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# Understanding and Supporting Parent–Child Relationships during Foster Care Visits: Attachment Theory and Research

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*Parent visitation, the scheduled, face-to-face contacts between parents and their children in foster care, is the primary intervention for maintaining and supporting the development of parent–child relationships necessary for reunification. A review of the child welfare literature, however, reveals that for some parents and children, visits are problematic. Indeed, parents and children’s experiences of visits, the quality of interaction observed during visits, and outcomes for children vary widely. The parent–child attachment relationship is one important factor influencing the quality of visits.*

*Attachment theory and research indicate that there are universal, developmental, variable, and problematic aspects of attachment relationships. These aspects of attachment relationships provide a heuristic approach for understanding, assessing, and intervening in parent–child relationships during foster care visits.*

**Key words:** attachment theory; foster care; parent–child relationships

This article considers the implications of contemporary attachment theory and research for how social workers may better support parent–child relationships during foster care visits. Despite changes in child welfare policies and priorities in recent years (for example, the Adoption and Safe Families Act of 1997, P.L. 105-89), family reunification remains a goal for the majority of children in foster care. Parent visitation, the scheduled, face-to-face contact between parents and their children in foster care, is considered the primary intervention for maintaining and enhancing the development of parent–child relationships necessary for successful family reunification (for example, Hess & Proch, 1993). Regular visits are considered so critical to the effort to reunite families that the Adoption Assistance and Child Welfare Act of 1980 (P.L. 96-272) requires inclusion of regular visits in family preservation

efforts. Yet, existing research suggests that, too often, visits fall short of meeting their goals.

Existing research presents a complex and varied picture of the experience, quality, and effect of visiting. First, children and parents’ experiences of visits vary widely. Parents (Jenkins & Norman, 1975), foster parents (Jenkins & Norman, 1975), caseworkers (Fanshel, 1982; Fanshel & Shinn, 1978; Jenkins & Norman, 1975), and adolescents in care (Jenkins & Norman) report a range of emotional and behavioral responses to visits. For example, some parents and adolescents report that visits evoke painful feelings about separation (Jenkins & Norman). It is not surprising, then, that some foster parents report a temporary worsening of children’s behavior following visits (Jenkins & Norman). Caseworkers report that for children in long-term placement (five years or more), frequent parent visits may challenge

children's abilities to cope with separation and the foster care environment (Fanshel & Shinn).

Second, the quality of parent-child interactions during visits varies widely. Social workers report a variety of maternal behaviors during visits, ranging from relating superficially (26 percent) to relating very well (15 percent) to the child. They also report a range of child behaviors, from visible anxiety (8 percent) to enjoyment (29 percent) (Fanshel, 1982). Furthermore, direct observations indicate considerable variation in the extent to which mothers and young children sustain mutually engaging, developmentally appropriate interactions during visits (Haight, Black, Workman, & Tata, 2001).

Finally, the effect of visits on parent-child relationships also varies. In some cases, visits may be necessary, but not sufficient, for supporting the development of adequate parent-child relationships. Weinstein (1960) interviewed school-age and teenage foster children regarding their "predominant family identification," that is, to whom they spoke in times of trouble, who they loved the most, who loved them the most, and with whom they wanted to live. As might be expected, when parents did not visit their children, children tended to identify with their foster parents. However, only 41 percent of the children whose parents visited regularly identified predominantly with their parents.

To some extent, variation in the experience, quality, and outcome of visits is attributable to the social and physical contexts in which visiting occurs. Ideally, parent visits occur in a homelike setting and at least weekly. In reality, however, the environment in which children and parents visit may be less than ideal: a sterile office with no toys or other amenities, under the watchful eyes of foster parents, caseworkers, or other "outsiders." Furthermore, visits may take place infrequently, and their quality may be compromised by the limited ability of the parent or the child to cope with the traumatic events that had occurred before or during the placement.

Aspects of the parent-child attachment relationship may influence the visits. *Attachment* refers to close, enduring affective bonds that develop throughout life (Ainsworth, 1973). Over three decades of empirical research have confirmed what diverse theoretical perspectives have predicted—adequate attachment relationships are necessary for children's healthy development (see

Zeanah, Mammen, & Lieberman, 1993). Attachment relationships, particularly those developed during the first three years of life, influence children's expectations for, and responses to, subsequent interpersonal relationships (for example, Carlson, 1998; Crittenden & Ainsworth, 1989). Unfortunately, an increasing number of infants and young children are entering foster care and staying for longer periods of time (Downs, Costin, & McFadden, 1996), putting their emerging attachment relationships with their parents at risk. This article, focuses on children's attachment relationships during infancy and early childhood, and their implications for visiting.

### **Universal, Developmental, Variable, and Problematic Aspects of Attachment Relationships**

Understanding several aspects of attachment relationships can guide social workers toward developmentally and culturally sensitive practice, as well as provide a foundation for recognizing problems in attachment relationships. Universal aspects of attachment relationships, such as development of an affective bond between children and their primary caregivers, emerge from our common genetic heritage. They suggest criteria for understanding parent-child attachment relationships across social and cultural groups.

Developmental aspects, such as the ways in which children and caregivers negotiate separations, emerge in relation to children's growing emotional, social, communicative, and cognitive competencies. They suggest criteria for understanding children's age-specific needs, particularly in infancy and early childhood. Variable aspects, such as the ways in which toddlers and caregivers relate in times of stress, emerge in relation to diverse social and cultural experiences. They suggest criteria for understanding patterns of parent-child interactions in diverse social and cultural groups.

In addition, some parent-child attachment relationships have problematic aspects such as the failure to develop an organized strategy for relating in times of stress. Problematic aspects result from a variety of factors—for example, caregivers' unresolved mental health issues. They suggest the need for intensive services beyond visiting. The remainder of this article elaborates on aspects of attachment relationships and their implications. The heuristic approach (that is, universal, developmental, variable, and problematic aspects) is

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intended to aid analysis, not to imply that aspects of attachment relationships are independent. In fact, they are interrelated; for example, variable aspects may affect developmental aspects and vice versa.

### **Universal Aspects of Attachment Relationships**

In all social and cultural groups, children and their primary caregivers develop affective bonds and organized behaviors for relating in times of stress. These relationships emerge over time and in conjunction with children's and caregiver's experiences. Bowlby (1969, 1973, 1980) argued that such attachment relationships are part of our biological heritage and evolved because they enhance our potential for survival. For example, toddler behaviors, such as monitoring the caregiver's whereabouts, and caregiver behaviors, such as responding to the child's distress, emerge with experience and appear to maximize the child's learning and safety.

Recent neuroscience research supports Bowlby's (1969, 1973, 1980) theoretical arguments that attachment relationships have universal, biologically based origins. Like many mammals, human infants appear to have some biologically based behaviors that assist caretaking—for example, clinging and nursing—as well as other behaviors that make them more attractive—for example, smiling and cooing (Stevenson-Hinde, 1994).

In addition, recent research has identified neural processes in neonates and mothers that establish behaviors that promote survival and serve as the foundation for later emotional and social development. For example, human neonates and mothers recognize, and prefer, one another's unique smell. In mammals, several specific brain regions and neurotransmitters that mediate this perinatal olfactory learning have been identified (for example, Leon, 1992).

Recent neuroscience research also extends Bowlby's (1969, 1973, 1980) theoretical arguments regarding the importance of experience in the development of universal, biologically based processes (Eisenberg, 1999). Indeed, biologically based attachment and many other processes require enriched and structured experience for their development (Black, Jones, Nelson, & Greenough, 1998). There are extended periods of neural plasticity in childhood during which experiences affect brain structure. Black and Greenough (1986) categorized these processes as either developmen-

tally scheduled for all species members (termed "experience expectant") or idiosyncratic learning and memory that is unique in timing and content (termed "experience dependent").

Experience-expectant processes appear to have evolved to make adaptive use of experience that could be expected at a particular time and of adequate quality for nearly all juveniles of a species, for example, close and sustained early contact with older caregivers. For experience-expectant neural plasticity, experience that is impoverished or distorted may have lasting effects on brain development. For example, it appears that humans and other mammals have developmentally scheduled neural processes for incorporating and using early emotional and social experience relevant to attachment relationships (see Black et al., 1998; Francis & Meaney, 1999). The disruption of these processes by inadequate or grossly distorted experience can have lasting adverse consequences. Child abuse and severe neglect can affect brain anatomy and physiology (see Kaufman & Charney, 1999) that may account, in part, for findings that child abuse can result in lifelong vulnerability to depression and personality disorders (Johnson, Cohen, Brown, Smailews, & Bernstein, 1999; Weiss, Longhurst, & Mazure, 1999), and severe neglect, as in the recent example of Romanian orphans, can substantially impair emotional and cognitive development (Kaler & Freeman, 1994).

Experience-dependent processes, on the other hand, encompass several forms of lifelong neural plasticity that allow for some modification of earlier brain development. Experience-dependent processes are flexible in their developmental timing and nature of information storage. These processes appear to make new synaptic connections between neurons "on demand." Examples of experience-dependent processes include learning a particular vocabulary, spatial information, and social relationships. More important for this article, the presence of experience-dependent processes suggests that positive experiences, such as the development of a positive attachment relationship with a foster parent or therapy, may partially correct the effects of early neglect or trauma. Indeed, attachment theory and research indicate that expectations and patterns of attachment behaviors in children with histories of problematic attachment relationships may gradually change if subsequent relationships develop along different

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lines (Ainsworth, 1989; Ainsworth & Marvin, 1995; Main, Kaplan, & Cassidy, 1985).

### **Implications for Foster Care Policy and Practice**

These universal aspects of attachment relationships have several important implications. First, child welfare policy and practice should support regular and frequent parental visitation whenever reunification is a viable goal of service, especially during the child's infancy and early childhood. Experience is necessary for the development of attachment relationships, and without regular and frequent visiting, foster care can seriously and negatively affect parent-child attachment relationships.

Second, caseworkers should consider that the child's primary attachment relationships may be the result of foster care placement itself, rather than the parent's commitment to the child or capacity to nurture. Infants and young children form affective bonds and organized attachment relationships with those who are available and responsive to their needs. Children who enter foster care during the first six months of life may form primary attachment relationships with a foster parent rather than with the biological parent. This should not reflect negatively on a parent who has not had adequate opportunities to nurture.

Third, child welfare policy and practice should support parents and children before, during, and after visits. Children and caregivers, even in cases involving maltreatment, tend to form affective bonds. A child's move into foster care and separation from the primary caregiver is likely to be stressful or traumatic for both parties. Visits may cause the parent and child to repeatedly re-experience difficult emotions associated with reunion and separation. Parents and children's behavior before, during, and after visits may reflect or anticipate those emotions, which may be expressed through crying, angry outbursts, or withdrawal.

The parent who calls to cancel visits and the child who refuses to approach the parent may each be expressing the pain of separation. Caseworkers should consider the multiple possible causes of such behaviors and not necessarily attribute them to problems in the attachment relationship. They also should make special efforts to support parents and children during transitions to and from visits. Foster parents and others involved in managing visits can also play an important role. For example, the person transporting

the child to and from visits should be familiar to the child and should be capable of providing emotional support to the child.

Next, in cases where reunification is a permanency goal, the development of adequate attachment relationships between children and their foster and biological parents should be supported. Even infants are capable of forming multiple attachment relationships (for example, see Thompson, 1998). Infants and young children who are separated from their attachment figures through foster care not only experience significant emotional stress and sadness, but also may experience a decrease in the enrichment and structure important for continued social, cognitive, and communicative development. Establishing attachment relationships with foster parents can minimize the children's emotional distress and the negative effects on their development from temporary separation from parents.

Finally, child welfare policy and practice should adequately prepare and support foster parents for providing corrective attachment experiences for some children. Establishing an attachment relationship with a foster parent may be essential for cases in which children's early experiences with their primary attachment figures have been inadequate or grossly distorted by abuse or severe neglect. In these cases, a child may have missed out on important, experience-expectant learning relevant to attachment relationships.

Experience-dependent learning, however, allows for the possibility that persistent, sensitive, and supportive foster parents may provide some corrective attachment-related experiences for the child. Indeed, loving foster parents can offer a model of care and support that challenges the view children may hold of caregivers as untrustworthy and of themselves as undeserving of attention and care. In addition, foster parents may help build the child's understanding of social interactions and provide a safe context in which new relational skills can be developed.

### **Developmental Aspects of Attachment Relationships**

The organization of parent-child attachment relationships changes dramatically in relation to children's development, particularly during the first few years of life (Ainsworth, 1973; Bowlby, 1969; Thompson, 1998). Cole and Cole (1996) summarized several important developmental

changes in children's early attachment behavior. Children display such innate attachment behaviors as crying at birth, but do not have a specific relationship with a parent. In this "preattachment phase," from birth to approximately six weeks, children do not become upset when left with an unfamiliar caregiver. During children's "attachment-in-the-making" phase, which lasts until approximately age six to eight months, children begin to show signs of wariness when confronted with unfamiliar people. The phase "clear-cut attachment" begins by approximately age seven months when children from all over the world become overtly distressed when separated from their caregivers. By 24 months, as the child becomes more mobile, communicatively competent, and spends increasing time away from the parent, the dyad enters a phase of "reciprocal relationships" in which they share responsibility for maintaining the balance between proximity and exploration.

By the third birthday, a more sophisticated phase of attachment emerges that Bowlby (1969) termed "goal-corrected partnership." During this period, parents and children can communicate and negotiate differences in plans and reach mutual agreement. The child's sense of security no longer depends so much on the actual presence of the parent as on mutual trust and understanding. These developmental changes are supported by children's emerging abilities to communicate and understand others' perspectives, motivations, and feelings.

### **Implications for Foster Care Policy and Practice**

Developmental changes in attachment relationships underscore the importance of tailoring visiting to parents and children's changing needs. Separation may be especially stressful to children between ages six and 36 months. At this stage, children develop strong preferences for care by their primary attachment figures, but have not yet developed the understanding or communicative competence to negotiate separations. In general, children under age three and their parents require more frequent and prolonged visits than are typical of most foster care visiting plans.

Although empirical research has not examined how much contact is necessary for the development of attachment relationships, our clinical judgment is that visits with infants and toddlers should occur more than once a week, for several hours at a time, and encompass caregiving activities.

By the fourth or fifth year of life, most children who have adjusted to foster care may be able to maintain their connection with their parents through less frequent visits supplemented by letters and phone calls.

### **Variable Dimensions of Attachment Relationships**

Empirical evidence indicates that there is variability both within and across social and cultural groups in the organization of attachment behaviors. Recent critiques of attachment theory from the perspective of family systems theory (Cowan, 1997) and cultural psychology (Harwood, Miller, & Irizarry, 1995; Shweder et al., 1998) emphasize dimensions of attachment relationships relatively neglected by current research—in particular, the ways in which attachments emerge and are shaped within particular sociocultural contexts. Different contexts offer different physical and social resources and challenges that shape the organization of developing attachment relationships.

*Variation within Groups.* The majority of attachment research has been conducted with middle-class, European American families. This research indicates that, even within apparently homogeneous, adequately functioning families, there is variation in the ways in which parents and children organize their attachment behavior. Such variation is most commonly observed during a laboratory procedure referred to as the "strange situation." During this procedure, a 12-to-36-month-old child and a caregiver enter a playroom. Then a female stranger enters the room. Next, the child remains in the playroom while the primary caregiver and the stranger alternately leave and return. In short, the strange situation allows observation of parent-child interaction under conditions of gradually escalating, low-level, relatively common and nontraumatic stressors.

Several broad categories of attachment relationships have been identified through the strange situation and naturalistic home observations (see Thompson, 1998, for a review). The majority of attachment relationships in middle-class, European American families are classified as "securely attached." During the strange situation, children in securely attached relationships use their caregivers as a safe base from which to explore. They move away from their caregivers easily, but frequently monitor their whereabouts and periodically re-establish contact with them. The child is

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upset when the caregiver leaves and is unlikely to be comforted by the stranger. When the caregiver reappears, the child establishes physical contact, quickly calms down, and resumes playing (see Cole & Cole, 1996).

A substantial proportion (approximately 35 percent in the United States) of parent–child relationships in middle-class, intact families fall into one of the two subcategories of “insecure attachment.” During the strange situation, children in “insecure avoidant” relationships are relatively indifferent to their caregivers’ physical locations, and may or may not cry if their caregivers leave the room. If they do cry, they are as likely to be comforted by the stranger as by their caregivers. When their caregivers return after brief separations, children may look away instead of approaching their caregivers (Cole & Cole, 1996). These children display fewer attachment behaviors and remain more distant from their caregivers during periods of stress than do securely attached children (Carlson, Cicchetti, Barnett, & Braunwald, 1989).

During the strange situation, children in relationships categorized as “insecure resistant” (or ambivalent) generally cling to their caregivers and appear insecure even when the caregiver is near. They are upset when their caregivers leave, but they are not comforted by their return. Instead, they simultaneously seek contact with their caregivers and protest their efforts to comfort them. They may cry angrily to be picked up, but after being picked up immediately struggle to climb down. Children in insecure resistant relationships do not readily resume play after their caregivers return (see Cole & Cole, 1996). In contrast to children in secure attachment relationships, they expend relatively more time and energy monitoring the whereabouts of their caregivers and seeking comfort from them, and less time in independent play and exploration (Carlson et al., 1989).

In middle-class, European American families, variation in the organization of attachment behaviors is related to caregiving history, especially caregivers’ sensitivity. *Sensitivity* refers to the caregiver’s ability to perceive the child’s verbal and nonverbal communications accurately and to respond to these signals promptly and appropriately (Ainsworth & Bell, 1969; De Wolff & van Ijzendoorn, 1997). Caregivers in insecurely attached relationships tend to be less accessible and

responsive to their children than those in securely attached relationships. These caregivers are more likely than those in securely attached relationships to respond inappropriately to children’s behavioral cues by overstimulating, intruding, or ignoring children’s desires. Caregivers in insecure avoidant relationships also tend to express more anger and rejection and to withhold physical contact more often than caregivers in securely attached relationships (Cole & Cole, 1996).

Some within-community variation in the organization of attachment behavior also is linked to parents’ fluctuating levels of stress. Parents who are preoccupied with job or marital problems, family illness, or other common stressors may be less sensitive in their responses to their infants and young children. Research shows that infants from intact families show some instability in attachment behaviors when their parents are experiencing stress (Cole & Cole, 1996; Thompson, 1998). For example, previously secure infants may display insecure patterns of attachment behaviors when their parents are experiencing financial or marital difficulties.

Research, primarily with middle-class, European American families, indicates that there is an association between attachment relationships in infancy and children’s subsequent development. Secure attachment is associated with positive relationships with parents, peers, and teachers, enhanced development, and self-confidence. Children in insecure relationships are more likely to experience subsequent behavioral problems, conflicts with caregivers, low self-esteem, and impaired peer relationships (see Cole & Cole, 1996, for a review).

**Variation across Groups.** Cross-cultural research on attachment relationships in Israel (Sagi et al., 1985), Japan (Miyake, Chen, & Campos, 1985), and Germany (Grossmann & Grossmann, 1981, 1991; Grossmann, Grossmann, Spangler, Suess, & Unzer, 1985) suggests that aspects of attachment relationships are intertwined with cultural contexts. For example, the Grossmanns, who studied a nonclinical group of families in northern Germany, found that the majority of 12-month-old children were classifiable as insecurely attached to their mothers on the basis of videotaped strange situations. In particular, 49 percent were classified as insecure avoidant, almost double the proportion usually found in European American samples. Observations of parent–child interactions within

German homes, however, did not indicate that German mothers generally were insensitive to their children. Rather, these mothers endorsed a broader cultural belief system emphasizing independence; this system indicated that babies should be weaned from body contact with their mothers as soon as they became mobile. These cultural beliefs were translated into socialization practices that affected the mother–infant attachment relationships. For example, these mothers maintained a relatively large interpersonal distance from their children, they sometimes pushed their babies away, and they left them alone more often than U.S. middle-class mothers.

A few comparative studies of attachment relationships across diverse groups in the United States suggest that some attachment behaviors also are influenced by factors associated with families' socioeconomic status. For example, a meta-analysis of 18 studies using middle-income samples and eight studies using lower-income samples revealed that maternal sensitivity was more strongly associated with parent–child attachment in the middle-income than in the low-income groups (DeWolff & Ijzendoorn, 1997). That is, middle-income mothers who displayed maternal sensitivity were more likely to have a securely attached child than the low-income mothers who displayed maternal sensitivity. In some families, environmental factors associated with lower socioeconomic status, such as inadequate food and shelter and street danger, may override maternal sensitivity. Despite maternal sensitivity, then, a child from a lower-income family may adopt an insecure pattern of attachment behaviors. Furthermore, these behaviors may actually be adaptive in the sense of maximizing the child's vigilance and safety in environments beyond the parent–child relationship.

Comparative research also indicates that cultural and socioeconomic factors interact. Mothers of toddlers (middle-income European American mothers, lower-income European American mothers, middle-income island Puerto Rican mothers, and lower-income island Puerto Rican mothers) each were asked to comment on scenarios of toddlers' behaviors in the waiting room of a doctor's office (Harwood et al., 1995). Each scenario was a strange situation analogue and portrayed a child demonstrating behaviors associated with a different attachment classification—secure, insecure resistant, or insecure avoidant. Mothers' responses varied both with their socioeconomic

status and their culture. In discussing what they did or did not like about the toddlers' behaviors, European American mothers were more likely to discuss “self-maximization”—that is, self-confidence, independence, and development as an individual, and Puerto Rican mothers were more likely to discuss “proper demeanor”—that is, the child's manners, behavior, cooperativeness, and acceptance by the larger community. However, within each cultural community, middle-income mothers were more likely to mention self-maximization, and lower-income mothers were more likely to mention proper demeanor.

### **Implications for Foster Care Policy and Practice**

These studies of intact, nonclinical families from different social and cultural groups have several implications for parent visitation in foster care. First, assessments of secure versus insecure attachment behaviors during visits are of limited value. In particular, practitioners should not assume that insecure attachment behaviors displayed in foster care visits necessarily indicate pre-existing or pervasive problems in parenting or the parent–child relationship. Such behaviors are seen even in children from intact families living in far less stressful situations. In particular, children in foster care are more likely than other children to have grown up in poverty, with fewer physical and social supports (Easterbrooks & Graham, 1999; Raadal, Odont, Milgrom, Cauce, & Mandl, 1994).

Furthermore, children in care have experienced disruptions in parental care. What may appear to be insecure attachment behaviors should always be evaluated in the context of separation and loss. For example, a child who clings to her mother during visits may actually be displaying secure use of the parent as a safe haven in a stressful situation, rather than insecure attachment (Cassidy, 1999).

Second, agencies and practitioners should make special efforts to ensure that visits are conducted in homelike settings that replicate the unique social and cultural environments in which attachment relationships would normally develop. Unfortunately, many parental visits take place not just under very difficult circumstances, but in unfamiliar environments such as child welfare offices or fast food restaurants that are not conducive to socially and culturally distinct patterns of parent–child play, talk, or caregiving.

Third, practitioners must interpret parent–child attachment behaviors within the social and cultural environments in which they are shaped. Attachment relationships are shaped by complex beliefs systems and by related socialization practices and vary within and across social and cultural groups. Caregivers from different groups differ in their conceptions of child rearing, perceptions of children’s behavior at various stages of development, expectations of interpersonal closeness and distance, sources of support, and methods of buffering stress. Attachment relationships that may be adaptive in one social or cultural group may not serve the needs of children in other groups. Given the rich diversity of families served, assessment of attachment relationships in foster care should always incorporate study of relevant familial, community, and cultural factors.

Much more developmental research is needed to explore the context, meaning, and function of attachment behaviors in economically and culturally diverse families in the United States. In the meantime, social workers must guard against making judgments based on limited information. An important strategy is to listen and learn from successful parents and other members of diverse communities regarding the meaning and organization of attachment relationships in their particular social and cultural context

### **Problematic Aspects of Attachment Relationships**

Understanding universal aspects of attachment relationships, as well as the ways in which such relationships develop within particular social and cultural groups, provides a foundation for recognizing any problematic aspects of parent–child attachment relationships. In rare cases, children—for example, those who have been institutionalized at birth—have not experienced sufficient consistency in caregivers to develop any attachment relationships, and these children are at significant risk of emotional, social, and cognitive impairments (Lyons-Ruth, Zeanah, & Benoit, 1996; Tizard & Rees, 1975).

Recent research, including that with children with developmental and social risk factors, has described another problematic pattern of attachment relationships: disorganized and disoriented (Type D). Children in Type D attachment relationships do not use their caregivers as a secure

base or use any other coherent behavioral strategy to cope with stress. Rather, they show a range of complex responses to the strange situation atypical of children in secure or insecure attachment relationships (see Barnett & Vondra, 1999). Children with Type D attachment relationships might use a range of disorganized strategies involving interrupted, confused, or undirected behaviors that are unsuccessful in gaining comfort from their caregivers. They also may respond to their caregivers with rapidly cycling, contradictory behavior patterns, such as inappropriate laughter when the caregiver departs, followed by a complete emotional collapse.

On reunion, their behavior may alternate between seeking proximity and fleeing, simultaneously avoiding the caregiver and crying. They may attempt to escape the situation even when the caregiver is present. Some children also show disorientation through glazed expressions, mistimed movements, freezing, and anomalous postures. Children also may show severe apprehension in the presence of the caregiver by head banging, wetting, or huddling on the floor; through asymmetrical or mistimed approaches to the caregiver; or by freezing when the caregiver enters the room (Crittenden & Ainsworth, 1989; Main & Solomon, 1990).

The pathways to Type D attachment responses are multiple. Certain behaviors associated with Type D attachment relationships—for example, incomplete strategies for obtaining proximity or anomalous posturing—may reflect symptoms of neurological impairments. Indeed, a significantly higher percentage of Type D behaviors appears in children with diagnoses of autism and Down syndrome (35 percent), premature children (25 percent), and children whose mothers abused alcohol and drugs (43 percent), but not in with nonneurological, severe physical problems (Pipp-Siegel, Seigel, & Dean, 1999).

Empirical evidence also suggests that children who have experienced abuse or neglect are much more likely than comparison children to demonstrate disorganized and disoriented attachment behaviors (for example, Barnett, Ganiban, & Cicchetti, 1999; Vondra, Hommerding, & Shaw, 1999). For example, Carlson and colleagues (1989) analyzed data from 43 mother–infant pairs, 22 from families receiving protective services for child abuse or neglect and 21 from demographically matched comparison families who



had no history of abuse or neglect. Eighty-two percent of the children who were maltreated met the criteria for disorganized and disoriented attachment relationships. In contrast, only 19 percent of the children in the comparison group exhibited these behaviors.

Disorganized and disoriented patterns of attachment behavior also are associated with a history of parent psychopathology (Greenberg, Speltz, & DeKlyen, 1993), such as maternal depression (Ijzendoorn, Goldberg, & Kroonenberg, 1992) and parents' own traumatic and unresolved loss of an attachment figure (Main, 1996). The characteristics that these parents may share with maltreating parents are behaviors that may alarm a child. Disorganized and disoriented attachment behavior in neurologically normal children is a response to frightened or frightening caregiver behavior, such as helplessness, distress, or abusiveness (Main & Hesse, 1990).

Disorganized and disoriented attachment relationships in early childhood have been associated with persistent atypical attachment behavior as children develop. For example, during the preschool years, when the strange situation is no longer stressful for most children, some children who were in disorganized and disoriented attachment relationships with caregivers in infancy continued to display signs of distress (Crittenden & Ainsworth, 1989). Other children who showed a disorganized and disoriented attachment strategy in infancy relied on controlling behavior toward the parent (Main & Cassidy, 1988). These children no longer organized their attachment behaviors around their own need for comfort and protection. Rather, they maintained engagement with the parent on the parent's terms, becoming either punitive or caregiving in response to the hostile or helpless parent (Zeanah et al., 1993).

Unfortunately, the development of adaptive responses to alarming parental behavior may predispose children to difficulties in other relationships (Crittenden, 1995; Schneider-Rosen, Braunwald, Carlson, & Cicchetti, 1985). For example, a child who is preoccupied with caring for a parent may seek proximity to the parent to avoid punishment, but may have relatively little energy to devote to developing relationships with peers.

It is not surprising, then, that disorganized and disoriented attachment relationships in infancy place children at risk of developing psychosocial

disorders (Greenberg et al., 1993; Main, 1996) and psychopathology in later years (Carlson, 1998). Empirical research has linked disorganized and disoriented attachment relationships in infancy to such problems as aggressive and hostile behavior toward peers (Lyons-Ruth, Alpern, & Repacholi, 1993), poor overall school adjustment, behavior problems in preschool and elementary school (Lyons-Ruth, Easterbrooks, & Cibelli, 1997), and dissociative disorders and psychopathology in adolescence (Carlson, 1998).

### **Implications for Foster Care Policy and Practice**

Research on problematic attachment relationships has several implications for foster care policy and practice. First, if children display Type D attachment relationships, a medical evaluation is in order to assess neurological status. In addition, Pipp-Siegel and colleagues (1999) presented behavioral strategies for differentiating neurological risk status from attachment status. For example, severe apprehension in the presence of the caregiver, particularly when the child does not show fear in other social contexts, suggests that nonneurological factors may be operating.

Second, if Type D attachment relationships are displayed by neurologically normal children, practitioners should recommend a complete psychosocial assessment. Problematic attachment relationships with primary caregivers are universal risk factors, and their presence is cause for concern, regardless of the social and cultural environment in which the attachment relationship developed. The psychosocial assessment should include a broad range of contemporary and historical data on the child, his or her primary caregivers, the family, and the social situation (Howe, Brandon, Hinings, & Schofield, 1999). For children in substitute care, the assessment should also include information about the child and family's experiences in the foster care system and with visiting. Because children form multiple attachments, it is very important to observe the child not only with the parents, but also with various other caregivers, such as grandparents, foster parents, and child care providers (Cassidy, 1999; Howes, 1999).

Third, if a disorganized and disoriented attachment relationship has been identified, parent-child interaction during visits in the absence of intensive therapeutic intervention is unlikely to be helpful and could conceivably be harmful. For example, service plans might begin with mental

health or substance abuse treatment for the parent, and services supporting the child's social and emotional development (see Fraiberg, 1980; Lieberman, Weston, & Pawl, 1991; McDonough, 1993). Plans for visits should be coordinated with progress in therapy (Gowan & Nebrig, 1997). During the early phases of treatment, parental visits may need to be professionally supervised or even suspended to ensure that children's sense of safety and developmental needs are met.

Finally, once there have been therapeutic gains, visits hold real promise for establishing or restoring an adequate attachment relationship between parent and child. Visits can provide an environment in which gains made during therapy can be consolidated, and new forms of parent-child interactions can be practiced. Professional social workers can use visits to support parents and children as they learn to reach out and respond to each other, and develop a relationship that meets the children's needs.

## Conclusion

Aspects of parent-child relationships can guide social workers seeking to better understand and support these relationships during foster care visits. Universal aspects of attachment relationships suggest that when reunification is the permanency goal, regular visits should be encouraged; that families should be supported before, during, and after visits; and that secure attachment relationships should be supported between children and their foster and biological parents. Developmental aspects point to the need for tailoring visits to the children and parents' changing developmental needs. Regular and frequent visits are especially important during infancy and early childhood.

Variable aspects of attachment relationships highlight the need for homelike settings for visits, and the importance of understanding and supporting parent-child relationships in the social and cultural contexts in which they are shaped. They also suggest that assessments of secure versus insecure attachment relationships between children and the parents whom they are separated from through foster care are of limited value. The observation of any problematic aspects of attachment relationships always warrants further investigation, including medical and psychosocial assessments. In cases of problematic attachment relationships, visits typically should be coordi-

nated with other intensive services and may require professional supervision.

Visits are contexts in which professionals may gain insight into the parent-child relationship relevant to permanency decision (Kessler & Greene, 1999). Social workers, however, should be aware that parental visits do not offer an ideal environment for assessing parent-child relationships. Parents and children's behaviors during visits are likely to reflect the stress of living apart and of being in a strange environment. Any assessments of parent-child interactions in families separated by foster care should be conducted in homelike settings where parents and children may engage, over time, in culturally specific patterns of interaction. These assessments should be viewed through the special perspective of foster care, considering not just the observed interactions, but also the child's age at placement and length of time in care, and the frequency and context of parental visiting.

Furthermore, regardless of the nature of the parent-child attachment relationship, it always is important to consider other aspects of parenting and the parent-child relationship when assessing the need for intervention and planning services. For example, even parents who are able to develop secure attachment relationships with their children may have other difficulties in parenting. Their inexperience, lack of resources, personal difficulties, substance abuse, mental health, or domestic relationships may lead to them to neglect or inadequately supervise their children or otherwise place them at risk of harm. Visiting is only one of several interventions that are usually required if services are to support and strengthen parenting and parent-child attachment relationships.

Visiting can be critical to maintaining and developing adequate attachment relationships necessary if children are to return home to their parents. Policymakers and practitioners may make inaccurate assessments and inappropriate decisions if they rely on oversimplified assessments of this complex phenomenon. On the one hand, they may not appreciate, and may therefore fail to support, the positive features of existing parent-child attachment relationships. As a result, services plans may not adequately support these relationships through frequent parent visits.

On the other hand, policymakers and practitioners may fail to recognize or evaluate thoroughly the potential risks of problematic patterns

of attachment. In this case, visiting may continue despite potentially negative influences on children's development and well-being. Of particular concern are children who display disorganized and disoriented patterns of behavior. For such children, visiting their parents once a week in the absence of intensive parent-child therapy may not be helpful and could conceivably be harmful. ■

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