age-range of children (i.e., aged 6-30 months). Some attempts have been made to extend these observational methods to older children (i.e., up to 7 years) by modifications to the Strange Situation paradigm, e.g., the Parent/Child Reunion Inventory by Main and Cassidy (1988) and story stem techniques with preschoolers (Bretherton, Ridgeway, & Cassidy, 1980). Paper and pencil measures also exist for older adolescents (e.g., Parental Bonding Instrument, Parker, Tupling, & Brown, 1979; Parental Attachment Questionnaire, Kenney, 1987).

Many of the observation strategies require extensive training by observers and none have been validated for situations where the child may have spent some time apart from parents (e.g., in foster care).

### Measurement of attachment in school-aged children

As the examination of attachment moves beyond infancy and preschool, it becomes increasingly necessary to assess the internalised representation of the caregiving relationship (Cicchetti & Toth, 1995). Only a few methods exist to assess attachment in school-aged children. The Relatedness Scales is one such measure and has been used extensively in research by Cicchetti and colleagues (Cicchetti & Toth, 1991; Lynch & Cicchetti, 1991; Toth & Cicchetti, 1997) and is the only paper-and-pencil measure to assess attachment for school-aged children reported in the literature. This questionnaire can be used for children in primary and high school, i.e., 7-15 years of age.

Subjects' responses to items on relatedness scales form patterns that are consistent with attachment and self-system theory, however, empirical verification of relatedness as equivalent to attachment has yet to be demonstrated (Toth & Cicchetti, 1996, 1997). In general, the more positive the quality of emotion a person reports feeling when with a relationship partner, the less he or she reports needing to feel psychologically closer to that individual. Lynch and Cicchetti (1991) found that maltreated and non-maltreated children had different patterns of relatedness to their mothers. That is, a confused pattern for the maltreated versus optimal pattern for non-maltreated children. Children's patterns of relatedness with others was also similar to that which existed with their mother for both

groups of children, regardless of abuse status. As the Relatedness Scale relies upon child self-report, its utility is dependent on the child's ability to report honestly and accurately about various relationship characteristics (Toth & Cicchetti, 1996).

The results from Cicchetti and colleagues indicate that in a comparison of maltreated and non-maltreated children, maltreated children report more "confused" and less "optimal" patterns of relatedness in a number of relationships, including those with their mothers, teachers, peers and best friends (Cicchetti & Toth, 1991). The patterns of relatedness with mothers were highly concordant with patterns reported with other relationship figures, such as peers and teachers. This indicates the contribution of maltreatment to the development of internal working models of self as unworthy and of others as unavailable. Toth and Cicchetti (1997) found that maltreated children who had achieved optimal/adequate patterns of relatedness with their mother evidenced less depressive symptomatology and higher competence, suggesting that achieving a capacity for relatedness at later ages may mitigate against the adverse effects of maltreatment. Cicchetti and Toth (1995) propose that "Changes are always possible as a function of new experiences and reorganisations" (1995, p. 281).

An important difference to note between the Relatedness Scale and the Strange Situation is that the former is a self-report measure and the latter is an assessment of behaviour. The literature reveals a lack of attachment assessment measures in children over the age of 5 years. Like the more widely used Adult Attachment Interview, the Relatedness Scale has not been validated against the Strange Situation, which is an established attachment measure, to

see if it measures the same constructs. Therefore, there is much more research required in developing and validating attachment measures for school aged children and adults.

Having provided this brief overview of attachment and how it is measured, the following section describes how different types of attachment have longer term impact on the child's behaviour and psychological functioning as the child grows up and encounters new situations.

### **Impact of attachment on psycho-social functioning**

The quality of a child's attachment to its caregiver has a significant impact on his or her later functioning in all aspects of life, i.e., socialisation, play, and psychological well-being.

Substantial research confirms that children with varying attachment histories construe the environment differently. For example, when completing stories with separation themes, their pretend play, reactions to cartoons depicting potential social conflict, and reactions to family photographs. Those with secure histories tend to be less likely to attribute hostile intent to ambiguous social situations or to reject stimuli portraying their parents and are more likely to bring fantasy conflicts to a successful resolution and to see themselves as connected to others, especially family members (Sroufe et al, 1999).

In general, the negative feedback cycles generated by maladaptation are apparent as the child interprets new situations in ways that are consistent with earlier attachment experiences. An example of the self-perpetuating manner of attachment can be seen with children not used to having their needs consistently met by caregivers, pushing others away to avoid

disappointment. This frequently leads to the rejection that was expected due to previous experiences with insensitive parenting from their caregivers. Children with histories of avoidant attachment not only expect rejection from others, they often experience rejection by them (George, 1996; Rutter, 1995; Sroufe et al., 1999).

Therefore, a basic sense of emotional connectedness, feelings regarding the availability of others, and feelings of self-worth are the legacy of attachment in infancy. While this basic orientation may be altered by later experience, it might still be reactivated in certain circumstances or in certain areas of functioning (Sroufe et al., 1999). However, it is important to note that not all children who have insecure attachment relationships with their primary caregiver will develop behaviour problems or psychiatric disorders.

Barnett and Vondra, (1999) and Sroufe et al., (1999) reviewed the attachment literature over the past two decades and reached the following conclusions: (a) early attachment history will have ongoing importance for later socio-emotional adaptation, even after taking into account current circumstances and intermediary experiences, (b) the child's manner of engaging individuals in subsequent developmental periods will be predictable from infant attachment patterns, as children in part create their environments, (c) reactions to others, including those outside the family, will be predictable from infant attachment patterns, (d) even following change, early patterns of attachment retain a potential for reactivation, and (e) certain issues and areas of functioning (i.e., those tapping into anxiety about the availability of others or apprehension regarding emotional closeness) will be especially likely to reveal the legacy of early attachment, even during periods of generally adequate functioning.

In the literature on attachment Ainsworth's attachment classification system is the most widely cited. As it is important to understand exactly what each type of attachment involves, the following section will give a brief summary of Ainsworth's classification system to illustrate the different types of attachment and the prevalence of each type of attachment.

### Ainsworth's attachment classification system

From Bowlby's theory, in a seminal research study, Ainsworth, Blehar, Waters, and Wall (1978) identified three patterns or styles believed to reflect infants coping responses to their caregivers interactive styles; Secure (type B), Avoidant (type A), & Ambivalent (type C).

The key features and important research findings of these three attachment groups will be described as well as the type of parenting behaviour likely to contribute to each of these three types of attachment. The impact of abusive parenting is discussed in terms of the affect this has on the attachment relationship (please refer to the Appendix).

Main (1995) reviewed the research on attachment classification and concluded that the ABC classifications have about 80-85% stability with the infant and a given caregiver in low risk samples, measured when the infant is one and six years of age. Further, Main suggests that the relationship between attachment classifications with two parents has no relation, so that a baby could be secure with mother but avoidant with father or vice versa. She also noted that most published studies report on the relationship between the infant and their mother.



### **Development of the disorganised attachment (Type D) category**

Further development of the Ainsworth attachment classification system was required because maltreated children did not appear to be adequately classified in the existing A,B,C system. Main and Solomon (1990) introduced a new classification type, disorganised attachment or Type D. The following section outlines the major features of disorganised attachment including the features of the interaction between the child and caregiver. Research reviewed discusses the prevalence of disorganised attachment and the long-term effects it has on the child. Children in foster care, the focus of this review, are likely to have experienced abuse or neglect and are at increased risk for disorganised attachment. The long-term implications for these children in terms of their socio-emotional development is discussed.

### **Disorganised attachment (Type D)**

The limits of the traditional Ainsworth coding system were apparent because many children with a history of abuse or neglect had to be forced into the secure category (Carlson, 1998; Carlson, Vicchetti, Barnett, & Braunwald, 1989). These infants showed absence of an organised strategy to deal with the stress during the Strange Situation procedure.

Main and Solomon (1990) developed the disorganised/disorientated or D category after reviewing over 200 unclassifiable Strange Situation video tapes. They had hoped to find a new pattern of attachment. However they found:

unclassifiable infants shared bouts or sequences of behaviour that seemed to lack a readily observable goal, intention or explanation. Indeed while avoidant, resistant,

and secure infants can be seen as evidencing a 'behavioural strategy' for dealing with separation from and reunion with, the mother in the strange environment, these infants could readily be seen as experiencing a collapse of strategy. Well over 90% of the previously 'unclassifiable' infants were observed to show such behaviours and were assigned to a new category, termed disorganised/disorientated (Main & Solomon, 1990, p. 423)

The behaviour of abused and/or neglected children in the Strange Situation usually consists of contradictory behaviour, misdirected or stereotypical behaviour, stilling, freezing for a substantial amount of time, and direct apprehension or even fear of the parent particularly in the presence of the parent and with a sufficient degree of intensity (Morton & Brown, 1998; Van Ijzendoorn et al., 1999).

Fear is thought to underlie and explain the wide range of type D behaviour. The insecure attachments (A & C) are typified by anxiety, and attachment behaviour that is generally organized to cope with insensitive (i.e. rejecting or unpredictable but not frightening) caregiving. A and C patterns are likely to lead to disorders only with continued caregiving difficulties and stressful or traumatic experiences (Carlson, 1998).

Main and Solomon (1990) suggest that Type D children do not show a readily observable goal or intention regarding their behaviour. Carlson (1998) argues that "the collapse of rational behavioural and attentional strategies in infancy may place infants at heightened risk for later psychopathology" (1998, p. 1108).

The essence of disorganised attachment is fright without solution. For example, maltreating parents are supposed to create disorganised attachment in their infants because they confront their infants with a pervasive paradox: They are potentially the only source of comfort for their children, whereas at the same time they frighten their children through their unpredictable abusive behaviour. The parent is thought to be a source of fear for the child and at the same time the only attachment figure who can provide relief from stress. The incompatible behaviours of flight and proximity seeking are proposed to lead to a temporary breakdown of organised attachment behaviour. Disorganised attachment doesn't only occur in families with a maltreating parent but has been found to develop when the parent is struggling with unresolved loss of an attachment figure or other traumatic event (Van Ijzendoorn et al., 1999, p. 226)

Similarly, Main and Hess (1990) and Carlson (1998) suggest that disorganised attachment is also related to events in the the caregivers own history such as unresolved mourning, loss of a partner due to divorce, separation and death, maternal depression, and prenatal drug and alcohol abuse.

Carlson, Cicchetti, Barnett, and Braunwald (1989) recoded their initial observations to include the D category. Of the 22 D classifications, 55% had previously been classified into the traditional ABC system, and 18% had been originally classified as secure. Overall they found 82% of maltreated children were now classified as disorganised, 14% as insecure (A or C) and only 4% as secure. Morton and Brown (1998) argue that it is very difficult to separate

the different types of abuse and the effects on attachment as infants are likely to be subjected to more than one type of maltreatment.

In a recent meta-analysis of attachment and attachment disorders, Van Ijzendoorn, Schuengel, and Bakermans-Kranenburg (1999) reviewed 80 studies on disorganised attachment involving more than 6000 infant-parent dyads over the past 10 years. They found the following frequencies of attachments from the literature: (1) in normal middle-class groups of infants in North America (n=2104), 60-75% of infants are securely attached (type B), 10-15% are avoidantly attached (type A), and 9% are ambivalently attached (type C). Disorganised attachments were 15%, (2) the infant ABCD distributions from middle class and lower class samples differed significantly. In low socio-economic samples, the percentage of disorganised attachment was 25%, which was significantly higher than the middle class sample, and (3) the standard distribution of the North American research differed from other western countries but the percentage of disorganized attachment did not. The percentage of avoidant was higher and secure attachments were significantly lower.

Child maltreatment has been considered to be one of the most important causes of disorganised attachment (George, 1996). In one of the first studies of disorganised attachment, Carlson et al. (1989) found more than 80% of maltreated children to be disorganised. Unfortunately, the number of replications of this study is small. Van Ijzendoorn et al. (1999) estimate that only five studies on maltreatment and disorganised attachment have been published, involving 323 participants in total. Across the studies, about

48% of the maltreated subjects appeared to have disorganised attachment and maltreatment with effect sizes varying between  $r = .03$  to  $r = .6$  (Van Ijzendoorn et al., 1999).

Carlson (1998) in one of the only studies of its kind, followed 157 infants longitudinally from 24 months to 19 years and found that disorganised attachment was not related to endogenous factors such as maternal medical history, pregnancy and delivery complications, infant anomalies or infant temperament at 3 months. Disorganised attachment was related to the quality of the mother-child relationship at 24 and 42 months, individual behaviour problems in preschool, elementary school and high school and diagnostic ratings of psychopathology at age 17. Carlson (1998) concluded that: (a) The combination of attachment disorganisation and parent-child boundary problems independently predict psychopathology in adolescence, although each of these factors alone also accounts for this. (b) a history of attachment disorganisation contributes to or increase's a child's risk for psychopathology. (c) a history of attachment disorganisation leads to a risk of development of dis-associative symptoms in middle childhood and adolescence.

Carlson (1998) suggests that the stability of disorganised attachment remains unclear. Over the period when the child was 12-18 months, disorganised attachment remained stable. With a larger sample size it may have been possible to examine the effects of intervening life events such as caregiver and infant experiences of separation, loss and trauma.

There is mixed evidence as to whether a child's attachment category is stable over time.

Continuity does appear to exist in the relationship problems associated with early poor

attachment, especially with more severe forms of abuse (Cicchetti & Lynch, 1995). However cognitive maturity may play a role in how children are able to represent maltreating relationships and themselves in such relationships, although how these interact with relationship experiences to determine mental representation remains unclear (Cicchetti, Toth, & Lynch, 1995)

With increasing age, both cross-sectional and longitudinal data show that maltreated children's attachments are more likely to be manifested as type A (insecure-avoidant) and a high stability of secure attachments in the non-maltreated groups (Cicchetti et al., 1995). The reason for secure attachments in maltreated children is that there may have been other factors that protected the child such as intervention services, or where maltreatment was more transient. Cicchetti et al. (1995) state that "A maltreated child could manifest a secure attachment relationship with a caregiver because of other factors that have protected the child, such as the provision of intervention services to the family... and the child develops resiliency over time. This outcome is most likely in those cases where maltreatment has been more transient. In cases of severe, chronic maltreatment perpetrated by the caregiver, secure attachment relationships are unlikely"

( p. 26).

In summary, it seems that children who were exposed to early abusive relationships are particularly at risk of developing psycho-social problems in the long-term. Children in foster care are likely to have experienced more extreme forms of abuse and neglect prior to entering care and therefore are particularly at risk of experiencing later problems. In understanding

which children go on to develop further problems, developmental psychologists advocate a life span approach to understand the processes involved in children who adapt competently despite earlier adversity such as abuse, neglect, and disruptions to early caregiving relationships. This research is best done by utilising a longitudinal perspective of children in high-risk conditions from infancy through to adulthood (Cicchetti et al., 1995).

## **CHILDREN IN FOSTER CARE**

### **Introduction**

Historically children were placed into institutional care when there were problems within the family, the child was abandoned, or the child had behavioural problems. In the 1960s there was a retreat from the use of institutional care largely in response to Bowlby's work on maternal deprivation and research showing detrimental effects on children when they are not cared for consistently by a small number of people (Pitman, 1997). Before examining the research literature on contact between children in foster care and their parents, a brief overview of the demographics of children in foster care in Australia will be given to provide some details of how many children are in care, why they enter care, and how long they stay in care. It is also important to examine the historical ideology behind fostering to show why contact between children in foster care and their biological parents does not always occur. The detrimental effects on foster children who lose contact with their family are explored by examining research conducted in the area.

### **Demographic information**

Research indicates that during 1992/1993 there were 6,156 children in foster care subject to Care and Protection Orders in Australia. (Zaber & Angus, 1995). The total number of children in foster care in Western Australia in 1998 was 1440, with 980 of those under the legal guardianship of the state welfare department, Family and Children's Services (FCS, 1998). In Western Australia recent figures indicate that the majority of placements (i.e., 86%) are organised through the state welfare department, and states such as Victoria have almost all care (i.e., 94%) provided by non-government organisations (Pitman, 1997).

The underlying supposition guiding the practice of foster care is that when parents experience difficulties, their children would benefit from residing in a more functional family while their family received services to enable them to provide better care for their children. Pitman (1997) outlines the types of foster care available. These are: (a) emergency care which involves short-term placements arranged at short notice, (b) respite care which involves short-term placements often arranged on a regular basis as a support for parents, (c) short-term or transitional care which involves planned placements for children unable to reside with their families while processes are organised to support the return home or to independent living, (d) transitional to permanent care which involves planned placements for pre-adoptive children or children who are to be placed permanently, and (e) permanent or long-term placements involving planned extended placements where other types of permanent placements are unavailable or unsuitable.



The largest group of children in foster care are those removed from parental care because of concerns for their safety and for whom there was some statutory intervention. The peak age for children in this category is 13 years, with numbers declining rapidly from 15 years of age onwards. The second largest group of children in foster care are those where the level of family functioning is such that there are serious concerns about the child's well-being and foster care is actively used in an attempt to prevent abuse. The third largest group of children in foster care are there because their families have no networks for emergency or respite care, and the last group are children with special needs needing either respite foster care or long-term foster care (Pitman, 1997).

The ideology behind fostering changed during the latter half of the 20<sup>th</sup> century. Prior to this when children entered care the importance of severing links with their biological family was emphasised. Bowlby's attachment theory was influential in changing fostering practices by emphasising the need for the child to maintain contact with his or her biological family to reduce problems associated with loss and grief and to assist in normal identity formation (Thoburn, 1996). These issues are discussed below.

### **Historical aspects**

From an historical perspective, it is clear that in terms of child placement theory and practice over the last forty years there has been difficulty in reconciling the importance of family of origin of the child, and the emphasis on psychological parenting, i.e., the provision of a stable, nurturing environment preferably by the birth parents but otherwise by substitute parents (Thoburn, 1996).

Through the work of Bowlby, the harmful effects of separation and loss on children, regardless of the quality of their attachment, was emphasised. The dominance of the severance model appears to have originated from the literature and practices associated with adoption which were applied to the fostering situation. In the 1970s the practices and policies of adoption emphasised the importance of helping substitute parents to find ways to reinforce the child's attachment and sense of belonging to their family and severing links with the biological family (Thoburn, 1996).

In the 1980s researchers in North America and Britain began to highlight the crucial importance of the biological family in the growth and functioning of children in placement. Thoburn (1996) emphasises the importance of the biological family:

Children being brought up by other than their birth parents need to have knowledge of their origins if they are to have a comfortable sense of their own identity. The art of child placement lies in meeting both the child's need for a sense of permanence and their need for a sense of personal identity and for that identity to be respected by the substitute parents. These ideals are totally consistent with what is expected from Bowlby's theories of a secure base and from the work of writers on the psychology of adoption and the importance of the adopters accepting and valuing the child's dual heritage (p. 134).

Despite the importance of research which can improve the practices for this disadvantaged group, there remains a paucity of research on children placed in care and away from their

natural families (Hinnings, 1996). The lack of research is probably due to the fact that this population is inherently difficult to study due to the difficulty in obtaining large randomised samples, control groups, and to confounding variables. Research designs need to incorporate longitudinal rather than the cross sectional designs that are currently employed. These issues are outlined further below along with suggestions for improving research conducted in this area.

### **Methodological issues affecting foster care research**

Methodological shortcomings in the foster care literature are many. The problematic areas include sampling error, methodological design of studies, lack of control groups, measurement of variables, and confounding variables. These issues are discussed separately below.

Many studies rely on small, non-random sample sizes without using matching control groups (Smokowski & Wodarski, 1996). Quinton, Rushton, Dance, and Mayes (1997) argue that two common sampling problems occur. First, many studies are based on small or unrepresentative samples, therefore making it difficult to know whether associations found are influenced by the sampling method and also to test alternative explanations of findings. Secondly, many studies are sampled on the basis of outcome, which is the problem with many clinical samples that are self-selected. This results in an overestimate of the strength of the relationship between a particular experience and later problems as those who have had a satisfactory outcome do not appear in the analysis. Quinton et al. (1997) argue that a prospective research design is necessary to determine the effects of contact and adjustment of children. "Outcome

based studies are useful for generating ideas and hypotheses for systematic testing but are likely to involve biases of an unknown kind and severity" (p. 396).

Sophisticated statistical rigor is lacking in analysis and there is not enough emphasis given to longitudinal evaluation (Smokowski & Wodarski, 1996). Cantos, Gries, and Slis (1997) and Goerge, Wulczyn, and Fanshel (1994) discuss using caution in interpreting results from studies with the types of methodological designs as used in the following study. The link between parental visiting and child behaviour problems cannot be construed as being causal. The main problem in most child welfare research is that study designs use cross-sectional or point-in-time samples. The best way to determine outcomes on child behaviour would be by employing a longitudinal design that follows children over a period of time and observes change as it occurs.

Maluccio, Abramczyk, and Tomlinson (1996) argue that few empirical studies have used comparison or control groups and there is limited use of standardised indicators of progress or other outcome related criteria. Children and parents typically vary on a number of factors and unfortunately the most rigorous investigations have typically used small samples. Research needs to be more specific and focus on "What does the concept of family connections or inclusive care mean for children who continue to live in foster care?" (p.302). Identifying the variable associated with visiting, family relationships, children's functioning and family functioning is essential.

The measurement of contact has typically been restricted by the use of broad frequency groups such as 'weekly', 'fortnightly' which have been taken from social work notes. Also few studies have systematically used information from the parents or children themselves.

Quinton et al. (1997) found that no studies had used any measure of the context or quality of contact to examine the relationship between contact and outcome systematically. Studies do not indicate whether the effects of contact are simply a reflection of the adjustment of the parents or children, rather than of the importance of contact itself. Prior psychosocial functioning of the child and parent should be included as a predictor of contact and of outcome (Quinton et al, 1997).

A large number of studies do not control for confounding variables, for example, to compare children who have had similar experiences but who differ on the extent of parental contact (Quinton et al., 1997). Adequate comparisons may be achieved either through the study design or by statistical controls, providing that the variation on key variables between the groups is not too great. It is also unusual for studies to test competing explanations for any associations found or to examine possible artefacts (Quinton et al., 1997).

In the real world of child welfare services, it is difficult to rely on true randomised experiments to learn about the best models and strategies of family reunification.

Implementing research designed to measure the level of change in behaviours and behavioural patterns achieved by children from the time of entry into care, treatment, and after services is critical (Maluccio et al, 1996).

In conclusion, Quinton et al. (1997) state that child welfare practice in this area needs to advance on three fronts. Firstly, research needs to be better designed. Secondly, theory development is required on the nature and importance of children's relationship with significant figures when they have a complicated network of current and former carers. Finally, we need more reliable information to guide decisions on maintaining, supporting and evaluating contact.

With this overview of the history, demographics and methodological difficulties of researching this area as outlined above, a review of the literature will now be provided. The following section aims to synthesise the information on the areas of attachment, visitation, and behavioural problems to provide the theoretical justifications for the current research project. Disruptions to the bond with the attachment figure produce loss and grief reactions when children are placed in foster care. The benefits of regular visiting with parents include increased chances of reunification, improved long-term psychological health, improvements in the fostering relationship and assistance in identity formation, and these are discussed below.

### **Research on contact with natural parents**

Many researchers have highlighted the beneficial effects of children's contact with biological parents while the children are in foster care (Fanshel, 1975; Fanshel and Shin, 1978; Hess, 1988; Oyserman and Benbenishty, 1992).

Hess and Proch (1993) found that in a study of 83 foster children using a visitation centre, visitation clearly provides an opportunity to facilitate the emotional healing of the child while helping them cope with parental separation and concluded that if the relationship between the child and parent is not maintained, the child's psychological health and self-image may be damaged. Frequent visitation also reduces the long-term duration of the family's involvement in the child welfare system (Perkins & Ansay, 1998).

Fanshell and Shin's (1978) comprehensive longitudinal study of 215 children in foster care in New York found that frequently visited children, in contrast to infrequently visited children or unvisited children, showed greater gains in intelligence quotient scores and in measures of emotional adjustment, obtained higher scores on measures of responsibility and agreeableness and were more positively rated by classroom teachers. They also found that frequent parental visiting was a strong predictor of reunification between children in foster care and their biological parent. Fanshell and Shin concluded that children who had no contact with a natural parent felt a "profound insult" by a parent who appeared to care so little for them that they did not visit to see how they were faring. Similarly, Fanshell and Shin also found that the longer children remain in foster care the greater their chances are of becoming emotionally disturbed.

In their extensive review of the literature on visitation between children in foster care and their parents, Cantos et al. (1997) found that frequent visits between children in foster care and their natural parents helped children in foster care express their feelings and relate better to their foster parent. Rosenfeld, Pilowsky, and Fine (1997) elaborate this further by

suggesting that many foster children believe their parents were right to abuse or neglect them. Wanting desperately to be reunited they view their parents as 'good' and themselves as 'bad'. This is more common in preschool and young children as these children have a need to keep the external object 'good' both to sustain their budding self-esteem (i.e., they come from "good stock") and to retain a sense that the world is a coherent place. Disrupted attachments may make foster children reluctant or unable to attach to a substitute caregiver, which has dire consequences for personality formation (Rosenfeld et al., 1997). Similarly, Maluccio, Abramczyk, and Tomlinson (1996) highlight the importance of the biological family in the growth and functioning of the child in placement and that children being brought up by other than their birth parents need to have knowledge of their origins if they are to have a comfortable sense of their own identity.

Grigsby (1994) argues that the trauma of being separated and placed in care generates feelings of abandonment, helplessness, anger and fear of the death of the natural parent. The threat of loss of the attachment figure arouses anxiety, loss and sorrow, which in turn is likely to arouse anger. The maintenance of this bond is experienced as a source of security. Hence, efforts should be made to facilitate and strengthen the parent-child attachment by visitation.

Henning (1996, p.102) suggests that children in foster care tended to feel "rejected, disloyal, or view parents unrealistically" in the absence of contact with them. Contact with their parent sends the message to children in foster care that they are worthy in the eyes of their parents. These children also directly observe the acceptance of their family by the foster carers and vice versa, thus reducing conflicts of loyalty. Extent of visitation is often assumed to indicate



the underlying type of attachment and to be correlated with the child's emotional well-being (Hess, 1988; Maluccio et al., 1996; Oyserman & Benbenishty, 1992; Russell, 1992; Triseloitis & Sellick, 1993).

Other benefits of frequent visitation between children in foster care and their natural families include a shortened length of time in foster care. The U.S General Accounting Office (cited in Perkins & Ansay, 1998) found that in 1986, only half of the children who had regular visits were in care for more than one year compared to 90% who received infrequent visits. Therefore not only is visitation important for child well-being, it also leads to greater probabilities that the child will be reunited with his or her family, which is the optimal outcome for the child.

Robson and Hudd (1994) and Hinnings (1996) state that studies of visitation over the last 15 to 20 years have consistently reported very low levels of contact between children in care and their parents. McAuley (1996) reported a study in which those who remained in care for two years lost touch with their parents.

The evidence regarding contact falls convincingly on the side of maintaining these relationships, yet in practice there is evidence that contact is often lost. Many children blame themselves if a parent leaves and the sense of loss is greater if there is no ongoing contact. Henning (1996) extrapolates from Bowlby's theory and states "the issue is not the competence of the parent to care for a child in the future, or their record of parenting in the

past, but the insult to the child's self-esteem if the parent apparently gives up on the relationship" (p. 185).

Although the literature on parental visiting and child well-being is not extensively researched, Cantos, Gries and Slis (1997) reviewed the area and concluded that the beneficial effects of visiting must be more complex than previously thought. The relationship between visiting and child behaviour is mediated by the degree of emotional attachment of the child to parents. Cantos et al. (1997) did not specify the types of attachment, except in general terms, i.e., those children with "greater attachment" to their parents are likely to be affected by frequency of parental visiting. Cantos et al.'s findings were that children who were visited more often had fewer externalising behaviours than those who were not visited, irrespective of their level of adjustment to foster care. They concluded that the relationship with internalising behaviour and parental visiting was more complicated and may depend on the degree of adjustment the child has made to the placement.

In one of the few studies examining attachment, behavioural problems and frequency of visiting, Borgman (1985) in a study of boys in a correctional facility found that frequency of parental visiting was related to misconduct during incarceration. Problems with this study are the use of a non-standardised measure of attachment and involving children in a correctional facility and not children in foster care.

Thoburn (1996) argues that the art of child placement lies in meeting both the child's need for a sense of permanence and for a sense of personal identity and for that identity to be respected

by the substitute, or foster, parents. This is consistent with Bowlby's theory of a secure base as necessary for attachment. With older children, it is likely that the prime attachment figure will remain the mother throughout the placement in foster care. They may gradually become more attached to the substitute carer or there may be dual psychological parenting between the foster carers and biological parents.

Thoburn (1996) states that the two main groups of children needing permanent placement away from their families are those whose parents have a learning disability, or serious mental health problem. A third group of children are securely attached to competent mothers. These children who are securely attached to their parents and come into care do not understand why they are not allowed to live with their parent. Usually these mothers have not been able to protect their children from sexual or physical abuse by a partner or they live with men who have been convicted of sexual offences against children and they are unwilling to give up their relationships. The early history of these three groups tend to be different with children with secure attachments to their mother placed in foster care remaining fiercely loyal to their mothers even if the mother's partner has abused them and their mother was not able to act protectively.

In summary, an attachment perspective encourages the family of origin to remain involved with the child while in foster care, and the following points for recommended action are informed by the attachment literature (Howe, 1996; Maluccio et al, 1996): (1) a developmental approach endorses the importance of kinship attachment for children and seeks to prevent long-term family breakdown, (2) the central concept of fostering is its

temporariness with the ultimate aim being the child's reunification with his or her family.

However when a child's attachments have broken down or when they are damaging the child's emotional development, a permanent family will be needed who can repair the faulty attachment. This may rule out contact with children's original family but it is important that new, warm, responsive relationships are established. (3) assessing quality of relationships between parents and their children, and considering the impact on family life and child's development is important. (4) provision of family support for parents and children experiencing stress is vital. (5) taking advantage of opportunities to work with the family during the placement period, providing supports before and after the reunification, and encouraging and facilitating child-family visiting throughout the placement as visiting is the best predictor of reunification of foster children with their parents, (6) maintaining family continuity for children and youths during their out of home placement and separation from birth families is a major task, (7) providing brief, intensive family-centred services to maintain the reunification assists when children return home, (8) it is important to understand the role of the child's emotional and behavioural problems in reunification decisions along with the need to help parents to address their issues when children are reunified, and (9) assessment must also include the patterns of family relationships and the quality of informal supports and their significance for young people when planning to leave foster care.

To date, a dissenting finding to previous research emphasising the beneficial effects of parental contact with children in foster care comes from Quinton et al. (1997). Their review of the literature found that the evidence on the beneficial effects of contact is not strong and

that the design and/or analysis of existing studies contain a number of weaknesses that preclude clear research-based guidance to practitioners. Their conclusion is that with studies of children who might be expected to return home, there was an association between contact and the probability of early return, although the reasons are yet to be determined. Quinton et al. (1997) also found that contact had no systematic relationship with placement breakdown or with the social or intellectual development of children, although there are suggestions in the data that there may be some relationship between these three variables. They concluded that more focused studies were needed, with good baseline measures on both children and parents, so that positive and negative consequences of visiting can be examined.

Not only is contact with biological parents important for children in foster care, other factors help children to better adjust to foster care and should not be overlooked when working with these populations. These factors include prior emotional and intellectual functioning, contact with siblings and extended family, and continued contact with social networks. These are discussed in the following section.

#### **Factors leading to better outcomes for children in foster care**

Quantitative studies of children placed in care in Britain and North America have concluded that continued contact with birth parents or other members of their family and being placed in the new family together with a sibling, are associated with lower breakdown rates of foster placements. This is the case for older and younger children (Thoburn, 1996).

Landsverk, Davis, Granger, Newton, and Johnson (1996) used a variety of interviews and standardised assessment measures to assess 669 children in care for at least five months. Their results showed that children who were less likely to be reunified were those who were older, removed from a single parent, and did not have siblings in foster care, had multiple types of problems, and those who had extreme externalising problems. Those who were neglected were less likely to be unified with parents than those who experienced other types of abuse. Children who experienced kinship care had lower rates of disturbed behaviour however this was attributed to relatives generally not choosing to take an emotionally or behaviourally disturbed child into their care.

Along with the role of family continuity in the child's socialisation and identity formation, the role of siblings is also important in child development and is an important secondary source of reference and support. The psychological presence of a sibling has been shown to ease adjustment of conflicts, stresses, and separation. When parental dysfunction is present the importance of siblings to each other increases. (Maluccio et al., 1996). McAuley (1996) found that contact with siblings seemed to compensate for lack of contact with parents by maintaining a sense of family identity. Older children often worry about the welfare of younger siblings as if they were in a parental role.

Children's wider social networks need to be considered, such as the effects of changes of school and loss of relationships in the community (Hinnings, 1996). McAuley (1996) found that these were important impacts on children's functioning in foster care. Friends and

grandparents are also important attachment figures and relationships between the child and these groups of people should also be encouraged (Brandon, 1996).

The following sections aim to synthesise the information on the areas of attachment, visitation, and psychopathology to provide the theoretical justifications for the current research project. Maltreated children, who make up the bulk of children in foster care, are likely to be classified as having disorganised attachment due to their history of abuse or neglect, and this has important implications for later socio-emotional functioning. Issues associated with attachment and mental health of maltreated children in foster care are discussed.

### **Maltreated children and psychopathology**

An especially rich body of empirical research examining the effects of maltreatment on the emergence of psychopathology has emanated from the area of attachment theory. Toth and Cicchetti (1996a) state that "The importance of attachment has been documented with regard to the emergence of behaviour problems and emotional difficulties in children who are at risk for insecure attachment because of the presence of maltreatment, parental psychopathology, or parental substance abuse" ( p. 39).

The literature reveals a number of factors in the parent-child relationship that lead to the development of psychopathology in children. Firstly, maltreated children, especially physically abused children show heightened levels of physical aggression and verbal aggression in their interactions with peers (Jones, 1996). Secondly, there is a high degree of

withdrawal from and avoidance of peer interactions by maltreated children (Lynch & Cicchetti, 1991). Emerging longitudinal studies have shown that children with disorganised attachment show later psychopathology including aggressive behaviour (Lyons-Ruth, 1996) and disassociative behaviour (Main, 1996). Thirdly, maltreated children are more depressed, perceive themselves as less competent, and have poorer social functioning (Toth & Cicchetti, 1996). Fourthly, longitudinal research shows that a lack of parent-child involvement and parental rejection were predictors of later conduct disorders, delinquency, and externalising disorders (Del Carmen & Hoffman, 1996; Lyons-Ruth, 1996).

Children who enter the foster care system have usually been exposed to one or more forms of abuse or neglect therefore this population has important mental health issues. As this paper has an emphasis on children in foster care, the research findings related to mental health issues of children in foster care are outlined below.

#### **Mental health issues for children in foster care**

For over two decades, researchers have identified the high prevalence of mental health problems among foster care children. Children in foster care are over-represented in mental health settings, even when compared with other groups of economically deprived children (Pilowsky, 1995; Stein, Evans, Mazumdar, & Rae-Grant, 1996). Even though there is considerable overlap between clinical populations and children in care, Hulsey and White (1989) found that levels of psychopathology were significantly higher among the foster care children than among the clinical comparison group. Pilowsky (1995) concluded that



externalising disorders, especially delinquency and antisocial behaviour are highly prevalent in this population.

Research has identified children in foster care experience problems in emotional functioning. In their pioneering longitudinal study Fanshel and Shin (1978) concluded that 25 to 33% of children in foster care show signs of emotional impairment. A decade later, research utilising psychiatric interviews by McIntyre and Kessler (1986) found evidence of psychological disorders in roughly half their sample of foster children. Halfon, Mendonca and Berkowitz (1995) studied 213 children in foster care who received comprehensive initial assessment when entering foster care. Almost all school age children were noted to have some sort of emotional problem. Children who had a greater number of placements and entered their first placement after 24 months were more likely to have emotional, coping, relational, or behaviour problems than children who were placed prior to 24 months and had fewer placements. Children who were placed prior to 24 months and had fewer placements fared better (Halfon, Mendonca, & Berkowitz, 1995).

Emotional functioning of children in foster care impacts on their chances of being reunified with their biological family. Landsverk, Davis, Granger, Newton, and Johnson (1996) studied the psycho-social functioning of 669 foster children in relation to reunification by their scores on the Child Behaviour Checklist (Achenbach, 1991). Their results showed that children in kinship care had fewer problems and were less likely to be reunified and that problems with psycho-social functioning significantly decreases the probability of being reunified especially for children in foster care. Also the child's functioning was related to the severity of

maltreatment and the risk of continued maltreatment, with children with more severe problems less likely to be reunified.

Children in foster care have also experience problems in cognitive functioning. Dale, Kendal and Shultz (1999) identified rates of cognitive and emotional impairment among 100 North American foster children based on their performance on standard screening instruments such as the Denver Developmental Screening Test, Reynolds Depression Scales, and Peabody Picture Vocabulary Test. They found that 51% of children aged 1 to 5 years were suspect for delay compared with 10% in normative samples, 11 % of 8 to 12 year olds evidenced significant depressive symptomatology, and 53% of 8 to 12 year olds showed evidence of severe receptive language difficulties. By comparison, estimates of need for mental health services in community studies range from 10 to 22%.

In summary, the research literature...suggests that between one-half and two-thirds of the children entering foster care exhibit behaviour or social competency problems warranting mental health services. The rate of problems is significantly higher than that which would be expected in community populations. Furthermore, these maladaptive outcomes range across a number of domains, rather than being concentrated in only broad behavioural problems. An especially noteworthy finding includes developmental problems in the large number of children entering foster care prior to the ages of 7 and 8. In addition, evidence suggests that the rate of problems may be somewhat less in children who end up in kinship care as compared to children who are placed in non-relative foster care, although this relationship remains open to

further, more definitive research. Finally, psychosocial functioning of the children in foster care may affect not only the long-term functioning outcomes but also basic decisions regarding their continuity or exit from living in foster care (Landsverk & Garland, 1999, p.196).

### CONCLUSION

Research shows overwhelmingly that children in foster care benefit from regular visiting with their biological parents. Also this group has significantly more mental health problems, particularly externalising disorders, than the general clinical population.

This review has attempted to synthesise research on the areas of visitation and psychopathology of children placed in foster care. Despite the fact that attachment is known to have enormous impacts on children's psycho-social functioning, this review has revealed that there has been no previous attempts to provide an empirical link between the level of mental health of children in foster care and the area of attachment. The mediating affect of attachment quality on the level of adjustment children make while in foster care has been alluded to by Cantos et al. (1997), Borginan (1985) and Toth and Cicchetti (1996). Cantos et al. (1997) hypothesised that the positive effects of regular visiting between children in foster care and their biological parents may be affected by the degree of emotional attachment the child has towards his or her parents. Their results found that children visited regularly were rated as exhibiting fewer behaviour problems, however that the cross-sectional designs used in theirs and previous studies cannot infer causality between the affect on children's behaviour

and the amount of visiting with parents. They suggested a longitudinal design to examine the pre-existing relationship between the child's behaviour and parental functioning prior to placement.

The following study attempts to integrate the information on attachment, visiting, and mental health while controlling for confounding variables such as number of placements, kinship care, and placement with siblings.

#### REFERENCES

Achenbach, T. (1991). Manual for the Child Behaviour Checklist / 4-18 and the 1991 Profile. Burlington, VT: University of Vermont Department of Psychiatry.

Ainsworth, M. D. S., (1989). Attachments beyond infancy. American Psychologist, 44, 709-716.

Ainsworth, M. D. S., Blehar, M. C., Waters, E., & Wall, S. (Eds.). (1978). Patterns of attachment: A psychological study of the strange situation. Hillsdale, NJ: Erlbaum.

Azar, S. T., Lauretti, A. F., & Loding, B.V. (1993). The evaluation of parental fitness in termination of parental rights cases. Clinical Child and Family Psychology Review, 1 (2), 77-100.

Barnett, D., & Vondra, J.I. (1999). Atypical patterns of early attachment: Theory, research and current directions. Monographs of the Society for Research in Child Development, 258, 64 (3), 1-24.

Birigen, Z. (1994). Attachment theory and research: Application to clinical practice. American Journal of Orthopsychiatry, 404-420.

Bond, L., Nolan, T., Adler, R., & Roberston, C. (1994). The Child Behaviour Checklist in a Melbourne urban sample. Australian Psychologist, 29 (2), 103-109.

Borgman, B. (1985). The influence of family visiting upon boys' behaviour in a juvenile correctional institution. Child Welfare, LXIV, (6), 629-638.

Bowlby, J. (1969). Attachment and loss: Volume I. Attachment. London: Basic Books.

Bowlby, J. (1973). Attachment and loss: Volume 2. Separation. New York: Basic Books.

Brandon, M. (1996). Attachment in child protection assessments: Implications for helping, in D. Howe (Ed), Attachment and Loss in Child and Family Social Work. Adershot, UK: Avebury. Pp 18-35.

Cantos, A.L., Gries, L.T., & Slis, V. (1997). Behavioural correlates of parenting visiting during family foster care. Child Welfare, 76, 309-329.

Cantos, A., Gries, L., & Slis, V. (1996). Correlates of therapy referral in foster children. Child Abuse and Neglect, 20, 921-931.

Carlson, V. (1998). A prospective longitudinal study of attachment disorganisation/disorientation. Child Development, 69 (4), 1107-1128.

Carlson, V., Cicchetti, D., Barnett, D., & Braunwald, K. (1989). Disorganised/disorientated attachment relationships in maltreated infants. Developmental Psychology, 25, 525-531.

Cicchetti, D., & Toth, S. (1995). Child maltreatment and attachment organisation: Implications for Intervention. In, S. Goldberg, R. Muir, & J. Kerr (Eds.), Attachment Theory: Social, Developmental, and Clinical Perspectives. Hillsdale, N.J: Analytical Press. pp. 230-245.

Cicchetti, D., & Toth, S. (Eds.), (1991). Rochester symposium on developmental psychopathology: Vol. 2. Internalising and externalising expressions of dysfunction. Hillsdale, NJ: Erlbaum.

Cicchetti, D., Toth, S., & Lynch M. (1995). Bowlby's dream comes full circle: The application of attachment theory to risk and psychopathology. In T. Ollendick & R. Prinz (Eds.), Advances in Clinical Child Psychology. Volume 17, 1-75. New York: Plenum Press.

Crittenden, P. M. (1985). Maltreated infants: Vulnerability and Resilience. Journal of Child Psychology and Psychiatry and Allied Disciplines, 26, 85-96.

Dale, G., Kendall, J., & Schultz, (1999). A proposal for universal medical mental health screenings for children entering foster care. In, P. Curtis, G. Dale, & J. Kendall (Eds), The Foster Care Crisis: Translating Research into Policy and Practice. University of Nebraska Press: Nebraska. pp175-192.

Del Carmen, R., & Huffman, L. (1996). Epilogue: Bridging the gap between research on attachment and psychopathology. Journal of Consulting and Clinical Psychology, 64, 291-294.

Easterbrooks, M., Davidson, C., & Chazan, R. (1993). Psychosocial risk, attachment, and behaviour problems among school-aged children. Development and Psychopathology, 5, 389-402.

Family & Children's Services (1998). Contacts Project. Perth: Family & Children's Services.

- Fanshel, D. (1975). Parental visiting of children in foster care: Key to discharge. Social Service Review, 49, 493-514.
- Fanshel, D., & Shin, E. (1978). Children In Foster Care: A Longitudinal Study. New York: Columbia University Press.
- Fernandez, E. (1996). Significant Harm: Unravelling Child Protection Decisions and Substitute Care Careers of Children. England: Avebury.
- Garton, A.F., Zubrik, S., & Silburn, S. (1995). The Western Australian child health survey: A pilot study. Australian and New Zealand Journal of Psychiatry, 29, 48-57.
- George, C. (1996). A representational perspective of child abuse and prevention: Internal working models of attachment and caregiving. Child Abuse & Neglect, Vol 20 (5), 411-424.
- Goerge, R., Wulczyn, G., & Fanshel, D. (1994). A foster care research agenda for the '90's. Child Welfare, LXXIII (5), 525-549.
- Grigsby, R. (1994). Maintaining attachment relationships among children in foster care. The Journal of Contemporary Human Services, 269-276.



Halfon, N, Mendonca, A., & Berkowitz, G., (1995). Health status of children in foster care: The experience of the Centre for the Vulnerable Child. Child Abuse and Neglect, 2, 52-63.

Hess, P. (1982). Case and context: Determinants of planned visit frequency in foster family care. Child Welfare, 67, 311-325.

Hess, P., & Proch, K. (1993). Visiting: The heart of reunification. In B.A. Pine, R. Warsh, & A Maluccio (Eds), Together Again: Family Reunification in foster care. Washington DC: Child Welfare League of America. Pp 119-139.

Hinings, D. (1996). Maintaining relationships between parents and children who are living apart, in D. Howe (ed) Attachment and Loss in Child and Family Social Work. Aldershot, England: Avebury pp101-113.

Howe, D. (1996). Attachment theory in child and family social work, in D. Howe (Ed), Attachment and Loss in Child and Family Social Work. Aldershot, U.K: Avebury.

Hulsey, T., White, R. (1989). Family characteristics and measures of behaviour in foster and nonfoster children. American Journal of Orthopsychiatry, 502-509.

Jones, E. E. (1996). Introduction to the special section on attachment and psychopathology: Part 1. Journal of Consulting and Clinical Psychology, 64, 5-7.

Landsverk, J., Davis, I., Granger, W., Newton, R., & Johnson, I. (1996). Impact of child psychosocial functioning on reunification from out-of-home placement. Children and Youth Services Review, 18, (4-5), 447-462.

Landsverk, J., & Garland, A.F (1999). Foster care and pathways to mental health services. In P. Curtis, G. Dale, & J. Kendall (Eds), The Foster Care Crisis: Translating Research into Policy and Practice. University of Nebraska Press: Nebraska. Pp193-210.

Lynch, M., & Cicchetti, D. (1991) Patterns of relatedness in maltreated and nonmaltreated children: Connections among multiple representational models. Developmental Psychopathology, 3, 207-226.

Lynch M., & Cicchetti, D. (1997). Children's relationships with adults and peers: An examination of elementary and junior high school students. Journal of School Psychology, 35 (1), 81-99.

Lyons-Ruth, K. (1996). Attachment relationships among children with aggressive behaviour problems: The role of disorganised early attachment patterns. Journal of Consulting and Clinical Psychology, 64, 64-73.

Lyons-Ruth, K. (1996). Attachment relationships among children with aggressive behaviour problems: The role of disorganised early attachment patterns. Journal of Consulting and Clinical Psychology, 64, 64-73.

Main, M. (1996). Introduction to the special edition on attachment and psychopathology: 2. Overview of the field of attachment. Journal of Consulting and Clinical Psychology, 64, 237-243.

Main, M., & Cassidy J. (1988). Categories of response to reunion with the parent at age six: Predicted from infant attachment classifications and stable over a one month period. Developmental Psychology, 24, 415-426.

Main, M., & Hesse, P. (1990). Parents' unresolved traumatic experiences are related to infant disorganised attachment status: Is frightened and/or frightening parent behaviour the linking mechanism? In M. Greenberg, D. Cicchetti, & E.M. Cummings (Eds.), Attachment in the preschool years (pp. 161-182). Chicago: University of Chicago Press.

Main, M., & Solomon, J. (1990). Procedures of reidentifying infants as disorganised/disorientated during the Ainsworth Strange Situation. In M. T. Greenberg, D. Cicchetti, & E. M. Cummings (Eds.), Attachment in the preschool years (pp. 121-160). Chicago: University of Chicago Press.

Manly, J., Cicchetti, D., & Barnett, D. (1994). The impact of subtype, frequency, chronicity, and severity of child maltreatment on social competence and behaviour problems. Development and Psychopathology, 6, 121-143.

Maluccio, A. N., Abramczyk, G., & Tomlinson, R. (1996). Family reunification of children in out of home care: Research perspectives. Children and Youth Services Review, 18, 237-243.

McAuley, C. (1996). Children In Long Term Foster Care: Emotional and Social Development. Aldershot, England: Avebury.

McIntyre, A., & Kessler, T. (1986). Psychological disorders among foster children. Journal of Child Clinical Psychology, 15, 297-303.

Morton, D., & Brown, K. (1998). Theory and observation of attachment and its relation to child maltreatment: A review. Child Abuse and Neglect, 22 (11), 1093-1104.

Oyserman, D., & Benbenishty, R. (1992). Keeping in touch: Ecological factors related to foster care visitation. Child and Adolescent Social Work Journal, 9, 541-554.

Palmer, S.E. (1996). Placement stability and inclusive practice in foster care: An empirical study. Children and Youth Services Review, 18 (7), 589-601.

Pilowsky, D. (1995). Psychopathology among children placed in family foster care. Psychiatric Services, 46 (9), 906-910.

Pilowsky, D., & Kates, W. (1996). Foster children in acute crisis: Assessing critical aspects of attachment. Journal of the American Academy of Child and Adolescent Psychiatry, 35, 1095-1098.

Pitman, S. (1997). Australia, in M. Colton & M. Williams (Eds.), The World of Foster Care. England: Ashgate Publishing.

Perkins, D.G., & Ansay, S.J. (1998). The effectiveness of a visitation program in fostering visits with noncustodial parents. Family Relations, 47, 253-258.

Quinton, D., Rushton, A., Dance, C., & Mayes, D. (1997). Contact between children placed away from home and their birth parents: Research issues and evidence. Clinical Child Psychology and Psychiatry, 2 (3), 393-413.

Robson, J., & Hudd, S. (1994). Contact Between Children in Foster Care and Their Families: A Literature Review and Draft Proposal for Departmental Policy and Guidelines. Perth: Family and Children's Services.

Rosenfeld, A., Pilowsky, D., & Fine, R. (1997). Foster care: An update. Journal of the American Academy of Child and Adolescent Psychiatry, 36, 448-458.

Russell, S. (1992). Attachment disorders: Implications for child welfare practice. Children Australia, 17, 20-24.

Rutter, M. (1995). Clinical implications of attachment concepts: Retrospect and prospect. Journal of Child Psychology and Psychiatry, 36, 549-571.

Sawyer, M.G., Sarris, A., Baghurst, P.A., Cornish, C.A., & Kalucy, R.S. (1990) The prevalence of emotional and behaviour disorders and patterns of service utilisation of children and adolescents. Australian and New Zealand Journal of Psychiatry, 24, 323-330.

Schneider,-Rosen, K., & Cicchetti, D. (1984). The relationship between affect and cognition in maltreated infants: quality of attachment and the development of visual self-recognition. Child Development, 55, 648-658.

Smokowski, P.R., & Wodarski, J.S. (1996). The effectiveness of child welfare services for poor, neglected children: A review of the empirical evidence. Research on Social Work Practice, 6 (4), 504-523.

Sroufe, I., Carlson, V., Levy, P., & Engeland, D. (1999). Implications of attachment theory for developmental psychopathology. Development and Psychopathology, 11 (1), 1-13.

Thoburn, J. (1996). Psychological parenting and child placement: 'But we want to have our cake and eat it', in D. Howe (ed) Attachment and Loss in Child and Family Social Work. Aldershot, England: Avebury, pp129-145.

Toth, S., & Cicchetti, D. (1996). Patterns of relatedness, depressive symptomatology, and perceived competence in maltreated children. Journal of Consulting and Clinical Psychology, 64, 32-41.

Toth, S., & Cicchetti, D. (1996). The impact of relatedness with mother on school functioning in maltreated children. Journal of School Psychology, 34 (3), 247-266.

Triseliotis, J., & Sellick, C. (1993). Foster Care: Theory and Practice. New York: Guilford Press.

Van Ijzendoorn, H., Schuengel, C., & Bakermans-Kranenburg, M. (1999). Disorganised attachment in early childhood: Meta-analysis of precursors, concomitants, and sequelae. Development and Psychopathology, 11, 225-249.

Verhulst, F. C., & van der Ende J. (1991). Assessment of child psychopathology: Relationships between different methods, different informants, and clinical judgement. Acta Psychiatrica Scandinavica, 84, 155-159.

Wellborn, J., & Connel, J. (1987). Assessment Package for Schools. New York: University of Rochester.

Zabar, P., & Angus, G. (1995) Children Under Care and Protection Orders, Australia 1992-3. ACT: Australian Institute of Health and Welfare.

Zeanah, M., Boris, D., & Scheeringa, F. (1997). Psychopathology in infants. Journal of Child Psychology and Psychiatry, 38 (1), 81-99.

Zubrik, S., Silburn, S., Garton, A., Burton, P., Dalby, R., Carlton, J., Shepherd, C., & Lawrence, D. (1996). Western Australian Child Health Survey: Developing Health and Well-being in the Ninties. Perth: ABS.



**BEHAVIOUR PROBLEMS OF CHILDREN IN FOSTER CARE**

**AS AFFECTED BY ATTACHMENT TO**

**AND VISITATION WITH BIOLOGICAL PARENTS**

**Part 2:**

**Research Report**

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Library of Congress Catalog Card Number 52-4649

*Child Welfare* (ISSN 0009-4021) is published bimonthly by the Child Welfare League of America, Inc. Periodicals postage paid at Washington, D.C.

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### Abstract

Children in foster care generally have more behavioural and emotional problems than their peers, although regular visiting with the biological family is known to mitigate this. Unlike previous research, this study incorporated an attachment measure, the Patterns of Relatedness Scale (Wellborn & Connell, 1987), and the Child Behaviour Checklist (Achenbach, 1991), to determine what effect the amount of visiting by the biological mother had on foster children who have optimal and adequate types of attachment ( $n = 7$ ) compared to children with confused, disengaged, and deprived attachment ( $n = 26$ ). Results showed no significant differences of scores of children with secure versus insecure attachment on the CBCL affected by the frequency of visiting with their biological mother. A section on methodological issues outlines the difficulties in studying this population with suggestions on how to improve future research. Potential implications for practice are the identification of various groups of children entering foster care, i.e., those who are likely to adjust better, those likely to experience difficulties and requiring intensive therapy, and those children who are more likely to be reunited with their parents.

## INTRODUCTION

Bowlby's work in the 1960s was the catalyst for the development of attachment theory. Since this time, attachment theory has been refined, although the major premises of Bowlby's work remain largely unchanged. George (1996) states that attachment theory has made two main contributions. The first is its emphasis on development in the context of relationships, and secondly, its emphasis on internal working models. Specifically, these internal working models relate to expectations about the self and others; the self as worthy or unworthy of care and protection, and others as available or unable to provide care and protection (George, 1996). These models are formed during actual interactions with caregivers. Children who are subject to insensitive or abusive care-giving develop models of caretakers as uncaring and undependable and of themselves as undeserving of nurturance and of little value to others (Biringen, 1994; Pilowsky & Kates, 1996).

Attachment theory has provided a rich theoretical framework for professionals who work in the area of child abuse in the fields of research and intervention. The literature on the effects of child abuse on children, specifically children in foster care, is examined, particularly the impact of abuse on attachment behaviour and later psychopathology. Attachment theory has important implications for children in foster care, specifically regarding the importance of maintaining the bond with their natural parents. Visitation between children in foster care and their parents has been shown to have a number of beneficial effects including decreases in behavioural and emotional problems in the short and long term.

### Attachment theory

According to attachment theory, infants are genetically predisposed to form attachments at a critical point in their lives (i.e., 6-12 months). The function of attachment is to increase the infant's chances of survival because the infant optimally explores and learns from the environment by seeking out and maintaining protective proximity to the attachment figure during times of danger, consequently protecting the infant from physical and psychological harm. The infant is equipped with a repertoire of behaviours that attract the caregiver such as smiling and crying (Morton & Brown, 1998).

Barnett and Vondra, (1999) and Sroufe, Carlson, Levy and England (1999) reviewed research on the long term impact of attachment and found: (a) early attachment history will have ongoing importance for later socio-emotional adaptation, even after taking into account current circumstances and intermediary experiences, (b) the child's manner of engaging individuals in subsequent developmental periods will be predictable from infant attachment patterns as children in part create their environments, (c) reactions to others, including those outside the family, will be predictable from infant attachment patterns, (d) even following change, early patterns of attachment retain a potential for reactivation, and (e) certain issues and areas of functioning (i.e., those tapping into anxiety about the availability of others or apprehension regarding emotional closeness) will be especially likely to reveal the legacy of early attachment, even during periods of generally adequate functioning.

### Classification of attachment

Ainsworth, Blehar, Waters, and Wall (1978) developed a classification system for attachment type based on patterns of behaviour infants used to cope with their caregiver's interactive style. Initially three attachment groupings were proposed; secure (type B), avoidant (type A), and ambivalent (type C).

Morton and Brown (1998) describe securely attached infants as having mothers who are sensitive and responsive and who meet their children's needs promptly and appropriately. The infant when stressed, rapidly seeks the attachment figure. The infant tends to be easily soothed, comforted, and reassured by the attachment figure and is soon ready to explore the environment again. Mothers of insecurely attached infants tend to be insensitive, inaccessible, unresponsive, or respond inappropriately. Anxious/avoidant mothers tend to be more rejecting, angry, and intrusively over-involved. The behavioural coping strategies demonstrated by these infants include little stress or upset during separation, and on reunion avoidance of the mother rather than proximity seeking. However, other measures, such as facial expressions, cardiac functioning, and cortisol levels are greater than would be estimated (Barnett & Vondra, 1999; Morton & Brown, 1998). Ambivalently attached infants are considered to maximise the expressions of negative emotions and the display of attachment behaviours in order to draw the attention of their supposedly inconsistently responsive parent. They remain passively or angrily focused on their parent even when the environment calls for exploration and play (Main, 1996).

The concept of disorganised attachment emerged from the systematic inspection of about 200 cases from various samples that were difficult to classify. The limits of the traditional Ainsworth coding system were apparent because many children with a history of abuse or neglect had to be forced into the secure category (Carlson, 1998; Carlson, Cicchetti, Barnett, & Braunwald, 1989). Main and Solomon (1990) developed the disorganised/disorientated or D category after observing that abused or neglected children did not appear to have a behavioural strategy for dealing with separation from and reunion with their mother. Their behaviour consists of contradictory behaviour, misdirected or stereotypical behaviour, stilling, freezing for a substantial amount of time, and direct apprehension or even fear of the parent (Morton & Brown, 1998; Van Ijzendoorn, Schuengel, Bakermans-Kranenburg, 1999). The insecure attachments (A & C) are typified by anxiety, and attachment behaviour that is generally organized to cope with insensitive (i.e. rejecting or unpredictable but not frightening) caregiving. Type D behaviours are not incoherent as they are considered to be indicators of stress and anxiety that the child cannot resolve because the parent is at the same time the source of fright as well as the only potential haven of safety. In the face of the paradoxical situation, the child's organisational strategy to deal with stress is expected to fall apart (Van Ijzendoorn et al., 1999)

It has been estimated that anywhere between 48-82% of maltreated children are classified as having disorganised attachment, 4% have insecure (A or C) and only 14% have secure attachment (Carlson, Cicchetti, Barnett & Braunwald, 1989; Van Ijzendoorn, Schuengel, & Bakermans-Kranenburg 1999). Van Ijzendoorn et al. (1999) estimate that only five studies on maltreatment and disorganised attachment have been published, involving 323 participants in

total indicating that the types of attachment experienced by maltreated children is not a widely researched area.

Cicchetti and colleagues indicate that in a comparison of maltreated and non-maltreated children, maltreated children reported more "confused" and less "optimal" attachment in a number of relationships, including their mothers, teachers, peers and best friends (Cicchetti & Toth, 1991). Concordant attachment with other relationship figures, for both groups, suggests the influential role of care-giving history on relationships with peers and non-parental adult figures and the contribution of maltreatment to the development of internal working models of self as unworthy and of others as unavailable (Toth & Cicchetti, 1996).

#### **Maltreated children and psychopathology**

The literature reveals that the factors leading to the formation of disorganised attachment also lead to the development of later behaviour problems in children. Firstly, maltreated children, especially physically abused children show heightened levels of physical aggression and verbal aggression in their interactions with peers (Jones, 1996). Secondly, there is a high degree of withdrawal from and avoidance of peer interactions in maltreated children (Lynch & Cicchetti, 1991). Thirdly, longitudinal studies have shown that children with disorganised attachment show later psychopathology including aggressive behaviour (Lyons-Ruth, 1996), dis-associative behaviour (Main, 1996) conduct disorders, delinquency, and externalising disorders (Del Carmen & Hoffman, 1996; Lyons-Ruth, 1996).



Given their abusive backgrounds and attachment difficulties, it is not surprising that children in foster care are prone to mental health problems. In a recent study, 34% of children in state care were rated as having significant behaviour problems using the Child Behaviour Checklist (Heflinger, Simpkins, & Combs-Orme, 2000). The greatest numbers of children were rated in the clinical range for the Aggressive, Delinquent, and Withdrawn behaviour sub-scales.

Landsverk and Garland (1999) concluded that between 50 to 70% of children entering foster care exhibit behavioural problems, at a rate that is significantly higher than children in the general community. This is similar to other research findings (Hulsey & White, 1989; McIntyre & Kessler, 1986; & Dale, Kendal, & Shultz, 1999). Factors known to lead to better outcomes for children are regular visiting with family (Fanshel & Shin, 1978), being placed in care prior to the age of 2 years and having fewer placements (Halfon, Mendonca, & Berkowitz, 1995), being placed with siblings (Thoburn, 1996), and being placed in kinship care (Landsverk, Davis, Granger, Newton, & Johnston, 1996). Children in care who have fewer behavioural problems are also more likely to be reunified with their parents (Landsverk et al, 1996; Landsverk & Garland, 1999; Perkins & Ansay, 1989).

Maltreated children who had achieved optimal or adequate attachment with their mother evidenced less depressive symptomatology and higher competence, suggesting that achieving a capacity for attachment at later ages may mitigate the adverse effects of early maltreatment (Toth & Cicchetti, 1997). Cicchetti and Toth (1995) propose that "Changes are always possible as a function of new experiences and reorganisations" (p. 281).

### Research on contact with natural parents

Disrupted attachments may make foster children reluctant or unable to attach to a substitute caregiver, resulting in problems with personality formation. Maluccio, Abramczyk, and Tomlinson (1996) highlight the importance of the biological family in the growth and functioning of the child in foster placement and that these children need to have knowledge of their origins if they are to have a comfortable sense of their own identity. Henning (1996) extrapolates from Bowlby's theory and states that "the issue is not the competence of the parent to care for a child in the future, or their record of parenting in the past, but the insult to the child's self-esteem if the parent apparently gives up on the relationship" (p. 185).

Frequent visits between children in foster care and their natural parents helps children express their feelings and relate better to their foster parent. Frequent visiting also gives both the placed children and foster parents continuing opportunities to see natural parents in a realistic manner instead of maintaining irrational notions (Cantos et al., 1997). Rosenfeld, Pilowsky and Fine (1997) suggest that many foster children believe their parents were right to abuse or neglect them. Young children particularly have a need to keep the external object 'good' both to sustain their budding self esteem (i.e., they come from "good stock") and to retain a sense that the world is a coherent place.

Hess and Proch (1993) found that in a study of 83 foster children using a visitation centre, visitation clearly provides an opportunity to facilitate the healing of the child's emotional burdens while coping with parental separation and concluded that if the relationship between

the child and parent is not maintained, the child's psychological health and self-image may be damaged.

**Effects of attachment and visiting frequency on foster children's behaviour problems**

Although the topic of parental visiting and child well-being is not extensively researched, Cantos et al., (1997) concluded that the beneficial effects of visiting on child behaviour is mediated by the degree of emotional attachment of the child to parents. Cantos et al. (1997) did not specify the types of attachment, except in general terms, that is, those children with "greater attachment" to their parents are likely to be affected by frequency of parental visiting. Their findings were that children who were visited more often had fewer externalising behaviours than those who were not visited, irrespective of their level of adjustment to foster care. They concluded that the relationship with internalising behaviour and parental visiting was more complicated and may depend on the degree of adjustment the child has made to the placement.

Borgman (1985) in a study of boys in a correctional facility found that misconduct during incarceration was related to attachment and frequency of visiting. Shortcomings of this study were the use of a non-standardised measure of attachment and use of children in a correctional facility rather than in foster care.

Despite the benefits of regular visiting with biological parents, studies over the last 15 to 20 years have consistently reported very low levels of contact between children in care and their

parents (Robson & Hudd, 1994). This suggests that keeping biological parents involved in their children's lives is difficult over the long-term.

The present study examined the relationship between parental visiting and attachment on the psychological functioning of a cohort of children in foster care, and builds on the research by Cantos et al. (1996,1997). In light of previous research, two hypotheses are generated.

Firstly, children who have regular visits with parents and a secure attachment to a biological parent will have fewer behavioural problems. Secondly, children who have infrequent or no visits with biological parents and a secure attachment to that parent will have more behavioural problems. Given the lack of research and theory examining insecure levels of attachment and frequency of parental visiting, no predictions are made about how these two factors will affect rates of behaviour problems.

## METHOD

### Participants

Participants for this study were selected from a larger cohort of children (ages 0-17 years) who were in the foster care system in Western Australia. The number of participants in the study was 33, which represented 3% of the total of 980 children who are wards of the state in foster care.

Children chosen for the study were required to be in state wardship, over the age of 7, and in foster care for at least 6 months. Children were excluded if they were placed with siblings, in

kinship care, if they were aboriginal, and if they had been in more than two placements. These exclusion factors were an attempt to control for confounding variables. Several authors have identified that certain factors predict higher psychological functioning for children in foster care. The well known factors are placement with siblings (Maluccio et al, 1996) and children placed in kinship care (Cantos, Gries, & Slis, 1996; Cantos et al, 1997; Manly, Cicchetti, & Barnett, 1994). The number of moves while in placement is thought to be inversely related to child psychological functioning (Cantos et al, 1996; Cantos et al, 1997).

A total of 88 children placed in care in the Perth metropolitan area were identified as being suitable to participate in the study. Children did not participate in the study due to a request by their case workers (37 %), foster carers (33 %), the biological mother (15 %), and the foster child themselves (8 %) that the particular child was not suitable to participate. Other children (7%) were excluded as they were found at interview to violate the selection criteria due to factors such as the child/family going through legal issues (e.g., extension of wardship), parents likely to be hostile, child likely to be too upset by the process (e.g., parents deceased or no contact) or had significant intellectual disabilities such that they were not capable of answering a questionnaire.

The mean age of the sample was 11 years 8 months, comprised of 58% female ( $n = 19$ ). At the time of data collection, the mean number of months in foster care was 52 months, and the average number of placements was 1.69.

### Measures

*Visiting.* Visiting was measured according to criteria provided by Fanshel and Shin (1978), which has been used in other similar studies (Cantos et al., 1997; Oyserman & Benbenishty, 1992). Visiting is classified into one of four categories, i.e., frequent or stable (parent visits regularly and at every opportunity), not frequent or stable (parent visits fairly often but visiting is irregular and not up to the maximum permitted), rare (parent visits rarely or occasionally), and never (no visits over the past five years).

*Attachment.* Attachment was assessed by a questionnaire completed by the child. The Relatedness Scale from the Rochester Assessment Package for Schools (Wellborn & Connell, 1987) is the only paper-and-pencil measure to assess attachment for school aged children, aged 7 to 15 years of age, found in the literature. The relatedness scale has been researched extensively by Cicchetti and colleagues (Cicchetti & Toth, 1991; Lynch & Cicchetti, 1991; Toth & Cicchetti, 1997).

The relatedness scale has 17 items with 2 sub-scales that measure the children's feelings of relatedness to specific others; (a) emotional quality, and (b) psychological proximity seeking. Emotional quality consists of 11 items that assess specific positive and negative emotions that children have when they are with a specific relationship partner. Children rate on a 4-point scale items like: "When I'm with \_\_\_\_\_, I feel happy". The eleven emotions probed are relaxed, ignored, happy, mad, bored, important, unhappy, scared, safe, and loved.

Psychological proximity seeking includes 6 items that tap the degree to which children wish they were psychologically close to their relationship partner. Children rate on a 4 point scale

items like "I wish \_\_\_\_\_ paid more attention to me" and "I wish \_\_\_\_\_ understood me better." In general, the more positive the quality of emotion a person reports feeling when with a relationship partner, the less he or she reports needing to feel psychologically closer to that individual.

Factor analysis of the scale yields five patterns of relatedness; (1) optimal has higher than average levels of positive emotion and lower than average amounts of psychological proximity seeking. These children feel positive and secure in their relationships and they are satisfied with existing degree of closeness; (2) adequate patterns of relatedness report average levels of positive affect and psychological closeness in their relationships; (3) confused pattern of relatedness in which children report high levels of emotional quality as well as extremely high amounts of psychological proximity seeking. Despite feeling emotionally positive and secure in their relationships, they feel that they need much more psychological proximity than they have; (4) disengaged group has lower than average levels of emotional quality and lower than average amounts of psychological proximity seeking. These children have predominantly negative feelings about others and do not want to be any closer to them; (5) deprived patterns of relatedness report lower than average levels of emotional quality, but higher than average amounts of psychological proximity-seeking. These children have a desire to feel closer to others but their relationships are characterized by feelings of negativity and insecurity (Cicchetti et al, 1995; Lynch & Cicchetti, 1991; Toth & Cicchetti, 1996).

The validity of the relatedness scale has been demonstrated by factor analysis which showed that the 5 main patterns of relatedness accounting for 61.1% of the variance which closely

parallels the major groups identified in attachment theory (Cicchetti et al, 1995; Lynch & Cicchetti, 1991; Toth & Cicchetti, 1997). Good internal consistency of the relatedness scale is demonstrated by alphas ranging from .67 to .83 for emotional quality and .83 to .93 for psychological proximity seeking across a variety of relationships (Lynch & Cicchetti, 1997). Due to the lack of measures of attachment types for children of school age, this study is limited in that it uses the relatedness scale. The relatedness scale is a self-report measure and has not been validated as measuring the same constructs as the Strange Situation.

*Child behaviour.* Foster carers completed the Child Behaviour Checklist (CBCL; Achenbach, 1991) for the child in their care. This is a widely used screening measure of behavioural problems for children aged 4 to 18 years. This measure has been found to have excellent validity and reliability (Manly et al, 1994).

The CBCL has received extensive support for its psychometric properties and has national norms based on thousands of non-referred and referred children. Standardised scores permit comparisons between gender and across age groups. For children aged 4 to 18 years a parent or primary caregiver reports on the child's academic performance, social and peer relationship, and family relationships and indicates how true a series of 112 problem behaviour items are for the child. Although the CBCL provides a large amount of information only the internalising (e.g., depression, anxiety) and externalising scales (i.e., aggression, delinquency), and the total problem scores were used in this study.



The CBCL has been used extensively in large epidemiological studies of child mental health around the world including Australia (Bond et al, 1994; Sawyer et al, 1990; Zubrik, Silburn, Garton, Burton, Dalby, Carlton & Shepherd, 1995). It has also been used to study children who have been maltreated and children in foster care (Cantos et al, 1996; Heflinger, Simpkins & Combs-Orme, 2000; Hulsey et al, 1989; McIntyre & Keesler, 1986; Manly et al, 1994). Comparison of total problem scores from Australian studies (Melbourne, Bond et al, 1994; Perth, Garton, Zubrik, & Silburn 1995) when compared to U.S. normative data (Achenbach, 1991) suggests that "United States normative data may be appropriate to use with Australian children" (Bond et al., 1994 p. 107).

### Procedure

A number of steps were taken to obtain participants for the study. Firstly, permission was obtained from senior representatives of Family and Children's Services (FCS) to conduct the study. Following approval a list of children in foster care was obtained. Secondly, discussion occurred with the relevant Team Leaders to determine which children were potentially suitable to participate. Thirdly, the child's case worker was contacted to further discuss the child's suitability to participate in the study and provide information on amount of visiting with parents. Fourthly, registered letters were sent out to biological mothers with a brief statement of disclosure explaining the purpose of the study and inviting them to contact the researcher within ten days if they did not want their children to participate in the study. Fifthly, letters were posted to foster carers explaining the purpose of the study and indicating that they would be telephoned in the near future to discuss the study. Sixthly, foster carers were telephoned to discuss the purpose of the study and invited to participate. An

appointment was made to visit the family to speak with the child and the foster carer. Lastly, a home visit took place to complete the questionnaires.

Ethical considerations involved addressing any possible effects on the children due to discussing their relationship with their parents. This was managed by discussing with the children's case worker whether there were any reasons to exclude the children from the study and arranging counselling for the child if required, however this was not necessary.

## RESULTS

Due to the small sample size, non-parametric statistics were chosen for statistical analysis as basic assumptions regarding normal distribution of the population could not be presupposed (Keller, Warrack & Bartel, 1994). The Kruskal-Wallis H test is the non-parametric equivalent of the one-way analysis of variance and tests that two or more sampled populations are equivalent in location. It assumes there is no prior ordering of the populations from which the samples are drawn (SPSS, 1997).

The results of scores on the Child Behaviour Checklist shows that 55% of the sample had internalising scores in the clinical range, 82% had externalising scores in the clinical range and 73% had total problem scores in the clinical range.

Table 1 shows the distribution of participants over the two independent variables. For statistical purposes, relatedness was collapsed into the categories of secure (i.e., optimal,

adequate) and insecure (i.e., deprived, disengaged, confused). There were no children rated as having optimal relatedness to their mother, and only 21% (i.e.,  $n = 7$ ) of children had adequate relatedness. The insecure relatedness categories contained 79% of participants (i.e.,  $n = 26$ ).

**Table 1.**  
**Distribution of participants according to visiting and relatedness categories**

Visiting	Frequent/Stable		Not Frequent/ Not Stable		Rare		Never	
	N	%	N	%	N	%	N	%
<b>Relatedness/ Attachment</b>								
Optimal (secure)	0	0	0	0	0	0	0	0
Adequate (secure)	1	3	4	12	0	0	2	6
Deprived (insecure)	5	15	3	9	1	3	0	0
Disengaged (insecure)	3	9	1	3	1	3	1	3
Confused (insecure)	2	6	4	12	1	3	4	12

Testing of the first hypotheses that children with secure relatedness who are visited regularly have less psychopathology could not occur due to the low numbers obtained (i.e.,  $n = 7$ ).

With the insecure group (i.e.,  $n = 26$ ), psychopathology was not significantly affected by the amount of visiting when comparing the total CBCL score;  $H(3,26) = 0.108$ ,  $p > .05$ ; the internal CBCL scale;  $H(3, 26) = 2.61$ ,  $p > .05$ ; or the external CBCL scale;  $H(3, 26) = 0.815$ ,  $p > .05$ .

Each of the independent variables were also examined separately. The four subgroups of visiting (i.e., frequent/stable, not frequent/not stable, rare, never) were compared on the total, internal, and external scales of the CBCL. No significant findings were found on the total CBCL score;  $H(3, 33) = 4.49, p > .05$ ; the internal CBCL scale;  $H(3, 33) = 7.65, p > .05$ ; or the external CBCL scale;  $H(3, 33) = 1.97, p > .05$ .

The four observed subgroups of relatedness (i.e., adequate, deprived, disengaged, confused) were compared on the total, internal and external scales of the CBCL. No significant findings were found on the total CBCL score;  $H(3, 33) = 5.97, p > .05$ ; the internal CBCL scale;  $H(3, 33) = 1.41, p > .05$ ; or the external CBCL scale;  $H(3, 33) = 1.21, p > .05$ .

## DISCUSSION

This study represents the first attempt to incorporate an attachment measure into a study that endeavours to show the effects that different levels of visiting by a biological parent has on foster children's level of psychopathology.

The small number of children in this study that were identified by this measure as having adequate attachment is consistent with the literature which suggests that only a small number of children who are in foster care have secure attachment (Cicchetti, et al., 1995). Due to the overall small number of children in the study, this group was not represented in the sample. Children in foster care are likely to have insecure types of attachment due to previous abuse and in this sample the number of children in the insecure relatedness categories (i.e., 79%) far outweighed those in the secure attachment category (i.e., 21%). These proportions are in line

with research which shows that up to 80% of maltreated children have disorganised attachments (Van Ijzendoorn et al., 1999).

Due to the low number of children in the secure attachment category, for these children scores on the CBCL could not be statistically analysed. Therefore the hypothesis that children who are visited more often have fewer behaviour problems, could not be tested. For the insecure attachment group, there was no difference between those having different levels of visiting on their levels of psychopathology. As this sample group had a particularly high level of psychopathology, this could have been the result of how children were chosen to participate, and it is possible that this was a confounding variable. The effect of the selection criteria on choosing children to participate is discussed further below.

The comparison of children's scores on the CBCL and the amount of visiting (i.e., frequent/stable, not frequent/not stable, rare, and never) with their biological mother did not reveal a statistical difference between these four subgroups. A third of the sample had frequent and stable contact with their parent/s, a third had rare or no contact, and a third had non-frequent contact. The amount of contact between children in foster care and their biological mother in this study are in line with previous findings (Family & Children's Services, 1998). This study did not support previous research that found that children who were visited regularly were rated as having fewer behavioural problems, especially internalising problems, than children who were visited irregularly or not at all (Cantos et al, 1997).

The level of psychopathology identified is consistent with levels reported in the literature and suggests that between 50-70% of children in foster care exhibit behavioural problems (Landsverk & Garland, 1999). However, this figure is much larger than in a recent study by Heflinger et al. (2000) that found 34% of children in state care had significant behaviour problems. This study attempted to control confounding variables known to exacerbate behavioural problems such as multiple placements, and those mitigating behavioural problems such as placement with siblings, and placement in kinship care. Controlling these mitigating factors may have resulted in a sample with a high level of behavioural problems. Children participating in the study tended to be in long-term stable placements of over four years duration. This suggests that although these children had very high rates of behavioural problems, the foster carers appeared to be coping.

The last analysis between children's type of attachment to their biological mother and their scores on the CBCL, did not reveal a difference in the level of psychopathology of each of these groups. This lends support to the assumption that this sample group had a particularly high level of behaviour problems. According to attachment theory it would be expected that children with adequate attachment would have fewer behavioural and emotional problems (Barnett & Vondra, 1999; Sroufe, et al., 1999).

The literature on visiting is unanimous in suggesting that parental visiting leads to fewer behavioural problems for children in foster care. Recent research by Cantos et al. (1997) and George, Wulczyn, and Fanshel (1994) indicates that findings are in fact somewhat inconclusive and do not support the previously assumed certainty in the literature of the

positive and unqualified relationship between visiting and behavioural adjustment of children in foster care. The effect of visiting has been hypothesised to be influenced by the quality of attachment between the child and their parents for some time in the literature, however there has been no research to date to assess this in a systematic way although there have been some attempts (Borgman, 1985; Perkins & Ansay, 1989). Cantos et al. (1997) suggest that those children with greater attachment are likely to be most affected, either adversely or positively, by frequency of parental visiting.

The cross-sectional design of this study was problematic, and a longitudinal design assessing children's behaviour at different points in time would be more beneficial in assisting to determine any possible causal link between attachment, parental visiting and psychopathology. A longitudinal design would assess child attachment and behaviour over time and thereby identifying variables relating to optimal functioning during the child's placement in foster care. This would entail monitoring a large number of children as they enter care, as it would not be possible to assign children to different categories of visiting. Another methodological issue was the criteria used to select the sample. The decision to exclude children living in kinship care and those placed with siblings resulted in restricting the number of participants and also may have resulted in a group of children with quite severe behavioural problems. Other factors such as younger age at first placement, fewer placements, and greater length of first placement have all been related to optimal functioning of children in foster care (Cantos et al., 1996). Designing a study to take into account all these variables may be difficult if not prohibitive (Cantos et al., 1996).

Quinton et al. (1997) conclude that child welfare practice in this area needs to advance on three fronts. First, research needs to be better designed. Secondly, theory development is required on the nature and importance of children's relationships with significant figures when they have a complicated network of current and former carers. Finally, we need more reliable information to guide decisions on maintaining, supporting and evaluating contact.

Limitations experienced in the current research project include; (1) small sample size making it impossible to conduct meaningful statistical analysis, (2) non-random selection of participants making it impossible to control for confounding variables, (3) lack of control group for comparison, (4) use of a cross-sectional research design, making it difficult to infer any causality due to possible effects of unknown variables, and (5) the use of an attachment measure which has not been validated with the Strange Situation measure. These problems and suggestions to improve future research are discussed below.

### **Suggestions for future research**

Future researchers should consider these common difficulties in studying children in foster care. The most common methodological problems include obtaining appropriate samples, research designs, and defining and measuring variables. Each of these issues is discussed below.

Many studies rely on small, non-random sample sizes without using matching control groups (Smokowski & Wodarski, 1996). Quinton et al. (1997) argue that many studies are based on small or unrepresentative samples, therefore making it difficult to know whether associations



found are influenced by the sampling method and also to test alternative explanations of findings.

Maluccio et al. (1996) argue that few empirical studies have used comparison or control groups and there is limited use of standardised indicators of progress or other outcome related criteria. Children and parents typically vary on a number of factors and unfortunately the most rigorous investigations have typically used small samples.

Despite the above suggestions for improvements in research, in the real world of child welfare services it will be difficult to rely on true randomised experiments to learn about the best models and strategies of family reunification (Maluccio et al., 1996).

Most child welfare research designs use cross-sectional or point-in-time samples. The best way to determine outcomes on child behaviour would be by employing a longitudinal design that follows children over a period of time and observes change as it occurs (Smokowski & Wodarski, 1996). Many studies are sampled on the basis of outcome, which is the problem with many clinical samples who are self selected. This results in an overestimate of the strength of the relationship between a particular experience and later problems as those who have had a satisfactory outcome do not appear in the analysis. Quinton et al. (1997) argue that longitudinal research designs are necessary to determine the effects of contact and adjustment of children and that "Outcome based studies are useful for generating ideas and hypotheses for systematic testing but are likely to involve biases of an unknown kind and severity" (p. 396). Cantos et al. (1997) and George, Wulczyn, and Fanshel (1994) discuss using caution in interpreting results from studies with the types of methodological designs as used in this study

as the link between parental visiting and child behaviour problems cannot be construed as being causal. Implementing research efforts designed to measure the level of change in behaviours and behaviour patterns achieved by children from the time of entry into care, treatment, and after services is critical (Maluccio et al., 1996).

The measurement of contact has typically been restricted by the use of broad frequency groups such as 'weekly', 'fortnightly' which have been taken from social work notes. Also few studies have systematically used information from the parents or children themselves.

Quinton et al. (1997) found that no studies had used any measure of the context or quality of contact to examine the relationship between contact and outcome. Studies do not indicate whether the effects of contact are simply a reflection of the adjustment of the parents or children, rather than of the importance of contact itself. Prior psychosocial functioning of the child and parent should be included as a predictor of contact and of outcome (Quinton et al. 1997).

Lastly, the measurement of attachment in children of school age and adults requires more extensive studies and validation of measures, as the Strange Situation has been extensively researched with children below the age of five. This study was limited in that it used the relatedness scale which is a self report measure and does not classify attachment types the same way as the Strange Situation.

### Conclusion

This study is the first to attempt to examine the possible effect of the attachment relationship between a child in foster care and their biological parent, and the child's behaviour. The importance of this factor had been alluded to by research by Cantos et al. (1996,1997) but not researched to date.

Given the sampling difficulties when working in this area, it is important to realise that it may be some time before the definitive research design can be devised and implemented.

However, it is important for researchers to continue to work in this area in order to identify and assist those children likely to adjust better to foster care and those who will have difficulties, and to provide services to the latter group. Foster children with less optimal attachment are likely to be prone to depression, and externalising disorders and services can be provided accordingly. Children with optimal attachment are more likely to be reunited with parents, and hence more concerted efforts should be made to work with parents to maintain visits with their children and shorten their stay in foster care. Research in this area will assist foster carers and parents to put the child's difficult behaviour into context and persevere with difficult behaviour associated with parental visiting in the short-term for the longer-term benefit to the child, and hopefully encourage all parties to work towards keeping the parents involved in the child's life.

## REFERENCES

Achenbach, T. (1991). Manual for the Child Behaviour Checklist / 4-18 and the 1991 Profile. Burlington, VT: University of Vermont Department of Psychiatry.

Ainsworth, M. D. S., Blehar, M. C., Waters, E., & Wall, S. (Eds.). (1978). Patterns of attachment: A psychological study of the strange situation. Hillsdale, NJ: Erlbaum.

Barnett, D., & Vondra, J.I. (1999). Atypical patterns of early attachment: Theory, research and current directions. Monographs of the Society for Research in Child Development, 258, 64 (3), 1-24.

Birgen, Z. (1994). Attachment theory and research: Application to clinical practice. American Journal of Orthopsychiatry, 404-420.

Bond, L., Nolan, T., Adler, R., & Roberston, C. (1994). The Child Behaviour Checklist in a Melbourne urban sample. Australian Psychologist, 29 (2), 103- 109.

Borgman, B. (1985). The influence of family visiting upon boys' behaviour in a juvenile correctional institution. Child Welfare, LXIV, (6), 629-638.

Cantos, A.L., Gries, L.T., & Slis, V. (1997). Behavioural correlates of parenting visiting during family foster care. Child Welfare, 76, 309-329.

Cantos, A., Gries, L., & Slis, V. (1996). Correlates of therapy referral in foster children. Child Abuse and Neglect, 20, 921-931.

Carlson, V. (1998). A prospective longitudinal study of attachment disorganisation/disorientation. Child Development, 69 (4), 1107-1128.

Carlson, V., Cicchetti, D., Barnett, D., & Braunwald, K. (1989). Disorganised/disorientated attachment relationships in maltreated infants. Developmental Psychology, 25, 525-531.

Cicchetti, D., & Toth, S. (1995). Child maltreatment and attachment organisation: Implications for Intervention. In, S. Goldberg, R. Muir, & J. Kerr (Eds.), Attachment Theory: Social, Developmental, and Clinical Perspectives. Hillsdale, N.J: Analytical Press. pp. 230-245.

Cicchetti, D., & Toth, S. (Eds.), (1991). Rochester symposium on developmental psychopathology: Vol. 2. Internalising and externalising expressions of dysfunction. Hillsdale, NJ: Erlbaum.

Dale, G., Kendall, J., & Schultz, (1999). A proposal for universal medical mental health screenings for children entering foster care. In, P. Curtis, G. Dale, & J. Kendall (Eds), The Foster Care Crisis: Translating Research into Policy and Practice. University of Nebraska Press: Nebraska. Pp175-192.

Del Carmen, R., & Huffman, L. (1996). Epilogue: Bridging the gap between research on attachment and psychopathology. Journal of Consulting and Clinical Psychology, 64, 291-294.

Family & Children's Services (1998). Contacts Project. Perth: Family & Children's Services.

Fanshel, D., & Shin, E. (1978). Children In Foster Care: A Longitudinal Study. New York: Columbia University Press.

Garton, A.F., Zubrik, S., & Silburn, S. (1995). The Western Australian child health survey: A pilot study. Australian and New Zealand Journal of Psychiatry, 29, 48-57.

George, C. (1996). A representational perspective of child abuse and prevention: Internal working models of attachment and caregiving. Child Abuse & Neglect, Vol 20 (5), 411-424.

Goerge, R., Wulczyn, G., & Fanshel, D. (1994). A foster care research agenda for the '90's. Child Welfare, LXXIII (5), 525-549.

Halfon, N., Mendonca, A., & Berkowitz, G., (1995). Health status of children in foster care: The experience of the Centre for the Vulnerable Child. Child Abuse and Neglect, 2, 52-63.

Heflinger, C., Simpkins, C., & Combs-Orme, T. (2000). Using the CBCL to determine the clinical status of children in state custody. Children and Youth Services Review, 22 (1), 55-73.

Hess, P., & Proch, K. (1993). Visiting: The heart of reunification. In B.A. Pine, R. Warsh, & A Maluccio (Eds), Together Again: Family Reunification in foster care. Washington DC: Child Welfare League of America. Pp 119-139.

Hinings, D. (1996). Maintaining relationships between parents and children who are living apart, in D. Howe (ed) Attachment and Loss in Child and Family Social Work. Aldershot, England: Avebury pp101-113.

Hulsey, T., White, R. (1989). Family characteristics and measures of behaviour in foster and nonfoster children. American Journal of Orthopsychiatry, 502-509.

Keller, G., Warrack, B., & Bartel, H. (1994). Statistics For Management and Economics. Belmont, Ca: Wadsworth.

Landsverk, J., Davis, I., Granger, W., Newton, R., & Johnson, I. (1996). Impact of child psychosocial functioning on reunification from out-of-home placement. Children and Youth Services Review, 18, (4-5), 447-462.

Landsverk, J., & Garland, A.F (1999). Foster care and pathways to mental health services. In P. Curtis, G. Dale, & J. Kendall (Eds), The Foster Care Crisis: Translating Research into Policy and Practice. University of Nebraska Press: Nebraska. Pp193-210.

Lynch, M., & Cicchetti, D. (1991) Patterns of relatedness in maltreated and nonmaltreated children: Connections among multiple representational models. Developmental Psychopathology, 3, 207-226.

Lynch M., & Cicchetti, D. (1997). Children's relationships with adults and peers. An examination of elementary and junior high school students. Journal of School Psychology, 35 (1), 81-99.

Lyons-Ruth, K. (1996). Attachment relationships among children with aggressive behaviour problems: The role of disorganised early attachment patterns. Journal of Consulting and Clinical Psychology, 64, 64-73.

Main, M. (1996). Introduction to the special edition on attachment and psychopathology: 2. Overview of the field of attachment. Journal of Consulting and Clinical Psychology, 64, 237-243.

Main, M., & Solomon, J. (1990). Procedures of reidentifying infants as disorganised/disorientated during the Ainsworth Strange Situation. In M. T. Greenberg, D.



Cicchetti, & E. M. Cummings (Eds.), Attachment in the preschool years (pp. 121-160).  
Chicago: University of Chicago Press.

Manly, J., Cicchetti, D., & Barnett, D. (1994). The impact of subtype, frequency, chronicity, and severity of child maltreatment on social competence and behaviour problems. Development and Psychopathology, 6, 121-143.

Maluccio, A. N., Abramczyk, G., & Tomlinson, R. (1996). Family reunification of children in out of home care: Research perspectives. Children and Youth Services Review, 18, 237-243.

McIntyre, A., & Kessler, T. (1986). Psychological disorders among foster children. Journal of Child Clinical Psychology, 15, 297-303.

Morton, D., & Brown, K. (1998). Theory and observation of attachment and its relation to child maltreatment: A review. Child Abuse and Neglect, 22 (11), 1093-1104.

Oyserman, D., & Benbenishty, R. (1992). Keeping in touch: Ecological factors related to foster care visitation. Child and Adolescent Social Work Journal, 9, 541-554.

Pilowsky, D., & Kates, W. (1996). Foster children in acute crisis: Assessing critical aspects of attachment. Journal of the American Academy of Child and Adolescent Psychiatry, 35, 1095-1098.

Perkins, D.G., & Ansay, S.J. (1998). The effectiveness of a visitation program in fostering visits with noncustodial parents. Family Relations, 47, 253-258.

Quinton, D., Rushton, A., Dance, C., & Mayes, D. (1997). Contact between children placed away from home and their birth parents: Research issues and evidence. Clinical Child Psychology and Psychiatry, 2 (3), 393-413.

Robson, J., & Hudd, S. (1994). Contact Between Children in Foster Care and Their Families: A Literature Review and Draft Proposal for Departmental Policy and Guidelines. Perth: Family and Children's Services.

Rosenfeld, A., Pilowsky, D., & Fine, R. (1997). Foster care: An update. Journal of the American Academy of Child and Adolescent Psychiatry, 36, 448-458.

Sawyer, M.G., Sarris, A., Baghurst, P.A., Cornish, C.A., & Kalucy, R.S. (1990) The prevalence of emotional and behaviour disorders and patterns of service utilisation of children and adolescents. Australian and New Zealand Journal of Psychiatry, 24, 323-330.

Smokowski, P.R., & Wodarski, J.S. (1996). The effectiveness of child welfare services for poor, neglected children: A review of the empirical evidence. Research on Social Work Practice, 6 (4), 504-523.

SPSS, (1997). SPSS Base 7.5 for Windows User's Guide. Chicago: SPSS.

Sroufe, L., Carlson, V., Levy, P., & Engeland, D. (1999). Implications of attachment theory for developmental psychopathology. Development and Psychopathology, 11 (1), 1-13.

Thoburn, J. (1996). Psychological parenting and child placement: 'But we want to have our cake and eat it', in D. Howe (ed) Attachment and Loss in Child and Family Social Work. Aldershot, England: Avebury, pp129-145.

Toth, S., & Cicchetti, D. (1996). Patterns of relatedness, depressive symptomatology, and perceived competence in maltreated children. Journal of Consulting and Clinical Psychology, 64, 32-41.

Toth, S., & Cicchetti, D (1997). The impact of relatedness with mother on school functioning in maltreated children. Journal of School Psychology, 34 (3), 247-266.

Van Ijzendoorn, H, Schuengel, C., & Bakermans-Kranenburg, M. (1999). Disorganised attachment in early childhood: Meta-analysis of precursors, concomitants, and sequelae. Development and Psychopathology, 11, 225-249.

Verhulst, F. C., & van der Ende J. (1991). Assessment of child psychopathology: Relationships between different methods, different informants, and clinical judgement. Acta Psychiatrica Scandinavica, 84, 155-159.

Wellborn, J., & Connel, J. (1987). Assessment Package for Schools. New York: University of Rochester.

Zubrik, S., Silburn, S., Garton, A., Burton, P., Dalby, R., Carlton, J., Shepherd, C., & Lawrence, D. (1996). Western Australian Child Health Survey: Developing Health and Well-Being in the Nineties. Perth: ABS.

## APPENDIX

### Ainsworth's attachment classification system

#### Secure attachment (type B)

Securely attached infants have mothers who are sensitive and responsive and who meet their children's needs promptly and appropriately. The infant when stressed, rapidly seeks the attachment figure. The infant tends to be easily soothed, comforted, and reassured by the attachment figure and is soon ready to explore the environment again.

If overtly distressed by separation they will seek physical contact with their caregiver and be comforted by that contact quickly enough to return to some degree of independent play within three minutes of the caregivers return. Negative affect, ambivalence, resistance, passivity or avoidance are not common and are relatively brief, of low intensity and rapidly dissipate when the caregiver engages the child and are replaced by positive interactions. These children have a history of experiencing their caregiver as being available, responsive, sensitive, and psychologically available from their primary caregiver (Barnett & Vondra, 1999).

#### Insecure/Avoidant attachment (type A)

Mothers of insecurely attached infants tend to be insensitive, inaccessible, unresponsive, or respond inappropriately. Anxious/avoidant mothers tend to be more rejecting, angry, and intrusively over-involved. The behavioural coping strategies demonstrated by these infants

include little stress or upset during separation, and on reunion avoidance of the mother rather than proximity seeking. However, other measures, such as facial expressions, cardiac functioning, and cortisol levels are greater than would be estimated (Barnett & Vondra, 1999; Morton & Brown, 1998).

Mothers of insecure/avoidant infants are characterised by withdrawal, non-involvement, and inconsistency. These children show a great deal of stress at separation. When the mother does respond, the infant behaves in an ambivalent way and fails to be comforted (Morton & Brown, 1998). On reunion with their parent in the Strange Situation, these children divert their attention away from the attachment figure and are less likely to approach their caregiver or seek to maintain contact following the stress of separation. The representational model here is that the caregiver will subtly or overtly reject the child's attachment needs during times of stress, and reassuring interaction is either redirected or rebuffed. These children keep their attention directed away from the attachment figure in order not to arouse feelings of anxiety and frustration (Barnett & Vondra, 1999).

In attachment theory it is proposed that during the first year of life infants learn to deal with stressful circumstances and negative emotions in an organised manner. Avoidantly attached infants minimise the expression of negative emotions in the presence of a parent whom they would have experienced to be rejecting or ignoring such emotions. These children learn to show lower levels of distress than other children (Morton & Brown, 1998).

**Insecure/ambivalent attachment (type C)**

Ambivalently attached infants are considered to maximise the expressions of negative emotions and the display of attachment behaviours in order to draw the attention of their inconsistently responsive parent. These infants generally are preoccupied with their caregiver's whereabouts. During low stress they stay in close contact with their caregiver with little exploration or play. During separation they show higher levels of distress and upon reunion they remain overtly distressed for longer periods of time. There are also strong displays of anger or ambivalence towards their caregiver by resisting contact followed by attempts at proximity and contact. Ambivalence may take the form of crying, distress, and passivity such as not making any efforts to approach or make contact with the caregiver (Main, 1995; Barnett & Vondra, 1999).

The caregiver is typically seen as inadequate at meeting their child's needs because they are passive, unresponsive and ineffective. The child's strategy is to amplify their attachment needs and signals in an effort to arouse a response from the caregiver. Barnett and Vondra (1999) suggest that "These mothers are under-stimulating, unresponsive, and inconsistently available for meeting their child's needs for comfort" (1999, p. 11).