



Research article

Foster children's attachment behavior and representation: Influence of children's pre-placement experiences and foster caregiver's sensitivity[☆]



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ABSTRACT

Although the majority of foster children have been exposed to early adversity in their biological families and have experienced one or more disruptions of attachment relationships, most studies surprisingly found foster children to be as securely attached as children in low-risk samples. However, attention has been paid almost exclusively to attachment formation in young children up to two years of age, and the majority of studies solely investigated attachment behavior whereas few is known about foster children's representations about attachment relationships. To extend findings on attachment in foster children and its predictors, our study examined both attachment behavior and representations in foster children aged between 3 and 8 years. Diverse potential predictors including child variables, birth parents' variables, pre-placement experiences, and foster caregiver's behavior were included in the analyses. Results revealed that foster children showed both lower attachment security and higher disorganization scores than children in low-risk samples. Attachment behavior and representation were found to be widely independent from each other. Different factors contributed to attachment behavior and representation: whereas foster children's attachment behavior was mainly influenced by foster parents' behavior, pre-placement experiences did predict hyperactivation and disorganization on the representational level. The results indicate that, when intervening with foster families, it seems crucial to focus not exclusively on the promotion of secure attachment behavior but also to develop interventions enhancing secure and organized attachment representations.

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Introduction

Reasons for placing children in foster care most often include neglect, physical maltreatment and emotional maltreatment with a majority of foster children being exposed to multiple forms of maltreatment (Oswald, Heil, & Goldbeck, 2010). Both early adversity and disruptions in caregiving put foster children at risk for developing a variety of social, psychological, and behavioral problems (Lawrence, Carlson, & Egeland, 2006; Oswald et al., 2010). Rates of clinically relevant mental

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health problems are elevated among foster children (e.g., Clausen, Landsverk, Ganger, Chadwick, & Litrownik, 1998; Minnis, Everett, Pelosi, Dunn, & Knapp, 2006; Tarren-Sweeney & Hazell, 2006), and foster children often show a developmental delay in cognitive, psychomotor or language development and academic difficulties (Leslie & Ganger, 2002, Leslie & Ganger, 2005; Pears & Fisher, 2005).

According to attachment theory (Bowlby, 1969/1982), the formation of secure attachments with their new caregivers may be one factor by which children sustain or return to adaptive trajectories since the development of a secure attachment relationship with a caregiver has long-term benefits for children (Thompson, 2008). The attachment figure in a secure attachment relationship provides a “secure base” from which to explore as well as a “safe haven” to which to return for comfort. Thereby, the child learns how to regulate negative emotions and which strategies to use when faced with stressful situations (Cassidy, 1994; Spangler & Zimmermann, 1999; Thompson, 2008; Waters et al., 2010). Securely attached children seek contact with their attachment figure when distressed and are able to use the contact to regulate negative emotions successfully, whereas insecurely attached children either avoid caregiver's proximity and do not show their distress or tend to be resistant, distressed and difficult to comfort in attachment-relevant situations (Ainsworth, Blehar, Waters, & Wall, 1978). In contrast, disorganized attachment is characterized by a lack of a coherent attachment strategy, as evidenced by simultaneous and sequential display of contradictory behaviors, incomplete or undirected movements and expressions, stereotypical, and anomalous postures or indices of confusion or disorientation (Main & Solomon, 1990).

Referring to foster children, it is assumed that positive attachment relationships with new caregivers may buffer against negative consequences of early adversity and thereby enhance resilience in children (Rutter, 2007). However, the development of a secure attachment relationship can be complicated in the context of a difficult and unstable family environment (e.g., Dozier & Rutter, 2008; Vaughn, Egeland, Sroufe, & Waters, 1979): as later-placed foster children already have established an attachment relationship with their primary caregiver, placement in foster care means the loss of their primary attachment figure which may cause depressive withdrawal, resistance to care or difficulties to be soothed (Bowlby, 1980; Robertson, 1989). Moreover, due to early adverse experiences of neglectful and/or abusive care, most foster children will exhibit internal working models of attachment that reflect insecure attachment histories when entering foster care. Such internal working models may interfere with the formation of a subsequent attachment relationship as foster children have been found to push new caregivers away and to behave in ways suggesting that caregivers are not needed (Dozier & Rutter, 2008). This behavior often alienates and unsettles new caregivers and may reduce the ability of foster parents to act as a secure base for their foster child (Stovall & Dozier, 2000; Stovall-McClough & Dozier, 2004).

Attachment in Foster Children

To date, few studies have investigated attachment in foster children. Stovall and Dozier (Bernier, Ackerman, & Stovall-McClough, 2004; Stovall & Dozier, 2000; Stovall-McClough & Dozier, 2004) used a diary method to investigate how foster children become attached to new primary caregivers in a sample of children placed in foster care in the first two years of life. Results revealed that stable attachment behavior may emerge within two months of placement. Later assessments using the strange situation showed that around 45% of the children had developed a secure attachment pattern whereas between 20% and 41.7% had disorganized attachments. In sum, these results indicate that infants placed early can quickly begin to turn to their new caregiver when distressed (Bernier et al., 2004; Stovall & Dozier, 2000; Stovall-McClough & Dozier, 2004). In a meta-analytic review conducted by van den Dries, Juffer, van IJzendoorn, and Bakermans-Kranenburg (2009) investigating attachment security and disorganization in foster children in comparison to low-risk samples, a significant effect size was found for attachment disorganization but not for attachment security indicating that foster children are as securely attached as children reared by their biological parents but develop disorganized attachments more frequently than normative samples. Similarly, two studies published after 2009 (Altenhofen, Clyman, Little, Baker, & Biringen, 2013; Jacobsen, Ivarsson, Wentzel-Larsen, Smith, & Moe, 2013) found rates of secure attachments and attachment security scores comparable to low-risk samples.

Although the data presented so far give a first impression of how children form new attachments in foster care, several questions remain unanswered. First, in contrast to the welfare systems in the U.S. or the UK, long-term foster family placements are more common in Germany, especially since domestic adoption rates and reunification rates are rather low (e.g., Statistisches Bundesamt, 2013). For example, solely around 2.5% of German foster children are reunified with their birth parents within a period of one year (e.g., Kindler et al., 2011) compared to 51% of American foster children (Child Welfare Information Gateway, 2012). These differences in permanency planning may reduce the generalizability of empirical findings across countries. Second, most studies investigating attachment in foster children have been restricted to younger children placed in the first months of life although the majority of children entering foster care are older (e.g., Child Welfare Information Gateway, 2012; Statistisches Bundesamt, 2011). As late-placed children may have more difficulties trusting in caregivers, even in those who are sensitive and accessible (e.g., Dozier, Stovall, Albus, & Bates, 2001; Stovall & Dozier, 2000; Stovall-McClough & Dozier, 2004), studies investigating late-placed children are needed. Third, most studies examined attachment security by using behavioral measures of attachment. However, it is assumed that the internal working model of attachment is organized on different levels (e.g., a procedural and a representational level), which are largely independent of one another (e.g., Bretherton & Munholland, 2008; Spangler & Zimmermann, 1999). Prior to the child's mastery of language, the knowledge about attachment relationships is organized largely on a procedural level, and can be observed in behavioral patterns when interacting with the main caregiver, especially when the child is distressed. Beyond infancy,

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