



The developing relationship between recently placed foster infants and toddlers and their foster carers: Do demographic factors, placement characteristics and biological stress markers matter?

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ABSTRACT

Background: Infants and toddlers often react to a foster family placement with avoidant behavior. Foster carers may interpret this as if the child is adapting quite well to the new family. This misunderstanding may lead to stress in the child and create a risk for an enduring relationship.

Objectives: To investigate the quality of newly formed relationships between recently placed infants and toddlers and their foster carers.

Methods: In a sample of 123 foster families interactions between foster children, aged between 6 weeks and 42 months, and foster carers were videotaped and coded according to a semi-structured procedure (Emotional Availability Scales; EAS). Foster carers were asked to fill in a parenting stress scale (NOSI-R). Children's case files were studied for demographic and placement characteristics. Samples of children's salivary cortisol were taken.

Results: 70–80 % of the children scored low on EAS responsiveness and involvement. The majority of foster carers did not perceive stress in the relation with their foster child (NOSI-R). The children who gave rise to relational stress tended to show higher levels of salivary cortisol.

Conclusions: If foster carers do recognise relational stress, this may indicate stress in the child. It is important that foster carers learn to recognise this shut off behavior as a possible risk factor because it may lead to maladaptation and chronic stress in young foster children. Implications for research and practice are discussed.

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1. Introduction

1.1. The effects of trauma and placement stress in foster children

Many children in foster care have histories of recurrent interpersonal trauma perpetrated by caregivers early in life, which are often referred to as complex trauma (Stein, Zima, Elliott, Burnam, Shahinfar, Fox, et al., 2001). These children experience a diverse range of reactions across multiple areas of functioning that are associated with exposure to trauma. Compared to children with other types of trauma, children with complex trauma histories have significantly higher rates of internalizing problems, posttraumatic stress, and clinical diagnoses, such as PTSD, anxiety disorders or depression (Greeson, Briggs, Gerrity, & Kisiel, 2011). They may present behavioral problems such as aggressive, defiant, impulsive,

overactive, or hyper-sexualized behavior (Crittenden, 1992). They may exhibit intense fears and anxiety related to situations associated with past trauma (for example, bathing, being left alone in a room, diaper changes) (Albus & Dozier, 1999; Heller, Smyke, & Boris, 2002). Their behavior may become challenging to the caregivers, leading to stress in the household and to an increased chance of early placement breakdown (Chamberlain et al., 2006; Gunnar & Barr, 1998; Silver & Dicker, 2007). Behavioral problems increase the risk of an early placement breakdown in case of caregivers who are not able to cope with the stressful situation (Barth et al., 2007). For more than one out of three foster carers, the severity of the child's problem behavior in the foster family is a reason for terminating the placement (James, 2004; Dorsey, Farmer, & Barth, 2008). The loss of birth family is in nearly all cases a traumatic experience for a child, as is replacement and re-abuse in care (Bruskas, 2008; Samuels & Pryce, 2008). Strijker and Knorth (2009) found that more than 55% of the foster children (0 to 18 years) have experienced at least one or more replacements in foster care. Their study reveals significant associations between the number of placements and the presence of attachment

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disorders, the severity of behavioral problems, and the breakdown of new foster care placements.

Replacements in foster care increase the risk of behavioral and emotional problems in the child (Chamberlain et al., 2006; Frame, 2002; Rhodes, Orme, & Buehler, 2001; Strijker & Knorth, 2009). Many former foster children report later in life about the devastating effects of having been moved (Newton, Litrownik, & Landsverk, 2000). They mention a profound feeling of loss (of the foster family and friends, of belongingness and self-esteem, and of being connected with the familiar neighborhood and school) as a result of being moved. They feel having been betrayed and lack trust in other people. These feelings frequently persist into adulthood (Rubin, O'Reilly, & Luan, 2007).

1.2. Stress and emotional availability between foster carer and foster child

Non-kinship foster carers and foster children do not have a joint history. Often the foster carer does not know the history of the child in full detail. It seems clear that the developing relationship between the foster carer and a young foster child is precarious in many ways. The conflicting emotions of the child and the insecurity in the relation with the foster carer may lead to elevated stress levels in the foster carer and the child (Dozier, Manni, Gordon, & Peloso, 2006; Leathers, 2004).

As a result, children who enter foster care, do so with a myriad of challenges, including developmental delays, mental and physical health problems, and attachment disorders (Dicker, Gordon, & Knitzer, 2001; Jonkman, Verlinden, Bolle, Boer, & Lindauer, 2013; Vig, Chinitz, & Shulman, 2005). Foster carers have to deal with the child's (problem) behavior and to provide a secure and stable environment for the child (Zeanah, Shaffer, & Dozier, 2011). This is a complicated but very important task. Recent research has shown that caregiver characteristics better predict placement stability and developmental outcomes than foster child characteristics do (O'Neill, Risley-Curtiss, Ayon, & Williams, 2012). The caregiver needs certain skills to help the child, like 'monitoring the child, positive engagement, positive reinforcement, discipline and problem solving behavior' (Belsky, 1984). Biringen (2009) states that 'emotional availability' is a relevant concept in this regard. All reciprocal relationships include 'emotional availability', and this can be applied to different relationships that matter to the child, including foster family care. Emotional availability refers to an individual's emotional responsiveness and affective attunement to another individual's needs and goals; key is the acceptance of a wide range of emotions rather than responsiveness to solely distress situations (Emde, 1980). This not only means that the adult shows age-appropriate emotional signals to the child, but also the signals of the child to the adult have to be taken in account. Furthermore, it means that the adult shows adequate anticipating preventive behavior to help the child when necessary (Biringen, 2008). To be able to do so, the adult needs to be mindful when interacting with the child and not stressed (Brok & De Zeeuw, 2008). The presence of parental stress may influence the quality of the interaction in a negative way. This may go as follows: 1: parental stress is causally related to poor parenting, 2: poor parenting is causally related to problems in child's adjustment, but also 3: child's adjustment problems aggravate parental stress (Deater-Deckard, 1998).

Stress may be related to child factors, parental factors or life events (Loyd & Abidin, 1985).

Children who enjoy "emotionally available" relationships with their carers are less likely to react with aggression and less likely to be targets of aggression from other children, they have better peer relationships and they are more attentive at school. They are more likely to show secure bonding or emotional attachment. "Emotional available" caregivers protect the child for developmental risk or the effects of trauma, because the child becomes more resilient (Brooks & Goldstein, 2001). Some relationships may have a "built in" mismatch as for example in foster care (Biringen, 2008).

1.3. The impact of foster care placement on infants and toddlers

Research on the risks mentioned above and on the emotional and behavioral problems of children in family foster care generally covers broad age ranges (Unrau, Seita, & Putney, 2008). However, less is known about the emotional and behavioral problems of foster children in specific age groups. Vulnerability may vary with age and developmental stages. Infants, for example, are very sensitive to the emotional tone of their environments (Dozier, Stovall, Albus, & Bates, 2001; Leve et al., 2012). Lack and loss of a caregiver as well as parental neglect have negative effects on children's stress regulation system (Dozier, Peloso, Lewis, Laurenceau, & Levine, 2008). The infant experiences grief and loss; for many, these negative experiences will be stored in memory forever (Felitti, 2009). Other negative experiences (trauma, exposure to violence) may influence the child as well (Felitti, 2009; Stein et al., 2001). Exposure rates for traumatic experiences in foster children approach 90% (Stein et al., 2001).

Holland and Gorey (2004) state that absence of problem behavior is the clearest manifestation of successful adjustment on the part of the child. They claim that most young children are able to adapt in a couple of days or weeks to the new foster family (Holland & Gorey, 2004). Others indicate that the way foster parents act is an important factor in helping the child to adapt to his/her new situation (Zeanah, Shaffer, & Dozier, 2011). Indeed, the claim of Holland and Gorey (2004) could be misleading. Infants and toddlers often adapt with avoidant behavior. At first glance, the child's behavior may seem to be adequate. It may only become notable as inadequate when the child does not actively appeal to the foster carer, especially when in need or in pain. In the meantime, children actually may be highly stressed which is not identified as (externalizing) problem behavior (Dozier et al., 2008). So, absence of problem behavior in the young foster child does not prove a successful adjustment to the new foster family.

In this study, we will explore the quality of the newly formed relationships between foster carers and infants/toddlers (6 weeks to 3.5 years of age), six to eight weeks after placement. The research questions are: 1) How can the interaction between foster children and their carers be characterized in terms of emotional availability and perceived parenting stress?

2) Which demographic and placement characteristics influence the quality of this interaction? 3) Is the interaction between foster children and foster carers influencing children's biological stress levels?

2. Method

2.1. Foster family care in The Netherlands

In 2013, 21.606 children in The Netherlands were living in family foster care (https://www.pleegzorg.nl/over-pleegzorg/factsheet/factsheet_pleegzorg_2013_def.pdf, 2014). In the Dutch foster care system, a short-term placement (less than six months) is normally intended to protect a child from harm, bring it in a safe environment, and prepare for reunification with the birth parents (Strijker, 2009). For a number of children, however, a transition to a long-term placement will be needed. Thus the children often experience at least two placements, which may pose an extra risk in itself. In 2013, 69% of the children in The Netherlands were living in long-term family foster care. Eighty-four percent of them were placed with non-relatives, sixteen percent with relatives (kinship care). About one third of the group was younger than five (Pleegzorg Nederland, 2014).

Before being licensed as a (non-kinship) foster parent, an introductory course has to be followed. This course has been developed according to the MAPP approach (i.e., Model Approach to Partnerships in Parenting (Dorsey et al., 2008; Strijker, 2009)). Furthermore, an assessment of the prospective foster carers is carried out by the foster care services, focusing on the parenting skills of the carers. During placement foster families are supported and evaluated by foster care workers. If

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