2007

# "They keep moving me" : an examination of the effects of multiple placements on foster youth utilizing the theories of attachment and resilience

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"THEY KEEP MOVING ME:" AN EXAMINATION OF THE EFFECTS OF

MULTIPLE PLACEMENTS ON FOSTER YOUTH UTILIZING THE THEORIES OF

ATTACHMENT AND RESILIENCE

A project based upon an independent investigation,
submitted in partial fulfillment of the requirements
for the degree of Master of Social Work.

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ABSTRACT

More than half a million youth in the U.S. are in out-of-home care each year, and they experience an average of three placements. Foster youth already face many disadvantages and multiple placements increase the risk. Through a review of the literature, this study compares and contrasts the applicability of the theories of attachment and resilience to the experience of foster youth with multiple placements.

This study applies the theories of attachment and resilience to foster youth in two ways. First, this study explores how the theories help explain or predict the experience of multiple placements for foster youth. Second, this project seeks to provide future direction for study and practical application. Recommendations are made on developing policies to address the impact of multiple placements on youth, minimizing placements, and applying attachment and resilience theories.

ACKNOWLEDGEMENTS

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CHAPTER I

INTRODUCTION

*She sat in my car, her sandy blonde hair falling into her face and almost*

*obscuring her ice blue eyes. We had just moved the one trash bag of clothing that was*

*everything Chelsea[1] owned in the world to her fifth placement in her twelve years of life.*

*"They keep moving me," she said quietly. "Just because they know I can handle it, it's*

*like, 'Time to have a new home. Oh, Chelsea will be fine. She's so <u>adaptable</u>.'" Chelsea*

*paused to look at me out of the corner of her eye. "Well, maybe I should start being less*

*adaptable so I don't have to move all the time and have a different school, and a new*

*house and live with different people, and make friends all over again. I'm just tired of it."*

*Chelsea did adapt well, in that she excelled academically, followed most directions, and*

*made friends easily. However, Chelsea struggled to form close relationships and had*

*already attempted suicide once.*

This study is about how foster youth like Chelsea survive and adapt to multiple

placements, and the toll that it takes on them. There are more than half a million youth in

the U.S. in out-of-home care each year and they experience an average of three

placements (AFCARS Report, 2005). The amount of time that a foster youth remains in

out-of-home care is a focus of reform (Pew Commission, 2004), but the stability of

placements has not been a concern of policy or research. The few studies conducted

regarding multiple placements indicate that changing homes and caregivers may be

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[1] All names in this study changed to protect confidentiality.

harmful to youth's mental health (Newton, Litrownik & Landsverk, 2000). Foster youth already face many disadvantages and multiple placements increase the risk. However, the existing literature leaves many questions unanswered about the effects of multiple placements and how to most effectively assist foster youth with healing. This study will add to the literature gap by examining foster youth that experience multiple placements through a theoretical lens.

In order to more fully understand the phenomenon, attachment theory and resilience theory are used to explain and predict the impact of multiple placements in foster care. The theories of attachment and resilience capture how an individual utilizes the resources available to him or her, especially in the area of relating to others. Attachment theory, as we will explore, forms expectations of future relationships from early interactions between the infant and the caretaker. Resilience theory studies how an individual is able to successfully adapt to an adverse event. Different protective and risk factors interact in a way that influences the outcome of the youth's ability to adapt. These two theories will be used to examine how the experience of more than three foster placements affects foster youth.

This study is divided into six chapters. The subsequent chapter will explain the process of the theoretical investigation, the methods used and the purpose of the study. The theories of attachment and resilience will be explored to give a theoretical understanding. Chapter V will examine the background of and current status of foster care, as well as the phenomenon of multiple placements. The final chapter compares and contrasts the theories of attachment and resilience as applied to multiple placements in foster care and provides recommendations.

CHAPTER II

CONCEPTUALIZATION AND METHODOLOGY

The foster care system's goal is to improve youth's lives by keeping them safe, but the experience of multiple placements while in out-of-home care may actually be disrupting their relationships and contributing additional risk factors. The impact of multiple placements is largely ignored in national policy and limited in the literature. This study examines how the theories of attachment and resilience can be applied to working with foster youth in two ways. First, this project explores how the theories help explain or predict the experience of multiple placements for foster youth. Second, this project seeks to provide future direction for study and theoretical application.

The first purpose is to examine the phenomenon of multiple placements for foster youth utilizing the theories of resilience and attachment. The purpose of theories is to enhance our understanding of a phenomenon. Each theory must be continually tested to ensure its reliability and validity, as well as applicability. The theories of attachment and resilience can predict and explain some elements of multiply placed foster youth, but there are many aspects that remain untested. One purpose of this theoretical project is to expose the immense need for future study in applying theory to understanding multiply placed foster youth.

The second purpose of this study is to suggest future areas of research, as the phenomenon of multiple placements is only minimally studied. This study seeks to determine both areas for future research and how the theories of attachment and

resilience can inform work with the youth. The theories of attachment and resilience can contribute to the understanding of mental health professionals that work with foster youth, as well as that of the foster and kinship families that interact with the youth on a daily basis.

The guiding question for the current study is: "How well do theories of attachment and theories of resiliency predict or explain the difficulties that foster care youth with multiple placements experience?" The goal of this project is to compare and contrast the applicability of the theories of attachment and resilience to the experience of foster youth. In doing so, this study evaluates the extent to which the foster care system and national policy utilizes concepts from each theory to make decisions about the youth's placements. The current study seeks to determine ways in which the foster care system can include the importance of attachment and protective factors when determining the fate of the youth in its care.

While there are several different kinds of out-of-home care, and long-term foster youth often experience a variety of placements, the focus of the current study is foster care. By foster care, this study refers to youth that live in family settings and that the placement is sanctioned by the child welfare worker who placed him or her there. Such a placement can include formal foster care or kinship care with relatives. In this study, therapeutic foster care, in which families receive training and greater support in order to foster youth that have behavior issues, is included as part of formal foster care. Group residential homes and juvenile detention centers are places where foster youth sometimes stay; however, they are not a focus of the current study, as they tend to have greater stability than foster homes. This study will explore both the positive and negative impacts

that foster care can have on a youth's ability to be successful in relationships and other aspects of life.

Within the phenomenon of foster care is the issue of multiple placements. The term *"multiple placements"* in this study refers to all locations in which a foster youth spends at least one night. The number of placements that a youth experiences within the foster care system will be defined as three or more placements in order to be considered multiple. Since the focus of this study is on the effect on the youth's relationships, this study will distinguish between planned moves due to length-of-stay issues (i.e. moving from an emergency shelter to a short-term foster care home) and relationship-disrupting moves.

The theories of attachment and resilience were chosen to examine the ways in which foster youth are affected by relationship disruptions and to determine ways that professionals and the foster care system can assist them in healing. Both attachment and resilience are well-established theories that researchers have explored in relation to foster youth. Attachment theory was chosen because it can be used to explore the youth's internal processes of relationships with primary caregivers, the effect of a child's removal from the home, and the introduction to new caregivers. Resilience theory is useful in examining the resources provided to youth and their coping mechanisms. This study is twofold in purpose, to determine how multiple placements within the foster care experience affects youth and to examine possibilities for healing.

There are many theoretical aspects to attachment theory that could be included in a research project. This study will focus on attachment from the perspective of John Bowlby's separation and loss, Mary Ainsworth's classification of attachment styles, and

Mary Main's exploration of traumatized infants and her research into the predictability of attachment over the lifetime. These aspects of attachment theory are the foundation of this theory, are practical to apply to the foster care population, and they are the most well-known. This research also includes attachment therapy and the controversy behind the techniques. Further research could examine other elements of attachment theory, such as object-relations from the perspective of Winnicott, Mahler, or Klein. Those authors and others would add to the understanding of attachment processes for youth experiencing multiple placements, however are beyond the scope of the current project.

This study explores the concept of *resilience*, here defined as the ability to meet a measure of success in spite of adversity. This study examines resilience studies conducted with foster youth as well as within the general population. Resilience theory focuses on the risk and protective factors located in the individual, the family, and the community. The current study tracks the identified risk and protective factors as applied to foster youth, and explores how these factors can help youth succeed despite the difficulty of experiencing multiple homes.

The theories of attachment and resilience are only two of many theories that could be instructive in applying theoretical constructs to multiply placed foster youth. A developmental theory could be another lens through which to understand foster youth, but would provide a substantially different focus on differentiating the age-dependent effects. The effects of being involved in the foster care system could be explored through grief, or trauma theories and the impact could be further explored through exploring the concepts of separation and loss that were some of the main tenets of John Bowlby's attachment theory.

This author conducted a search of the existing literature to provide the most relevant and current studies. The literature on attachment and resilience theories was gathered through searches on EBSCO Academic Premiere, PsychArticles, and PsychInfo, using the words: attachment, foster care, foster children, child welfare, resilience and other related terms. Articles that cited well-known works by attachment theorists such as John Bowlby, Mary Ainsworth and Mary Main were explored for relevant references. This author also utilized a theoretical thesis from Smith College School for Social Work by Pearlman (2004) for attachment theory and a Child Development textbook by Davies (2004) as a starting point for finding studies on resilience. Exploration into studies cited in these works also yielded substantial relevant results.

The current study adds to the existing literature by applying the theories of attachment and resiliency to youth's experiences in foster care as to how they may be affected by multiple placements. Placement variables such as race, culture, mental status, and developmental level at removal and placement are considered. One important reason for this study is to enhance the foster youth system's ability to provide protective factors and opportunities to have corrective attachment experiences, so that foster youth can grow to be productive and healthy adults.

The study will first examine the theories of attachment and resilience in order to establish a theoretical base. Then the phenomenon of foster care, specifically multiple placements in foster care, will be explored. Lastly, Chapter VI will compare and contrast the theories in their application to the phenomenon and discuss future areas for study.

CHAPTER III

ATTACHMENT THEORY

Attachment theory's basic premise is that the interactions with caregivers in the first year of life influence all later relationships. Foster youth will often evoke particular responses in adults that mimic the way that their original caregiver acted toward them, which can negatively affect placements. Attachment theory says that attachment styles stay relatively stable throughout life, given consistent caregiving and reinforcement of the relationship expectations. Although it is possible to change from secure to insecure attachment and vice versa, the change is often initiated by major change in the lives of the youth and the caregiver. The principal purpose of this chapter will be to explore the explanatory power of attachment theory for youth experiencing multiple foster care placements.

Attachment theory examines the quality of the relationship between an infant and their caregiver. The quality of the attachment is measured by the youth's reaction to separation from that caregiver. In the context of foster care, attachment theory provides a lens into the youth's experience of separation from their biological parent, and the separation of every placement thereafter. The early relationship with caregivers in the first few years of life forms expectations for later relationships in their lives with peers, and in their romantic relationships as adults (Simpson, Collins, Tran, & Haydon, 2007).

This chapter will examine the history and the main tenets of attachment theory. After establishing the basics, this chapter will then examine the stability of attachment

across one's life time and the implications for attachment theory on foster care. The stability of attachment across the lifespan provides important information for comparing the theory with that of resilience theory.

*History of Attachment Theory*

Attachment theory as proposed by John Bowlby (1969, 1973, 1988) was a deviation from the historically accepted definition of a parental-child relationship as one based on meeting the youth's basic needs of food, drink, warmth, and protection. Bowlby proposed that attachment is a strategy for survival for infants, and that the relational bond between the child and caregiver sets the stage for the quality of emotional connections throughout the person's life. He built upon the ethological theories of influential researchers such as Harlow's experiments that showed monkeys sought comfort more than simply food and warmth from their mothers and Lorenz's work that goslings followed objects, including himself, that they assumed to be their caretaker (Bowlby, 1969). The research on animal attachment emphasized the biologically driven and universal need to attach as a method of survival.

Bowlby began studying human attachment. One of his first studies found an association between the criminality of juvenile thieves and the absence of their mothers (Ainsworth & Bowlby, 1991). This research set the stage for an understanding of the link between the availability of a caregiver and the youth's behavior. He went on to generate a report for the World Health Organization in 1951 regarding institutionalized care and maternal deprivation. Bowlby's research established that institutional care has a negative impact on children's ability to attach (Bowlby, 1988), contributing an argument for personal foster care as a preferred alternative to institutions. Bowlby's work changed the

focus from children's fantasy life that was the emphasis of psychotherapy to the real events that impact children, such as relationships with their parents (Ainsworth & Bowlby, 1991).

Ainsworth augmented Bowlby's theory by categorizing types of attachment. She began with an observational study in Uganda that found that the quality of attachment behavior was best indicated by the mother's responsiveness to the infant and the infant's response to separation (Ainsworth & Bowlby, 1991; Davies, 2004). She devised an experimentally-controlled situation to evoke infant's response to separations from their caregivers. From the results she determined three types of attachment; secure, avoidant, and resistant-ambivalent that will be described in further detail later in this chapter. Mary Main built further upon attachment theory by developing the additional classification of disorganized/disoriented attachment due to abuse from the parent or lack of consistent feedback because the parent is traumatized. The classifications of attachment styles will be discussed in more detail.

Recently more focus has been placed on the idea of disordered attachment, that children adapt by becoming overly friendly to strangers, or try to avoid attachment entirely. This diagnosis has led to attachment therapy, including the controversial "holding therapy" which is not an extension of attachment theory (Dozier, 2003). Such treatment and its links to foster care, as well as its status as an outgrowth of attachment theory will be discussed.

*Basic Tenets of Attachment Theory*

Attachment theory explores the special relationship that a child feels for their caregiver. Over the first year of life the child develops a preferred relationship with a

caregiver, or a few caregivers (Bowlby, 1969; Main, 1996).  There are several ways that this preferred relationship is indicated. Infants tend to have more enthusiastic greetings for their preferred caregiver, to be willing to explore the environment, and to share in positive emotional experiences (Sroufe, 2000). The infant indicates distress when separated from the caregiver, and seeks soothing from that person when upset.

> Attachment behavior is any form of behaviour that results in a person attaining or maintaining proximity to some other clearly identified individual who is conceived as better able to cope with the world. It is most obvious whenever the person is frightened, fatigued, or sick, and is assuaged by comforting and care giving (Bowlby, 1988, p. 27).

This relationship is evolutionarily adaptive, since infants are dependent on adults for survival. The more an adult cares for and is invested in the well-being of an infant, the more likely the infant is to survive. As a result, the infant's behavior is aimed at maintaining proximity. Infants and toddlers have minimal resources available to them to indicate that they want an adult nearby or to express distress. Infants do not have the vocabulary to say, "Mom, I'd really appreciate it if you could stay near me in order to make sure I am protected, warm, well-taken care of, and loved." However, the infant adapts their proximity-seeking behavior to that which has the greatest success of keeping an adult close by. Examples of this behavior include responses such as crying, smiling, clinging, non-nutritional sucking, and moving toward the caregiver (Bowlby, 1969). These behaviors are the resources available to infants to ensure access to their caregiver. If such proximity-seeking behaviors are successful, the caregiver then feels a bond with the infant and is likely to meet their survival needs.

An infant's method of seeking proximity to the caregiver changes according to the infant's developmental level. An infant begins to be able to show social responsiveness,

such as smiling and discriminating between caregivers, within the first 3 to 6 months of life (Hanson & Spratt, 2000). As the child grows, the repertoire of proximity seeking behaviors expands. When the youth develops a clear preference for a specific attachment figure between 8 months and 3 years of age, the youth actively seeks proximity and uses the caregiver as a secure base with which to explore his or her environment (Hanson & Spratt, 2000). Between the third and fourth year of life, the youth develops greater language and cognitive abilities, and as a result has efficacy in negotiating with the parent to meet his or her own goals (Bowlby, 1973; Davies, 2004; Hanson & Spratt, 2000). Such ability allows the youth to better understand and predict the relationship between herself and the caregiver, thereby developing a greater sense of security and the ability to tolerate short-term separations (Ainsworth, 1989).

There are four main functions of attachment that children gain in having a preferential relationship with a caregiver. These are to provide a sense of security by keeping the protective adult close to the baby, provide soothing when the child is aroused, to communicate and express emotions, and to provide a secure base (Sroufe, 2000). One of the important functions of attachment is to provide a secure base. The parent is used as a secure base in that when the youth is comfortable and the caregiver is close by, the youth is more likely to play and explore their surroundings. When encountering something new or distressing, the child will gauge the reaction of their caregiver, and may move toward the caretaker to seek comfort or soothing. When the caregiver is present and attentive, the child can explore their sphere of comfort and know that they have a safe base to return to when needed. However, if the caregiver no longer

seems to be present or attentive, the child will protest the separation or seek their

attention (Bowlby, 1969).

Bowlby determined that there is a progression of responses when a child

experiences separation from their caregiver (Bowlby, 1969). The child shows distress and

protests the separation, despairs, and then shows detachment (Ainsworth & Bowlby,

1991; Bowlby, 1969). All of the behaviors driven by these emotions occur in an attempt

to regain proximity to the caregiver while avoiding rejection. The youth's developmental

level and their attachment style influence the degree to which they manifest each type of

response to separation: protest, despair and detachment. Detachment is often mistakenly

interpreted as acceptance, or that the youth ceases to care. However, that is not the case,

and is especially important to consider when treating foster youth that have experienced

multiple separations from their caregivers. Even if they appear not to care, they may be

displaying a learned method of proximity-seeking through detachment, or may be

defending against the pain of yet another rejection.

Separations from caregivers influence the youth's expectations of relationships,

which are called "internal working models" (Bowlby, 1969; Davies, 2004; Main, Kaplan

& Cassidy, 1985). As articulated by Main, Kaplan and Cassidy (1985), an internal

working model of attachment is "a set of conscious and/or unconscious rules for the

organization of information relevant to attachment and for obtaining or limiting access to

that information, that is, information regarding attachment-related experiences, feelings

and ideations" (pp. 66-67). An internal working model is the internalized expectations

of self and others in relationships that develop in the youth over the first few years of life.

The internal working model is like a continually evolving map in one's brain of the expectations for interactions (Bowlby, 1969). The groundwork for this map is laid in the first few years of life through experiences with the preferential caregiver. For example, an internal working model of a youth whose parent is usually available, attentive, and empathic would include the expectation that support is available when needed and the youth is likely to internalize the message that she or he is lovable. However, if a youth experiences a neglectful parent who is not consistently available with an empathic response, the youth is more likely to have the expectation that people will not be there for her or him when needed.

However, a single misattunement will not forever alter the infant's working model. This is embodied in the concept of Winnicott's "good enough" mothering (Berzoff, Melano-Flanagan & Hertz, 2002). In fact, the process of attachment also includes the ability of the infant and caregiver to readjust to one another's signals (Sroufe, 2000). The parent simply needs to be attentive and attuned to the infant's signals the majority of the time in order to positively influence the infant's working model.

The working model is reciprocally influenced by both the caretaker and infant. Bowlby envisioned the interactions between the youth and the caregiver as a cybernetic system within the central nervous system that influences both the caregiver's and child's interactions (Bowlby, 1988). The caregiver may respond in a certain way due to the particularities of the infant's temperament, or due to the parent's own internal working model. Simultaneously, the child's expectations and initiation of interactions helps determine the type of relationship that s/he will have with the caretaker (Sroufe, 2000).

The theoretical construct of a working model from infancy may have a significant

effect on a youth that enters foster care or an adoptive situation. Attachment theory does

not specify how different caregivers influence internal working models, only that adults

can have a positive effect on youth that changes their internal working models (Mennen

& O'Keefe, 2004). It is possible that although the caregivers have changed, the youth

carries with him the expectation of a certain type of treatment, and behaves in a way

designed to elicit the expected response. Such an established pattern of interaction can

help explain why a youth would act a particular way toward a caregiver, even when

conscious of the possibility of losing his placement. However, Bowlby describes the

internal working model as continually being redesigned and altered. Therefore the change

of caregivers may influence the internal working model in such a way that a new set of

expectations for relationships is created and transferred to all new relationships. The

stability and possibility for change is relevant when discussing foster youth, as they

experience at least one change of caregivers.  How much do foster youth impose their

preconceived notions of relationships on new caregivers and how much possibility is

there for change in a new caregiving relationship? The conflicting perspectives between

the expectations influencing future relationships and the constant revision of internal

working models will be further explored later in this chapter.

*Attachment Styles*

Mary Salter Dinsmore Ainsworth built on Bowlby's theory by examining the

infant's reactions to separation from their caretaker and to meeting a stranger.  She

created an experimentally controlled set of conditions she called the Strange Situation

(Ainsworth, 1979; Main, 1996; Main et. al, 1985) and from observing 12 month old

infant's responses Ainsworth classified three main attachment styles. In addition to the Strange Situation the experiment included interviews with the parent and observations of the parent-child interactions. She utilized Bowlby's theory that attachment behavior is most easily observed when the infant is alarmed to create two situations to induce an alarmed reaction: introducing a new person and briefly separating the infant from their mother. Of course, such an experiment could alternatively be executed with the fathers of the primary caretaker regardless of relationship. However, since Ainsworth's research focused on infants' relationship with their mothers, the terminology "mother" will be used in this section.

In the Strange Situation, the researcher observes the infant's response to being alone with the mother, the mother's absence, the presence of a stranger with the mother, being with a stranger without the mother, and the mother's return. Through observing the infants' responses to 2 separations and 2 reunions with the caretaker, she classified attachment styles. They are: secure, insecure-avoidant, and insecure-ambivalent attachment patterns (Ainsworth, 1979; Main, et al., 1985; Main, 1996).

Main with Erik Hesse later added a classification of disorganized-disoriented attachment for those children who seemed to want to both approach and avoid the parent under stressful conditions (Main & Hesse, 2006). Each of these attachment classifications will now be described in greater detail, with a description of a possible example of the behavior that falls in each category.

*Secure Attachment*

A 12 month-old infant classified as secure (Group B), which is the majority of the population, sits in a room with his mother. He explores the toys in the room, showing

them to his mother, and occasionally looks back at her to make sure she is still there and watching over him. When the mother leaves, he looks for her and appears distressed, and watches the door for her return. Upon her return, he greets her by crawling to her and putting his arms up to be held. After she leaves him alone with the stranger, he cries and is not easily comforted by the stranger. When his mother returns the second time, he greets her, wants to be held to be comforted, and settles down within a few moments, but is less exploratory in his play than previously (Main, 1996; Main, et al., 1985). The securely attached children used the mother as a secure base from which they would explore, seemed upset when the mother left, greeted her, and were able to be comforted upon her return. The children who were easily comforted and ready to return to play within a short time frame were deemed very secure (B3). However, some children returned to play, but displayed signs of insecurity. These children were sub-classified as secure, but with insecure traits (B1, B2, and B4) (Main, et al., 1985).

Most children are classified as securely attached through the Strange Situation (Hanson & Spratt, 2000). A youth who experiences a secure attachment throughout his childhood is more likely to have positive developmental outcomes. Some of these outcomes are in the arenas of socially competent peer interactions, scholastic achievement impulse control, increased empathy, emotional regulation, and soliciting help when needed (Davies, 2004; Main, et al., 1985; Marcus, 1991; Sroufe, 2000). Enthusiastically greeting the caregiver on their return is associated with a higher level of social competence for the youth (Main, et al., 1985).

> Secure infants were able to express their feelings openly, including positive and
> negative affects, without the necessity of defending against negative feelings.

They showed confidence in their parent's ability to accept their full range of feelings and to help them regulate distressing feelings (Main & Hesse, 1990) (as cited in Davies, 2004, p. 13).

Attachment style as a child also seems to influence romantic relationships, relationships with peers and attachment style as a parent (Simpson et al., 2007).

The caregivers of the secure children appeared to be more sensitive or attuned to the baby's needs and consistently able to meet them (Main, et al., 1985). A securely attached parent, as measured by the Berkeley Adult Attachment Interview (AAI), is highly predictive of a youth with a secure attachment (Main, 1996). The AAI uses the response quality of an adult's description of childhood relationships to categorize their attachment style. In the autonomous adult, which is assumed to correlate with secure attachment as a child, she gives a coherent and relevant description of her childhood and parents that values attachment and integrates positive and negative information (Main, 1996). The actual experiences can be positive or negative, as the AAI measures the way the information is disseminated, rather than the content.

The AAI is a commonly used tool to measure adult attachment (Main, 1996). It is important to note, however, that Main (1996) cautions that the AAI and the Strange Situation have not been validated as testing the exact same type of attachment. Although certain styles on the AAI have a higher rate of association with infants' attachment styles, the reason for such similarity is not empirically tested. However, it is the method most commonly used as an approximation of adult attachment styles in the literature.

In keeping with Bowlby's theory, it seems that the parent's level of comfort with the emotional attachment elicits secure behavior from the child. Since the caregiver's attachment style influences the infant's style, it is logical that the caregiver reinforces

secure behavior and can accept the infant's positive feelings of regard toward the caregiver.  Caregivers uncomfortable with the infant's expression of need may tend to elicit more insecure-avoidant responses from the infant, while caregivers that elicit insecure-ambivalent responses may need more feedback from an infant.

*Insecure-Avoidant*

Some children seem to avoid any emotional reaction during the Strange Situation. These children are classified as insecure-avoidant (Group A). For example, an infant with insecure-avoidant attachment focuses on the toys rather than on his mother.  When the mother leaves, the infant does not cry or show distress. When she returns, the infant ignores her and avoids contact, even if she tries to get his attention (Davies, 2004; Main, 1996). This may be interpreted as the infant rejecting his caretaker because he does not need her. However, infants are dependent on their caretakers, and attachment almost always occurs if the infant has contact with a few caregivers within the first year of life (Main, 1996). The avoidant pattern is considered an adaptive response to a parent that ignores or rejects their children, as a defense to maintain proximity to the parent while avoiding rejection (Davies, 2004; Main, et al., 1985).

The insecure-avoidant attachment style is related to the "dismissing" style of attachment in adults. In the AAI when discussing his childhood relationship to his parents, the adult is likely to give a generalized statement without supporting facts, or even contradicting their previous statements. The adult often claims to have minimal memory of their childhood, and gives nominal information (Main, 1996). As an adult, someone who had a resistant attachment with a caregiver avoids accessing those emotions.

*Insecure-Ambivalent/Resistant*

On the other end of the spectrum of insecure attachment styles is insecure ambivalent/resistant attachment (Group C), in which the infant shows intense emotional reactions. Infants who are classified with ambivalent/resistant attachment are upset by the separation and do not trust that the parent will be available to them when needed (Davies, 2004). For example, in the Strange Situations an infant appears anxious even before any separation from her mother, watching her closely and focusing on the mother's behavior rather than exploring the environment or playing with toys. When the mother returns after the separation episode, the infant seems actively angry, and although she cries for her mother to pick her up, she is not easily comforted. When picked up, she arches her back so that it is difficult to contain her and does not want to explore the environment, instead focusing all of her attention on her mother. Another possible sign of this attachment style is a passive response to the mother, in which the infant would not only fail to explore the environment, but would also not actively seek or avoid contact with the mother (Main, 1996). The caregiver of the insecure-ambivalent/resistant infant is generally found to be insensitive to signals of distress but not rejecting of the infant (Main, et al., 1985). For example, a caregiver may not be as responsive immediately to the infant's cries as a caregiver with a secure infant but responds within a few moments without scolding the infant for crying.

The adult attachment style associated with insecure ambivalent/resistant is "preoccupied." Preoccupied adults often give an excess of information, loaded with intense emotion, such as anger and confusion or fear and worry (Main, 1996). Responses are likely to be irrelevant or grammatically unclear. The preoccupied attachment style in

adults is probably due to an internal working model that was overwhelmed as an infant by the need to attend to the caretaker's emotional state. Consequently, as an adult the preoccupied attachment style is organized around defending against being overwhelmed in the same manner (Main, 1996).

*Insecure Disorganized/Disoriented*

Mary Main added to Ainsworth's classification system an insecure-disorganized/disoriented attachment style that was common in children whose parents were abusive or disorganized due to trauma (Main, 1996; Main & Hesse, 2006). She found a contradictory reaction in children during the Strange Situation, such as smiling at the parent while looking frightened (Davies, 2004). The prevailing hypothesis is that the infant is scared by the parent's behavior and has difficulty organizing a response, since there is a dual desire for proximity and avoidance. The infant simultaneously wants proximity to the adult since they instinctively want protection and love, and yet the adult frightens them. The disorganized/disoriented infant may have simultaneously contradictory responses, such as walking toward the parent with arms out but face averted, sequentially contradictory responses such as strong proximity seeking followed by strong avoidance, or may freeze for 20 seconds or longer (Main, 1996; Main, et al., 1985; Main & Hesse, 2006). Additional patterns classified as disorganized include affect and movements without completion or apparent purpose, stereotyped or asymmetrical movements (such as rocking upon parent's entrance, or a one-sided smile, with the other side of the face showing distress). Direct demonstrations of apprehension are behaviors such as moving away from the parent upon their return or disorganization such as aimless wandering around the room (Main & Hesse, 2006; Main, et al., 1985).

Other than these behaviors, the infant may seem to fit well into any of the other groups, including securely attached (Main, 1996). Just as an infant may be securely attached with insecure attachment traits, an infant who is disorganized/ disoriented may at times display attachment traits that could be classified as insecure or secure. However, the presence of the disorganized/disoriented behavior serves to classify the infant into Group D. In a sense, the disorganized/disoriented behavior overrides any other attachment classification.

Approximately 15% to 25% of infants are categorized as disorganized/disoriented in low-risk samples (Main, 1996). Very likely, the number of infants in high risk samples, especially those exposed to maltreatment or lengthy separations from caregivers would be greater although this author's review of the literature did not find such a study. It is important to note that such infants are attached to the parent, and therefore seek out the parent for comfort when experiencing fear. However, if the source of fear is the parent, then the infant faces a paradoxical situation in wanting to both avoid and approach the parent (Main, 1996). The infant's contradictory response is an attempt to meet both needs.

Such disorganized behavior is apparent in adults in their responses when discussing loss or abuse. As is true for children with disorganized attachment, other than these lapses, the adult may also seem to fit another category, including securely attached. During the Adult Attachment Interview, the unresolved/disorganized attached adult displays a lapse or lapses in discourse or reasoning (Main & Hesse, 2006). For example, an adult would be considered disorganized on the AAI if she speaks about a traumatic event, such as an incident of abuse, and has a mid-sentence lapse of 2 or more minutes of

silence, or speaks as if the adult had somehow caused the death without being present,

such as with negative thoughts (Main, 1996).  Such lapses in discourse or reasoning may

have a culturally appropriate explanation that is not necessarily accounted for in the AAI,

however, the existence of such lapses is assumed to indicate an unresolved trauma.  A

weakness of the AAI as a tool therefore is that it may assume an adult attachment style

when the difference is due to a manner of speaking or cultural beliefs.

*Stability of Attachment Style over Time*

In considering the previous attachment style classifications, researchers question

whether or not an infant's attachment style is maintained over the lifetime. Some of the

research seems contradictory but can be understood by considering that in low risk

situations with no separations from caretakers or trauma, a stable and secure attachment

style is possible. However, there are several factors that can influence an infant's

attachment style, often from secure to insecurely attached, such as the loss of a parent.

Researchers have found that attachment style can remain stable but is also open to

revision based on new experiences and life events (Waters, Merrick, Treboux, Crowell &

Albersheim, 2000).

In general, researchers believe that given stable conditions, one's internal working

model remains similar over a person's lifetime and yet is open to changes (Main, et al.,

1985; Waters, et al., 2000). Youth in middle class families that do not encounter any

major negative life events tend to have attachment styles that stay stable, while youth

who face poverty and other risks tend to have a less stable attachment style (Weinfeld,

Whaley, & Egeland, 2004). However, in a study from infancy to early adulthood, even

28% of the children from middle class backgrounds changed attachment styles, mostly

from secure to insecure (Waters, et al., 2000). In a longitudinal study from infancy to young adulthood in a high-risk sample, there was no significant stability in attachment style, with many participants transitioning from secure to insecure (Weinfeld, Sroufe & Egeland, 2000). A higher socioeconomic level seems to increase the likelihood of an attachment style remaining stable, but a change in attachment style remains likely.

Bowlby (1988) posited that during the first few years of life that the pattern of attachment is directly related to the immediate way that the parent treats an infant, and the way that the infant responds.  As a result, the pattern is malleable as the parent changes their interactions with the infant during the formation of the attachment over the first year. However, as the infant ages, the attachment style becomes more and more engrained in the child. "…[H]e tends to impose it, or some derivative of it, upon new relationships such as with a teacher, a foster-mother, or a therapist" (Bowlby, 1988, p. 127).  The youth's internal working model then influences future attachment relationships into which he or she enters. Concomitantly, the youth remains open to new experiences and is affected by life events.

One indication of the influence of the potential for a stable attachment style across the lifestyle is that the infant's attachment style is highly associated with the parent's. The agreement between secure and insecure matches of adult to child attachment styles is 75% (Main, 1996). That is, approximately 75% of a sample of infants and their caregivers, matched both parent and infant as securely attached, or both were insecurely attached. When more specifically determining the matching the specific style of attachment, the amount of agreement decreases, but remains above 50% even when considering all four attachment styles (Main, 1996). This data suggests that the caregiver

plays an important role evoking particular responses that influence the attachment style of the infant.

Waters & Cummings (2000) hypothesized that several factors contribute to stability of attachment style from infancy to early adulthood. Stability is likely if the caregiver and environment are consistent, the infant is persistent in seeking proximity, there are minimal stressful events in the child's life, and the child's personality is stable (Waters & Cummings, 2000). Children who are protected from negative events and challenges such as maternal depression are more likely to experience continuous secure attachment (Davies, 2004; Weinfeld et al., 2004). However, researchers agree that attachment style is likely to change from secure to insecure, but can also change from insecure to secure for a small number. For example, Masten (2000) describes the ability to form a more secure attachment style with new caregiving relationships in foster care.

The possibility of forming healthier relationships with new caregivers is supported by the fact that children's attachment styles are independent for each caretaker. A youth could be securely attached to the father, for example, and have an insecure ambivalent-resistant attachment to the mother. This is true not only for the biological parents, but for any consistent caretaking adult with whom they have formed a special relationship. Therefore, in foster care the youth can develop an attachment style independent from what he or she is used to with the original caretaker(s). Attachment theory would allow for the possibility of a foster youth remaining insecurely attached to the parent while simultaneously being open to developing a secure attachment with the foster parent.

However, the caregiver's attachment style is not the only factor in determining the infant's attachment style. The infant is not only responding to the caregiver, but is also initiating interactions. The infant's temperament and reaction plays an important role in the development of attachment interactions with the caregiver (Sroufe, 2000; Weinfeld et al., 2004). Attachment style can maintain stability over a lifetime in low-risk samples, provided that the relationship expectations are reinforced. Low risk samples are general defined by middle to high socioeconomic class, higher education level, and a wider range of parenting abilities. However, attachment is not as likely to be found to be continuous in a high-risk sample (Erickson, Sroufe, & Egeland, 1985; Weinfeld, et al., 2000; 2004). High risk samples include such variables as poverty, maternal depression, child maltreatment and family functioning (Weinfeld, et al., 2000; 2004) Clearly, foster youth often face several risks to their relationships simply by being part of the foster care system, such as the pre-placement trauma or risk that resulted in removal from the home and the resulting separation from the primary caretakers.

Events and changes in interactional patterns can influence one's attachment style both positively and negatively. Children's attachment was conceptualized by Bowlby as a series of developmental pathways (Bowlby, 1969; 1988; Sroufe, 2005). The concept of developmental pathways is that multiple outcomes are possible from the same series of events, and that a positive or negative trajectory of life events tends to build upon each other. If conceptualized like a tree lying on its side, the different developmental pathways are like branches. If the tree trunk represents the initial attachment with a primary caregiver, there are many different possibilities as time progresses for that child (Weinfield, et al., 2000). The more that life experiences branch out away from a secure

attachment, the harder it would be to regain a secure attachment. Therefore, if a foster youth were to begin with a secure attachment, after continuously experiencing rejection over time, the likelihood of regaining a secure attachment decreases rapidly. The experience of separation from a caregiver can influence a youth's relationship expectation that the caregiver will be available when needed. A foster care relationship includes separation from a caretaker, which could negatively influence the youth's attachment style. If an insecure youth approaches new relationships with the expectation of separation or abandonment, the foster care experience could increase the likelihood of multiple placements.

The developmental pathways model also allows for change in a positive direction. Increased sensitivity on the caregiver's part can improve the security of the youth's attachment. Although it is more uncommon, a longitudinal study by Waters and others (2000) chronicled a change in a child from insecure to secure attachment. The child that did so experienced "consistent sensitive care" (Waters, et. al, 2000, p. 687) to a life-long illness after its onset in childhood. Children with a secure attachment who experience stressful life events and become insecurely attached as a result can also revert back to being securely attached with the cessation of the stressors (Davies, 2004). Masten (2000) argues that foster youth can become more securely attached when able to develop a long-term relationship with a foster parent, and providing a similar type of relationship is often the goal of therapy for youth with attachment issues.

On the other hand, children who have a positive relationship with their parents can change to an insecure attachment if a stressful negative life event occurs (Davies, 2004; Waters, et al., 2000). Negative life events that can influence a person's attachment

style from secure to insecure include losing a parent or experiencing physical or sexual abuse (Waters et. al, 2000). It is possible to maintain one's attachment classification in spite of negative life events, and to change classification in spite of no reported negative life events (Waters et al, 2000). "The child's capacity for self-regulation can be compromised or enhanced at any point in development. But the entire developmental process builds upon the foundation that was laid out in infancy" (Sroufe, 2000, p. 71). As a result, attachment theory predicts stability dependent upon continuing circumstances, as well as acknowledging the possibility for the youth's change in relation to both positive and negative life events.

One factor considered to influence issues in attachment includes the separation and permanent loss of a parental figure (Main, 1996). A separation of two weeks or less can lead a previously securely classified child to display insecure ambivalent-resistant traits, such as clinging and seeming anxious (Main, et al., 1985). Longer separations are likely to influence the child into more insecure-avoidant traits. "…children [even those with initially secure attachments] might at first treat the parent as a stranger or at best with an indifference mixed with unpredictable bouts of hostility" based on observations from toddler-parent separations (Main, et al., 1985, p. 70). Separation from parents for even a short time in foster care has a substantial impact on children and for a longer period of time constitutes a negative life event that impacts their interactions with others (American Academy of Pediatrics, 2000). Therefore, according to attachment theory, long-term separations with multiple changes of caregiver would seriously impact foster youth. Foster youth who experience multiple placements not only are at risk due to

separations, but also do not have an opportunity for experiencing a healing relationship, due to the lack of longer-term relationships with caregivers.

Difficult experiences in childhood do not mean an automatic insecure attachment. Many adults are classified as secure in adulthood regardless of difficult early experiences and relationships (Main, et al., 1985). "However, many abused children do not continue to reenact old relationships, but instead are gradually influenced by the responsive and empathic behavior of new caregivers. Although internal working models tend to be powerful and persistent, they can be changed through good care" (Davies, 2004, p. 23). This possibility for change will be further explored in the following chapter when discussing theories of resilience.

*Attachment and Foster Care*

If an attachment style can remain stable in low risk samples with continual reinforcement, but is likely to become insecure with negative life events, then would be impressive for a foster youth to be securely attached. In foster care, a longer-term separation from the primary caregiver may make the youth feel futile in his attempts to regain proximity to the original caretaker. Such difficulty may reinforce a pre-existing insecure attachment style. However, studies have shown that some foster youth are able to adapt and develop trust for new caregivers in the context of stable and supportive caregiving relationships (Albus & Dozier, 1999).

Although it is well-documented that youth have more than one attachment to caregivers and that attachment styles to different individuals can operate independently of each other, there is limited research around the process of adapting to attachment figures. "As is the case with the formation of first attachments, the processes permitting

individuals to change attachment figures are little understood" (Main, 1996, p. 237). Nor does attachment theory explain how a particular attachment style dominates when a foster youth has experienced several diverse relationships with caregivers. In extrapolating from attachment theory, one would assume that the separation from the parent, to whom the attachment may have been insecure to begin with, may increase the level of insecurity that the foster youth experiences. However, it is possible that the youth may be able to form a secure attachment over time with the foster caregiver. This is especially true if the youth has previously experienced a secure attachment to someone in his life. The opportunity of a new relationship allows the youth the possibility of new internal working models of relationships.

Several variables play a role in determining how the separation and new relationship with a caregiver influence the youth. When considering how attachment styles influence the foster care experience, there are several variables that may ameliorate or increase the impact of separation and multiple placements in foster care. First, as has already been discussed, there is the pre-existing attachment style with the primary caretaker, and perhaps additional attachment patterns with other important figures. In many cases, the attachment style is insecure upon entry to foster care due to the pre-placement risks and the reasons for removal. In addition, the youth's developmental level at removal and the environment in which they are placed make a substantial difference on the youth's quality of the attachment.

Attachment occurs even when the relationship within the first years of life is not secure. Even when abused, the infant will still seek proximity from the parent, since it is a survival instinct. "…all human infants are attached if there is someone there who

interacts with them even if the treatment is harsh or intrusive" (Sroufe, 2000, p. 69).

Rarely infants do not attach at all to an adult in the first year or two of life, and if they

have not, it is usually as a result of institutional care without individual attention,

according to a study on infants adopted from Romanian orphanages (Chisholm, 1998).

Consequently, unless foster youth are removed from their home prior to the first 12

months of life, they will have an attachment formed to their primary caregiver or

caregivers. This attachment can influence patterns of intimate relationships in their lives,

even if they never see their biological parent again. Foster youth often desperately long

for their parents and, given the option, will choose reunification even after extensive

abuse and/or neglect.  For example, an 18 year-old foster youth Rain could clearly state

that she knew her mother could not take care of her and did not provide a safe living

environment. However, upon emancipation from her group home, Rain stated that the

place she would most prefer living would be with her mother. She was able to make the

decision to live in transitional housing so that she could learn to live on her own, but she

consistently wished that it was possible to live with her mother.

Research indicates that important attachment relationships can take place that are

established later in the youth's life or with those that are not a primary caregiver

(Ainsworth, 1979; Main, 1996). Examples given of these types of relationships include

siblings, mentors, teachers, therapists, and foster parents (Bowlby, 1988). Suppose there

is the ideal situation of a securely attached youth and an internal working model that

anticipates attentive and empathetic responses from others. If that youth then experiences

a long-term separation from her primary caregiver due to being in foster care, she would

experience a sense of detachment due to the separation. Long-term separation from

caregivers, even for secure youth, is distressing (Ainsworth, 1979). She may then incorporate the expectation that those she loves may not always be available to her into her internal working model. If then a consistently available and caring foster parent were to taker her in, her internal working model may change over time to include expectations about the relationships with her new foster parents. Although her working model may include mistrust and some detachment, it may still be possible for her to establish a new relationship with her foster parents.

However, the ideal situation of a secure attachment upon entry into foster care is rare. Most foster youth are in the high-risk category before the youth is removed from the home, and often the reasons, such as maltreatment, that the youth is placed in foster care placement make an initially secure attachment less likely (Stovall-McClough & Dozier, 2004). Pre-placement risks and reasons for removal from the home will be further explored in a subsequent chapter. However, these risks are compounded by the trauma of separation from original caregivers when the youth is removed from the home. As a result, few foster youth are likely to maintain secure and healthy relationship styles upon entry to the foster care system.

The impact of the separation, placement and subsequent placements on the youth is influenced by the developmental level of the youth at the time of the change. Studies suggest that there may be a window of possibility for developing the ability to form attachments, since first attachments are more difficult to make after the first year or two if the infant is in institutional care (Chisholm, 1998). However, the process begins much earlier, as infants begin to make attachments by differentiating caregivers by 7 months (Main, 1996) and even younger infants protest separation from their caretakers (Bowlby,

1973). Infants have a higher likelihood of being able to form a positive first attachment to a foster or adoptive parent within the first 6 months (Stovall-McClough, & Dozier, 2004). If the infant is placed in a foster home before differential attachment occurs, there is a higher likelihood of secure attachment. Stovall and Dozier (2000) found that infants placed in foster care when less than 12 months old were more likely to display secure behaviors with foster parents more quickly than infants ages 12 to 20 months. Younger children develop an attachment to substitute caregivers more quickly, and research suggests that new stable attachments can be formed to foster parents after two months (Stovall & Dozier, 2000; 2004).

The developmental level of the youth upon removal from the primary caretaker determines the meaning that the youth assigns to the separation, and the youth's coping mechanisms (Davies, 2004; Sroufe, 2005). Even after the critical attachment period of seven to 12 months, the developmental level of the youth is influential. For example, a three year-old is in an egocentric state, during which he has magical thinking, the belief that everything involves him and that unconnected events are influenced by one another and by his wishes. If this child is removed from his home, it is likely that he will believe that he somehow caused it to happen, regardless of his attachment style. If the same youth is removed from his home at 10 years of age, although it will be painful for him and difficult to understand, he is more likely to have the cognitive structures to understand that his parents are not able to care for him. The 10 year-old youth is more likely to have the capacity to verbalize his experience, whereas the three year-old is more likely to express himself mainly through behavior. The behavior and verbalization of

emotion will depend in part on the skills and expectations learned in the child's early life, related to the attachment style.

In addition to the age of removal from the home, the environment of the foster placement and the sensitivity of the foster parent to the youth's needs factor into the development of new attachment (Albus & Dozier, 1999; Stovall & Dozier, 2004).  An early experiment by Robertson and Robertson (1971, as cited in Ainsworth, 1979) showed that substitute care giving, if done sensitively, can ameliorate the possible negative effects of separation from parents (Masten, 2000). Youth who are placed with foster parents that are organized, attuned to the youth's needs and not disorganized from their own trauma are more likely to develop secure attachments (Cole, 2005; Stovall & Dozier, 2004). The influence of the mental state of foster parents also affects the likelihood of a new attachment relationship formation. Foster parents with a secure manner of relating on the Adult Attachment Interview with younger infants are more likely to engender a secure attachment with their foster infants (Bates & Dozier, 2002).

Attachment theory is especially applicable to helping foster parents and professionals who work with foster youth understand the obstacles that foster youth face and the aspects that help encourage positive attachment, such as providing a sensitive foster environment. If foster parents expect to form an immediate bond with their foster youth, it can be detrimental to the youth to not be able to meet the expectations, perhaps resulting in yet another failed placement. Alternatively, if the foster parents expect that the youth cannot form any sort of attachment because they do not seem to easily engage in a caregiving relationship, perhaps due to detachment after separation, or from an avoidant attachment style, an understanding of attachment theory may facilitate more

sensitive interactions.  Attachment theory therefore has explicative power, even if it

cannot necessarily predict the outcomes in high-risk cases like foster youth.

*Disordered Attachment*

Youth that experience long-term or permanent separation from primary caregivers

are more vulnerable to disordered attachment and later pathology. Although youth with

psychopathology usually show an insecure attachment, insecure attachment does not

mean the youth will experience psychopathology (Lieberman & Zeanah, 1995; Weinfeld,

et al., 2000). Since one reason foster youth are removed from their biological parents is

maltreatment, their attachment styles as young children sometimes encounter severe

impairments (Albus & Dozier, 1999).  Foster youth have endured not only separation

from their primary caregiver, but also often abuse or neglect severe enough to be

removed from their homes. Compounded by the experience more than one foster home

placement, youth are in danger of developing pathological attachment conditions.

According to the Diagnostic and Statistical Manual (DSM) IV- TR, Reactive Attachment

Disorder (RAD) can result from the lack of opportunity to develop an attachment to a

primary caregiver before the age of 5 (American Psychological Association, 2000).

According to the DSM IV- TR,

> The essential feature of Reactive Attachment Disorder is markedly disturbed and
> developmentally inappropriate social relatedness in most contexts that begins
> before age 5 years and is associated with grossly pathological care…By definition
> the condition is associated with grossly pathological care that may take the form
> of persistent disregard of the child's basic emotional needs for comfort,
> stimulation and affection, persistent disregard of the child's basic physical needs,
> or *repeated changes of primary caregiver that prevent formulation of stable
> attachments* (APA, 2000, p. 116) [Italics added].

As part of the criteria for the disorder, the disruptions in attachments have a profound effect on the way that youth relate to others in their lives in many different settings.

The experience of pathogenic care does not mean that RAD develops, and youth can display the symptoms of RAD without having endured pathogenic care (Hanson & Spratt, 2000). However, a discussion of RAD in relation to foster youth is important since many foster youth experience "grossly pathological care," if maltreatment was the reason for removal from the home. Additionally, "repeated changes of the primary caregiver" (APA, 2000) is acknowledged in the diagnosis as potentially damaging. Since multiply placed foster youth often experience both maltreatment and unstable caregiving relationships, they may be more vulnerable to the diagnosis of RAD. "…[F]requent moves and mediocre foster care can combine to produce disorders of nonattachment [such as RAD] even among children receiving ostensibly individual care" (Lieberman & Zeanah, 1995, p. 576).

There are two different ways that Reactive Attachment Disorder manifests, according to the DSM IV-TR: (1) inhibited, hypervigilant or contradictory responses and (2) indiscriminate sociability. The first type is described as "persistent failure to initiate or respond in a developmentally appropriate fashion to most social interactions, as manifest by excessively inhibited, hypervigilant, or highly ambivalent and contradictory responses (e.g., the youth may respond to caregivers with a mixture of approach, avoidance, and resistance to comforting, or may exhibit frozen watchfulness)" (APA, 2000, p. 130). As is evident from the description, the first type of RAD can vary in how it is exhibited, but is primarily characterized by emotional withdrawal. For example, a 22 month-old that would not engage with anyone, speak, or smile, and only look at people

with a vacant expression would fall into this category of presentation (adapted from Lieberman & Zeanah, 1995).

The second type of RAD is characterized by extreme friendliness without a clear preference for an attachment figure. The DSM IV-TR defines the second manifestation of the disorder as: "diffuse attachments as manifest by indiscriminate sociability with marked inability to exhibit appropriate selective attachments (e.g. excessive familiarity with relative strangers or lack of selectivity in choice of attachment figures)" (APA, 2000, p. 130). A child with this second type of RAD could be a 28 month-old who calls the therapist, teachers, and caregivers "mommy" or does not consistently seek comfort from the same attachment figure.

Both types of Reactive Attachment disorder are ways that the youth maximizes the possibility for survival by adapting the best way to have one's needs met and to avoid being injured. In a study by Chisholm (1998) compared Canadian-born children with Romanian-born children raised in orphanages that were adopted into Canadian families. He found that indiscriminate sociability was more common in children in Romania who lived in institutions, and continued even after years of adoption. Chisholm hypothesized that seeking affection from anyone available may be a survival mechanism in institutions where they do not receive enough attention. Such a case is an example of adapting proximity-seeking behavior in order to survive. When a pattern of indiscriminate sociability is entrenched after it is no longer needed, however, it becomes maladaptive, and can lead to later pathology.

*Critique of RAD*

There are many gaps in the scientific knowledge around Reactive Attachment Disorder. There have not been any long-term studies done on Reactive Attachment Disorder into adulthood (Minnis, Marwick, Arthur, & McLaughlin, 2006), nor studies establishing the reliability and validity of the disorder's criteria (Hanson & Spratt, 2000; Lieberman & Zeanah, 1995). The disorder's origin is not well-understood, nor the contributing factors to developing RAD (Hanson & Spratt, 2000). In fact, some researchers state that linking the symptoms of RAD to attachment theory is not accurate and blocks research (Minnis, et al., 2006). Others state that RAD is over-diagnosed, especially among maltreated and adopted youth, (Barth, Crea, John, Thoburn & Quinton, 2005; Hanson & Spratt, 2000). Since RAD includes pathogenic care as one of the criteria for the disorder, Hanson & Spratt (2000) argue that youth who have experienced maltreatment may be diagnosed with RAD while overlooking other symptoms related to abuse and trauma.

Perhaps the fact that RAD is the only description in the DSM IV-TR of problems with attachment leads to a higher rate of diagnosis (Lieberman & Zeanah, 1995). Lieberman and Zeanah (1995) suggest that attachment disorders are broader than what is reflected in the DSM and distinguish between three types of disordered attachment: (a) disorders of nonattachment, such as RAD, that does not include a clear preference for a caregiver; (b) disordered attachments, which includes a definitive preference for a particular attachment figure but manifests in negative or conflicted emotions; and (c) disrupted attachment resulting from the loss of a caregiver. These distinctions allow

clinicians to recognize problems in attachment that do not meet the specific criteria of RAD but may be related to pathogenic care.

*Attachment "therapy"*

The diagnosis of RAD is "treated" by several techniques, including the controversial "coercive technique," which is also known as "attachment therapy," "holding therapy," and "rage reduction therapy" (Hanson & Spratt, 2000). The coercive technique involves "prolonged restraint for purposes other than protection, prolonged noxious stimulation (e.g., tickling, poking in the ribs), and interference with bodily functions" (Hanson & Spratt, 2000, p. 142). The purpose of the technique is to hold the child during scheduled periods rather than due to behavioral or safety concerns and is physically provoked by the clinician. Though the child may resist at first, when he breaks down, he is given to the intended attachment figure, which supposedly creates an immediate attachment. According to Hanson & Spratt (2000), the technique is "theorized to release the rage and teach the child that adults can and will control him. He is then thought to be capable of forming a healthy attachment" (p. 142). The purpose of the exercise is to induce shame and rage into the child in order to create an attachment (Dozier, 2003).

There are many issues with this treatment of attachment disorders. First, and most central to this study, the treatment is not in line with the tenets of attachment theory (Dozier, 2003). Attachment theory suggests providing consistent and supportive care helps establish and maintain healthy attachment styles, rather than holding a child down and provoking their rage. However, caregivers often face others' negative assumptions about the child's future, including the possibility of psychopathy and attachment therapy

seems to provide a rapid change (Barth, et al., 2005; Hanson & Spratt, 2000). To call this kind of treatment "attachment therapy" is a misnomer.

The effectiveness of these controversial treatments is unproven (Hanson & Spratt, 2000). There is only anecdotal evidence rather than scientific studies to test the success of coercive techniques. In fact, Dozier (2003) points out that this type of therapy is unlikely to be scientifically tested, since Institutional Review Boards would not allow children to be assigned to such treatment.

Not only may this type of treatment not be effective, there is also a possibility of re-traumatizing the child. This treatment is conducted with youth that are vulnerable, due to having previously experienced "grossly pathogenic care" by definition of being diagnosed with RAD (APA, 2000). Physical restraints always entail a certain amount of concern for safety. In fact, several professionals have taken a clear stance against the coercive technique (Barth, et al., 2005; Dozier, 2003).

Instead, treatment following attachment theory suggests a sensitive and consistent approach. Dozier (2003) proposes that substitute caregivers consistently provide nurturing and support even when it is rejected by the youth. In this way, caretakers can slowly and consistently provide the option for proximity and offer the opportunity of a secure base. Although further research is required to determine if new attachment relationships directly affect attachment disorders, (Hanson & Spratt, 2000), having an available adult provides important protective factors for a vulnerable youth, as will be explored in the next chapter.

Some youth, even after experiencing maltreatment or multiple placements, do not develop symptoms of behavioral or emotional problems (Hanson & Spratt, 2000). The

subsequent chapter on resilience will explore the protective factors that lead these youth to avoid developing disordered attachment, even after experiencing pathological care and changes of primary caregivers. The ability to continue to adapt and to make beneficial attachments in spite of adversity defines resilience.

CHAPTER IV

RESILIENCE THEORY

*"It is not the strongest of the species that survives, nor the most intelligent that survives.*
*It is the one most adaptable to change."*
*-Charles Darwin*

Given that most foster youth endure great adversity in their relationships with

adults, one might expect a higher incidence of disordered attachment. Researchers

explain this phenomenon and other successful outcomes for youth facing adversity

through resilience theory. Resilience theory seeks to understand how a particular person

experiencing hardship can have a more positive outcome than others experiencing a

similar challenge, or succeed to the same extent as people not facing adversity. Foster

youth face many threats to their well-being, and suffer the loss of an attachment figure, at

least temporarily, due to removal from their primary caretaker. Therefore it is important

to determine what preventative and protective aids social workers and other helping

figures can contribute to increase the probability of their success.

In this chapter, we will explore the basic tenets of the theory, including the

definitions of protective and risk factors. We will also examine some of the

methodological issues in this relatively recent theory. Resilience factors on the level of

individual, family and community will be disseminated, and applied to interventions for

multiply placed foster youth.

*Basic Tenets of Resilience Theory*

Resilience theory has shifted over time from research solely on the inherent characteristics in youth to include the complex interactions of factors in the family, community, and institutions that support the individual (Luthar, Cicchetti & Becker, 2000). Originally resilience theory was based on people suffering from schizophrenia who, although facing the same adverse situations as their peers, did not seem to be negatively affected and were thus termed "invulnerable." (Anthony, 1987, as cited in Alvord & Grados, 2005) The theory evolved from determining how much one particular risk factor predicts negative outcomes into a more complex phenomenon of a person's successful adaptations to challenging life events (Werner & Smith, 1992). The theory currently conceptualizes resilience as a history of adaptation, and a predicted continued ability to adapt.

Resilience is defined as "a dynamic process encompassing positive adaptation within the context of significant adversity" (Luthar, et al., 2000, p. 543). In order to be considered resilient, a person must, by definition, have experienced some type of adversity and have achieved one or multiple measures of success. Another common definition of resilience is "process of, capacity for, or outcome of successful adaptation despite challenging or threatening circumstances" (Masten, Best, & Garmezy, 1990, p. 426). Such a definition makes more specific the situations in which a person can adapt to challenges, in terms of outcomes, the process of coping or the ability to heal.

One common way to conceptualize adaptation in response to adversity is by examining the risk and protective factors. As defined by Werner & Smith (1992),

   *Resilience* and *protective factors* are positive counterparts to both *vulnerability*, which denotes an individual's susceptibility to a disorder, and *risk factors*, which are biological or psychosocial hazards that increase the likelihood of a negative developmental outcome in a group of people [emphasis in the original] (p. 3).

Protective factors and risk factors have been identified on the levels of the individual, the family, and the community. See Table 1 for a summary of the risk and protective factors.

Table 1

*Risk and Protective Factors*

| Risk | Protective |
|---|---|
| Individual: <br><br> ~perinatal trauma and genetic risk <br><br> ~temperament <br><br> ~difficult eating and sleeping patterns <br><br> ~sensitivity to risk | Individual: <br><br> ~intelligence or problem-solving ability <br><br> ~a sense of self-worth <br><br> ~mastery over one's environment |
| Family: <br><br> ~chronic poverty <br><br> ~maltreatment <br><br> ~impaired parenting | Family: <br><br> ~positive relationship with at least one parent <br><br> ~positive relationship with a non-parental adult <br><br> ~structured home environment with expectations |
| Community: <br><br> ~violent or unsupportive community <br><br> ~socially deviant peers | Community: <br><br> ~supportive schools and neighborhoods <br><br> ~pro-social peers |

Risk factors are correlates to poor outcomes (Masten, et al., 1990). A higher

number of risk factors indicates a greater vulnerability to a disorder (Appleyard, Egeland,

van Dulmen & Sroufe, 2005). Foster youth commonly experience a multitude of risk

factors, making them a potentially vulnerable group in the absence of protective factors.

Risk factors cited in the literature fall into three main categories: individual, family, and

community. Foster youth are likely to have experienced risk factors that directly impact

the youth, which are called proximal risk factors and are categorized here as risk factors

for the individual (Masten, et al., 1990).

Risk factors stemming from the individual can include inherited genetic risks,

perinatal trauma, sensitivity to risk (Rutter, 1999), and a difficult temperament (Schofield

& Beek, 2005; Werner & Smith, 1992; 2001). Family risk factors include living in

chronic poverty (Appleyard, et al., 2005; Werner, 1992; 2001), experiencing

maltreatment (Appleyard, et al., 2005; Masten, 2000; Smith & Carlson, 1997), and the

results of impaired parenting (Masten, 2000; Rutter, 1999; Werner, 2004) also pose a

challenge for the youth. A dangerous or unsupportive community can also qualify as a

risk factor (Luthar & Goldstein, 2004).

An individual that experiences a high number of risk factors can achieve

successful outcomes in school, personal relationships, and society (Werner & Smith,

1992; 2001), especially if the protective factors are high as well (Judge, 2005). In a study

by Hines, Merdinger & Wyatt (2005), foster youth that were able to attend college were

interviewed about how they were able to achieve academic success in spite of the

adversity that they faced. Foster youth are particularly vulnerable, as they face a high

number of risk factors and fewer protective factors. This is particularly true for foster

youth that do not achieve stability in a placement and therefore are denied many

protective factors, in addition to facing multiple risks. One of the reasons to apply the

theory of resilience to foster youth is to increase the protective factors that foster youth

experience in the face of vulnerability.

Protective factors are defined in this study as those elements within the individual,

family, or community that improve the likelihood that the person will be able to adapt to

the challenges posed by the risk factors. Protective factors mitigate the potential impact

of risk factors that makes a youth vulnerable to a disorder or socially undesirable

outcome. Protective factors are only considered protective in the presence of a risk factor,

and in order to have an effect must be directly related to the impact of the risk factor

(Rutter, 1999). For example, a youth that experienced severe maltreatment and removal

from his caregiver would benefit in some ways from being in an academically supportive

school, but the intervention would not neutralize the risk to his interpersonal interactions

because it is not directly related.

Protective factors for individuals commonly noted in studies include intelligence

(Alvord & Grados, 2005; Judge, 2005; Masten, 2000; Rutter, 1999), a sense of self-worth

(Flynn, Ghazal, Legault, Vandermeulen, & Petrick, 2004), and a sense of having mastery

over one's environment (Flynn, et al., 2004; Hines, et al., 2005; Masten, 2000). Within

the family, and in interactions with adults, positive relationships with at least one parent

and with non-parental adults are important protective factors for youth (Alvord &

Grados, 2005; Flynn, et al., 2004; Masten, 2000; Rutter, 1999; Smith & Carlson, 1997;

Werner & Smith, 1992; 2001). In terms of the community, oft-cited protective factors

include systems such as supportive schools and neighborhoods (Alvord & Grados, 2005; Flynn, et al., 2004; Masten, 2000; Smith & Carlson, 1997).

Resilience is not a one-dimensional element that either the youth has or does not have (Alvord & Grados, 2005), but rather is a dynamic interaction of many different factors (Luthar, et al., 2000). Although initially the focus of resilience theory was on creating lists of the individual protective factors that promote resilience, recent literature emphasizes the interactional nature of protective processes (Luthar, et al., 2000). A risk factor in one situation may constitute a protective factor in another (Rutter, 1996). When studies focus on listing protective factors instead of interactions, sometimes a main effect is deemed a protective factor without examining the other interactions that influence it (Luthar, et al., 2000). As such, a factor that promotes positive functioning without relevance to the risk factors necessitating the adversity part of the equation can be counted as a protective factor rather than a "promotive" factor (Luthar & Goldstein, 2004). For a youth who has not experienced adversity, the positive factors would be promotive rather than protective. Some studies on the other hand, are careful to note the interactive or cumulative effect of risk and protective factors (Appleyard at al., 2005).

Perhaps due in part to the complex nature of the interactions between protective and risk factors, the theory of resilience has limited predictive power. There are some identifiable patterns, and similar to the concept of developmental pathways in attachment, a promising beginning is more likely to lead to a successful outcome, and a high number of risk factors are associated with coping problems later in life. In addition to early risk as a child, a stressful transition to adulthood or many stressors as an adult also increase the likelihood of coping problems (Werner & Smith, 1992). Individuals coping well are less

likely to have had early stressors or high stress in the transition to adulthood; however, there is the possibility of change at any point in the life cycle.

The theory of resilience states that resilience is possible at any time, given the availability of relevant protective factors or the reduction of risk (Hines, et al., 2005; Masten, 2000). However, basic adaptational systems, including the ability to attach, must be in place in order to develop resilience (Alvord & Grados, 2005; Masten, 2000). Rutter (2000) argues that while research confirms the existence of resilience in the face of adversity, in some cases change doesn't happen even with major external improvements, This difference in outcome may be related in part to individual personal differences (Rutter, 1999). Another possible reason for these differences may be the complex interplay in protective factors preceding, succeeding, and at the time of the risk (Rutter, 1999). Or perhaps the protective factors are not relevant to the risk posed. Due to the number of risk and protective variables, it is difficult to isolate the influential processes.

Although the theory of resilience takes into account the personality of the individual as influential on the outcome, it is important to distinguish from the inherent personality trait of resiliency (Luthar, et al., 2000). Resiliency is conceptualized as an inherent trait of adaptability that is located within the individual. On the other hand, the theory of resilience centers on a complex interaction of factors, including the individual's ability to adapt, as well as broader social factors in the family and community. However, while the theory of resilience includes these important individual traits, resilience by definition requires the individual to have faced and overcome a hardship. While the personality trait of resiliency could exist without hardship, to be resilient depends on the ability to face adversity and succeed in spite of the odds (Masten, 2000). Although many

aspects of resilience may be located in the individual, and perhaps even inherent in the personality, other factors also play a complex role in understanding resilience. In addition to the individual's personality trait of resiliency, resilience also takes into account the protective factors in the individual, family, and community that helped the person overcome adversity.

One major contribution to understanding the complex interplay of risk and protective factors was a longitudinal study by Werner & Smith (1992; 2001) that chronicled the lifetime outcomes of over 500 people from birth to adulthood in Hawaii. The study identified the risk and protective factors associated with relatively successful outcomes. One-third of the population in the study that was identified as "high risk" (one-tenth of the study's total sample) seemed to have successfully adapted according to self-report and community records (Werner & Smith, 1992; 2001). The "high risk" population was defined based on the high number of risk factors that were biological, such as birth defects and perinatal trauma, and environmental stressors such as family instability and poverty. The criteria utilized to differentiate resilient individuals from their similarly "at-risk" peers were that the resilient people were psychologically healthy, did not have criminal behavior in adulthood, had high self-reported scores of happiness and positive relationships, and had met goals educationally or in their career (Werner & Smith, 2001). Even three out of four of the adults that experienced delinquency or mental health issues as teenagers seemed to be adapting adequately or well (Werner & Smith, 2001). Some of the protective factors that Werner and Smith found included an easy temperament as an infant, cognitive and scholastic ability, and a stable, structured home environment (Werner & Smith, 1992; 2001). Another important element in positive outcomes despite

risk factors was consistent care from caregivers, as well as the presence of other caregivers, such as grandparents, siblings, a caring teacher or mentors (Werner & Smith, 1992; 2001). The importance of interpersonal relationships is a theme that resonates throughout the literature in resilience, and represents a major risk factor for foster youth in terms of their attachment style and later relationships. These protective factors that increase resilience are echoed in similar studies that will be discussed.

Although Werner & Smith's longitudinal study of a high-risk population is an important one in the literature, the results could also be interpreted differently. The factors that Werner & Smith identify as protective in helping overcome the odds, such as problem-solving ability and a supportive home, may be indicative of greater advantages and a lower level of risk from the outset (Masten, et al., 1990). The better outcomes for these individuals then as compared to their high-risk cohort may be due to an advantageous starting point rather than an ability to cope in the face of adversity. Such a critique highlights the difficulty in disentangling the complex interplay of factors of determining resilience.

*Methodological Issues*

Even though many studies produced similar results, there are a plethora of methodological issues in this relatively new area of research. Unlike attachment theory, resilience cannot be measured in laboratory conditions. Since it evaluates the human condition, the variables cannot be isolated or manipulated. It is difficult to quantify and compare two people's experiences, or determine the expected outcome for a person would be had they not been resilient. Unlike within attachment theory, there is not a standardized system of classification, or universally agreed-upon categories. In fact, there

is not a standard accepted measurement of resilience (Luthar, et al., 2000). Instead, it is a multi-faceted concept that can vary greatly depending on the chosen variable (Alvord & Grados, 2005). Although the general definition of resilience is success in the face of adversity (Masten, 2000), there are several factors that affect how resilience is measured. The definitions of success and adversity, the composition of the population being compared, and the temporal conceptualization (i.e. resilience defined at one point as opposed to a longitudinal study) all impact the concept of resilience and the study results. Different studies define and operationalize resilience in different ways (Luthar, et al., 2000) which makes it difficult to compare outcomes of different studies. However, studies agree that resilience remains a useful concept to study and important especially in conceptualizing interventions (Luthar, et al., 2000; Masten, 2000).

*Adversity*

Adversity does not have a standardized operational definition. Many different aspects of life can be considered a hardship that, in order to cope, a person requires strength, adaptability and resources. A person's vulnerability can be defined by quantifying the total number of risk factors, a specific trauma, or chronic stress (Werner, 2004). A study that counts the number of risk factors an individual faces in their life produces a different result than one that examines how youth respond to a trauma such as the loss of a parent. Those studies would also have different outcomes than one that considered the lifelong stress of chronic poverty as the risk factor. The studies vary based on how they define the outcomes related to the risk factor of adversity.

When considering multiple risk factors, there is the question of whether the risk factors should be counted cumulatively or if there is a threshold of risk beyond which

additional factors are not important. Risk factors often co-occur and seem to compound the impact of the risk (Masten, et al., 1990). Appleyard, et al., (2005) found that each additional risk factor places a youth at greater risk. Therefore a greater number of relevant preventive or rehabilitative measures that can be applied may be helpful to at risk youth. Rutter (1999) argues that resilience is best defined by the cumulative effect of the protective factors interacting with the cumulative effect of the risk factors that defines resilience, rather than the influence of one particular variable. If one considers each disrupted placement as a risk factor in foster care, the risk increases for foster youth in addition to the cumulative effect of pre-placement risks and separation from the primary caregiver.

There is variation in quantifying adversity between studies that focus on the same risk factor. Many risk factors are not quantifiable, and therefore it is difficult to measure their impact on a youth. An example of a risk factor that may vary substantially and be difficult to measure is the maltreatment of a youth, in terms of the types of neglect or abuse suffered (Rogosch & Cicchetti, 2004; Smith & Carlson, 1997). Many of the youth in the foster care system face abuse and/or neglect but the level of severity, duration, and frequency may vary greatly between individual cases. As a result it is difficult to determine how much of the positive outcome stems from the youth's success against the odds instead of less exposure to risk factors.

*Success & Coping*

As the operational definition of adversity differs, so does that of successful adaptation. Some studies consider successful coping measurable by academic achievement, such as graduating high school or attending an institution of higher learning

(Hines, et al., 2005; Werner & Smith, 1992; 2001), whereas others determine coping based on interpersonal relationships, both self-reported and through the reports of others (Flynn, et al., 2004; Schofield & Beek, 2005). While Werner & Smith (1992; 2001) considered an individual successful if they were not in public records due to legal problems, divorce or mental health issues, Ungar (2005a; b) posits that effective use of the systems such as correctional and mental health can be a sign of using resources to get one's needs met. Such different definitions affect whether foster youth would be considered resilient by accessing the services available, or due to particular outcomes.

There is not a standard of how many outcomes need to be measured in order to determine resilience (Alvord & Grados, 2005; Flynn, et al., 2004). Most studies examine several different areas of functioning in order to determine the individual's resilience in order to avoid this methodological issue but it remains an issue of debate (Flynn, et al., 2004). In fact, researchers question whether individuals can manifest resilience in some domains and yet not in others, and how to then determine if they are resilient overall (Flores, Cicchetti & Rogosch, 2005; Masten et al., 1999).

If an individual can be resilient in some areas and not others, then perhaps there is a cost to the person in being able to succeed by taking a toll on other domains (Luthar, et al., 2000; Masten, Hubbard, Gest, Tellegen, Garmezy & Ramirez, 1999). Although a person may be functioning well in one area, or a few areas of their life, they may be struggling in others that are not as easily recognized (Hines, et al., 2005; Luthar et al., 2000). For example, in the extremely resilient foster youth that attend college, Hines, Merdinger & Wyatt (2005) found that many of them suffered emotional distress and rigidity that interfered with finding balance in their lives. It could be that the adversity

factors continue to operate in "cumulative and multiplicative ways to have long-lasting effects on developmental pathways" (Hines, et al., 2005, p. 392), or that the protective factors are no longer protective as the youth grew, and yet they retained the no-longer adaptive traits.

As resilience is a comparison, researchers differ on the level to which the individuals must perform to be considered resilient. Some studies define those who achieve above a certain score as resilient, and others compare within a group, such as high and low risk based on particular criteria (Masten, et al., 1999). It is difficult to determine whether an individual who faces extreme risks needs to have an average level of functioning in order to be considered resilient or if an individual with a smaller number of risk factors needs superior functioning in order to be determined resilient (Flynn, et al., 2004). Most studies determine that those with high risk who function at an average level are considered resilient, while those who perform above the average level are considered especially resilient, although they vary in how this is operationalized. Some researchers argue that resilience should be focused on the normal outcomes and processes, rather than on extraordinary functioning (Rutter, 1999).

One issue in resilience theory is that some researchers assume that all individuals can succeed despite the most severe adversity (Masten, 2000). Although this strength-based approach allows practitioners the optimism and hope to always offer interventions, it can also allow for a blaming approach, such as why has the person not taken advantage of the offered resources. Some researchers argue that if "success" is defined as meeting the same expectations as others who have not experienced hardship, then the approach may be ignoring important limitations (De Civita, 2006).

*Time*

There are two different temporal definitions of resilience. One conceptualizes resilience as a trajectory that develops and changes over time. The other posits resilience as an attained outcome at a specific point of time (Flynn, et al., 2004). Some studies make a static determination of an individual's resilience based on data from one point in time, while others follow the individual over multiple years. To be resilient at one point in time, such as childhood, does not mean that the individual will continue to be resilient (Flynn, et al., 2004) or will be resilient in all domains of functioning (Hines, et al., 2005). Similar to having a secure attachment, being resilient is an indication of a positive outcome, but does not guarantee success. In addition, there are those who struggle at one point in time, such as adolescence, and then become resilient later in life (Luthar, et al., 2000; Werner & Smith, 1992; 2001). One example of this phenomenon can be found in Werner and Smith's study (2001), in which the majority of adolescents that experienced encounters with the law were able to grow into law-abiding productive adults. Many of those who struggled in adolescence were able to take advantage of opportunities such as joining the military, completing education, or entering into a healthy spousal relationship that helped them change their adaptive trajectory, and cease delinquent behavior (Werner & Smith, 1992; 2001). On the other hand, an untroubled adolescence does not guarantee successful coping later in life, although childhood exposure to fewer risks is associated with average or above average performance the areas of behavior, relationships and academics (Masten, et al., 1999).

The definition of resilience changes at different ages depending on the success in developmental tasks (Flynn, et al., 2004; Masten, 2000), which can make longitudinal

studies more challenging (Werner & Smith, 1992; 2001).  The demands for a youth to

adapt and the definitions of success at middle childhood differ from those in adolescence

(Davies, 2004). Particular vulnerabilities or abilities may emerge at different

developmental stages.

The same factor that may be protective for particular developmental stages or in

specific situations (such as while living in an abusive family) may become risk factors if

they are rigidly entrenched (Hines, et al., 2005). For example, a youth that adapted to

chronic maltreatment from a parent by displaying disorganized/disoriented attachment

traits may not be well-served when no longer maltreated but may continue to be unable to

consistently connect with adults. Such a pattern would limit the potential resources in

connecting to others.

The age at which the individual experiences particular risk or protective factors

influences the outcome (Appleyard, et al., 2005; Smith & Carlson, 1997). Early risk can

have a substantial impact on the individual, although turning points to improve the

outcome are possible (Appleyard, et al., 2005). Risk factors experienced as a youth have

even more impact than on adults, due to the nature of the impact of stress on the

developmental process (Smith & Carlson, 1997). Therefore a risk factor at a critical time

period can influence the individual's ability to develop the systems necessary to enhance

his resilience.

*Population*

The resilient population is measured in several different ways as well. Some

studies longitudinally follow a large group of people and keep track of the risk factors

each experiences over the lifetime and compare within the group (Werner & Smith, 1992;

2001).  Other studies compare the outcomes for high risk and low risk groups. For example, Flynn et al., (2004) compared out-of-home care youth (living in foster care and group homes) to the general population of youth, considering living in out-of-home care as a significant risk factor. Other studies examine only those that excelled despite adversity, such as in Hines, Merdinger & Wyatt's (2004) study of foster youth that attended college. Research indicates different results when comparing individuals with high risk to the general population than those who were successful within the group of high risk. When comparing only within the high risk sample, the level of resilience may still be low in comparison with the general population.

*Culture & development*

Culture and developmental stages must be taken into account when considering an individual's resilience (Alvord & Grados, 2005). Although some studies, especially longitudinal studies take into account the developmental level, few studies discuss the culture's impact on the protective factors and how they impact an individual's resilience. Some argue that the developmental tasks for each age extend across cultural definitions (Masten, 2000). However, the definition of success is culturally related, the definition of adversity is culturally related, and the cultural or racial background of a person may create a more adverse situation that is difficult to quantify. Ungar (2005b) points out that race, gender, and socioeconomic status impact the likelihood of a youth being evaluated for a disorder. The risk factors are greater for youth of color (Flores, et al., 2005), as they face the additional impact of discrimination, although it is difficult to quantify the impact of systemic racism and personal prejudices. Because it may have a multi-faceted effect

the weight of being ignored or negatively targeted by a racist society may have a profound effect upon the individual that is difficult to quantify.

*Protective & Risk Factors*

Risk factors in the literature are most often described in the realms of the individual, family, and community. Individual risk factors considered in the literature often include aspects such as a genetic risks or a difficult temperament (Schofield & Beek, 2005; Werner & Smith, 1992; 2001). However, family risk factors are more often addressed in the literature, especially issues that interfere with the ability to parent (Rutter, 1999). A youth that has experienced a difficult family life, in terms of discord, violence or abuse is at greater risk, which will be further explored when discussing foster care (Rutter, 1999). Risks on a larger scale are also important to consider, in terms of systemic risks and inequalities such as in the areas of education, housing, culture and community (Schofield & Beek, 2005).  In some studies the risk of factors are assumed, due to an association with adversity. For example, some studies assume that chronic poverty is a risk because common sense dictates that it makes life more difficult. Other studies determine risk factors based on association with negative outcomes.

Protective factors can also be found in the individual, the family, and the community. Internal characteristics that are important include: cognitive ability, one's feeling of worth as appraised by self and others, the amount of perceived control over one's environment and the ability to interact in a pro-social way with others (Alvord & Grados, 2005; Hines, et al., 2005; Werner & Smith, 1992; 2001). This is especially important when considering how a youth's early experiences of attachment may affect their later relationships and coping abilities. In fact, Masten (2000) hypothesizes that

certain basic systems must be developed, such as an attachment system, the ability to

process information, and a developed sense of pleasure from feelings of self-efficacy, in

order to have the capacity for resilience. If these systems are not developed early in the

youth, Masten argues, the possibility for external intervention is severely limited. The

ability to have interpersonal relationships is also one of the important factors that allows

for the possibility of overcoming adversity (Flynn, et al., 2004). One must have the basic

ability to connect with others in order to develop most of the protective factors in the

literature, such as developing a support network of peers and extra-familial adults in

addition to the primary caretakers. Some of the environmental elements cited as most

influential in the literature to a person's resilience are relationships with supportive adults

including parents and substitute caregivers, structured schools, and community

opportunities (Luthar, et al., 2000).

It is important to incorporate the risk and protective factors on every level and to

examine the interactions between them (Hines, et al., 2005). A thorough examination of

the interactions between risk and protective factors allows for a more comprehensive

evaluation rather than simplifying through a list of factors. The risk factors are

cumulative, meaning that the more risk factors, the more relevant protective factors are

needed to develop resilience (Appleyard, et al., 2005). A study found that a linear model

of cumulative risk factors most accurately predicted behavioral outcomes for at-risk

youth (Appleyard, et al., 2005). However, it is not the sheer number of factors that are

important, but the interaction of the protective factor to have an ameliorating effect on the

risk factors (Rutter, 1999).  Although the interaction between factors is the key element to

understanding resilience, it is not possible within the scope of this study to examine all of

the possible complex interactions. Therefore, what follows is a general sense of the factors in the individual, family, and community that play a role in the interactions in developing resilience.

*Individual Factors*

Resilience theory acknowledges the inherent protective characteristics of individual personality traits. Researchers find many different personality traits to be protective factors and define them in different ways. Generally, studies concur that resilience is associated with the following individual protective factors of resilience: (a) temperament, which is also the personality trait of resilience; (b), problem-solving ability, which is also known as scholastic ability or IQ; (c) the basic capacity for self-regulation; (d) a sense of mastery over the environment; (e) self-esteem; and (f) interpersonal skills, including the ability to have attachments to others. Each of these will be subsequently explored.

Although the theory has expanded from the original definition of resilience as a personality trait, some elements of temperament and personality remain important. Resiliency as a personality trait, meaning the capacity to adapt, is an important part of individual resilience. An easy temperament and a flexible self-image are associated with the ability to overcome adversity (Flynn, et al., 2004; Smith & Carlson, 1997; Werner & Smith, 1992; 2001). For example, in Werner & Smith's study (1992; 2001), infant girls who were described as affectionate and infant boys described as active were more likely to adapt to similar stressful life circumstances as their peers with a greater number of reports of success in school, work, and relationships. Youth that as infants whose eating or sleeping habits were not an issue for their parents and that elicited positive reactions

from family and strangers seemed to do better than their peers (Werner & Smith, 1992; 2001). An easy temperament as a youth may translate into a flexible self-definition later in life, which is associated with high emotional achievement (Hines, et al., 2005).

Many researchers argue that the intellectual abilities of an individual play a large role in the individual's ability to be resilient. There are many measures of this factor, defined in several different ways, such as IQ (Alvord & Grados, 2005), intellect (Judge, 2005; Smith & Carlson, 1997), problem-solving ability (Hippe, 2004; Smith & Carlson, 1997; Werner & Smith, 1992; 2001), planning ability (Rutter, 1999), and scholastic ability (Alvord & Grados, 2005; Rutter, 1999). However, these are all interrelated as they affect the individual's ability to comprehend his situation and find solutions, such as ways to meet his needs. Additionally, intelligence and scholastic ability bring success and recognition, which can be beneficial for the person. Youth with an aptitude for school can use it to meet their needs and to find it as a source of support. For example, Hines, Merdinger & Wyatt (2005) found that resilient foster youth treated school as an outlet to meet their needs and form relationships.

Beyond one's intellect, other abilities important for individuals are the ability for emotional self-regulation, impulse control, and attention. In order to successfully meet the challenges that youth at high-risk face in life, it is helpful, if not necessary, for those basic systems to be activated (Masten, 2000). Self-regulation of emotion, attention, impulse, and behavior allows youth to avoid becoming overwhelmed and to function at a higher level (Alvord & Grados, 2005; Flynn, et al., 2004). Self-regulation is a skill taught largely by the parent's ability to soothe and regulate the infant, which the youth learns to internalize (Davies, 2004; Sroufe, 2000). The capacity to regulate one's

emotions is important, especially since adversity such as separation from a parent in the case of foster youth brings up many overwhelming emotions. If in the youth's infancy the parent was not able to teach the youth to regulate him or herself, the youth's probability of overcoming challenges is low. Similarly, the youth's ability to focus their attention is important in scholastic endeavors, interpersonal relationships, and in finding solutions to their problems. Impulse control and mastery of one's behavior is also important for success, in terms of pro-social behavior such as staying out of trouble and scholastic success. These abilities of basic self-regulation are the basis for success, and Masten (2000) argues that if they are not in place at an early age, external supports and protective factors cannot make up for the lack. Masten (2000) also argues that other systems are necessary to have for resilience to develop. These additional systems include the ability to connect interpersonally, to find pleasure in mastery, to process information, as well as the support of larger systems such as the family and community systems.

A person that can regulate himself also needs to feel that he has an impact on changing his environment in order to be able to cope. One name for this phenomenon is an "internal locus of control," (Hines, et al., 2005, p. 392), meaning a person's belief in their own efficacy to change their life situation. Studies focus on characteristics that emphasize a person's control within their situation. If a youth believes that he can make a change in his own life, then he is more likely to work to find solutions and to feel good about his own ability to change difficult situations. Some of the characteristics listed in studies are belief in self-efficacy (Flynn, et al., 2004; Masten, 2000; Rutter, 1999), proactive orientation toward goals (Alvord & Grados, 2005; Hines, et al., 2005), independence (Hines, et al., 2005), assertiveness (Hines, et al., 2005), self-awareness

(Hippe, 2004) and optimism (Flynn, et al., 2004; Hippe, 2004). Also important is the individual's relationship with change, such as the ability to accept help (Hines, et al., 2005; Smith & Carlson, 1997), and the ability to effect change (Hines, et al., 2005). However, it is also important for the person to have a sense of meaning in their life that may include faith (Flynn, et al., 2004; Masten, 2000; Smith & Carlson, 1997). A belief in one's ability to influence events in one's life, combined with a sense of greater purpose is associated with resilience. In terms of foster youth, especially multiply placed foster youth, since so many aspects are out of their control, the ability to actually affect change and the belief in their mastery may be especially important as an intervention. Giving youth the chance to make decisions and actually create change in their lives is one example of an intervention designed to promote a sense of mastery (Ungar, 2005b). Foster youth are often given minimal choice in decisions affecting their lives such as placement and allowing greater autonomy in decisions may actually increase resilience especially if a youth feels powerless.

How a person perceives his impact on the world is related to self worth, and the extent to which he feels valued by society, both of which impacts his resilience (Flynn, et al., 2004; Smith & Carlson, 1997). Competent youth, for example, had high self-esteem regardless of whether they had faced the adversity of living in out-of-home care or had remained with their families (Flynn et al., 2004). In other words, high self-esteem influences youth who suffered adversity to the point that they were as competent as those that did not experience the same hardship in the study conducted by Flynn and others (2004). One element that affects a person's self-esteem is whether their talents and abilities are recognized as important by themselves and others (Alvord & Grados, 2005;

Flynn, et al., 2004; Masten, 2000). Another important part of being recognized and receiving positive feedback is when a youth is experienced as attractive (Flynn, et al., 2004; Masten, 2000; Werner & Smith, 1992; 2001).  Infants that are rated as attractive or appealing have a higher likelihood of experiencing positive feedback from the world, probably increasing their self-esteem, and therefore augmenting their chance of success in coping.

The way that a youth interacts with others affects how he gets his needs met and how he is viewed by society.  Some studies have measured competence through attachment and interpersonal skills to determine resilience (Schofield & Beek, 2005) and have also been considered a protective factor for resilience (Hines, et al., 2005). Attachment is one of the basic systems that Masten (2000) argues must be in place at a young age in order for the youth to develop the possibility of overcoming hardship. It is important that in addition to having pro-social adults available, as parental or other supportive figures, that the youth have the skills to engage to some degree with the adult. This is in part dependent on the youth's experiences as an infant and the attachment style that he developed. It is therefore evident that the youth's early experiences with a caregiver have a long-lasting effect on their ability to cope and relate to others.

As the interpersonal relationships and early experiences of the youth are important in developing coping ability, the youth's context of family and community are influential. A supportive context can help youth avoid mental health disorders, avoid chronic criminal involvement, and overcome problems such as birth defects (Werner & Smith, 1992; 2001). Family stability and the caregiver's ability to parent play a very

important role in both forming the youth's basic adaptational systems, as well as providing support in the face of adversity.

*Resilience in the Family*

The family has been repeatedly cited as influential as both a risk and protective factor. The family is the earliest and most intimate environment that a youth experiences (Luthar & Goldstein, 2004). When the family is a positive environment for the youth, it can provide a safe haven from community violence (Luthar & Goldstein, 2004), facilitate recovery from trauma or mediate risk factors, such as birth defects (Werner & Smith, 1992; 2001) and other preventative or healing influences.

However, when the family is a difficult environment for the youth, the family not only lacks the ability to be protective, but can be a risk factor in creating additional stress and hardship on the youth. Family discord and family disruption are often considered risk factors (Appleyard, et al., 2005; Rutter, 1999).  More extreme experiences of maltreatment such as abuse and/or neglect (Appleyard, et al., 2005; Flores, et al., 2005; Masten, et al., 2000; Smith & Carlson, 1997) and witnessing violence, especially between parents (Appleyard, et al., 2005; Masten, et al., 2000) are also risk factors. Any stressor that impacts a parent's ability to provide a supportive environment for their youth is considered a risk factor (Rutter, 1999). Some of these can be the loss of one parent through death, divorce, or separation (Masten, 2000), as well as a compromised ability due to parental mental illness or substance abuse (Werner & Smith, 1992; 2001).

In cases in which the family's ability to care for the youth is compromised, relationships with other adults can become an important protective factor. Important adult figures can be extended family, a teacher, a mentor, a therapist, or a foster parent.

Somehow the youth needs to develop the capacity to have meaningful relationships in order to be successful in the world and to develop one's attachment system (Masten, 2000). Foster parents can provide the opportunity for positive relationships outside the family to help develop the attachment system that may mitigate the familial risk factor, increasing the possibility of the youth developing resilience. As we have seen in the previous chapter, foster parents can improve the youth's ability to relate.

Interactions with caregivers or other adults play an important role in the youth's ability to overcome adversity. The way that the qualities of caregivers or the components of good parenting are described and quantified varies. Some researchers include only parents (Judge, 2005; Smith & Carlson, 1997), and others recognize the importance of substitute caregivers, such as extended family, siblings, significant others, and friends (Flynn, et al., 2004; Hines, et al., 2005; Luthar, et al., 2000; Masten, 2000). Although, there is an almost universal emphasis on the closeness or supportiveness of relationships with important adults (Flynn, et al., 2004; Luthar, et al., 2000; Masters, 2000; Smith & Carlson, 1997; Werner & Smith, 1992) foster parents do not factor into a great deal of literature. The theory can be applied to including foster parents, as they often become important adults to the youth. "Good" parenting is generally accepted as an important factor in building resilience.

The elements of good parenting vary, however, are defined differently according to different researchers. "Authoritative" parenting with high levels of warmth, supervision and high expectations is a protective factor, according to Flynn et al., (2004), while Alvord & Grados (2005) define good parenting as "proactive." Additionally, the parents possessing qualities such as those discussed in the individual factors of resilience

(Flynn, et al., 2004), high SES (Flynn, et al., 2004; Masten, 2000) and a high educational level for the parent (Flores, et al., 2005; Werner & Smith, 2001) constitute protective factors.

Just as violence or discord in the family is a risk factor, a home environment with minimal conflict is oft-cited as a protective factor. A non-conflictual family environment is considered influential in outcomes from academic achievements to mediating the effect of traumatic violence in the community on youth (Judge, 2005; Luthar & Goldstein, 2004). A family with high functioning ability that does not experience conflict is more likely to have the energy to provide supportive and caring relationships to the youth (Flynn, et al., 2004; Rutter, 1999; Smith & Carlson, 1997). However, in this author's search of the literature, there was minimal discussion of the protective factors involved in the recovery process. For example, if a youth experiences a chaotic or conflicted family environment, but then lives in a supportive foster environment, it is unclear what the theory would predict as the outcome of the interactions between the protective and risk factors.

In addition to minimizing discord, the parental ability to provide an organized and structured environment is a significant protective factor. Providing such an environment has several facets. The expectation for involvement in the household through chores and responsibilities is associated with more positive outcomes as well as the opportunity for youth to participate in meaningful ways in both academic and home environments (Flynn, et al., 2004; Judge, 2005; Werner & Smith, 1992; 2001). Higher levels of parental supervision and consistency are associated with positive results (Smith & Carlson, 1997), which is similar to the availability of the parent to be a secure base for the youth as in

attachment theory.  The parent's encouragement and expectation of the youth's involvement in the household influences the youth's potential for accomplishment.

Educational achievement is a common measure of resilience.  Parental involvement in and high expectations for their child's education (Flynn, et al., 2004; Judge, 2005) as well as the parent's own educational level (Flynn 2004; Werner & Smith, 1992; 2001) are protective factors in achieving academic success. Scholastic achievement is also a means to improve self-worth and gain recognition, which were previously discussed as an individual protective factor (Hines, et al., 2005), Hines, Merdinger & Wyatt (2005) argue that the educational system can provide important opportunities for youth in the foster system as an outlet to a chaotic home environment. These studies indicate the importance of providing academic support and encouragement to foster youth.

Even if the family's support of the youth is compromised, an ability to effectively utilize external resources outside the family is important for both the youth and the caregiver. The ability of the parents to effectively use extra-familiar resources and support systems is important to enhance the ability to parent, and for the support of the youth (Flores, et al., 2005; Werner & Smith, 2001) This is especially important when the family faces macro issues such as discrimination or poverty. The parental ability to access resources also teaches the youth that help is available and models how to access assistance when needed.

*Resilience in the community*

Many studies emphasize the importance of community in promoting resilience for youth, and specifically for foster youth. The availability of community resources or of

adults in the community is important, and can generate assistance on several different levels (Alvord & Grados, 2005). Communities can be useful resources on the level of neighborhoods (Flynn, et al., 2004), schools (Hines, et al., 2005), involvement in pro-social organizations (Flynn, et al., 2004), emergency, public and health services (Flynn, et al., 2004), as well as extra-familial support for caregivers and youth. Additionally, schools can provide structured environments with opportunities for the youth to form relationships with peers and adults, to receive positive feedback about their abilities and skills, and to be a part of a community (Flynn, et al., 2004; Hines et al., 2005; Luthar et al., 2000; Masten, 2000; Smith & Carlson, 1997). Flynn and colleagues (2004) emphasize the importance of community resources that meet the needs of the youth and family for safety, in the neighborhood and broader community, and in terms of health and social services. The foster care system can be a positive community resource for the youth in its care by providing greater access to resources and helpful adults, argue Hines, Merdinger & Wyatt (2005). Ungar (2005a; b) states that youth access needed resources through a variety of sources in addition to education, including the youth welfare system, the mental health system, and the corrections department. Although these are not traditionally considered pro-social community resources, Ungar (2005a; b) argues that the services provide ways for out-of-home care youth to get their needs met. From this perspective, involvement in the foster care system can be considered resilience. Resilience from this systemic perspective broadens the definitions of success than the more traditional view of individual achievement as compared to others in out-of-home care or lower-risk peers.

Especially for youth who do not experience the home as a safe haven, but instead as a risk factor, community resources become an important aspect to the youth's ability to develop resilience. The formal and informal networks of assistance in the community are particularly relevant for foster youth, since they experience a disruption in the family attachment relationship. Those who work with youth to place them are instructed to prioritize maintaining the youth in the same community if possible, so that the youth is able to maintain some continuity in available resources and relationships (Pew Commission, 2004). In a study of foster youth that were able to attend college, many of these youth separated from their biological families had established relationships with caring adults in the community that may have contributed to their achievements (Hines, et al., 2005). For foster youth, community resources become especially important, due to the lack of protective factors, and at times extreme nature of the risk factors that can be involved with the family. Even if multiply placed foster youth are moved within the community, ideally they can maintain some of the protective factors.

Relationships with supportive adults, as previously mentioned, can be a protective factor for youth at risk. Adults in the community that are commonly cited as influential include extended family, teachers, and mentors (Hines, et al., 2005; Smith & Carlson, 1997). Another group of people that are very important, especially as youth enter adolescence, is the peer group. Association with pro-social peers (Flynn, et al. 2004) and peers invested in the educational system (Hines, et al., 2005), as well as breaking away from socially deviant peers (Masten, 2000) are also highly associated with positive outcomes. Relationship disruptions with adults due to living in out of home care increase the emphasis on the importance of peer relationships (Flynn, et al., 2004). Positive

relationships with adults and with peers is both considered a protective factor, as well as used as a measure of resilience.

*Interventions*

While identifying the factors that are associated with resilient outcomes in youth, focusing on how to promote opportunities for resilience has several positive results. First, it emphasizes that resilience is not a static dichotomous state but is instead a long-term process and a trajectory with the possibility for change (Rutter, 1999; Schofield & Beek; 2005). Additionally, it provides hope for change and underscores the importance of environmental factors on resilience. As previously mentioned, about 1/3 of teenagers involved in delinquent activities changed their behavior and became responsible law-abiding citizens in later years in the longitudinal Hawaii study (Werner & Smith, 1992; 2001). Several factors have been identified as potential turning points for young people that change the pattern of the youth's interactions. Some of the turning points are chosen by the youth, and some the youth has no control over (Rutter, 1999). One commonly cited turning point that the youth chooses is joining the army, which is associated with delaying early marriage and with the opportunity to afford higher education (Masten, 2000; Rutter, 1996; Werner & Smith, 1992; 2001). Pro-social behavior with peers and marriage to a spouse with a positive influence are identified as turning points (Masten, 2000; Rutter, 1996; Werner & Smith, 1992; 2001). In addition to forming pro-social friendships, separating from relationships with socially deviant peers is an influential part of changing one's tendency toward delinquency (Flynn, et al., 2004; Masten, 2000). Influential turning points as cited by De Civita (2006) are the availability of new possibilities in terms of education, employment or relationships, and the strengthening of

one's internal resources. However, an example of a potential turning point that a youth does not choose is removal from his parents (Rutter, 1999), which can both increase and decrease the possibility of resilience.

Intervention suggestions in the literature encompass both preventative and recovery-oriented models. Preventative interventions are aimed at building protective factors or reducing risk factors early in the youth's experience. Researchers emphasize the importance of preventing damage to protective systems (Flynn, et al., 2004; Masten, 2000). Protective systems are those elements within the youth such as attachment to adults, belief in one's efficacy, ability to process information, as well as the family system and systems within the community (Flynn, et al., 2004; Masten, 2000). One important area of intervention is to promote healthy functioning within youth's abilities and their families, as well as nurture pro-social organization within the community. In fact, emphasizing preventative processes can promote protective factors in a way that can minimize the risk factors (De Civita, 2006). In such a way, the youth would not be challenged to develop resilience, but would instead be protected from the potentially negative impact. An example of this would be a national advertisement campaign emphasizing ways to avoid maltreatment of youth, or the organization of communities in pro-social ways to provide support and respite to caregivers, or improvements in the public health and social services available to families. Suggested ways to enhance protective systems by Smith & Carlson (1997) include enhancing the youth's self-esteem by encouraging positive identity development, enhancing academic success, promoting socialization, and improving support to caregivers. Part of this strategy also is supporting the continuation of healthy functioning. Since protective and risk factors can occur at the

level of youth, family, and community, protective interventions can take place at every level.

Another important mode of intervention that is explored to greater extent in the literature is promoting resilience through transformation after exposure to a risk factor or trauma (De Civita, 2006; Flynn, et al., 2004). Although preventative measures are helpful for promoting positive outcomes, restoration of damaged systems is the only strategy to build true resilience, since resilience by definition requires the exposure to risks. One way to do this is to alter the meaning of the experience, such as normalizing the effects of trauma through group treatment (Smith & Carlson, 1997). Group treatment is a way for resilient people who faced similar adverse events to support one another. One recurring theme in the literature regarding restorative strategies was to increase the attachment to parents and provide supportive adults in the community, such as through mentoring (Gilligan, 1998; Masten, 2000). Given the import of relationships with adults in developing resilience, interventions to increase and improve the youth's potential to attach to adults are logical. This is especially true for foster youth that have been multiply placed, as their relationships have been disrupted and their attachment ability often compromised. Specific suggestions to assist with attachment relationships include working to enhance the relationships between youth and their caregivers or other supportive adults (Flores, et al., 2005; Masten, 2000). In addition, researchers emphasize increasing the resources available to the individual youth, or through the protective systems such as caregivers, schools and communities (Masten, 2000).

Masten (2000) identifies three strategies for working within the systems that are protective influences on youth. The protective systems include the parents, schools and

teachers that are helpful to the youth. The first is to minimize the amount of risk that a youth faces. The "asset-focused strategies" (p. 6) increase resources immediately available to the youth, either directly or through the protective systems, such as tutoring or activities. By fostering the youth's abilities and talents, researchers hypothesize that this strategy would provide them with a sense of empowerment and self-efficacy (Alvord & Grados, 2005; Gilligan, 1998; Hines, et al., 2005). The youth would receive positive feedback and be involved in pro-social activities that enhance the possibility of forming positive relationships. This is particularly important if caregivers can give support to and highlight the abilities of the youth (Alvord & Grados, 2005).

Masten's "process-focused strategies" (2000, p. 7) augment the protective systems in order to be helpful to the youth, for example working with parents to increase secure attachment behavior. In doing so, it is important to foster positive chain reactions within the protective systems of the family and community and minimize the negative chain reactions (Rutter, 1999).

In order to truly build resilience and affect change, it is vital that the interventions be directly related to the risk factor affecting that individual youth. Positive relationships alone will not create change if they are unrelated to the risk factor that the youth experiences (Rutter, 1999).  The relationships with adults that are offered must also have significance and connection for the youth (Smith & Carlson, 1997). Resilience is really the ability to adapt, and so rather than one particularly effective coping strategy, successful individuals cope with hardship with multiple different possible strategies (Rutter, 1999). Perhaps the best interventions are those that target multiple areas and encourage the youth to learn to try many different styles of adapting and coping.

A theoretical grounding in resilience and its underlying processes can help guide the development and implementation of new and perhaps more effective programs and policies aimed at furthering positive developmental outcomes among youth who have been raised in the foster care system (Hines, Merdinger & Wyatt, 2005, p. 392).

There is minimal research on the phenomenon of resilience within the population of youth in out-of-home care (Hines, et al., 2005). In this author's review of the literature, information on resilience after multiple placements in foster care was minimal, especially since discussion of resilience in foster care was limited. A possible reason is that resilience is not common in foster youth, probably due to the extensive number of risk factors that they face. In fact, foster care and out-of-home placement are listed in several studies as a risk factor (Masten, 2000; Smith & Carlson, 1997). However, other studies consider that the foster care system (Hines et al., 2005) and other broad systems such as mental health (Ungar 2005a; b) can provide needed resources and support for youth that need it.

Foster youth experience many adverse situations and risk factors.  In many of the families of foster youth, the family is not only unable to provide a supportive loving environment, but constitutes a risk factor for the youth's ability to be resilient. Many of the risk factors stem from dysfunction in the family that in many instances contributes to the youth being removed. The reason the youth was removed from the home often has a traumatic impact, since the most common factor is neglect or abuse from the parents (Hines, et al., 2005; Pew Commission, 2004).  Family discord, poor parenting, witnessing parental violence, and youth maltreatment are commonly noted as important risk factors (Appleyard, et al., 2005; Flores, et al., 2005; Luthar & Goldstein, 2004; Masten, 2000;

Smith & Carlson, 1997; Werner & Smith, 1992; 2001). These are risk factors common in the families of origin of foster youth as they are commonly implicated in the need to remove a youth from their home (Pew Commission, 2004). The youth then experiences the resulting grief of being separated from his parents, and loss of a parent is also considered a risk factor.

With each placement change, foster youth with multiple placements endure the transition between foster homes and experience disrupted relationships (Hines et al., 2005). Youth change caregivers, foster siblings, friends, homes, neighborhoods, and often schools as well as communities (Hines, et al., 2005). These changes erode many of the protective factors available, by taking the youth out of a family and possibly a community. Foster youth also often have limited control in their placement changes and life decisions (Ungar, 2005b), and since many county social workers have high case loads, foster youth are not always able to access their worker. Often, youth in out-of-home care will experience a period of time in institutional care, whether that takes the form of a group home or an emergency shelter (Hines, et al., 2005). Foster youth also have to deal with the stigma of foster care (Hines, et al., 2005). In the face of such challenges, it is common for behavioral, emotional and psychological problems to develop (Newton, et al., 2000).

However, some foster youth are able to adapt and overcome adversity, sometimes with assistance from the foster care system (Hines, et al., 2005; Rutter, 2000). Resiliency research looks at both initial protective factors that the youth carries with him or her across placements, and also at the external factors that can provide a turning point or enhance the ability to recover. In some instances, a protective factor can be the ability to

develop relationships outside of the family and for the youth to be able to distance

himself or herself from the family and abusive familial relationships (Hines, et al., 2005;

Rutter, 1999).

Involvement in the foster care system can be a risk factor. A youth's involvement

in the foster care system was noted as a risk factor in studies by Smith & Carlson (1997)

and Masten (2000). "Aging out" of the system when a youth turns 18 and is no longer a

ward of the court is considered a risk factor by Collins (2001).  Research has also shown

that a higher number of placements is associated with more behavioral and emotional

disorders (Newton, et al., 2000). When considering all of the potential risk factors

involved, foster care can indeed pose a danger, especially when the youth experiences

multiple placements.

However, it has been argued by some (Hines, et al., 2005) that foster care can

have positive attributes, such as opening up the possibility for new relationships with

adults and peers as well as academic opportunities. A risk factor in one circumstance may

be a protective factor in another if one considers the outcomes of a situation rather than a

categorical good or bad distinction (Rutter, 1996). If a youth is in danger in their home,

the foster care system can be a safe haven. Remaining in an abusive situation is

detrimental to youth's well-being and correlated with psychopathology (Flores, et al.,

2005) and many times foster care is a less harmful alternative. As Rutter (1996) points

out, in regards to adoption, that if the change results in going from a hazardous

environment to a positive one, then in spite of the additional stressors this change is a

beneficial step. Many foster care youth are able to meet their needs by advocating for

themselves within the system (Ungar, 2005b), perhaps in a way their needs were not being met at home.

Several studies on resilient foster youth have been conducted (Flynn, et al., 2004; Hines, et al, 2005). Some studies are retrospective, and examine an expected trait of resilience. For example, Hines, Merdinger & Wyatt (2005) performed qualitative interviews with foster youth who successfully entered college and explored what factors they felt contributed to their academic excellence. However very few foster youth make it to college, and those that do may have not experienced the same level of risk. While retrospective studies can provide information about what protective factors promote extraordinary resilience, it is not comparative to the general population nor to the population of foster youth that were not able to make it to college but did meet other developmental tasks.  Other studies compare foster youth at one point in time to the general population. Flynn et al. (2004) found that Canadian youth in out-of-home care were comparable to the general population of youth based on self-esteem and pro-social behavior. However, foster youth tended to fall short compared to the general population on the basis of friendship and emotional distress, and were low in comparison to academics (Flynn, et al., 2004).

For youth in the foster care system, relationships with peers, especially pro-social friends are important. As already stated, friendships and relationships with significant others can be a protective factor. As foster youth experience multiple placements, creating a community of peers may take on greater significance since they experience many relationship disruptions with adults (Alvord & Grados, 2005; Flynn, et al., 2004;

Hines, et al., 2005; Judge, 2005). In addition, peer relationships are developmentally important for adolescents and teenagers.

The ability to form relationships with caring adults outside of their families is cited in the literature as vital to resilience (Flynn, et al., 2004; Luthar, et al., 2000; Masten, 2000; Werner & Smith, 1992; 2001). Masten (2000) argues that internal strengths such as the ability to create and maintain relationships with adults are based on early interactions that allow the youth to develop the attachment system. While acknowledging the importance of relationships with adults, Flores, Cicchetti & Rogosch (2005) propose that internal strengths may be more important in predicting resilience than relationships formed with extra-familial adults. This raises the question that if a youth does not have those early attachment experiences with adults, is there any way to recover, or any protective factor that can ameliorate later risks? Schofield & Beek (2005) measured attachment to foster parents as the operationalized outcome of resilience. They found that youth that could attach to their foster parents, even if they were not categorized as having a secure attachment style, also had more positive outcomes in other areas. Even if the type of attachment had not become secure, the youth adapted with other methods of coping. Such a study implies that attachments to foster parents can happen even if the youth does not initially seem to have a secure attachment style, and that such an attachment bodes well for the youth being able to make progress with other outcomes.

Perhaps with the multiple risk factors facing a youth that is in foster care, a new definition of resilience is needed. Ungar (2005a; b) advocates for a different definition for at-risk youth. A foster youth is likely to face several of the most oft-cited risk factors, such as maltreatment (Appleyard, et al., 2005; Masten, 2000; Smith & Carlson, 1997)

separation from parents (Hines, et al., 2005), multiple transitions (Hines, et al., 2005), and the stigma of being in foster care (Hines, et al., 2005). Therefore, Ungar's (2005a; b) argument is that resilience should be defined as the ability of a youth to advocate for and access needed services. Such a definition reduces the individual pathology involved in evaluating the youth involved with the mental health or juvenile detention systems. A different definition of resilience would broaden the responsibility from the individual onto society to provide needed and helpful resources in non-stigmatized ways without encouraging the youth to act out in order to get them. Ungar (2005b) argues that services are not designed to provide services to resilient youth, and that only those that struggle or advocate for themselves receive services. This is consistent with Masten's view that resilience is "ordinary magic" (Masten, 2000, p. 5) in that the youth who are labeled as deviant are simply trying to meet their needs with the resources unavailable to them in their homes and that it is simply another way of being resilient. As previously mentioned, discrimination or societal expectations play a role in the youth's need being recognized and met, as is evident by those with more power (in terms of gender, class, and race) are more likely to receive services (Ungar, 2005b).

Interventions to increase resilience in foster care can target the areas of empowering the youth, assisting the foster family, and providing larger community systems that support the youth and family. Empowering the youth often involves developing traits associated with resilience (Hippe, 2004), providing him or her with opportunities to receive positive feedback for his or her talents and abilities (Gilligan, 1998), or with a mentor that can help foster positive relationships with the youth (Smith & Carlson, 1997; Ungar 2005b). The literature highlights the impact of good parenting to

increase resilience. Schofield and Beek (2005) offer concrete suggestions for foster parents around the level of attunement, emotional availability, and the ability to accept the youth unconditionally. They highlight the importance of emotional matching between foster parent and foster youth, in terms of warmth and emotional reactivity. They also emphasize the importance of encouraging foster youth's engagement in extra-familial activities.

The functions of the child welfare system on a broader scale, according to Gilligan (1998), are to provide protection, to meet the basic needs of the youth, to give additional resources and prepare the youth to leave the system. Ungar (2005a; b) has a different set of recommendations, that include working to improve the community in ways that will actually help youth, rather than help the system, providing scholastic holding environments instead of suspension, and integrating services into community centers. Recommendations that Ungar (2005b) makes regarding the foster system include removing youth only when they have detailed reunification plans, providing fewer workers that follow youth through the system of care, cultural sensitivity, and giving youth more say in the labels applied to them and in planning the best options for their futures.

In conclusion, the predictive value of resilience theory is that adaptation in the face of adversity is possible given the right circumstances. Many factors, both risk and protective, interact in a complex way and while a higher number of protective factors is important in terms of mitigating risk, they must also be relevant to the risk a youth faces. In addition, a youth must have the basic internal and external systems in place in order to

cope, which according to Masten (2000) include attachment, pleasure in mastery, human information processing system, self-regulation, family, community, and spiritual systems.

If this is true, then the early experiences of foster youth are influential on their later ability to adapt. It is possible that youth living in out of home care did receive the early care they need in order to adapt, for example those that succeed academically and go to college (Hines, et al., 2005). However, for those that were not able to receive the early care needed, the most important interventions are to support and encourage the development of the aspects that they lacked early in life. The promotion of resilience must be achieved through providing protective factors that address the areas in which the youth experienced risk. For a youth that experienced maltreatment and separation from his caretakers, it becomes especially important for a youth to be incorporated into a family, and to have a stable and supportive home and community. As shall be evident in the next chapter, multiple moves detrimentally affects a youth's ability to develop resilience.

CHAPTER V

MULTIPLE PLACEMENTS IN FOSTER CARE

*"So, this is how it is in foster care, you always have to move from foster home to foster home and you don't have any say in this and you're always having to adapt to new people and new kids and new schools. Sometimes you just feel like you are going crazy inside…"*
    *-A former foster youth, (as quoted by the Pew Commission, 2004).*

The foster care system was designed to protect youth whose parents are not able to care for them, are not meeting their needs or are maltreating them. The government becomes the legal guardian and attempts to provide the youth with a safe, stable, and optimally permanent home.  As previously mentioned, each year there are over 500,000 youth in out-of-home care (AFCARS Report, 2005). Although designed to be short-term, many foster youth remain in the child welfare system for years during the process toward permanent placement. A permanent placement is generally considered reunification with the biological family or adoption, either by a relative or non-relative. Occasionally long-term placements will include less formal options such as kinship care or long-term foster care, even if not legally permanent. Foster youth experience an average of three placements, and almost half of foster youth remain in foster care for over two years (AFCARS Report, 2005). Policy makers have expressed concern about how to address the length of time that youth remain in foster care (Pew Commission, 2004). However, less attention has been paid to the effect that moving to multiple placements has on foster youth and to their relationships.

The literature explores some aspects of the phenomenon of multiple placements in foster care. The term "*multiple placements*" in this study refers to three or more placements after removal from the home, before a permanent placement such as reunification, adoption, or emancipation. There are a few studies examining why multiple placements occur, some correlating multiple placements to behavioral outcomes, some looking at the process of making placement decisions, and one that looks at the psychological effects of multiple placements on youth. However, some central questions remain. Very little research has been done about who are the youth that experience multiple placements (i.e. what was their pre-placement experience of loss and abuse), what influence does the history of multiple placements have on future placements, as well as the youth's later relationships and resilience later in life. Future research on these areas would be instructive for developing measures to prevent multiple placements.

A study by Mennen and O'Keefe (2004) suggests incorporating the theory of attachment to make decisions around removal from the home and foster care. Such an application of the theory would potentially reduce the number of placements a youth experiences, but is not specifically focused on avoiding placement disruption. In terms of resilience, there are some studies examining protective effects for foster youth, such as the Hines, Merdinger, & Wyatt (2005) study on foster youth in college discussed in the previous chapter on resilience, but there are no such studies for multiply placed foster youth. An outcome study by Courtney, Piliavin, Grogan-Kaylor & Nesmith (2001) examines outcomes for foster youth after leaving the child welfare system, many of whom had experienced multiple placements. The literature also examines the current options, including family reunification, kinship care, therapeutic foster care and

residential treatment facilities (Baker & Curtis, 2006; Peters, 2005; Reifsteck, 2005; Terling, 1999). These options for permanency will be discussed in terms of their potential impact on the youth. However, there is a dearth of literature on the effect of multiple placements on a youth's ability to form attachments later in life, or the protective and risk factors specifically associated with multiple placements in foster care.

In this author's review of the literature, there is minimal information about the effects of multiple placements on youth's attachment styles and resilience. This chapter will explore the literature on the population of multiply placed foster youth, which is an understudied population. First this chapter will examine the historical basis of foster care. The research on why multiple placements occur, and how they affect foster youth are then examined. This chapter will then explore the ways the child welfare system can help youth avoid multiple placements or obtain permanency, including reunification, adoption, and kinship care. The final sections of the chapter consist of a review of the outcome studies on how attachment and resilience theories influence foster care. The current research project will apply what we have learned about the theories of attachment and resilience to the outcome studies of foster youth. As professionals in the field with youth's lives and psychological well-being in our hands, it is imperative that we explore how multiple placements affect foster youth, as well as increase the resources available to them to encourage new relationships and to foster resilience.

*History of Foster Care*

In order to understand the current state of foster care and what it can and cannot offer it is useful to explore its origin and history. The concept of foster care in the United States originated with the doctrine of "parens patriae," which makes the government

responsible for youth (Carp, 2005). Operating under this doctrine, the English Poor Law in 1601 removed youth from destitute and motherless homes (Carp, 2005).

There were several options for youth removed from their homes. Young children were placed with other families while older youth worked a trade in exchange for their room and education in a new family. Another option was living in the almshouses, often with the mothers, which may be considered a precursor to modern-day family preservation. However, almshouses included criminals and alcoholics (Carp, 2005) and neglected fostering youth's development (Everett, 1995). Private and public orphanages were an option that became a popular alternative in the mid 1800s (Carp, 2005).

Formal foster care in the form of out-of-home placement has its roots in the New York and Boston Youth's Aid Society. Charles Loring Brace in 1853, Secretary of the New York Youth's Aid Society advocated removing urban youth from the city (Carp, 2005; Everett, 1995). Youth lived in family settings on farms that trained them for future professions. However, youth lived far removed from their urban community and there was minimal follow-up (Carp, 2005; Everett, 1995). Charles Birtwell of the Boston Youth's Aid Society modified Brace's concept. Birtwell proposed that placement should be guided by the youth's needs, including the possibility of reunifying with the biological family (Everett, 1995).

The early 1900s the government implemented more formal measures around foster youth. In keeping with Birtwell's philosophy, some states created policies to emphasize supporting youth within their families rather than removal (Carp, 2005). The Social Security Act (SSA) of 1935 implemented federal reform for foster care, in response to the Great Depression's decimation of state's abilities to provide social

welfare (Carp, 2005). Titles IV, V, and the later amendment Title XX of the Social

Security Act supported foster care, and several subsequent amendments enhanced the

scope of the available aid in what are now known as Title IV-E, Title IV-B and Title XX

(Everett, 1995). The federal policies in the SSA and subsequent modifications laid

groundwork for funding on both federal and state levels.

Since the SSA, several acts have expanded the services available to youth. In

1974 the Child Abuse Prevention and Treatment Act provided funds to states in order to

"identify, prevent, and ameliorate the effects of abuse and neglect" (Carp, 2005). The

Adoption Assistance and Child Welfare Act (AACWA) in 1980 emphasized permanency

planning. Under the AACWA, child welfare workers focused on family reunification for

12 months, which could be extended to 18 months if there was a likelihood of

reunification (Cordero, 2004). The concept of removal from the family with possible

reunification introduced a measure of ambivalence that may have affected the number of

placements a youth experienced in the uncertainty about his or her future. As AACWA

did not make the expected improvements in reunification, the Adoption and Safe

Families Act in 1997 (ASFA) followed with stricter time limits for permanency planning

(Carp, 2005). ASFA also required the U.S. Department of Health and Human Services to

create outcome measures that includes the number of placements and the length of stay in

foster care (Courtney, Needell, & Wulcyzn, 2004). An important part of ASFA is the

mandate to provide concurrent planning for permanency and reunification (Cordero,

2004), so that if reunification is not a possibility, alternative plans have already been

made. The purpose of both AACWA and ASFA is to address "foster drift," the amount

of time that a youth stays in foster care (Carp, 2005; D'Andrade, 2005; Pew Commission, 2004).

The Pew Commission of 2004 found that the child welfare system focuses on short-term foster care at the expense of services that encourage permanency. One of the major recommendations of the Pew Commission is to reduce "foster drift." "*Foster drift*" is defined as the length of time between the youth's entry into the foster care system and the time the youth is placed in a permanent placement of adoption or reunification (Pew Commission, 2004). Although a longer amount of time in foster care is correlated with a higher number of placements that a youth experiences, there is not an exact relationship. A foster youth can experience one or two planned placements and yet stay in foster care for over a year, or alternatively fail out of several placements within a short time period. The Pew Commission (2004) acknowledged that youth experience multiple placements, and that they are correlated with negative effects such as emotional, behavioral and academic challenges, yet the policy focuses on the length of time in care.

Although youth that remain for several years in foster care are more likely to experience multiple placements (Duerr Berrick, Needell, Barth, and Jonson-Reid, 1998), the literature does not focus on the disruption to the personal relationships in the youth's lives with each move nor on the youth's possibility for healing. However, the policy focus beyond safety and promoting reunification is on reducing the amount of time in foster care rather than the phenomenon of multiple placements. Although safe reunification with their families is the ideal option, or a legally permanent placement as an alternative, the foster care system should also acknowledge the importance of the relationships that youth develop while in care.  This is particularly true as attachment and

resilience theory both indicate that foster care can be a restorative environment with the

opportunity to alter attachment patterns and to build up protective factors, especially in

terms of relationships with adults (Masten, 2000; Werner & Smith, 2001).

*Multiple Placements*

Over half a million (523,000) youth in the United States are in out-of-home care

after being removed from their biological family (AFCARS Report, 2005).  The majority

(69%) of youth in out-of-home care live in foster care, either with a relative (23%) or

non-relative (46%) (AFCARS Report, 2005).  The remaining youth live in pre-adoptive

homes or in institutionalized care (AFCARS Report, 2005). Upon entering foster care

almost half the youth are in foster care for two or more years, while over 15% remain in

care for over five years (AFCARS Report, 2005). The median number of months that a

youth is in care is 17 months, although youth that remained in care longer than 17

months, tended to stay in care for 3 to 5 years (AFCARS Report, 2005). During that time

in foster care, youth often experience several placements. On average, youth experience

three placements during their time in foster care before moving to a permanent placement

(AFCARS Report, 2005). Within the first two years of placement, somewhere between

30% and 60% of placements are disrupted (Duerr-Berrick, et al., 1998). More than one-

sixth of youth that were placed as infants and spent more than six years in care had

experienced five or more placements (Duerr-Berrick, et al., 1998). Between 20 to 25% of

youth do not ultimately experience a permanent placement (D'Andrade, 2005). More

successful outcomes in education are associated with placement stability and fewer failed

reunification attempts (Pecora, Kessler, O'Brien, Roller White, Williams, Hiripi, English,

White & Herrick, 2006). Jones Harden (2004) asserts that the placement stability and the

type of placement (i.e. kinship or non-kin care) influence the overall outcome for the youth.

Foster youth enter the child welfare system because their parents cannot appropriately care for them. Some youth enter out-of-home care due to the caregiver's physical or psychological illness, dysfunction or death, or because the youth's mental health needs are too great for the family (Lawrence, Carlson & Egeland, 2006; Pecora, et al., 2006). The majority of foster youth enter the child welfare after experiencing maltreatment that may include physical, emotional, or sexual abuse, neglect (AFCARS Report, 2005).

In the case of maltreatment, someone concerned about the youth's welfare makes a report to Child Protective Services (CPS). The reporter can be non-mandated, such as a neighbor, or a professional who is by law mandated to make a report of suspected child abuse, such as a teacher, doctor, or counselor. Upon receiving the report, CPS investigates and if the maltreatment is severe enough, if there are multiple types of abuse or if there have been previous reports, will remove the youth from the custody of the biological family. Many times CPS picks the youth up from school, in order to minimize the chances of further abuse or the family fleeing with the youth. Sometimes the police are involved, and the youth is picked up in a police car.

After emergency and/or short-term placements, the youth moves to a foster home. Some youth remain in that foster home and have the opportunity to form new attachments with the foster family with the potential for adoption or stay temporarily while their biological families receive services to encourage reunification. Others are moved to

different placements due to behavioral issues, changes in the foster family, or in compliance with policy mandates.

A study by James, Landsverk and Slymen (2004) in San Diego County found that foster youth have different patterns of movement across placements, and that those who stabilize earlier have better outcomes. Approximately 20% of the 430 foster youth studied had several placements, each lasting less than nine months within the first 18 months of the study. These youth experienced an average of 7 placements that ranged up to 15 placements in 18 months. However, more than one-third of the foster youth stabilized at a single placement within the first 45 days and remained there for the 18-month studied time period. Although even the youth who remained in stable placements had an average of more than two placements, they experienced fewer stays in residential care and ran away less. The youth that stabilized within the first 45 days also had the lowest behavior problems and were more often placed with relatives (James, Landsverk & Slymen, 2004). Other foster youth had placements for 9 months and then a variable pattern, or took longer than 45 days before settling into a placement for 9 months or more.

In applying the theories of resilience and attachment, one would predict that youth who are able to make interpersonal connections due to a secure attachment style, or who had many protective factors available to them would be able to successfully stabilize in a placement, given safe and supportive conditions. Although James, Landsverk & Slymen (2004) do not include attachment styles or protective factors in their analysis, they conclude "that foster children, who might all be considered at high-risk due to their length of stay in care, might actually experience very different patterns of movement

through care, and that stability might be possible for some youth in longer-term care" (p. 202). Future research about the different factors that allow some youth to stabilize quickly, others to settle into a stable placement, and others to experience substantial movement across placements would be useful in order to promote the factors that encourage stabilization.

The theories of attachment and resilience would predict that multiple moves impact a youth's feelings of connection, which may already be tenuous. Upon entering the child welfare system, the youth has already experienced his or her needs not being met, as well as the separation and loss from his or her primary caregiver. Regardless of the relationship with the caregiver, the youth is most likely attached to the caregiver and may not fully understand the reasons for removal, or may blame themselves.

With each change of placement, youth experience many losses in addition to their primary caregiver. Due to the scarcity of available foster caregivers, youth will often move to a new community, school, friends, and sometimes a new city. A study by Vig, Chinitz, & Shulman (2005) examined the multiple risks and vulnerabilities of youth in foster care. They found that moving to a new location can create problems in the continuity of services, especially in medical and academic records, which can create problems in effectively meeting the youth's needs. The youth as a result may have difficulty being served by the system, in addition to losing potentially protective factors and relationships in the home, school, and community.

In addition, each loss compounds the risk factors that are both the cause and result of removal from home. Placements are more likely to break down if the youth has a history of multiple placements (Oosterman, Schuengel, Wim Slot, Bullens, & Doreleijers,

2007). Attachment theory explains such a phenomenon in that relationship disruptions affect the youth's working model and future ability to create attachments. Each move removes more possible protective factors from the youth, especially in terms of family stability and community support, as well as affecting individual resources such as a sense of control over one's environment. Pre-placement risk combined with separation from their primary caregivers and then compounded by multiple placements represents serious risk to the psychological well-being of the youth. However, resilience is possible due to the potential to develop new attachment relationships.

It is unclear the extent to which foster care can be an ameliorative element in youth's lives, and the extent to which it poses new risk factors to the youth. Lawrence and colleagues (2006) found increased problematic behaviors after the youth left care even in youth without behaviors upon entering care. This may be due in part to the disruption in the youth's attachment to primary caregivers and to exposure to additional risk factors in the child welfare system. It is difficult to tease out the risk factors the youth experienced pre-placement from the risks inherent in being part of the foster care system (Jones Harden, 2004), and some argue that foster care may be a protective influence on the youth (Hines, et al., 2005; Jonson-Reid & Barth, 2000; Rutter, 2000). In fact, the majority of former foster youth in a study reported that they felt "lucky" to have been part of the foster care system, and 80% stated that their foster parents had been helpful (Courtney et al., 2001).

*Methodological Issues*

The national focus is on minimizing the length of time in foster care, due in part to the interest of the youth and finding permanency in their biological homes or in an

adoptive home. Another reason for this focus may be the expense on the state to care for a youth that varies more by time than by number of placements. Unfortunately, focusing only on the amount of time rather than the quality of the time spent in a placement ignores the potential long-term effects of experiencing multiple placements. Regardless of the reason, multiple placements are not a focus of policy, and as a result the data that is available is lacking or unclear. The national reports on foster youth do not clearly represent the number of placements youth experience across time, nor is there a standardized definition of what constitutes multiple placements.

Although some data regarding the amount of time spent in foster care is available through reports such as the AFCARS Report from the U.S. Department of Health and Human Services, information regarding the number of placements that a youth experiences is more difficult to obtain (Baker & Curtis, 2006; D'Andrade, 2005). The database only contains the information of the youth that experienced the event for that year rather than information for the same youth across different years (Courtney, et al., 2004). The data limitations may contribute to the dearth of information on how multiple placements affect foster care youth.

Another methodological issue is the lack of a standardized definition of a placement disruption. After being removed from their homes, foster youth are often moved to a shelter or an emergency placement with relatives and then short-term foster care while reunification is attempted before a potentially permanent or long-term placement.  Without any additional moves, the foster youth already experienced three planned placement changes within the child welfare system. Studies vary in whether or not they count these routine placement changes as disruptions, which makes it more

difficult to compare results across studies (D'Andrade, 2005). Placement changes are counted differently depending on the study. Some count one night that a youth stays in care as a different placement (James, 2004), while others do not count routine moves, such as from an emergency shelter to a short-term placement (Newton et al., 2000). Data regarding previous placements is often not readily accessible (Baker & Curtis, 2006; James, 2004), making the study of multiple placement patterns more difficult.

In the current study, when referring to multiple placements, the author is referring to a youth's movement from and to a foster home with an intended stay of more than a few days. Unless the youth is young and lacks a sense of time (American Academy of Pediatrics, 2000) it is the disruption of the longer-term placements that is more likely to affect a youth's working model of relationships. In fact, Leathers (2006) found that the integration of a youth in a foster home has a substantial impact on the placement stability. It is unclear whether the youth's ability to bond due to previous attachment styles or the parental availability is a greater influence. James (2004) found that planned moves did not significantly increase the resulting number of behaviorally-related placement changes.

<center>*Factors that Lead to Multiple Placements*</center>

Multiple placements are sometimes considered an unavoidable part of the foster care experience for some foster youth (Everett, personal communication, 2006). The main reason is the difficulty of predicting the permanency potential of a placement, which can lead to unforeseen changes. However, it is not impossible to make educated guesses, and theory can be applied in order to set in place more supports for the youth. Concurrent planning for reunification and an alternative permanent option seems to help,

although under ASFA parental rights are more likely terminated (Humphrey, Turnbull, & Turnbull, 2006). Policymakers are more concerned about the length of time in foster care since it directly affects the cost of foster care, rather than the number of placements that ostensibly does not affect the federal cost. However, if a youth's sense of self and relationships is further damaged in the foster care system, ultimately society and the federal government are likely to pay, in personal suffering, loss of productivity, support services, and mental health bills.

The pressure of finding a placement for a foster youth in an emergency situation can understandably influence the child welfare workers to consider, among other influencing factors, the long-term potential for a placement. However, neglecting to focus on the toll taken by multiple relationship disruptions only has the potential to further harm some of the most vulnerable youth. There are several factors that influence placement disruptions. Policy mandates, situations in the foster families, and the youth's behavior patterns are the most often-cited reasons that impact the placement decision. According to the Center for Social Services Research at the University of California at Berkeley, the most common reasons for placement changes in California for the 2005 fiscal year were the facility's request for the youth to change placements (12,505), adoption or foster-adoptive placements (11,228), to be placed with a relative (10,732), and the youth's behavior (4,198). There were also 1,529 complaints on foster care homes, most of which resulted in the youth moving to another placement (Needell et al., 2007b). This data for California appears to be similar to national statistics, as well as coinciding with other literature's reports.

According to a study by James (2004), the majority of placement disruptions in San Diego County are due to planned placement changes, which he found do not negatively affect the youth's behavior.  Planned placement changes may occur due to the youth having resided there for the maximum time possible, or a move that follows foster care policy, such as keeping siblings together. Although a lack of acting out behavior does not necessarily mean that it does not emotionally affect the youth, it may indicate that planned moves for administrative reasons may not be as traumatic for youth. Perhaps a youth's attempts to connect to a caregiver or the abrupt end of a placement due to unplanned circumstances are more detrimental to the youth's well-being. Attachment theory would explain this phenomenon by focusing on the separation and loss at the end of an attempt to connect with the caregiver as more difficult than a planned termination. However, the impact that a move after a short stay has on the youth may be partially dependent on other variables. For example the youth's developmental level may influence the impact of the move on the youth, since young children have difficulty distinguishing time periods (American Academy of Pediatrics, 2000). Additionally, the depth of the relationship between the foster youth and the caregiver, as well as the youth's attachment style may influence the impact of the move on the youth. A youth with a history of an insecure attachment style may be more vulnerable to multiple placements, although such research does not appear to have been conducted.

*Policy*

There have been many policy changes to aspects of the child welfare system in an attempt to fix particular aspects of the problem (Pew Commission, 2004). Most recently in 1997, ASFA was passed in order to reduce foster care drift and to identify permanent

and safe homes for youth more quickly. Duerr Berrick, Needell, Barth and Jonson-Reid (1998) reported that many of the policy reasons for multiple placements center around time restrictions on the workers. These time limitations include assessment time limits, time restrictions in providing support services to foster parents, and time limitations on how long a youth can remain in a foster care placement. The Adoption and Safe Families Act (ASFA) of 1997 recently accelerated many of these administrative time limits in an attempt to reduce foster care drift, which may then have increased the number of placement changes. A qualitative study by Humphrey, Turnbull, & Turnbull, (2006) interviewed foster youth, foster parents, child welfare workers and judges about the effects of AFSA on access to services and the impact on their lives and work. The effects found included a shortened time period for the family to make the corrections needed, a higher likelihood of the court terminating parental rights and not as much required of service providers (Humphrey et al, 2006). With less flexibility around time and the services offered, youth are often more likely to experience placement disruption, although they may be more likely to ultimately have a permanent placement. However, it is unclear if such a goal is actually achieved by AFSA, rather than adding to greater placement instability.

Policy also impacts the amount of commitment that foster parents have to youth. Foster parents are able to give a seven-day notice that the placement will end, meaning that the youth must leave the home within a week. Even in long-term foster care, the commitment made to the youth does not exceed the time that they are of legal age when they emancipate from the system. Foster youth and foster parents tend to think of the concept of "permanency planning" as a long-term arrangement until the youth turns 18 or

21 (Freundlich, Avery, Munson, & Gerstenzang, 2006), rather than a life-long attachment.

Mandates will sometimes create additional placement moves, which may be in the best interest of a youth. Child welfare workers must balance out a number of often competing factors in order to place the youth. Some reasons that policy encourages a placement change includes changing to a kinship placement and/or siblings placement, an adoptive or long-term foster home, to make cultural matches, accessibility for parent visits, the level of restriction of the placement, and to increase stability in school and community (James, 2004). Many of these placement changes seem to be in the best interest of the youth's ability to create attachments and foster resilience, and James found that planned moves do not significantly affect behavior problems. The theories of attachment and resilience would prioritize a positive relationship with an adult, or other protective factors relevant to the challenges the youth faces in considering a planned placement move. Data is unclear as to whether the benefits of moving purportedly in the best interest of the youth merits the placement disruption. However it is unclear if planned moves impact the youth's relational style or acts as an additional risk factor.

*Foster family characteristics*

Foster parenting is difficult and stressful work, and may be influenced by personal circumstances. Factors such as illness, deaths in the family, moving, divorce, vacation plans, and not wanting to provide long-term foster care or to stop fostering influence almost 20% of placement changes (James, 2004). A Canadian study by Brown & Bednar (2006) asked foster caregivers why they would end a placement. The major responses were that if the youth's behavior was not manageable or dangerous for the family, if they

did not receive ample support, if their personal situation changed, or if the youth did not seem able to integrate into the home (Brown & Bednar, 2006). Sometimes the match between the youth and caregiver is simply not a good match (Brown & Bednar, 2006), perhaps indicating a difference in mental representation of relationships (Stovall & Dozier, 2004).

*Behavior*

The youth's behavior is also a contributing factor to the number of placements that they experience.  Multiple placements may be a self-perpetuating cycle, in which it is difficult to disentangle cause and effect. Youth often act out by using coping mechanisms that may have been adaptive to their survival in abusive or neglectful homes, or in response to the emotional trauma of losing their primary caretakers.  However, if used rigidly in other situations these survival behaviors become maladaptive. The behavior can cause foster families to end the placement due to the behavior, confirming the youth's internal working model that no one can commit to him or her. Often youth will exit the foster care system with more externalizing behaviors such as aggression than when they entered out-of-home care (Newton, et al., 2000). The foster youth may be acquiring behaviors that then negatively impact their placements, perhaps due to the emotional effects of change, learned coping mechanisms, or developmental changes during their time in foster care.

There is some debate, as well, as to how much of a role the previous issues such as maltreatment and genetic vulnerabilities play (Rutter, 2000), and how much the behavior or mental health problems are exacerbated by elements within the foster care system such as relationship disruptions. According to the American Academy of

Pediatrics (2000), maltreatment may change the way that a youth reacts to stress, wiring their brain to respond more aggressively when their needs are not met by signaling distress.  It may also stem in part due to the disruption to attachment relationships and exposure to additional risk factors inherent in the foster care system.

Twenty percent of placement disruptions were attributed to behavior problems (James, 2004). A study conducted by Leathers (2006) suggests that the youth's integration, or feeling of belonging in the foster family, may be more important to maintaining a stable placement than behavior problems. Both attachment and resilience theory would predict such an outcome. In consideration of this fact, it is vital to consider how programs and policies can best support the connection with a family. Behavior problems are one of the elements found in a meta-analysis of the literature to increase the likelihood of placement disruptions, as well as entering a placement at an older age, a history of previous placements and a history of residential care (Oosterman, et al., 2007). The experience of a failed attempt at a permanent placement increases the likelihood that a youth will experience further placement disruptions (Chamberlain, Price, Reid, Landsverk, Fisher & Stoolmiller, 2006). A high number of problem behaviors in a youth increases the risk of placement disruption (Chamberlain, et al., 2006).

*Effects of Multiple Placements on Youth*

As one would anticipate from an understanding of attachment and resilience theories, multiple relationship disruptions negatively affect youth. According to the American Academy of Pediatrics (2000), "The emotional consequences of multiple placements or disruptions are likely to be harmful at any age" (p. 1146). Studies have found that multiple placements are associated with issues in psychological well-being

(Hussey & Guo, 2005), scholastic achievement (Pecora, et al., 2006) and internalizing and externalizing behavioral problems (Newton, et al, 2000; Lawrence, et al., 2006). A foster youth that experienced more than four placements in their first time in foster care is 1.95 time more likely to re-enter care after reunifying with family (Jonson-Reid, 2003). This study emphasizes the importance of the attention paid while a youth is in foster care, as it later can affect chances for permanency and long-term relationships. A history of multiple placements has also been linked to involvement with the juvenile justice system (Jonson-Reid & Barth, 2000), and needing higher levels of care (Baker & Curtis, 2006).

Placement disruption has been found to have negative effects on youth's psychological well being. Hussey & Guo (2005) performed an exploratory study that found that a high number of placements was the most significant predictor of the level of psychological impairment, as well as the change in psychiatric status over time. The descriptive and cross-sectional statistical analyses showed that "each additional increase in the total number of out of home placements increased the critical pathology score by 0.84 units at any point in time {$p<.05$}" (Hussey & Guo, 2005, p. 501). Although the study may be limited to the sample of foster youth at private, non-profit treatment foster care agency in Cleveland, Ohio, the results indicate how the disruption of relationships can negatively impact youth.

Since changing placement influences youth's psychological health, their behavior often reflects their emotional state. Newton, Litrownik & Landsverk (2000) found that multiple placements tend to increase foster youth's externalizing and internalizing behavior. Externalizing behavior consists of behaviors that one can see, such as aggression, whereas internalizing behavior is withdrawal or anxious behavior. The higher

the number of placements that the youth experienced, the greater the incidence of

negative behavior patterns (Newton, et al, 2000). Newton, and colleagues, (2000) used

paired-comparison and independent groups t-tests to find that behavioral problems

increased with a higher number of placements experienced, regardless of baseline

behavior upon entering care. Since negative behavior is difficult for foster parents to

handle, it can then cause further disruption in placement, compounding the further risk of

multiple placements. It is difficult to disentangle the effects of the risk factors upon

entering care, from the disruptions in care (Jones Harden, 2004).

<p style="text-align:center">*Permanency*</p>

The stated goal of the child welfare system is permanency, either through a safe

reunification with the original caretakers or another legal option such as adoption. The

goal of permanency is, in theory, an excellent one, since it would avoid multiple

placements, provide the youth with attachment figures, and offer the stability to foster

resilience. Permanency is especially important when considering the theories of

attachment and resilience. The theories predict that a youth's ability to heal and form new

working models of relationships is greatly improved if there is a long-term commitment

by the caretakers, although the definition of a long-term commitment varies, as will be

further discussed. The protective factors of a stable family situation, a supportive

community and the ability to foster one's personal resources are greater if the youth is not

exposed to the risk factors inherent in transitioning to different homes.

*Reunification*

The first goal of permanency under ASFA generally is reunification with the

family within the first 12 months of the youth being in out-of-home care (Humphrey, et

al., 2006). Although family reunification with the biological family is ideally the goal for permanency, returning the youth to the same environment may place their safety at risk or may not be possible. There is concern that proper assessment of the level of risk are not always made, thereby returning the youth to their home too early and endangering them to further abuse or neglect. In a study by Terling (1999) approximately 1 out of every 3 of youth in the study reunified with their biological family re-entered the system due to re-abuse or re-neglect. Jonson-Reid (2003) found that youth that left foster care before 3 months had higher rates of re-entry into the system. Such results indicate that the length of time in the foster care system is less important than the youth and family's experience while the youth is in foster care.

*Adoption*

If reunification with the family within the specified time limit is not possible, adoption is often the next option for permanency once parental rights have been terminated. According to Jones Harden (2004), following the passage of ASFA the number of adoptions has risen, although the number of reunification has not. Some youth are not available for adoption, either because the parental rights are not terminated, or because the youth does not want to be adopted. In a study by Courtney and colleagues (2001), almost half (41%) of the sample of foster youth that emancipated from the child welfare system wished that they had been adopted. Although ASFA now requires concurrent planning for reunification and adoption, the wait for many youth to be adopted is often a matter of years. The average waiting time to be adopted is 45 months, and almost half waited over 36 months (AFCARS Report, 2005). The majority (62%) of adoptive parents are foster parents, 23% are relatives other than step-parents, and non-

relatives that adopted comprise 15% (AFCARS Report, 2005). It is not clear from the data if the foster parents that adopted were fostering the youth that they adopted before the decision was made to adopt or if the foster parents were classified as adoptive parents from the beginning of the placement. If the foster parents decided to adopt while the youth was in their care, such a result would emphasize the importance of focusing on the relationships while in care. On the other hand, if the adoptive parents specified they would only foster youth with the possibility of adoption, the placement move would be difficult to avoid and still allow the youth the possibility of permanence. However, such information is unavailable, making it difficult to determine.

However, the legal meaning of permanency is not necessarily the same as a psychological sense of permanency (Barth, 1999; Freundlich, et al., 2006). The theories of attachment and resilience would emphasize the importance of the psychological sense of permanency and the quality of relationships therein, rather than the legal definition or physical place. Formal kinship care and long-term foster care are options that can be considered permanent, although they are not as legally binding as reunification or adoption, nor are they considered under ASFA as possible permanency options (Freundlich, et al., 2006).  Limiting the idea of permanency to only reunification or adoption has a potentially negative effect on the placement, as it does not allow for flexibility (Bullock, Courtney, Parker, Sinclair & Thoburn, 2006; Chipman, Wells, & Johnson, 2002).

Permanency may hold different meanings to those involved. As Freundlich, Avery, Munson, & Gerstenzang (2006) found, the concept of permanency meant different things to stakeholders in the child welfare system, including the youth, the foster

caretakers, the biological parents, the child welfare workers and the judges. The foster youth defined permanency as not returning to their parents or as forming their own lives after the youth turns 18 years old. The foster youth and the caretakers generally defined permanency in terms of relationship and belonging, while the service providers emphasized the legal definitions. Different aspects to permanency include the physical environment for the youth, the legal guardianship, as well as the commitment to relationships (Freundlich, et al., 2006). Each of these is an important goal for the child welfare system, and the child welfare workers tend to focus on the former two. Barth (1999) argues that permanency is less important than a home that has the potential to provide the resources needed to help the youth become a productive member of society. As Courtney and colleagues (2001) point out, each year 20,000 youths "age out of care," meaning turn 18 years old and become independent of the child welfare system. These newly emancipated youth are often ill-prepared for the world and without the support of a family that continues after aging out. Such a situation is not conducive to positive outcomes for youth, especially those that had multiple placements, since the protective factors that are vital during a difficult transition period are not present as the youth faces many new risk factors.

Even in the process of reunification, the ideal permanent option when safe, there are important relationship issues that need to be addressed. The youth loses what may have been an important relationship with the foster caregiver, and the foster caregiver must give up her/his parenting role (Cordero, 2004). The ambivalence with which both parties may face during the change in their relationship can, if not addressed, undermine the reunification process (Cordero, 2004).

*Kinship*

Kinship is often the second choice to parental reunification, and may be an effective way to minimize placements. There are both positive and negative views of kinship. Kinship care seems to discourage placement disruptions (Oosterman, et al., 2007). Kinship care corresponds with longer stays in care but lower rates of return into the child welfare system (Jonson-Reid, 2003). Congruent with the concept of longer stays in care, kinship placements are three times less likely to disrupt due to behavioral issues than non-kin care (Chamberlain, et al., 2006; James, 2004). Additionally, final care with kin was also associated with lower rates of re-entry (Jonson-Reid, 2003).

In a study by Lawrence, Carlson, & Egeland (2006), placement with an unknown caregiver was associated with higher levels of internalizing behavior than with a known adult. Congruent with the theories of attachment and resilience, the study's authors attribute the behavioral difference to three things: fewer changes in the caregiving routine with a relative than with a stranger, having relatives available for caretaking indicates the kind of care the youth receives, and the youth's potential continued contact with the immediate family (Lawrence, et al., 2006). The theory of resilience would emphasize that more protective factors are likely to be maintained in the care of relatives, especially the potential factor of continuing a positive relationship with an adult. Attachment theory's emphasis would be on the maintenance of the relationship with the primary caretaker as well as the quality of the relationship with the relative.

From an attachment perspective, kinship encourages the maintenance of relationships with caregivers who are more able to provide for the youth. Kinship can encourage the possibility of staying connected to the family, thereby maintaining some of

the protective factors that foster resilience (Chipman, et al, 2002). Kinship recognizes

that the youth's attachment to birth family and kin does not disappear with the

opportunity to create new relationships to foster caregivers. In a study of the quality of

kinship care, Chipman, Wells, & Johnson (2002) found that kinship caregivers are more

likely to be kind to the youth and to maintain their connection to the birth families. More

than half of a sample of 113 foster youth reported feeling close to their grandparents and

to their siblings, many more than reported feeling close to their birthmothers (Courtney,

et al., 2001). Kinship also fosters resilience in the youth by maintaining the community

supports, and offers the possibility of significant relationships with extra-familial adults

that is a major protective factor. In fact, Scannapieco and Jackson (1996) argue that the

practice of kinship care itself reflects community resilience, particularly within the

African American population. This is particularly important due to the overrepresentation

of youth of color, especially Black youth in the child welfare system.

However, kinship is not always a viable option and requires more on the part of

child welfare workers.  There are a number of concerns about kinship as a permanent

option from the perspectives of child welfare workers due to fears of safety as well as

family dynamics creating issues of triangulation (Peters, 2005). Some long-term kinship

care homes do not technically become permanent due to the kin not wanting to legally

adopt a relative (Chipman, et al., 2002). Kinship homes are not required to be licensed as

foster care homes are, making the guidelines to standards and policies unclear in

comparison, and not providing as much personal protection for child welfare workers

wanting to place youth in the homes (Chipman, et al., 2002; Peters, 2005). Kinship

homes often face the same oppressive conditions that the youth's original caregivers

struggled with (Chipman, et al., 2002), including discrimination from the child welfare system. The financial assistance, the services offered and the regulation that occurs is often lower for kinship care homes than for non-kin foster homes, as well as a lower incidence of services (American Academy of Pediatrics, 2000; Chipman, et al., 2002). While kinship care can help maintain relationships with the biological parents managing multiple parental roles can be difficult, for the youth, the caretakers, and the workers. The triangulation is especially discussed in studies considering kinship care, due to the potentially already complicated family dynamics involved (Peters, 2005). Being biologically related does not guarantee positive relationships or even a previous knowledge of the family member. Being kin does not mean that the youth will remain in the same community, and in fact a blind prioritization of kin over other important factors such as the relationship of the youth with the foster parent or the potential for permanency is not necessarily a positive thing (Mennen & O'Keefe, 2004). Kinship care is often a temporary emergency placement when the youth is removed from the parents.

Therapeutic foster care programs are another option that is less permanent but are designed to minimized placement disruptions and provide more support. They are often a less restrictive and more cost-effective alternative to residential treatment for youth with difficult behavioral issues. The foster parents are part of the treatment team, and receive a higher monetary benefit for caring for the youth and specialized training (Reifsteck, 2005). The general effectiveness of therapeutic foster care as opposed to residential treatment facilities is another important area, but is beyond the scope of the current project. However, additional support is available to foster parents within therapeutic foster care programs.

*Overrepresentation of Youth of Color*

Youth of color are highly over represented in the child welfare system, particularly Black youth. The disparity of CPS referrals made in 2005 for Black youth in California was more than two times those made for White youth and for all other races (Needell et al., 2007a). The disparity of Black youth first-time entries into the child welfare system is 3 times as great compared to White youth (Needell, et al., 2007a). The total number of Black youth in out-of-home care in California has a disparity rating of 4 times more compared to all other races, and 5 times as great as only White youth (Needell, et al., 2007a).

Ayon & Lee's (2005) review of the literature showed that ethnicity has an effect on how the youth experiences maltreatment and the resulting expectations from the system. Particular services that can better serve the overrepresentation of African American youth and their families in the child welfare system. Ayon & Lee found that, especially with families of color, Family Preservation was more likely to have a more positive outcome in the youth's academic adjustment and symptomatic behavior. Family Preservation as instituted in Los Angeles County is a more culturally sensitive crisis intervention and family-focused treatment that provides weekly in-home visits. Ayon & Lee's found that Family Preservation was more effective with African American and Latino families rather than the traditional form of Family Maintenance, in which after a report of youth abuse or neglect, a caseworker makes a monthly visit to the youth and family for between six and 12 months (Ayon & Lee, 2005).

More culturally sensitive support is associated with more successful outcomes. Offering in-home support and foster placement was effective in helping youth to avoid

later incarceration in the juvenile justice institution called California Youth Authority, especially for African American and Hispanic families, according to a study by Jonson-Reid and Barth (2000). Both African American and Hispanic youth had "high risk for negative developmental outcomes following youth welfare intervention" (Jonson-Reid & Barth, 2000, p. 518). As facing discrimination can be an additional risk factor, it is important to provide youth of color with appropriate protective factors, in the form of culturally sensitive programs or supporting the community resilient response of kinship care.

*Attachment Outcomes*

In this author's search of the literature, few studies empirically examined foster youth's attachment styles and relationships in the context of multiple placements. However, several studies emphasize the importance of considering issues of attachment when making child welfare decisions. Freundlich and colleagues (2006) emphasizes permanency due to the importance for foster youth to develop a relationship with an adult. Mennen & O'Keefe (2004) propose that the child welfare system train workers to consider attachment theory when making decisions to change placements as well as in removing the youth from their home. Although permanency is not the same as having a healthy attachment, these researchers emphasize the importance of stability for the foster youth as much as possible.

Foster families can theoretically provide a blueprint for a more secure internal working model for youth (Masten, 2000). However, there is no guarantee that the foster family will automatically bond to the youth. As Bullock and colleagues (2006) point out,

attachment relationships cannot be forced, although they can be fostered by providing

positive parenting conditions.

> It is good social and psychological parenting that is essential if youth are to do well; but this is not the same as attachment. Neither is it the same as love. As attachment cannot be generated artificially, the best that can be hoped for is that carers are sensitive to attachment issues and capable of handling conflicting emotional roles that might affect them. If the context is right, attachment might develop or emerge from other things, but it will develop at a pace set by the child and cannot be demanded (Bullock, et al., 2006, p. 16).

The youth's loyalty to and feeling of connection to the biological caregivers may

continue regardless of how the youth was treated, which can be difficult for the foster

family to understand. Foster youth are more likely to feel connected to their biological

families than foster families, but many do not feel that they belong to any family system

(Jones & Kruk, 2005). An important role of the child welfare worker is to inform the

foster family that even if they provide the best parenting possible, the youth's pre-

placement attachment style and separation from the primary caregiver influence how they

integrate into the family (Lawrence, et al., 2006). Such information and support is

important if the foster family can work with the youth and give him or her time to alter

the internal working model of relationships. As a result, careful matches, training and

support to the foster families plays a large role in providing the right circumstances for a

potential connection.

The research on attachment suggests that youth in foster care can develop internal

working models of relationships that are more adaptive if provided with safety and

stability (Masten, 2000; Mennen & O'Keefe, 2004; Milan & Pinderhughes, 2000). Milan

& Pinderhughes (2000) found that youth seem to carry a mental representation of

themselves and a maternal figure with them to new caregiving relationships. There is also evidence that a consistently available adult may be able to help the youth re-formulate their relationship style and attachment (Masten, 2000). However, the effect of multiple disruptions on the ability to form future relationships is unclear.

Not all researchers agree on a greater emphasis on fostering attachment. Barth (1999) argues that the term "attachment" is over-used and justifies child welfare decisions that may not ultimately be in the youth's best interest. Barth asserts that a focus on relationships rather than on the long-term possibility for the youth's ability to be a productive member of society is misguided. Such an assumption reflects a different definition of success, that of productivity over mental health.

*Resilience Outcomes*

In this author's search of the literature, there were few studies focusing on the protective factors influencing the successful outcomes of multiply placed foster youth. Some studies examine the number of placements as a factor in terms of influencing behavior, incarceration, re-entry to the system of care or psychological well-being. However, few focus on how foster youth's relationships are affected by placement disruptions.

One important outcome in terms of protective factors was found in a study by Courtney and colleagues (2001). Former foster youth expressed that they received a great deal of social support that contributed to their well-being, especially from peers (friends and significant others), as well as from former foster families, and to a lesser extent the birth families. In this study, many foster youth reported a higher level of psychological

distress than the general population, although they were less likely to receive mental health services than when they were in the child welfare system (Courtney, et al., 2001). Almost half had to change schools at least four times in their educational careers, and 12 to 18 months after leaving care more than 10% had been homeless and almost a quarter had lived in four or more different places. However, 37% lived in the same location as they had moved when they were discharged from care at least a year earlier. Over 80% of the foster youth in the sample had held a job, and more than half were employed over a year later, with a majority satisfied with their jobs. Collins (2001) points out that "…while foster care youths may be more vulnerable than the general population, it is not clear whether they are at any greater risk than youths facing different but equally critical challenges such as poverty, mental illness, or victimization" (p. 285). However, foster youth may be facing multiple risk factors in addition to out-of-home care, or may not experience the protective factors that could off-set the vulnerabilities of being in foster care. Multiple placement disruptions may be considered a risk factor and is a risk in the sense that it is a removal from possible protective factors, especially from extra-familial relationships with stable adults.

*Areas for Future Research*

There are many gaps in the literature about multiple placements that are important to address in future research. As previously discussed, comparing youth who experienced multiple placements to those with only a few placements would be an instructive addition to the field of social work. Such a study could examine their attachment styles and the protective factors that mitigate the effects of multiple placements. The longitudinal study could follow the youth through emancipation, determining whether a permanent

placement was ever achieved. Once the former foster youth became adults, it could

administer measures regarding their ability to form future relationships, their attachment

style as adults, and how they would identify protective and risk factors in their lives. This

author recommends a longitudinal study design for such studies that measures particular

risk and protective factors as described in Chapter IV, and assesses the quality of the

relationship between the youth and their foster caretaker. A longitudinal study would

better take into account changes and turning points across the lifetime. If, as James,

Landsverk and Slymen (2004) found, around 20% of youth experience an unstable

pattern of placements and only a little over a third are settled in a stable placement within

the first 45 days, a prospective study of youth entering foster care would identify

differences between the groups. Such a study would require a large sample so that the

different patterns of movement could be properly compared.

As Collins (2001) points out, the literature focuses on the risks facing foster

youth, rather than the protective factors, and tends to focus on the individual factors

rather than the more macro or community aspects of care. In a future study it would be

important to examine both the risks and the protective factors on an individual, familial

and community level. The reasons for the moves and how they were experienced by the

youth would also be a valuable part of the research. Perhaps such research could not be

accomplished in only one study, but the area of multiple placements is sorely overlooked,

in the national focus and in research, so a more thorough examination of the impact of

multiple placements would be helpful. Both attachment and resilience theories would

predict that disruption from a stable placement in foster care would be detrimental to the

youth. The evidence appears to point in that direction, but not enough comprehensive studies have been done examining the phenomenon.

Multiple placements end developing attachment relationships and often pull youth away from those factors that increase resilience. As Ungar (2005b) stated, it is important to carefully assess the situation and the placement most likely to be permanent before doing anything besides ascertain safety for the youth. If an emergency foster placement must be used, the ideal would be to have only one, even if it takes a little longer, rather than moving the youth in quick succession.

Concurrent planning for permanency gives parents an opportunity to make the changes necessary to reunify with their children, while planning for an alternative option. Both of these options, reunification as a primary goal and permanency planning as an alternative, would be positive for the foster youth. However, if parental rights are terminated it may mean that the youth experiences both a long-term foster placement and an adoptive home, as well as possibly an emergency shelter and a short-term placement. That would create multiple moves, even assuming that the foster and adoptive placements are suitable, safe, and the youth is able to remain. Therefore concurrent planning does not eliminate multiple placements.

Kinship homes can take the role of any of many different types of placement, from emergency shelter to adoptive home, giving them an advantage if they are safe. Although some kinship homes are hesitant to legally adopt a relative, guardianship can be another option that would allow for greater permanence (Scannapieco & Jackson, 1996). From the data, it appears that family foster homes actually adopt youth quite often, although it was not clear if they were identified as adoptive homes from the beginning or

if they were foster homes that decided to adopt when parental rights were terminated (Needell, et al., 2007b).

Exploring the possible permanency of foster homes is a good idea as well as to consider resources that can prepare the youth for adulthood.  As Barth (1999) points out, homes with greater resources and energy can provide more independence planning and cognitive stimulation to the youth so that they have a greater chance of being productive citizens. It is also important to consider the element of permanency after the youth ages out (Freundlich, et al., 2006), and to consider upon permanently placing a youth how much support they will receive after their 18th birthday. Of course, even the most carefully assessed foster placements might fail, or change due to circumstances in the foster family, the youth, or the biological family. Some moves are always going to be inevitable. However, the current policy focus on the amount of time in the child welfare system does not reflect the application of the theories of resilience and attachment. As Penzerro (2003) stated, the habit of continually moving youth habituates them to future homelessness, as well as breaking the ties to family and community that help foster resilience. However, the issue of multiple placements is not well-researched and requires a better understanding of the processes in order to focus national attention on multiple placements as an issue as important to child welfare as "foster drift."

Foster care is potentially a positive experience for a youth. It can provide safety from maltreatment, a new model of caretaking relationships and an opportunity for change. However, multiple placements within foster care eliminate these benefits by disrupting relationships and often taking away potentially protective factors from the youth.  In the subsequent chapter, the theories of attachment and resilience will be

compared as to how they apply to the phenomenon of foster youth that have experienced

multiple placements.

CHAPTER VI

CONCLUSION

Both attachment and resilience theories posit that youth have a greater chance of a successful outcome if they experience a positive relationship with a parent or another consistently available adult. For a youth who has experienced separation from their primary caretaker, and potentially has been maltreated or exposed to other risks, healing is possible in the context of a healthy environment and a supportive caretaker (Masten, 2000). However if the youth is then moved multiple times to different homes, schools, communities, and caretakers, how is he or she to adapt in a successful manner? It seems that the foster care system has given up on these youth and is not looking for solutions to multiple placements. Although the lack of motivation to address this issue may be financial in part, ultimately society pays a dear price for neglecting the well-being of some of our most vulnerable members.

Although a careful search of the literature was performed and relevant material included, every research project includes limitations and biases. The author's experience of working with multiply placed foster youth that received intensive services, many of whom were considered severely emotionally disturbed may have influenced the perspective of the study. Such experience in a skewed sample could have led this author to formulate an opinion about multiple placements that may not be relevant to many foster youth. In addition, this author's perspective as a White aspiring social worker who did not personally experience the foster care system also influences the focus of the study

and may have an effect on the way the theories are applied to the phenomenon.  Having worked in the foster care system in a privileged position of being White and having decision-making power limits my familiarity with what it means to be impacted by the foster care system.

One purpose of this research project was to determine how we can help foster youth heal from experiencing multiple placements. The first step to helping youth heal is to understand how multiple placements within the foster care system affect them. By learning about their experience through the lens of attachment and resilience theories, it was the author's purpose to discover how the foster care system can help build attachments and develop resilience for multiply placed foster youth. The theories of attachment and resilience were chosen as they best explore the possibility of healing from loss. The two theories overlap when applied to foster youth with multiple placements, since the numerous disruptions of the attachment bonds appear to erode the protective factors that are potentially available to a foster youth. The next step is to determine how the foster care system can better support foster youths' healing.

The first section of this chapter will summarize the major points of each theory and the phenomenon of multiple placements in foster care. An analysis follows that compares and contrasts the theories of attachment and resilience. The chapter will then synthesize how the two theories assist in understanding the phenomenon of multiply placed foster youth. The chapter will discuss the strengths and limitations of this project and examines the implications to social work. Recommendations for providing optimal opportunities for foster youth and areas for further study will be enumerated.

*Findings*

A youth's experience of multiple placements is a risk factor that is not fully addressed in the literature, especially in terms of the theoretical application. Multiple relationship disruptions compound all the other risk factors that foster youth face and increase the potential for foster care to be iatrogenic. Each change of home may contribute an additional risk factor due to the disruption of relationships (American Academy of Pediatrics, 2000). This study used the theories of attachment and resilience to examine the phenomenon of multiple placements.

Attachment is a process by which almost all infants form a relationship with a primary caregiver within the first 12 months (Bowlby, 1969; 1973; 1988). The infant can be securely or insecurely attached to a caregiver (Ainsworth, 1979). The infant is likely to be insecurely attached if the caretaker's emotional or physical availability is inconsistent. The infant's experience of early interactions with the caretaker forms expectations for future relationships, while remaining open to the possibility of change. Although being in foster care causes a separation from the caregivers, it also allows the possibility of healing and a new model for how relationships can function through a new relationship with a foster parent or another stable adult (Masten, 2000).

Resilience theory considers the interactions of risk and protective factors to explain how a youth is able to overcome adversity. The major sources of protective and risk factors are in the individual, the family, and the community. Protective factors within each area are most helpful if they are relevant for counteracting the risk factor that each youth experiences. As resilience is a relatively new theory the ways that studies measure resilience vary.

The two theories can explain how a youth is affected by the disruption in the primary attachment relationship and the potentially detrimental impact of multiple foster placements. Both attachment and resilience theories provide insight into how a foster youth may be affected by the process of foster care, from pre-placement risk, to removal from their primary caregiver, to multiple transitions. Each theory adds to the explanation of why a youth might experience multiple placement disruptions, if their behavior is an adaptation to the emotional stress of the process. However, this study offers hope. The application of the theories to foster care allows for the possibility of creating potentially more secure and healthy attachments and the emphasis of protective factors in relationships and in the community. Greater research is needed to confirm the theoretical application and hypothesis stated in this study.

*Analysis*

Attachment and resilience theories have particular similarities and differences in the breadth of their application to the foster care population with multiple placements. The theories will be compared and contrasted as applied to foster care and the effect of multiple placements.

*Compare*

In many ways the theories of attachment and resilience are complementary, and each adds important information to understanding the experience of foster youth with multiple placements. Some of the most apparent similarities in regards to multiply placed foster youth are the importance of relationships with caregiving adults, the reinforcing nature of positive or negative experiences, the possibility for change in spite of negative

experiences, and the cultural specificity of both theories. Each of these themes will be subsequently explored.

Both theories are relatively well-established in the field, and provide useful tools with which to assist multiply placed foster youth. Resilience theory is useful for considering the risks and protections when evaluating how well a youth has adapted to the foster care system. It can also be used to determine the protective factors that should be enhanced or expanded to counter-act the risk factors the youth faces. Attachment theory is also a useful tool when working therapeutically with foster families, such as to explore the foster youth's potentially divided loyalties. Further discussion on the applicability of attachment theory in practice is found in the synthesis section.

Neither attachment nor resilience is measured by random assignment to control or experimental groups. Although such a study design would allow for empirically tested evidence, it would not be ethically correct as it would require manipulating relationships and withholding positive factors that might benefit people. The effect of multiple placements cannot be scientifically measured due to similar ethical constraints. A foster youth should not ethically be moved from a placement without cause for scientific purposes. Without using an independent variable design, it is difficult to tease out the different variables of each theory.

Both resilience and attachment theories determine that the integration of an experience is the most important factor, rather than the positive or negative quality of the actual experience. In the Adult Attachment Interview, attachment style is measured by how the individual processes and discusses an experience, rather than whether the quality of the experience was positive or negative (Rutter, 1999). Rutter argues that resilience

functions in much the same way. Rather than measuring the magnitude of the adversity of the foster youth's experience, the focus of resilience theory is on how the youth adapts to the situation. Both the theoretical constructs of the internal working model in attachment theory and the protective individual factors of resilience theory are located within the youth. As a result, both theories posit that the youth brings positive aspects to each new placement, rather than being completely a product of the environment or dependent on feedback from others. These constructs offer hope for multiply placed foster youth to be able to carry strengths and protective factors with them through placements.

In addition to similar individual constructs, there is some overlap between the two theories. First, resilience, as a more comprehensive theory, encompasses aspects of attachment theory. According to Masten (2000), resilience is dependent upon having developed an ability to have meaningful attachment relationships. Attachment theory does not directly include resilience theory but particular concepts overlap, such as the importance of the caregiver and recognition of the elements that support or inhibit their ability to be consistently available. There are other similarities as well. Resilience theory emphasizes the ability to relate to others in a positive manner as a protective factor, similar to attachment theory. Attachment theory agrees with resilience theory by acknowledging the influence of the caregiver as well as the infant's contribution to the relationship (Werner & Smith, 1991).

Both theories emphasize the importance of primary caregivers and other important figures in the youth's life. In this author's search of the literature on the theories of attachment and resilience, the resounding conclusion of both is that the relationship with caregivers constitutes an extremely important factor to the youth's

future success. Attachment's central focus is on the relationship of the youth to the caregiver, although it acknowledges that there can be other influential relationships as well. Resilience theorists such as Masten (2000) assert that the basic ability to form attachments must be in place in order to be resilient. Both attachment and resilience theories acknowledge that extra-familial relationships can positively influence youth to heal (Hines, et al., 2005; Marcus, 1991; Mennen & O'Keefe, 2004; Werner & Smith, 1992; 2001). Therefore, both theories, while emphasizing the influence of early family experiences, also allow for the possibility of change.

Early experiences shape youth's chances for the future, and the theories agree that early favorable factors help create a positive trajectory for the youth later in life. Attachment is a self-perpetuating cycle, in that an infant's easy temperament can make it easier for adults to respond with positive feedback, which makes the infant more secure in his or her response to the adult (Alvord & Grados, 2005). The infant later applies the secure working model to other relationships, which provides further reinforcement. The concept of developmental pathways, as discussed in the chapter on attachment, envisions a youth's trajectory like a tree (Bowlby, 1988). All infants with similar directional possibilities and each experience that branches away from positive influences increases the difficulty with which the youth can return to a secure attachment. Attachment focuses on what can be conceptualized as either the roots or the top branches, while resilience examines the complex interaction of the middle section. Some researchers argue that the theory of resilience also displays a loop, in that overcoming some challenges makes it easier for an individual to meet the next challenge (Rutter, 1999). Receiving positive feedback would increase the individual protective factors of self-

efficacy and internal locus of control, thereby increasing the youth's resilience. Both theories acknowledge that the more positive influences a youth receives the more likely they are to continue on a positive trajectory.

The opposite is true as well, that if a youth experiences multiple negative experiences, such as not being cared for by their family, they are more likely to experience negative outcomes.  For example, consider a foster youth that experienced several risk factors in the biological family's home, such as neglect or maltreatment. In addition to experiencing risk factors, the youth may also not have the basic capacity to form healthy attachments. The youth then is removed from the primary caretakers, and has a difficult time in the first foster home, contributed to by the fact that the youth's expectations for relationships are based on unhealthy previous attachments. If the youth acts out his or her emotions in a way that may have been previously modeled or taught, then the youth is more likely to be removed from that placement. With each placement, the youth's expectation of failing and sense of impermanence may grow (Penzerro, 2003), becoming a self-fulfilling prophecy.

Although both theories acknowledge the tendency of a positive or negative trajectory based on early experiences, they both include the possibility for change in the expected outcome. The theories agree that if the youth is placed in a situation that encourages positive interactions, the youth can recover to some degree from early experiences.  The concept of the internal working model in attachment theory and the individual factors for resilience both allow for the possibility of change and revision. If the youth has an internal working model of a secure relationship and many protective individual factors such as problem-solving ability, the youth has a better chance of a

positive outcome. If there are multiple individual risk factors or the internal working

model is more negative, both theories purport that future change is possible, but becomes

more unlikely the more the youth's life situation branches toward insecure attachment

and accumulates risk factors. The limitations of how much recovery is possible in the

theories of attachment and resilience has not been comprehensively studied. Discovering

how much recovery and change can be expected in foster youth is important since the

pre-placement risks, challenges of foster care, and effects of multiple placements place

foster youth at high risk.

Although the youth's internal resources of a secure attachment and protective

factors are helpful in successful outcomes, both theories posit that external influences are

necessary to change the direction of a negative trajectory. In attachment theory, change

can originate from a new relationship that alters the internal working model. In other

words, a positive relationship with a new foster parent can lead the youth to have more

positive expectations of relationships with others (Masten, 2000). In resilience theory the

impetus for change is a new experience that ameliorates risk factors or counteracts areas

of risk with relevant protective factors. An example of a change could be removal from

an environment of maltreatment (eliminated risk factor) and the experience of positive

relationships in a foster home (counteracting protective factor). As will be discussed in

the subsequent section on contrast between the theories, while the possibility for change

is a substantial part of resilience theory, the concept is only minimally explored in

attachment theory.

Both resilience and attachment are culturally bound. A successfully resilient

outcome is based on cultural norms and the import of particular risk factors vary by

culture. Culture influences whether a youth is seen as either resilient due to individual ability or challenged by the failures within the system or larger community. Similarly, even though the categories of attachment are found across cultures (Main, 1996), the way that attachment styles manifest can vary by culture. For example, a particular culture may expect an infant to display more or less distress upon separation from the caregiver. Even though the infant may be classified in the same group cross-culturally, the expectations vary.

Both attachment theory and resilience theory are under-studied in their application to foster youth. Attachment theory does not expound upon how attachment expectations can change, or how risk after infancy affects relationship styles. Resilience considers factors more broadly and addresses how a person's trajectory toward a negative outcome can be diverted. Further research into these questions is vital in order to gain information pertinent to understanding foster youths with multiple placements. Even within the current limitations, attachment and resilience theories used in conjunction can provide a more complete picture of the individual's relationships and interactions with the greater community.

*Contrast*

The theories of attachment and resilience also diverge in several important ways. Methodologically there are several differences between the theories. There are differences in the historical basis of the theories, the scope of each theory, the scope of the population and the focus on infancy and the predictive value of early relationships. Two substantial differences between the theories are the way that each approaches the idea of predictability or change, and whether the factors influencing the outcomes

originate internally or externally. See Table 3 for a summary of the contrast between the

theories that will be explored in the subsequent section.

Table 3

_Contrasting Attachment Theory and Resilience Theory_

| Attachment Theory | Resilience Theory |
|---|---|
| Methodology: Older, more established theory with greater body of research and methodological agreement in classification and standardized evaluation. | Methodology: More recently established theory with less agreement around definitions of success and adversity. |
| Scope: Focus on how the dyadic caregiver relationship is internalized. | Scope: Focus on comparisons between populations. |
| Age: Focus on infancy & the predictive value of early relationships. | Age: Longitudinal theory that includes many possible turning points. |
| Success: Ideally only positive experiences. | Success: Requires adversity & adaptation. |
| Factors: Focus on influence of external factor of caregiver interaction. | Factors: Focus on internal and external factors. |
| Healing: Assumes stability, does not explain change in trajectory. | Healing: Assumes positive change is possible, examines turning points. |
| Interventions: Direct interventions and training for foster parents to increase quality of relationship. | Interventions: Weigh out protective and risk factors when making a placement decision and implement protective factors to greatest extent possible. |

The theory of attachment is a well-established theory and is substantially older than resilience theory. Consequently, there is more research and more methodological agreement within attachment theory. Perhaps in part because attachment theory itself is more traditional, and better established, most of the more recent literature on attachment theory debates the new and controversial subject of attachment therapy. Resilience theory, on the other hand, is more recently established which leads to greater inconsistencies in measurement and more variety of subjects studied. As a result, the level of methodology agreement differs between the theories.

Methodologically there is more agreement and definition in attachment theory and more contention around the theory of resilience's methodology. Attachment theory has various classifications and a standardized evaluation, whereas resilience does not even have a standardized measurement. Many different factors contribute to the resilience of youth, particularly scholastic or intellectual ability, having positive parental experiences, and a supportive community. But there is no singular standard factor that all researchers measure and varied importance is given to the factors that impact resilience. There are also no discrete categories of resilience, only a dichotomous definition based on the chosen dependent variable (Luthar, et al., 2000). Attachment theory, on the other hand, has specific categories and a standardized measurement (Main, 1996). However, attachment past infancy also does not have a standardized measurement, except for a subjective individual interview in adulthood. Due to these differences, the applicability of the studies to foster youth with multiple placements varies.

Resilience is a theory with a broader scope than attachment theory in many ways. In terms of the population, resilience theory emphasizes comparisons between groups

while attachment theory focuses on ho w the dyadic relationship is internalized. Resilience can be determined based on objective data of individual achievement drawn from various sources rather than diagnosing a relationship. For example, if a youth achieved a measure of success in academics and they faced adversity such as being in foster care, then the individual can be determined resilient based solely on that data. Of course, studies vary based on the definition of success and the measurement used. Such a generalization does not preclude the ability to use attachment theory to evaluate a larger group of foster youth. Nor does it mean that resilience cannot be discussed on a more individual scale by considering the protective factors that could be instrumental in assisting a foster youth's transition. However, their general proclivities lead to a difference in the scope of the theory.

Resilience is also broader in terms of the focus on particular ages. Attachment theory focuses on infancy and retrospectively on the integration of early experiences. Conversely, resilience is a longitudinal theory, with an unlimited possibility for change in the projected trajectory. According to Schofield and Beek (2005), resilience complements other theories, such as attachment, but adds the perspective of looking at processes across time. The focus of attachment theory is on early experiences and the possibility of prediction, whereas resilience looks at the interaction of protective and risk factors across the lifespan.

Attachment and resilience theory have different assumptions of what is required for a successful outcome. Resilience requires having an adverse experience and subsequent adaptation, whereas optimally attachment is secure because the youth experienced few negative events.  It is possible to both have a secure attachment and be

resilient, since the adverse experience does not necessarily involve the relationship with a caregiver. However, in the case of resilient foster youth at least one of the challenges is the youth's separation from the caregiver. Attachment theory associates negative experiences such as maltreatment with the negative outcome of insecure attachment. Therefore, the amount that a youth can adapt or integrate the positive and negative to develop a secure attachment is limited by their experiences in early childhood. Resilience theory by definition examines adaptive functioning of youth that experienced an adverse event such as maltreatment and assumes positive results even in the face of negative experiences. The process of classifying foster youth's attachment styles focuses on the deficits in their attachment, whereas resilience theory is more likely to follow a strength-based approach that will acknowledge the areas in which the youth made significant accomplishments and what he or she overcame.

In addition to the difference in requirements for a successful outcome, resilience theory and attachment theory differ on whether internal or external factors to the youth have the greatest influence on the outcome. Internal factors include temperament and other individual characteristics, whereas external factors are the influence of the caregiver, family, and community. Resilience focuses on the influence of both internal and external factors, while attachment theory's major focus is on the external factor of the parent's behavior, with some acknowledgement of the youth's constitution affecting the relationship. The focus of attachment theory is on the caregiver's emotional and physical availability to the youth. The internal factor of youth's temperament that may influence the way the adult interacts with him or her is also considered. Resilience theory

focuses more broadly on both the external familial and community factors as well as internal temperament.

The internal and external factors are related between the two theories. The fact that a youth who has an easy temperament and who lacks distressing habits (in eating and sleeping) is more likely to be resilient could be related to attachment (Werner & Smith, 1992; 2001). Parents have an easier time responding favorably to youth that are not experienced as difficult, which can help to create a secure bond. The secure attachment makes it easier for the youth to relate to others, increasing their self-esteem and creating a perpetuating cycle that increases the possibility for resilience in the face of adversity.

Resilience and attachment theories propose different views of how healing occurs. The definition of change through the lifecycle is not part of attachment theory, and there is no predictive power for a change in the expected trajectory. In fact most change that has been recorded on attachment styles is the change from secure to insecure. On the other hand, resilience can be conceptualized as both a snapshot of a moment in time as well as a longer trajectory. Resilience theory assumes that positive change is possible if given the right circumstances, and that human behavior is self-righting (Hines, et al., 2005; Masten et al., 1999). Attachment theory, on the other hand, assumes that what may be the youth's adaptation to meet his or her needs within the context of less than optimal parenting can be considered a measure of insecurity, or disordered attachment rather than resilience. New possibilities for relationships in foster care can lead to a positive change in the youth's internal working model (Masten, 2000), although the exact mechanisms are unclear.

Fewer longitudinal studies of attachment have been conducted than of resilience. As a result, there is substantially less information about how one's internal working model can positively change due to a new relationship beyond infancy. For example, it is unclear how a positive foster relationship can affect a multiply-placed foster youth's attachment style to others in his or her life. On the other hand, several opportunities for resilience have been identified, such as joining the army, marrying a partner with a positive influence, and separating from negative peers (Werner & Smith, 1992; 2001). This difference is probably due to the focus of resilience theory on positive change, as opposed to attachment theory's focus on stability.

Resilience researchers argue for the possibility for change in the personality (Rutter, 1999), whereas attachment researchers argue for stability. However, just because there may not be stability in the attachment of people (especially those at high risk) over the lifetime does not negate the importance of early parental relationships. They do affect the basic affectional systems, and set the stage for the youth's abilities later in life, especially in important personal relationships. Attachment theory posits that a secure stable attachment style over the lifetime is continuous with consistent positive parenting and low risk. Youth that do not experience positive parenting are more likely to have insecure attachments. Resilience theory is in agreement, since positive parenting is considered an important protective factor, and a way to establish the basis of the capacity for resilience. The literature examining attachment style changes in a positive direction are limited. The studies that do examine predictability or change in attachment styles focus on change in a negative direction from secure to insecure, whereas resilience looks at overcoming negative odds.

Attachment theory may be more useful to understanding a foster youth's actions and creating direct interventions, whereas resilience theory may be more useful to make placement decisions and implement change in a larger sense. Attachment theory can be applied to making a decision in the best interest of the youth, such as in Mennen and O'Keefe's (2004) study. For example, part of making a decision about whether or not to move a youth includes an assessment of the quality of the relationship between the youth and caretaker, as well as the youth's attachment style with others. Resilience theory can be applied to examine how a youth has adapted and how to target particular risk factors by enhancing relevant protective factors to help them heal. For example, an application of resilience theory would be to maintain the protective elements relevant to the risks the youth faces if possible when making a placement decision. In most cases, one of the major risk factors for multiply placed foster youth will center on early experiences with their parents as well as changes in their relationships over time. Ultimately, both theories are likely to lead to a similar focus and create some overlap in terms of explaining to foster families what the youth has faced.

Lastly, the theories have different strengths when applied to foster youth with multiple placements. Attachment theory is better for explaining to foster caregivers why the youth attempts to evoke a particular reaction and to illustrate the kind of sensitive and consistent parenting that can help the youth eventually become secure in their attachment style. On the other hand, resilience theory is more helpful when considering what type of programs or assistance may be useful for foster youth by targeting the areas most affected by risk factors. Resilience theory is also helpful when considering preventative measures and the most effective early interventions.

*Synthesis*

The use of the word "placement" for foster youth is indicative of the unlikelihood of successfully providing a long-term home through the foster care system when it is needed. Ideally, finding a placement means that the stay is temporary until the foster youth can return to their parents. However, once parental rights have been terminated, preferably the focus is on finding a home rather than a placement. Ideally a home would be more than a place for the youth to rest his or her head, but to heal, foster new relationships, and build resilience in the youth. In an ideal world, a placement would truly foster the youth's healing by encouraging new relationships and building resilience, in addition to temporarily providing a safe place. However, if the youth experiences a series of placements it would be nearly impossible to provide a home in that sense. This section will provide recommendations on how to minimize the phenomenon of multiple placements and suggestions for helping youth heal after their experience. My recommendations, which will be expounded upon in this section, are to: (a) develop policies to address the impact of multiple placements on youth, (b) minimize placements as much as possible by providing greater support to foster families, including kin, and (c) if a move must be made, to apply attachment and resilience theories to the greatest extent feasible. Lastly, implications for the field of social work will be considered.

Both the theories of attachment and resilience support the assertion that finding a permanent home for foster youth is paramount. A permanent outcome may consist of reunification with their parents, legal adoption, or living long-term with a foster family or with relatives. Ideally, a permanent living situation happens as quickly as is safe and is sustainable, rather than promoting re-entry into the foster care system. However, while

the youth is being moved in an attempt to find such a placement, careful attention should be paid to how the move will affect his or her relationships and supports. Youth who are in foster care for years need stable placements so that they can maintain attachment relationships. Often foster parents will adopt the youth they are fostering, thereby maintaining long-term connections (Needell, et al., 2007b). Permanency planning is important, but should not be done at the expense of the youth while in out-of-home care.

Policies should prioritize the youth's safety. However, once the youth is safe, permanency and stability in placement should be considered. Current national policy focuses on the issue of youth remaining in out-of-home care for long periods of time, but neglects the importance of the stability of the youth in their placements (Pew Commission, 2004). The number of relationship-disrupting moves should be minimized as much as possible. Relationship-disrupting moves are distinguished here from planned moves (such as from an emergency shelter to short-term foster care) since the relationship-disrupting moves appear to have a greater effect on the youth's behavior (James, 2004). As previously mentioned, more research should focus on multiple placements in foster care, their effect on youth's ability to form relationships and succeed, and how to help maintain stable placements.

One way to help youth that have experienced multiple placements or to help them avoid additional placement disruption is through supportive programs. Foster families need more support, especially with youth that have already experienced multiple placements. Since multiply placed youth are more likely to demonstrate acting out behaviors, foster families need supportive programs in place. One possibility for minimizing relationship disruptions within foster care would be to help the foster families

maintain the youth in their homes since many foster parents end placements or even cease

to foster due to the lack of support (Chamberlain, et al., 2006). There are three major

possibilities for offering supportive programs, which are greater support for kinship care,

programs focusing on behavior modification, and therapeutic foster homes. All of these

options utilize important concepts from the attachment and resilience theories and

promote placement stability.

Kinship care is one way to maintain caregiving relationships and can provide

many of the protective factors that promote resilience. The youth receives increased

support by maintaining relationships with previously known adults and/or with support

from extended family and the community. Although there are challenging aspects to

kinship care that were addressed in Chapter V on foster care, evidence suggests that

kinship promotes reunification, less internalizing behaviors, and greater safety for the

youth (Chipman, et al., 2002; James, 2004; Peters, 2005; Scannapieco & Jackson, 1996).

In order to navigate the challenges, kinship care should receive greater support.

According to LONGSCAN, a consortium that analyzed several longitudinal studies on

maltreatment, "foster children in general, and those in kinship care more specifically, do

not get the services they need" (LONGSCAN Investigators, 2006, p. 23).  Such support

should include family therapy to minimize triangulation between the biological family

and the kinship family, and clarify licensing expectations (Peters, 2005).  Kinship care

needs more support, financially and in terms of the services offered.

When kinship care is not an available or an appropriate option, placement

disruptions due to behavior problems can be minimized by providing greater support to

foster families. One example of this type of stabilization program is Therapeutic

Behavioral Services (TBS) through Seneca Center, an organization that works with youth labeled as severely emotionally disturbed. TBS is provided as an additional service to youth already participating in psychotherapy. Behavioral coaches work in the home with youth at risk of losing their foster or group home placement. The coach works with the youth on developing goals and replacement behaviors and teaching anger management skills for several hours a week over a maximum of a 6-month time period. The behavioral coach also works with the caregiver in implementing structure and helps the caregiver reinforce the replacement behaviors.  Implementing similar programs can help minimize the number of placement changes due to behavior problems. Wraparound programs can fill a similar function by encouraging resilience and maintaining attachment relationships. Ideally, wraparound programs connect the youth and biological and/or foster family with resources in the community and provide additional emotional support to all involved. Often wraparound programs target youth with behavioral or emotional issues or that have experienced multiple placements.

Another option that is usually available to youth only after multiple placements and behavioral problems is therapeutic foster care. Therapeutic foster homes receive greater support to provide a home for youth with behavioral issues, which can help maintain the youth in the home. The support is often greater financial support as well as more intense services and training (Redding, Fried & Britner, 2000). Generally, therapeutic foster care is considered a high level of care and many times the youth's behavior has contributed to "failing out" of several placements before they experience a therapeutic foster home (Baker & Curtis, 2006). Perhaps more readily available long-term therapeutic foster care could help prevent multiple placements.

Finally, although policy and programmatic recognition of multiple placements must be established, even more important are the decisions made on an individual basis that affect the foster youth directly. The findings of this study indicate that multiple relationship disruptions wreak havoc on foster youth's ability to form positive attachments and to have positive outcomes despite the odds stacked against them. Therefore, within the limits of safety, child welfare workers need to very carefully balance out the option of a "better" placement against the potentially increased risk factors of yet another placement change. Each placement change constitutes a risk factor and risk factors are cumulative (Appleyard, et al., 2005).

*Applying theory to practice*

Once the importance of multiple placements in foster care is recognized by policy changes and supported nationally, it is important to apply the theory to practice. Both attachment and resilience theory are relevant tools to assess the youth's ability to have a healthy relationship to the foster parent and the other protective factors for the youth. Child welfare workers should consider theories as much as possible when considering the next step for a foster youth. Mennen and O'Keefe (2004) outlined some recommendations utilizing attachment theory when working with foster youth. Although this author did not find studies applying resilience theory to placement decisions, the next section will apply Mennen & O'Keefe's recommendations to multiply placed foster youth and include recommendations from resilience theory.

One of the ways to help youth heal is by encouraging the relationship between the youth and their caregivers.

Given that multiple placements are likely to have more negative emotional consequences for a child at any age, all efforts should be made to encourage a successful initial placement and to facilitate a positive attachment between the child and foster parents (Mennen & O'Keefe, 2004, p. 587).

By facilitating the integration of the youth into the household, the placement is more likely to be maintained (Leathers, 2006). A more stable placement increases the likelihood that the youth will be able to develop a new integrated working model of relationships, and provides important protective factors for encouraging resilience. Although it is true that secure attachment relationships cannot be forced (Bullock, et al., 2006), additional support to the youth and to the caregivers may allow for an attachment relationship to develop.

Mennen and O'Keefe (2004) suggest that if a placement is non-emergency, (i.e. there is time for careful planning without jeopardizing the safety of the youth) that decision-making can be informed by attachment theory. In the same situation the tenets of resilience theory could also be applied to decision making. Mennen and O'Keefe (2004) recommend that the attachment between the caregiver and the youth be evaluated during the investigation, including the dyadic relationship as well as the history and current social supports of the caregiver. Part of the evaluation would include assessing both the severity of the maltreatment and the security of the attachment into the decision of how to best support the youth and family, whether by removal or implementing supports. For example, if severe maltreatment is occurring, and attachment is secure, the child welfare worker should focus on ameliorating the stressors that are negatively affecting the caregiver after assuring the safety of the youth. Such a suggestion in resilience theory would be phrased as the need to enhance the protective factors for the

youth and the caregiver. In addition to assessing the quality of attachment, the current study advocates for planning utilizing the theories, include determining the most appropriate ways to include protective factors available to the youth. Such protective factors may be located in the family, in the community or in augmenting the youth's individual strengths.

There are several concerns with using either attachment or resilience theories in placement decisions. First, there are already many elements expected to factor into non-emergency placement decisions and adding theories could be overwhelming. Second, attachment is only measured in a standardized way for infants of 12 months, and there is no standardized measure for resilience. As a result, new measures would need to be devised for this purpose. The current lack of a standardized decision making process indicates a potential for bias. As discussed in the chapter on foster care, the unequal distribution of Black youth in foster care suggests some bias and/or cultural differences in placement decisions, which may influence the way that child welfare workers apply the theories.

The theories of resilience and attachment can also be applied to determining the appropriate placement for a youth. Mennen & O'Keefe (2004) point out that the foster parent's attachment style, available resources for a particular number of youth and the foster caregiver's state of mind influence the probability of the development of a secure attachment. Attention to these issues in attachment theory can decrease the likelihood of placement disruption. Resilience theory can add to the placement decision process by assessing and giving import to the pre-placement risks and protective factors influencing the youth and augmenting the protective factors as much as possible.

The theory of attachment is also helpful in helping prepare the youth for the transition to a placement. Mennen & O'Keefe (2004) suggest working collaboratively with the caregiver and bringing transitional objects to help the youth remain connected to home. Transitional objects, according to object relations theory, are "the things that children literally carry with them in order to begin to cross that great gap away from complete union toward the sense of self as a separate entity" (Berzoff, et al., 2002, p. 138). Examples can include a stuffed animal or a photograph. In the case of foster youth, a transitional object may be especially important, since the separation from the caretaker may be much lengthier than most youth experience. This author recommends implementing careful attention to transition with each placement a foster youth experiences. Allowing the youth some control in what he or she feels is needed for a smooth transition may build a youth's sense of mastery over the environment. It would be helpful for the child welfare worker to either maintain as many of the protective factors as possible with the youth or to set up similar resources in the new community where the youth moves.

It is not the goal to find a replacement home or replacement relationships for the youth that take the place of their biological family. Rather, the youth then needs to navigate relationships that can form conflicting loyalties. The disruption of a relationship with a primary caregiver is not going to be "fixed" by a replacement. However, the malleability of a youth's working models of relationships offers the possibility of healing (Masten, 2000).

Although bonded relationships cannot be forced, positive attachment relationships can be encouraged by the selection of caregivers. Some of the characteristics that may be

important are to identify adults with whom the youth already have a relationship (such as kin or family friends), with a proclivity to developing a long-term relationship with a youth, and with competent parenting abilities (Bullock, et al., 2006). Particularly careful attention should be paid in the placement of foster youth since their working models of relationships have already suffered extensively due to multiple moves and pre-placement risk factors.

Since the phenomenon of multiple placements in foster care has not been extensively researched, there are several possible areas for future research that were beyond the scope of this project. One area for future research would be to compare foster youth populations between those that experienced stable placements and those that experienced multiple placements. Several variables could be compared between these populations and would add to the literature to determine if multiple placements are a risk factor, and if so to consider other important factors such as severity of maltreatment pre-placement. One variable for the comparative study is to examine the attachment styles and the incidence of disordered attachment. Another potential variable would be to examine the social and psychological functioning of foster youth in order to consider how multiple placements affect foster youth above and beyond foster care. An additional area for study would be what elements in the new relationships, such as qualities of foster caregivers that help the youth develop healthier attachments. It would also be instructive to examine the length of time in a stable placement that is most conducive to a change in a positive direction.

*Conclusion and implications for social work*

The foster care system is designed to provide for the youth's basic needs and ensure safety. While safety is paramount, the foster care system does not consider the impact of what happens while in placement on the youth in terms of disruption to multiple relationships. In fact, placement instability undermines the protective factors and relationships that are the youth's best chance for healing. When changing placements are necessary, the foster care system should promote attachment relationships and foster resilience, aspects that are often not taken into consideration when placing a youth in yet another home. The individual psychological consequences, as well as results on the societal scale, are great. The foster youth of today become the adults of tomorrow, and impairment in their ability to cope and form relationships severely impacts society.

Through the exploration of the theories of attachment and resilience as applied to multiply placed foster youth this project sought to determine the effect of multiple placements on foster youth. The findings support the assumption that many placement disruptions compound risks due to disruptions to attachment figures and to the removal from potentially protective factors in the family, school and community.

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