Social Worker's Perceptions of the Relevance of Foster Youth's Attachments

When Making Placement Decisions

By

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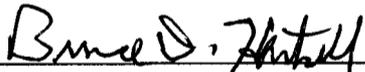
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ABSTRACT

This study examines the personal beliefs, thoughts, and opinions about the relevance of incorporating the idea of attachment theory in daily, social work practice from a population of individuals who first hand serve children placed in the child welfare system, social workers employed by the Family Services and Permanent Placement programs of the Kern County Department of Human Services. The research was conducted using a survey method. This research aimed to introduce and support the idea that applying attachment theory in child welfare policies and practice is key to improving the lives of children in the child welfare system. Results from the study indicated that social workers from the two employee programs share similar and differing opinions about the idea of including attachment theory in daily practice. Overall, two themes derived from the results; social workers determine decisions for children placed in the child welfare system on a case by case basis and what is deemed to be in the child's best interest. Implications for further study suggest conducting surveys about the relevance of attachment theory in the family lives among those who care for these children, foster parents, and the importance of child welfare agencies providing continual trainings about attachment theory for their employees and foster parents.

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Problem

The child welfare system, year after year, is inundated with multiple challenges. Not only are child welfare and mental health professionals "entrusted with protecting children from maltreatment by their parents or caregivers" in a society where family dynamic systems and thus, subsequent tribulations are ever changing, but they are also mandated to abide by legal standards, expectations, and requirements of the county, state, and federal governments (Mennen & O'Keefe, 2005, p. 577). Children, who come to the attention and/or placed into the child welfare system, are deemed as "maltreated." Mennen & O'Keefe (2005) state that although the "primary goals" of child welfare and mental health professionals serving these maltreated children are to ensure their safety, protect them from further abuse, help them heal from any physical or psychological effects of the maltreatment, and to provide the opportunities for them to become healthier and well functioning children and adults, the reality of outcomes for these children is much different (p. 577). Mennen & O'Keefe (2005) affirm that there is a long history of research attesting to the serious consequences of both abuse and neglect (Brown, Cohen, Johnson, & Smailes, 1999; Finzi et al., 2001; Horwitz, Widom, McLaughlin, & White, 2001; Mennen, 2000; Paolucci, Genuis, & Violato, 2001; Pillay & Schoubben-Hesk, 2001) and potentially negative consequences of being in foster care (Bohman & Sigvardsson, 1985; Courtney & Barth, 1996; Dumaret, Coppel-Batsch, & Courand, 1997; Triseliotis, 1983). Children come to the attention of the child welfare system and are subsequently placed in foster care for various reasons; and while in foster care placement, these children often encounter negative outcomes. One reason children in foster care face such detrimental outcomes is the

result of poor decision making in the system (Mennen & O'Keefe, 2005). One possible approach that may well aid the decisions made by child welfare and mental health professionals, therefore improving the outcomes for children placed in the system, is to focus on attachment theory in their every day practices.

Mennen & O'Keefe (2005) explain that attachment theory has helped children's services professionals to "understand the importance of the relationship between a child and his/her caretaker(s)" (p. 578). Further, Mennen & O'Keefe (2005) point out that the quality of a child's attachment has been found to predict adjustment in many domains, including social, psychological, behavioral, and cognitive (Cicchetti & Toth, 1998; Fergusson, Woodward, & Horwood, 2000; Kestenbaum, Farber, & Sroufe, 1989; Oppenheim, Sagi, & Lamb, 1998; Wakschlag & Hans, 1999). It is essential then, for child welfare professionals to understand that focusing upon children's attachments is essential for "increasing the likelihood of positive outcomes for children in the child welfare system" (Mennen & O'Keefe, 2004, p. 578). Granted, attachment theory is not the only foundation to be utilized when making decisions on behalf of children placed in the child welfare system; however, "greater reliance on attachment theory could help avoid some of the problems that make child welfare intervention potentially harmful to children" (Mennen & O'Keefe, 2005, p. 578).

The number of children who are victimized by child abuse and neglect continues to fluctuate yearly. In 2009, 702,000 children in the United States were confirmed as having been victims of maltreatment (U.S. Department of Health and Human Services, Administration for Children and Family, Children's Bureau, 2009). Locally, in January 2011 alone, 2,076 children were placed in out-of-home placements in Kern County; 715 children were placed in the Family Reunification Program and 1361 children were placed in the Permanent Placement Program

(Child Protective Services, 2011). Let it be noted that Family Reunification is only one component of the "Family Services" program in Kern County. Family Services also serves children and families who receive court ordered Family Maintenance where children reside in the home with their biological family members. In January 2011, 529 children were placed in this program (Child Protective Services, 2011).

The application of attachment theory extends throughout various domains of the child welfare system. Meenan & O'Keefe (2005) state that child welfare policy should strive to "use children's attachments as a guide" to make placement decisions; however, the "demands on the system can interfere with this ideal" (p. 578). For example, "increased caseloads, poorly trained workers, media attention, and political pressure" often combine to lead to decisions that are "not in children's best interest" (p.578). Striving for systemic change that will improve the outcomes for maltreated children in the system is essential for their futures. There are numerous means by which to gather the information needed to create these changes, and one is to begin by collecting the personal beliefs, thoughts, and opinions of those individuals who work in the heart of child welfare, social workers.

Purpose of Study

This thesis is both a quantitative and qualitative study that focuses on the beliefs, attitudes, perceptions, and experiences with reference to the idea of attachment theory in daily practice by child welfare workers currently employed within the Family Services and Permanent Placement programs of the Kern County Department of Human Services (KCDHS). Family Services and Permanent Placement social workers were selected because they are the transitional programs between family reunification and long term placement of children in the child welfare system. With the information given, the goal of this thesis is to explore if social workers from the

two employing programs view the relevance of applying attachment theory to their daily practice decisions differently. Recognizing the differences and possible similarities of opinions among the social workers is the first step in creating change; potential change in child welfare polices at KCDHS and thus, social workers' every day practice.

Research Questions

The thesis will be guided by the following, primary research question:

- Do social workers employed in Family Services view the relevance of applying attachment theory to their daily practice decisions differently than social workers employed in Permanent Placement?

Secondary research questions were additionally included to further explain research participants' understanding of attachment theory. The research participants were asked to define attachment in their own words and explain considerations included when making placement decisions on behalf of children currently placed in the child welfare system.

Hypothesis

Based on social workers' varying personal backgrounds and their educational and employment experience, this researcher believes that social workers employed in Family Services view the relevance of applying attachment theory in daily practice differently than social workers employed in the Permanent Placement program.

Relevance to Social Work-Justification for Study

It is only in recent years, that the idea of attachment theory has begun to be incorporated in child welfare agencies; however, it is still only the beginning. Children placed in the child welfare system are protected by laws that ensure they are adequately provided a safe home, food, clothing, and an education. Unfortunately, however, the development of healthy and personal

relationships, both familial and social, sometimes go unnoticed as children's lives continuously transition from one level to another or one placement to the next. In fact, a foster child's ability to form securely attached relationships is often left undetected when the child appears to be adequately healthy and does not report any problems. The lack of secure attachments though, may cause a child to experience a much more neglected life due to the inability to establish self esteem and trust with others. It is vital then, to all child welfare agencies, that the theory of attachment be integrated into polices and every day practice to better protect, serve, and care for an extremely vulnerable population in need.

Summary

This chapter has introduced the idea that understanding and applying attachment theory to child welfare policies and practice is key to improving the lives of children in the child welfare system. The researcher has chosen to gather personal beliefs, thoughts, and opinions about the relevance of incorporating the idea of attachment theory in daily, social work practice from a population of individuals who first hand serve these children in need, social workers employed by the Family Services and Permanent Placement programs of the Kern County Department of Human Services. The researcher hypothesizes that social workers from the two KCDHS employee programs view the relevance of applying attachment theory to daily social work practice differently.

The next chapter, Chapter II, provides literature review about the establishment of attachment theory and the current practice of incorporating ideas that pertain to attachment theory in child welfare agencies. Chapter III describes the methodology of the research study and specifically identifies the data collection, sampling, and analysis procedure. Chapter IV reports the results and findings from the data analysis. The final chapter, Chapter V, summarizes the

study, provides the discussions and implications derived from the data collected using statistical analysis, and offers recommendations for further research which may benefit social workers and their practice decisions made on behalf of children placed in the child welfare system.

CHAPTER II

LITERATURE REVIEW

It is an unfortunate reality that the number of children placed in foster care and length of time they remain in the child welfare system are increasing. In addition, the child welfare system is encountering children who are more medically fragile, behaviorally demanding, and/or in need of special services (Halfon, Mendonca, & Berkowitz, 1995; Rosenfeld et al., 1997; Soliday, 1998). Redding, Fried, and Preston (2000) state that studies find that a majority of the entire foster care population, regardless of gender or age group, have clinical psychological disorders (Halfon, Mendonca, & Berkowitz, 1995). Further, Redding, Fried, and Preston (2000) note that the increased risk is due, in part, to difficulties in attachment created by the abusive and/or neglectful situations often characterizing the child's developmental years, as well as to the potentially traumatic separations occurring with placement changes (Kates, Johnson, Rader, & Strieder, 1991).

The first step then, in understanding a child placed in the child welfare system, is to gain insight into the environment in which he/she lived and the relationship(s), or lack thereof, with his/her parent(s)/caretaker(s).

Attachment Theory

John Bowlby (1969/1982, 1973, 1980, 1988), a British child psychiatrist, psychoanalyst, and researcher introduced and established the theory of attachment. Now, as Fairchild (2006) points out, attachment theory has evolved into one of the most well researched theories of human development in developmental and social psychology. Co-founder to attachment theory is Mary D. Salter Ainsworth, a Canadian psychologist and researcher. Fairchild (2006) explains that Ainsworth (1982, 1989) and her students "expanded and modified some of Bowlby's original

formulations, by creating a shift from his emphasis on gross disruptions of care in bereavement

to developing a methodology of classification attachment behavior patterns in infants and their

primary caregivers" (p. 236).

Fairchild (2006) explains that Bowlby's (1969/1982) attachment theory proposes that

human infants are predisposed, due to the human evolutionary "attachment behavioral system" to

seek and form attachments to their primary caregivers. Fairchild (2006) continues to explain that

this attachment behavioral system involves an inherent motivation by the infant that is

biologically based to assure the child gains survival and protection, both physically and

psychologically, and maintains proximity to the attachment figure (usually the mother) to meet

physiological needs (Bowlby, 1988; Bretherton, 1985; Cassidy, 1999; Teti & Nakagawa, 1990).

"Infant physiological needs stem from hunger, thirst, temperature discomfort, or an arousal state"

(Fairchild, 2006, p. 237). Bowlby asserted that infants and children become attached even to

abusive mothers, and to caregivers, although their physiological needs are not met (Bowlby,

1956). Fairchild (2006) further states that Bowlby's formulation stressed that the attachment

behavioral system was discreet and was not equivalent to general behavior or other personality

traits, such as temperament (Belsky & Isabella, 1988; Bowlby, 1988). In addition, Bowlby

distinguished attachment theory from social learning and psychoanalytic theories based upon the

idea that attachment is not "suggestive of regression to immature behavior, but rather vital for

healthy functioning throughout the life course" (Fairchild, 2006; Bowlby, 1980; Bretherton,

(1985, 1990).

Mennen and O' Keefe (2005) state that Bowlby (1969, 1982, 1991) believed the

following:

"The attachment relationship is biologically rooted and functions to promote the infant's

survival. Early life experiences, particularly those that occur in the context of the parent-

child relationships, are believed to form the child's initial mental representations of self,

others, and relationships. These mental representations or "internal working models"

serve as perceptual filters through which social stimuli are interpreted. They tend to

persist over time guiding children's expectations and behaviors in relationships

throughout life and served as the foundation for emotional development" (p. 579-80).

Bowlby (1969, 1982) concluded that attachment was "essential for biological survival and that

humans, like animals, behave in ways to elicit a carer response" (Tilbury & Osmond, 2006, p.

268). The level and quality of this "carer" responsiveness was later established as being a major

factor in a child's attachment to a "carer" (Tilbury & Osmond, 2006, p.268). Consequently,

varying levels of responsiveness resulted in different styles of attachment, categorized as secure,

anxious/ambivalent, avoidant, or disorganized-disoriented (Ainswoth et al., 1978; Main &

Solomon, 1986).

Attachment Patterns

Ainsworth et al. (1978) initially identified three major classifications of attachment

relationship, including secure (Type B), insecure-avoidant (Type A), and insecure-ambivalent

(Type C). More recently, Main and Solomon (1990) identified a fourth attachment pattern that

has been labeled disorganized or disoriented (Type D).

Secure attachment patterns develop from a consistent and nurturing caregiver, whereas

anxious/ambivalent, anxious avoidant, and disoriented/disorganized attachments develop from

inconsistent, emotionally neglecting, and/or abusive caregiver (Mennen and O'Keefe, 2005).

Mennen and O'Keefe (2005) describe children with secure attachments (Type B) as individuals who "develop internal working models of their caregiver/mothers as available, responsive, and helpful should they encounter an adverse situation. These children are easily confronted, demonstrate cooperation in interpersonal relationships, and actively explore new situations" (p. 580).

A child who experiences anxious/avoidant attachments (Type A) are "distrustful of their caregivers and have little confidence they will be responded to when in need. These children experience their parent as rejecting and/or controlling. Consequently, they are more distant from their caregivers during periods of distress often acting as if they do not need their caregivers" (Mennen and O'Keefe, 2005, p. 580).

Children with anxious/ambivalent attachments (Type C) "often exhibit dependent and hostile reactions to their caregivers when distressed. They frequently monitor their caregiver's whereabouts, spend little time in independent play or exploration, and are often clinging and prone to separation anxiety. These children may cry to be picked up, but after being picked up struggle to climb down. This pattern tends to be promoted by a parent who is inconsistent or one who threatens abandonment to control this child" (Mennen & O'Keefe, 2005, p. 580).

Lastly, Mennen and O'Keefe (2005) describe children with disoriented/ disorganized attachment patterns (Type D) to:

> "Often demonstrate a mixture of avoidance, angry approach responses, but also behavioral disorientation. For example, they might respond to their caregiver's departure with inappropriate laughter followed by emotional collapse. Alternatively, they may alternate between seeking proximity and fleeing, or by avoiding the caregiver and crying.

Because these children are unable to recognize which behaviors gain favorable attention

from the caregiver, they lack a coherent strategy for regulating attachment" (p. 580).

The different strategies or attachment styles are built within children to help them cope and

survive in their respective environment, regardless of how adverse that environment is (Mennen

& O'Keefe, 2005). Therefore, what may benefit the functionality of one parent-child relationship

may not be in another environment or between that child and a different parent/caregiver

(Mennen & O'Keefe, 2005). Researchers have noted that children's attachment styles tend to be

stable over time and are best predicted by the attachment styles of their caregivers (van

IJzendoorn, 1995). It is important then, to recognize a child's attachment pattern when he/she is

placed into the child welfare system in order to determine the child's needs. Identifying the

child's initial attachment pattern can also help social workers with his/her placement; in hopes to

find a home and family dynamic system that will best benefit the child.

Internal Working Models (IWM)

Bowlby (1988) used the term Internal Working Model (IWM) when describing the

"unconscious blueprint," the developed attachment style which affected an individual's and their

future relationships (Morton & Browne, 1998). Whelan (2003) states that Bowlby (1988)

believed these IWMs were fully developed when a child reached age five, but were continually

open to change, based on the child's continued care giving experiences. However, Whelan

(2003) also notes that once an insecure attachment pattern was set, a child would continue to use

maladaptive IWMs until these insecure attachment patterns were significantly challenged and the

environment around that child, most prominently the primary caregiver, became more responsive

and more attuned as a contrasting experience to the previous inadequate care giving.

Crittenden (1998) took the concept of the IWM further, and suggested IWMs could be described as either open or closed and as being either working or nonworking (Whelan, 2003, p. 26). According to his definitions, IWMs that are open allow for "new interpretations of events based on the responses the individual gets from the other in the relationship; IWMs that are closed apply the same internal working model to interpret all data and expect the same outcome, regardless of the data the other in the environment presents with" (Whelan, 2003, p. 26-7). Using these definitions and in reference to children placed in the child welfare system, Whelan (2003) states that:

> "A foster child with an open IWM, going into a new foster home, could observe and accept a potentially new and different positive relationship with his new foster parents; a child going into a new foster home with a closed IWM would expect a repeat of the negative relationship pattern he had with his previous caretaker, regardless, of how positive the interactions with the new foster parent might be" (p. 27).

Whelan (2003) continues to explain Crittenden's (1998) thoughts and defines a working IWM as "allowing for cognitive manipulation of possible responses of the self in relation to others" (p. 27). On the opposite side, Crittenden (1998) defines a "nonworking IWM as not allowing the person to consider him or herself as having several responses to others in the context of a relationship" (Whelan, 2003, p. 27). Whelan (2003) provides the following examples to explain the differences between a foster child with a "working IWM" and conversely a "nonworking IWM:"

> "A foster child with a working IWM who is placed in a new foster home and reprimanded by his new foster parent can deliberate on the potential fairness of this new foster parent, on the consequences of his possible responses, and on his desired outcome

of their interaction before determining how he will behave in response to the reprimand. The foster child with a nonworking IWM in a similar situation would not take into account new information or conceive of the possibility of a new outcome. He would respond to the foster parent in the same manner he had responded to his previous maladaptive caretakers" (p. 27).

In summary then, Whelan (2003) explains that the open, working IWM then is adaptive and flexible and the closed, nonworking IWM is non-adaptive and rigid. Therefore, the closed, nonworking IWM leaves a child in a position to constantly repeat a pattern of negative interaction (Whelan, 2003).

Attachment and Placement

Understanding the foundations of attachment theory, including the types of patterns and internal working models, are integral to understanding children placed in the child welfare system; who they are and where they come from. Children who exhibit insecure or disorganized attachment patterns and/or closed, nonworking IWMs are at a higher risk than those children with secure attachments and open, working IWMs, to live in multiple foster care placements, have difficulty overcoming their abusive pasts, and establish future relationships.

Strijker, Knorth, & Knot-Dickscheit (2008) state "when a child repeatedly changes from one environment to another, it may have great consequences for the child's well-being and functioning" (p. 110). When children are placed into a new home they are inevitably faced with the challenges of engaging in new social environments; these include home, neighborhood, and school settings. Each child, depending on the severity of his/her abusive past, will adapt differently, or possibly not adapt at all to this new environment. Varying levels of acceptance and adaptation to new environments may make it "impossible" for the child to resolve

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parent/child conflicts with his/her new foster parents and deal with the biological family issues that initially brought the child into the child welfare system (Strijker, Knorth, & Knot-Dickscheit, 2008, p. 110). Another consequence for the child is that multiple placements lead to an increase in the child externalizing his/her problem behavior (Newton, Litrownik,& Landsverk, 2000). Strijker, Knorth, & Knot-Dickscheit (2008) state that there "is supposedly a two-way relation" (p. 111). Multiple placements and the child's growing sense of detachment resulting from these changes will trigger more acting out and externalizing behavior in the youth (Strijker, Knorth, & Knot-Dickscheit, 2008). In turn, this type of behavior will increase the chance of a breakdown to the point when caregivers can no longer cope with the situation (Strijker, Knorth, & Knot-Dickscheit, 2008). Hence a disrupted placement may occur and the child is moved yet again. A possible consequence of the numerous changing of placements is that the child is prevented from developing a loving relationship and attachments with his/her foster parents (Strijker, Knorth, & Knot-Dickscheit, 2008). The child may, in turn, develop further attachment problems that he/she initially presented when placed into the child welfare system; and the rejection of multiple placements may lead to the child losing any kind of trust in adults.

Permanency

In an attempt to create and establish permanency for all foster children, the Adoptions and Safe Families Act (ASFA) was signed into government in 1997; it mandated the development of a system that measures the performance of care providers (Strijker, Knorth, & Knot-Dickscheit, 2008). Strijker, Knorth, & Knot-Dickscheit (2008) state the following:

"One of the performance indicators is the number of placements a child has experienced in the period of youth care. The idea of this indicator resulted from policymakers' anxiety over the foster care drift. The term *foster care drift* is used when a child moves from one

placement to the other without the prospect of a permanent residence (i.e., return home,

adoption or in kinship foster care)" (p. 108).

It is apparent then, that Bowby's and Ainsworth's innovative theories of attachment among

children have transcended over the decades; what began as only ideas are now incorporated into

federal legislation. ASFA, in its entirety, is defined in the Child Welfare Manuel as the

following:

"The Adoption and Safe Families Act of 1997 is a federal law which promotes timely,

permanent placements for children in foster care. The primary goal of the legislation is to

expedite permanency for children in out-of-home care by setting specific time frames in

which the state must act on a child's permanency plan. For some children, adoption is

the best permanency plan. For other children, reunification with their birth parents or

guardians may be the best plan. To accomplish this goal, we must consider all

permanency options for a child. In a timely manner, we must act on the best plan, while

at the same time, we must begin implementation of an alternate concurrent plan for

permanency. The law establishes new time lines for "permanency" hearings (previously

known as dispositional hearings) and imposes new case plans and review requirements on

the Division and the juvenile courts. The permanency plan of every child, regardless of

age, who has been in out-of-home care for 15 out of the most recent 22 months, must be

reviewed. The state must file a termination of parental rights (TPR) petition unless

compelling reasons exist for not filing this petition" (1999).

In summary then, original attachment theory research shows that children, in general, exhibit

different attachment patterns depending on the type of environment and parental/caretaker style

in which he/she was raised. Children, who come to the attention of the child welfare system,

suffer from varying levels of abuse (i.e. emotional, physical, sexual, neglect, etc.). Level of abuse, regardless of how chronic or acute it may be, correlates with children also suffering from attachment issues. Recent research explains that a child's capability, or lack thereof, to accept, adapt, and cope with his/her new environment, affects numerous domains of the child's life; these include: his/her time spent in placement, number of placements, relationship with his/her foster parents, relationships with biological family members, ability to overcome their traumatic pasts, and the outlines of their futures. And now, governmental legislation exists to support the fundamentals of attachment theory. The next step then, is to apply the incorporation of the theory of attachment and the legislation which supports it, into social work policy and every day, social work practice.

Attachment Theory and Social Work

Whelan (2003) states that John Bowlby (1988) developed attachment theory in a multi-disciplinary environment with the contributions of psychiatry, psychology, developmental biology, and social work. Further, Bowlby (1982) credits social work researcher James Robertson and psychiatric social worker colleagues, with who he worked early in his career, as "contributing to his understanding of the effects of the relationship between the child and his or her caregiver as primary in that child's development" (p.23).

According to Bowlby (1982) attachment theory is a developmental theory, which emphasizes that the child's primary drive is to develop an attachment relationship to a primary caregiver for protection. Further, Whelan (2003) defines attachment theory as different from other developmental theories in its "early acceptance of the environment as a major contributor to a child's development" (p.23). This acceptance of the environment is compatible with social work's long history of viewing the person-in-environment. Whelan (2003) states that social work

has a tradition of viewing both the person and the person's environment as potential points of intervention; and "while this viewpoint is readily accepted today, when Bowlby developed his theory of attachment, the field of human development psychiatry held an intra-psychic understanding of the child, which was less willing to take into account the role of the environment, most importantly the child's parents, when assessing for intervention" (Karen, 1998). Whelan (2003) also supports that Bowlby's work helped the field of human development move toward an understanding of how the behavior of the primary caretaker does have a direct impact on the psychological development of a child. Most importantly, Whlean (2003) states:

"Attachment theory is then useful to social workers making placement decisions because it provides a framework for understanding how various relationships (most prominently, but not limited to, the primary caretaker) in a child's environment might positively or negatively impact that child's future development" (p. 24).

Further, attachment theory can be best applied to placement decisions in the child welfare system because it is best understood as a pathway theory, as opposed to a theory that views development as progressing through a series of stages (Whelan, 2003). Whelan (2003) states:

"As a pathway theory, Bowlby proposed that a child's development is constantly progressing, and the progress can be toward a healthier, secure attachment style of relating to others or toward a potentially maladaptive, insecure attachment style. Interruptions, either positive or negative, in relation to a child's development of an attachment style could occur at anytime during the course of the child's life, with the most important period of attachment development occurring between 18 months and age five" (p. 24).

Beyond using attachment theory when making placement decisions, Tilbury and Osmond (2006) state that attachment theory also provides a "major theoretical foundation for permanency planning" (p. 268). The quality of this "attachment" impacts on an "individual's social functioning, well-being, and competency and can have a profound influence on every aspect of his or her life" (Tilbury & Osmond, 2006, p.268).

Improving Outcomes

When a child is placed into the child welfare system and thus, a foster placement, Redding, Fried, and Britner (2000) state that the following should be considered to ensure placement stability and permanency, "careful selection of foster parents and matching of foster families with foster children" (p.431). While in placement, it is also vital for social workers and foster parents to be aware of the child's relationship with his/her biological family members. In addition, it is important that social workers and child welfare agencies empower the children, biological family members, and foster family members involved in the foster care process to assess and determine the decisions that will best benefit the childrens' futures (Redding, Fried, and Britner, 2000).

Selection of foster parents by social workers for every child "will always be a judgment call," one that is partly dependent upon the availability of parents, but "a good fit between the foster parents and child, which takes into account the child's prior placement experiences, is especially important" (Redding, Fried, and Britner, 2000, p.431). Valdez and McNamara (1994) propose a protocol to match child temperament, parent temperament and parental expectations in order to increase the probability of long-term successful placements. Idealistically, Valdez and McNamara's protocol or other placement indicators would always be used by every child welfare agency when making all placement decisions on behalf of all child placed in the child

welfare system; unfortunately however, the reality is that this idea is not utilized in every day, social work practice. What is reasonable for child welfare agencies is to provide trainings regarding attachment, placement stability, and permanency to all social workers and foster parents. Not only should trainings be mandated upon social worker's initial employment or when foster parent's first become licensed, but they should also be continuously offered throughout a social worker's employment and foster parents' years of providing care for children. Redding, Fried, and Britner (2000) affirm that it is "important that agencies have a well-defined model of service delivery and set of procedures to implement the model, along with measurable goals and a method for program evaluation and improvement" (p. 438). It is essential then for child welfare agencies to provide knowledge and education to all the individuals who take part in caring for the lives of children and families in need. The problems and situations that bring children and their families into the child welfare system have always been similar, but yet they are also ever changing, along with the current challenges of society. So as people change, as do their needs, so should the services offered by social workers and child welfare agencies and the care provided by foster parents. Through education, teaching, and training social workers, foster parents, and child welfare agencies become more skilled and prepared to help those in need.

For every person and every child, it is important to acknowledge their biological family members. Redding, Fried, and Britner (2000) state that "because a goal of foster care is, in most cases, reunification with the biological family, it often is critical for the child to maintain a relationship with the birth family" (p. 431). Children, while in foster care, are usually granted court ordered weekly, bi-weekly, or monthly visitations with their biological family members; exceptions would include if the child suffered severe trauma (sexual, physical, etc.) by the parent(s)/caretaker(s) and the court deemed visitations to be detrimental to the child's well being.

So to the extent possible then, both foster parents and biological parents should be involved in decisions regarding the child's treatment planning and the nature of the placement, transfer, and departure, which are especially vital to the child's attachment security (Ruff, Blank, & Barnett, 1990).

Empowerment of those involved in the foster care process (the foster child, foster parents and their children, biological parents, social workers, child welfare agencies) is created by "keeping them informed, seeking and valuing their input in decision making, and maintaining frequent contact and visitation to the extent doing so is consistent with the child's safety, developmental level, and psychological well-being" (Redding, Fried, and Britner, 2000, p. 442). Every person involved in the child's life, including the child, is a key component to the child's hopeful and successful future. Communication allows for the exchange of information and provides the opportunities for the needs of the children and families to be met.

Summary

Social work would not be the same today without the inclusion of attachment theory. Due to the work and research completed by Bowlby, Ainsworth, and all other individuals who have contributed to attachment theory, social workers have the opportunity to understand individuals, adults and children alike, from a perspective unlike any other scientific or psycho-social theory. What is known is that humans form attachments to others whether they are adaptive or maladaptive, and these attachments are developed and passed though the transmission of an intergenerational cycle of families.

In specific regards to children who suffer from abuse and neglect and thus, come to the attention of the child welfare system and social workers, these children exhibit all types of attachment patterns. It is essential then, for social workers to know and understand that children,

a part of the child welfare system, who exhibit secure attachments (Type B) may be present, and so may children with maladaptive attachment patterns (Type A, C, and D). More importantly however, theory and research has shown that there are possibilities to alter and improve maladaptive attachments. Therefore, it is important to recognize and understand a child's attachment pattern when it comes to placement decisions and inevitably permanency planning because the recognition and understanding gives insight to every child's overall well being or to the their needs that still have to be met.

CHAPTER III

METHODOLOGY

This chapter will discuss the study design and procedures that took place to acquire the data that was subsequently analyzed for the completion of this study. Ethical considerations are also included in this chapter.

IRB/KCDHS Approval

First, this researcher created a survey and research participant consent form to be approved by the Intuitional Review Board (IRB) for Human Subjects Research (HSR) at the California State University, Bakersfield and Child Protective Services' Supervisors employed by the Kern County Department of Human Services (KCDHS). A copy of the survey and research participant consent form was then submitted to the IRB for review and revisions to ensure the data instruments were ethical in nature and would not cause harm to the voluntary participants. This researcher also submitted a KCDHS Advanced Degree Project or Thesis Approval Process application to the Child Protective Services' Supervisors. After review, this researcher was granted an Exemption from Full Review by the IRB/HSR and permitted to carry out the research study; approval was also granted from the KCDHS Child Protective Services' Supervisors to complete the research study.

Research Design

As stated previously, this thesis is both a quantitative and qualitative study that focuses on the beliefs, attitudes, perceptions, and experiences regarding the use of attachment theory in daily practice by child welfare workers currently employed within the Family Services and Permanent Placement programs of the Kern County Department of Human Services (KCDHS). Specifically, the goal of this thesis to ascertain if there are existing disparities among social

workers and their views on the relevance of applying attachment theory to their daily, practice decisions. Although the data collection and analysis procedures are exploratory in nature, the researcher hypothesizes that social workers from the two KCDHS employee programs view the relevance of applying attachment theory to their daily practice differently.

Participants

The research participants were selected through a convenience sampling method from the Kern County Department of Human Services' child welfare workers included those employees with one of the following titles: Social Service Worker I, II, III, IV, or V, Social Service Supervisor I or II, and Program Director as participants. All participants read and understood the language of English. Further, all participants volunteered, and their identities were kept confidential. In addition, the participants were not paid, in any form, to take part in the study, and all participants were treated in accordance with the California State University Bakersfield Institutional Review Board/Human Subject Research (IRB/HSR) protocol and guidelines (See Appendix A: IRB Approval).

Instrumentation

The instrument used for this study was created by the researcher. The instrument was approved by the thesis committee members and chair of the thesis. In addition, the instrument was approved by the IRB committee and the KCDHS thesis approval committee.

The first three questions in the survey requested the participant to provide personal information; the program the participant was employed in, highest number of years of education completed, and the highest number of years of employment experience in a child welfare agency. The fourth question was qualitative in nature and asked the participant to briefly define "attachment" based upon their own thoughts, perceptions, beliefs, and/or experiences. Questions

five and six inquired, with a "yes" or "no" response, if the participants had previously attended any courses (academic or employment) that addresses the idea of attachment theory and if he/she believed that attending additional courses/trainings regarding attachment theory would be beneficial in his/her daily practice decisions. Questions seven and eight inquire, by a "yes," "no," or "depends" response, about children and placement changes; specifically what a child welfare worker may or may not focus on to assist with the child's transition of placement. Lastly, questions nine through twelve pertain to the participants' personal beliefs about children's abilities to build secure attachments in relation to the children's mental and physical health, educational attainment, and social development. These questions were also responded by a "yes," "no," or "depends" response.

Each question, either quantitative or qualitative in context, is necessary to determine the overall goal of the thesis, to ascertain if there an existing disparity among social workers and their views on the relevance of applying attachment theory to their daily practice decisions.

Data Collection

The surveys were dispersed at two separate buildings of the Kern County Department of Human Services; the first was the building on 100 E. California Ave., Bakersfield, CA 93307 and the second at 3815 Wilson Rd., Bakersfield, CA 93304. Surveys were distributed at each child welfare workers' designated desk/cubicle area. Attached to the surveys were two informed consent forms; one copy for myself as the researcher and another for the participant to keep. To ensure anonymity of the participants, surveys and signed consent forms were collected in separate marked boxes in each building; one box was designated for the consent forms and another one for the completed surveys. Once the surveys and consent forms were collected, they

were stored in a locked filing cabinet at the researcher's home. Only the researcher and thesis chair were authorized to have access to the collected data.

Data Analysis

After all of the surveys were collected, the data was inputted into and analyzed using the computer software, SPSS (statistical package for the social sciences) 14.0 for Windows, (SPSS Inc., 2006). This researcher aspired to cross-tabulate the data with the chi-square test of association; however, due to the number of overall responses from the participants this test was not applicable for analysis. Therefore, the results discussed in the following chapter were analyzed using Descriptive Statistics.

Ethical Considerations

There was possibility of experiencing minimal discomfort or personal bias felt by the participants in this study when they were presented questions pertaining to the practices followed in the agency in which they are employed by. To reduce this possibility, the informed consent forms stated that confidentiality would be protected; and although the signed consent forms required a signature, the consent forms and completed surveys were kept in separate, marked boxes. In addition, participants were given the option to stop completing the survey or leave any questions unanswered if they felt uncomfortable at any time.

Summary

The research design for this study is exploratory in nature; the researcher hypothesized that social workers from the Family Services and Permanent Placement programs view the relevance of applying attachment theory in daily social work practice differently. The study used a convenience sampling method and the instrument, created by the researcher, was approved by Intuitional Review Board for Human Subjects Research at the California State University,

Bakersfield and Child Protective Services' Supervisors employed by the Kern County

Department of Human Services.

CHAPTER IV

RESULTS

This study was conducted to explore child welfare workers' views on the relevance of applying attachment theory to their daily, practice decisions. Both qualitative and quantitative questions were asked in the survey participants completed to ascertain if there are existing disparities among the participants and their views regarding the application of attachment theory. Participants were selected by convenience sampling methods.

The primary research question asked in the study was:

- Do social workers employed in Family Services view the relevance of applying attachment theory to their daily practice decisions differently than social workers employed in Permanent Placement?

Secondary research questions were additionally included to further explain participants' understanding of attachment theory. Participants were asked to define attachment in their own words and explain considerations included when making placement decisions on behalf of children currently placed in the child welfare system. In addition, participants were asked personal information including highest number of years of education completed and employment experience.

As previously stated, the researcher hypothesized that social workers employed in Family Services view the relevance of applying attachment theory in daily practice differently than social workers employed in the Permanent Placement program.

Results

A total of 33 surveys were completed by the child welfare workers, 20 (60.6%) by those employed in the Family Services program and 13 (39.4%) by those employed in the Permanent

Placement program. Descriptive Statistics were analyzed from the participant's responses. In regards to highest number years of education completed, only 24 responses were valid for analysis; some participants did not reply with a specific, numerical response and so, these were counted as "missing" values. For example, some participants responded with: "MA +," "Bachelor's Degree," "MSW," "BA," and "AA." Overall, within both programs, 14 (58.3%) of respondents completed between 14 and 17 years of education and 10 (41.7%) participants completed between eighteen and twenty years of education (See Table 1.). Thirty two participants gave valid responses to the third question about highest number of years completed in a child welfare agency. Only 1 participant stated "two or three" years; therefore this response was counted as "missing." Of the participants between both programs, 14 (43.7%) have between one and five years of experience, 12 (37.5%) between six and ten years experience, and 6 (18.8%) have between eleven and twenty five years of experience.

Table 1

Descriptive Statistics for KCDHS Program & Years of Education

		Years of Education						Total
		14	16	17	18	19	20	
KCDHS Program	Family Services	3	4	2	4	2	0	15
	Permanent Placement	0	5	0	1	2	1	9
Total		3	9	2	5	4	1	24

For the fourth question, participants were asked to write their own definition of "attachment." Some of the definitions included the following responses by the "Permanent Placement" participants (See Appendix E: Survey Responses):

- Ability for a child to develop an emotional, physical, psychological relationship with another person. This helps develops trust, self perception, love of self, empathy, and hope.

- Attachment is having unconditional love. It is knowing who loves, who cares about you, and who gives you support. It is also the ability to trust.

- The ability to form a bond w/anyone who is directly involved in your life in some way. As humans, attachment is necessary for functioning and moving forward.

- Attachment is a concept that binds and bonds people to one another. A person can have a healthy attachment or an unhealthy attachment strongly connected to their past experiences in their relationships.

- Attachment is the connection between a child and their parents, family, mentors and friends. It is a bond based on trust, consistency, and past experiences.

Of the "Family Services" participants, definitions included the following responses (See Appendix E: Survey Responses):

- I believe attachment is a bond formed between individuals. This bond could be emotional, financial, etc. Most often based on trust an accompanied by responsibility for one's actions.

- Attachment typically describes the relationship between two people. Attachment can be described as secure or insecure attachment. Secure attachments give humans the ability and tools to develop positive, healthy relationships and give people a sensed connection to other people. It is essential that young children attain the ability to achieve secure attachments as it directly related to their quality of life.

- I believe attachment can define as a bond. A closeness. Being attached to something or someone is a feeling, a thought. With my personal experience I'm attached to someone through how I feel about them.

- Attachment is used to describe the relationship that is developed between an infant and an adult in the first few years of life.

- I believe attachment is a process by which humans learn how to bond, feel, empathize, and relate to each other beings. This can also include animals. It is the ability to love someone or something other than yourself.

- Attachment is defined two ways-one the bond in which a child has with his or her caregiver and secondly, the ability in which a child is able to gain an attachment to their caregiver. in the present and ability to make attachments in the future.

Attachment then, or the idea of, can signify different meanings and understandings to different people. Merriam-Webster.com defines attachment as "a: the state of being personally attached: fidelity, b: affectionate regard" (2010). The responses given by the research participants reflect that attachment is a type of bond, relationship, and/or connection between two people that is directly related to a person's physical, emotional, and/or psychological states. Then what is the true definition of attachment? Due to the nature of the word and every individual's personal perception, the meaning will invariably differ. The goal again, for this research study is to gain insight into the possible, existing similarities or differences between the participants so that a consensus about the applicable use of attachment theory may be incorporated into their daily, social work practice.

Questions 5 and 6 pertain to participant's previous attendance to attachment course(s), either for academic or employment purposes. Of the 33 surveys completed within both programs,

22 (71.0%) reported to have attended at least one course and 9 (29.0%) stated that they have

never attended an attachment training (See Table 2.). Further, 19 (86.4%) of the 22 respondents

who have previously attended an attachment course all stated they believed attending the course

furthered their understanding of attachment and that attending additional courses/trainings would

benefit their daily practice decisions. The other 3 participants (13.6%) who have previously

attended an attachment training each stated that the course furthered their understanding of

attachment; however, attending additional courses would not benefit their daily practice

decisions. Of the 9 respondents who stated they have never attended attachment training,

academic or employment, 7 (77.8%) felt that attending further trainings would benefit their daily

practice decision, 1 (11.1%) participant stated it would not, and the other response was

"missing."

Table 2

Descriptive Statistics for KCDHS Program & Previous Attendance

| | | Previous Attendance | | |
		Yes	No	Total
KCDHS Program	Family Services	14	5	19
	Permanent Placement	8	4	12
Total		22	9	31

Question 7 asked participants to ascertain if, when a change of placement occurs, he or

she collaborates with the child's caregivers to help the child transition from one placement to the

next. Of the respondents in Family Services, 76.5% stated that they do collaborate with a child's

caretaker to assist the transition, 11.8% replied that do not, and 11.8% stated that it "depends"

(See Table 3). Participants provided the following responses (See Appendix E: Survey

Responses):

- It depends on how long the child was in the placement, how attached they were to their caregiver, what the circumstances of the removal were, and who the next caregiver is the relationship to the child.

- Placement changes occur for many reasons; some controllable, some not. Each case is different. The preference is not to change placement but often can not be avoided. If all parties are willing, then collaboration is essential.

- If it is an "emergency" placement change (i.e. referral on foster parent, child acting out, etc…) then it is almost close to impossible to help the child transition to the next placement.

- Everyone needs to work together to focus on making decisions that are in the children's best interest. Collaborating w/all those who are a part of a child's life will only help make informed/educated decisions.

- I allow both caregiver to talk and discuss the child's needs and history. I also collect information from the child and the bio. Parent to help educate the new caregiver on the needs and goals of the family.

Of the respondents in the Permanent Placement program, 38.5% stated that they do collaborate with caregivers to help the child transition from the current placement to the next, 7.7% replied that they do not, and 53.8% stated that it "depends" (See Appendix E: Survey Responses).

- It depends on the circumstances of the change. If it is a planned change then yes. If it is due to a negative situation, then no.

- Usually placements fail and the caregivers have given a 7 day notice, so, no there would not be a collaboration. When a child is moved from a group to a lower level of care, again, there is no collaboration in the transition.

- If it was a move to a lower level of care, then yes, collaboration is helpful in understanding the child. The same can go for the opposite. If it was a placement that ended badly, then maybe just a summarization to the new caretaker. We don't want to taint a placement with angst from a previous caretaker.

- Some caregivers don't know about attachment and the detriments of having attachment disorder. Caretakers also don't always look at kids in a committed way and aren't available for this transition process.

- Closure is important to both parties involved. Formerly meeting can be held to explain and explore feelings and decisions.

Based upon the percentages and responses from the participants, it appears as though social workers generally do collaborate with a child's previous and current caretaker(s) to help the child transition from the current placement to the next. Sometimes, social workers discern that collaboration is not necessary when it is not in the child's best interest; this choice is determined on a case by case basis.

Table 3

*KCDHS Program * Placement Change Crosstabulation*

			Placement Change			Total
			Yes	No	Depends	
KCDHS Program	Family Services	Count	13	2	2	17
		Expected Count	10.2	1.7	5.1	17.0
		% within KCDHS Program	76.5%	11.8%	11.8%	100.0%
		% within Placement Change	72.2%	66.7%	22.2%	56.7%
		% of Total	43.3%	6.7%	6.7%	56.7%
	Permanent Placement	Count	5	1	7	13
		Expected Count	7.8	1.3	3.9	13.0
		% within KCDHS Program	38.5%	7.7%	53.8%	100.0%
		% within Placement Change	27.8%	33.3%	77.8%	43.3%
		% of Total	16.7%	3.3%	23.3%	43.3%
Total		Count	18	3	9	30
		Expected Count	18.0	3.0	9.0	30.0
		% within KCDHS Program	60.0%	10.0%	30.0%	100.0%
		% within Placement Change	100.0%	100.0%	100.0%	100.0%
		% of Total	60.0%	10.0%	30.0%	100.0%

The next survey question inquires about respondents' consideration of the possible

effect(s) the number of placements a child previously has upon the child's stability of his/her

future placement(s). Within the Family Services Program, 64.7% of the respondents stated that

they do consider how the number of placements the child previously had will affect the child's

stability in the future placements, 17.6% of the respondents replied that they do not make the

consideration, and 17.6% stated that it "depends" (See Table 4). Responses by the Family

Services participants include the following (See Appendix E: Survey Responses):

- The # of placements must be considered; however, if the home/placement is unsafe and /or efforts have failed to avoid ending placement, the child will have to be moved regardless of the # of previous placements.

- All children have different needs and if there is a child who's had a hard time finding a stable placement priority should be given to making sure that the fam. has received all available services before disrupting yet another placement.

- I seek to find a placement that will work for the child on a potential ongoing basis. Permanency is a goal to help the child stay in the home. I also work with the caregiver to attempt to save the placement if possible.

- I always consider it; however, sometimes there is nothing that can be done to save a placement.

- The reason for removing the child from the home may negate any ability to use this as a factor. Also, lack of time and resources at CPS make this very difficult to do. The system pays lip service to building/keeping attachments but does nothing to allow a worker to follow through with it.

Among the Permanent Placement participants, 84.6% of the respondents stated that they do consider how the number of placements the child previously had will affect the child's stability in the future placements, 0% of the respondents replied that they do not make the consideration, and 15.4% stated that it "depends" (See Table 4). Some of the participants responses, included the following (See Appendix E: Survey Responses):

- Placements are important to maintain when possible. A change in placement is new rules, new friends, and sometimes a new school. We want children to remain as stable as possible.

- In all cases, we schedule a TDM to try to prevent a placement change and offer services to the caretaker to help them deal w/whatever barriers there are to saving the placement. However, if the caretakers insist on having the child removed from the home, or if the child refuses to return after holding the TDM and trying to save the placement, then we have to move them, regardless of the # of placement changes there has been.

- Stability is very important and a key component to maintaining a child's sense of attachment. Ideally you would want the child to stay w/in a family setting so always look for relatives that are appropriate and willing to take the child.

- When placements fail, and the caretaker is adamant of removal, the child needs to be moved. In many times the child has numerous placements until the right "fit" is found. Foster parents, for the most part, are not fully committed when they know they have an out-the 7 day notice. So, they get "rid of" the difficult child, and ask for a "replacement."

- Each move is an emotional scar on one child. We have to work to save placements to try and save the child.

Looking at the results then, 64.7% of Family Services participants versus 84.6% of Permanent Placement participants, social workers within both programs generally do consider the number of placements a child has previously had when the decision is made to move the child to a new placement. Based upon the participants' responses, a theme reflected appears to be that social workers strive for children's permanent placement and stability within the home. Sometimes though, the decision to move a child is beyond that of the child's or social workers control because it may be in the child's best interest to change placements. A child, caretaker, and/or social worker have the permission to request a movement at any time. Again, as similar to the previous question, the decision is determined on a case by case basis.

Table 4

*KCDHS Program * Future Placements Crosstabulation*

| | | | Future Placements | | | |
			Yes	No	Depends	Total
KCDHS Program	Family Services	Count	11	3	3	17
		Expected Count	12.5	1.7	2.8	17.0
		% within KCDHS Program	64.7%	17.6%	17.6%	100.0%
		% within Future Placements	50.0%	100.0%	60.0%	56.7%
		% of Total	36.7%	10.0%	10.0%	56.7%
	Permanent Placement	Count	11	0	2	13
		Expected Count	9.5	1.3	2.2	13.0
		% within KCDHS Program	84.6%	.0%	15.4%	100.0%
		% within Future Placements	50.0%	.0%	40.0%	43.3%
		% of Total	36.7%	.0%	6.7%	43.3%
Total		Count	22	3	5	30
		Expected Count	22.0	3.0	5.0	30.0
		% within KCDHS Program	73.3%	10.0%	16.7%	100.0%
		% within Future Placements	100.0%	100.0%	100.0%	100.0%
		% of Total	73.3%	10.0%	16.7%	100.0%

Question 9 asked participants their opinions about whether or not a child's attachment with their biological parents, previous caretaker(s), and/or current caretaker(s) is directly related to that child's mental health. In Family Services, 66.7% of the respondents replied that they believe there is direct relation between a child's attachments to his/her caretaker and mental health status, 5.6% believed there is not, and 27.8% stated that it depends (See Table 5). Some of the participants' responses included the following (See Appendix E: Survey Responses):

- If a child has mental health issues, it may be difficult to build and maintain positive attachments. It may be difficult for the child to function.

- Insecure attachments lead to problems with depression, anxiety, trust issues which also lead to other behavioral problems which are only symptoms of the attachment problem.

- I believe that secure attachments certainly benefit a child and have a positive impact on their mental health.

- Environment is the key factor and the child's mental health is a subordinate factor.

- Both the caregivers and child's mental health have some impact on how well a child attach. Other factors also have some sort of impact as well. There are other environmental/personal factors which contribute to how secure an attachment is secured between children and their caregivers.

Among the Permanent Placement participants, 69.2% also believe that a child's mental health is directly related to a child's ability to build attachments with their biological parents, pervious caretaker(s), and/or current caretaker(s). In contrast, 15.4% of the Permanent Placement participants stated that they do no believe that a directly relation exists, and 15.4% stated that it depends. Some of their responses included the following:

- A mentally ill child can form permanent attachments if the caretaker displays consistent attachment behaviors (see #4) and if there is enough time allowed for a secure attachment to form. An exception would be if the child already has an attachment disorder, then the caretaker will need specific training to help the child heal and form an attachment to them. I have personal experience in a case where a school-age child w/an attachment disorder was able to form a secure attachment w/a caretaker who has trained and counseled in attachment behavior.

- Too many times I have seen children with mental illness issues that can be attributed to the number of placements that they have experienced. Again, stability is important.

- It may be a factor, but I believe that children attach to those who are patient and kind. Parent attachment is sometimes notion, a memory.

- Children's attachments are like anchors to a positive mental health. Without them children feel no security, no safety.

- Children's attachments are like anchors to a positive mental health. Without them children feel no security, no safety.

Participants from both programs responded similarly, 66.7% of Family Services and 69.2% of Permanent Placement agree that they believe a child's ability to build secure attachments with their previous and/or current caretaker(s) is directly related to a child's mental health. From the participants' responses, it can also be surmised that that they believe that a child's mental health can be both positively and negatively affected by his/her attachments, or lack there of, with his/her previous and/or current caretaker. Thus, children who have suffered from abuse may overcome their negative pasts by the positive relationships and attachments they build with their previous and/or current caretakers; and on the opposite side, children's troubled pasts combined with negative relationships with their caretakers may cause even more, severe damage to their lives. In addition, another opinion that must be noted is that children, who may have a mental health diagnosis, are not immune from building positive attachments with their caretakers and or other people in their lives; this inevitably could improve their mental health status as well.

Table 5

*KCDHS Program * Secure Attachments 1 Crosstabulation*

			Secure Attachments 1			Total
			Yes	No	Depends	
KCDHS Program	Family Services	Count	12	1	5	18
		Expected Count	12.2	1.7	4.1	18.0
		% within KCDHS Program	66.7%	5.6%	27.8%	100.0%
		% within Secure Attachments 1	57.1%	33.3%	71.4%	58.1%
		% of Total	38.7%	3.2%	16.1%	58.1%
	Permanent Placement	Count	9	2	2	13
		Expected Count	8.8	1.3	2.9	13.0
		% within KCDHS Program	69.2%	15.4%	15.4%	100.0%
		% within Secure Attachments 1	42.9%	66.7%	28.6%	41.9%
		% of Total	29.0%	6.5%	6.5%	41.9%
Total		Count	21	3	7	31
		Expected Count	21.0	3.0	7.0	31.0
		% within KCDHS Program	67.7%	9.7%	22.6%	100.0%
		% within Secure Attachments 1	100.0%	100.0%	100.0%	100.0%
		% of Total	67.7%	9.7%	22.6%	100.0%

Question 10 asked participants their opinion regarding the possibility of a direct relation between a child's ability to form secure attachments and the child's physical health. Of the Family Services participants, 55.6% stated that they believe a direct relation exits, 16.7% stated that it does not, and 27.8% stated that it depends. In comparison, 46.2% of Permanent Placement respondents agreed that a direct relationship exits between a child's ability to form a secure attachment with his/her biological parents, previous caretaker, and/or current caretaker, 38.5% believed that it does not, and 15.4% stated that it depends (See Table 6). Family Services participants included the following statements (See Appendix E: Survey Responses):

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- I believe a lack of secure attachments can cause problems physically-stress, stomach/digestive issues, etc.

- It is definitely related but I would not say it's directly related. Many children and young adults maintain good health in spite of attachments problems. However, as they grow older, the effects of decades of anxiety and/or depression or substance abuse related to coping w/attachment problems wear down the human body at much higher rates-especially because the physical human body is not as resilient with age.

- Attachment is an emotional, not a physical state.

- Sometimes it may affect the way the child perceives themselves physically and mentally. But if the child does not know or is not aware of "health" issues, it may have a heavy affect on their physical health.

- An insecure attachment can negatively affect a child's physical health in the form of illness. The immune system can be compromised; diet and nutrition can also be affected. Also, the physical development of the brain in infancy.

Participants from Permanent Placement, including the following responses (See Appendix E: Survey Responses):

- Psychological and mental strains can be reflected in physical well being.

- Physical health, I believe, is attributed to mental health. If the child maintains stability, the child's overall health remains "healthy."

- It varies from child to child. Some children don't know how to express their emotions with emptiness. So they have been known to inflict pain to feel something. Other's just retreat into themselves and simply choose to not care or attempt to thrive. A secure

attachment could create someone to express themselves to an emotional vent as well as a tether.

- Physical health may make the child feel bad, but attachment problems begin early and if the child can't form attachments it's psychological.

- Children who are insecurely attached can worry themselves into stress related physical illness.

Based upon the statistical results (55.6% of Family Services and 46.2% of Permanent Placement) and participants' responses, the consensus appears to be that social workers agree that a child's ability to build secure attachments with their previous and/or current caretaker(s) is directly related to the child's physical health. In other words, positive attachments create and/or maintain a child's health and vice versa; specifically, lack of healthy attachments can directly impact the child's immune system (i.e. stress) and thus, cause the child's physical ailments. On the other hand, social workers who do not affirm that a child's physical health is directly affected by the child's attachments to previous and/or current caretaker(s) perceive attachments as solely psychological issues, and not at all correlated with physical health.

Table 6

*KCDHS Program * Secure Attachments 2 Crosstabulation*

			Secure Attachments 2			
			Yes	No	Depends	Total
KCDHS Program	Family Services	Count	10	3	5	18
		Expected Count	9.3	4.6	4.1	18.0
		% within KCDHS Program	55.6%	16.7%	27.8%	100.0%
		% within Secure Attachments 2	62.5%	37.5%	71.4%	58.1%
		% of Total	32.3%	9.7%	16.1%	58.1%
	Permanent Placement	Count	6	5	2	13
		Expected Count	6.7	3.4	2.9	13.0
		% within KCDHS Program	46.2%	38.5%	15.4%	100.0%
		% within Secure Attachments 2	37.5%	62.5%	28.6%	41.9%
		% of Total	19.4%	16.1%	6.5%	41.9%
Total		Count	16	8	7	31
		Expected Count	16.0	8.0	7.0	31.0
		% within KCDHS Program	51.6%	25.8%	22.6%	100.0%
		% within Secure Attachments 2	100.0%	100.0%	100.0%	100.0%
		% of Total	51.6%	25.8%	22.6%	100.0%

Question 11 inquires about participants' belief, or lack there of, regarding children's attachments with their previous and/or current caretakers and their potential for educational attainment. Of the respondents in Family Services, 64.7% believe that a direct relationship does exist, 11.8% state the relationship does not exist, and 23.5% replied that it "depends" (See Table 7). Of the respondents for Permanent Placement, 53.8% believe that there is a direct relationship between a child's ability to build secure attachments with their biological parents, previous caretakers, and/or current caretakers and the child's potential for educational attainment. In contrast, 38.5% of the Permanent Placement participants believe that a direct relationship does not exist and 7.7% stated that it "depends" (See Table 7).

Table 7

*KCDHS Program * Secure Attachments 3 Crosstabulation*

			Secure Attachments 3			Total
			Yes	No	Depends	
KCDHS Program	Family Services	Count	11	2	4	17
		Expected Count	10.2	4.0	2.8	17.0
		% within KCDHS Program	64.7%	11.8%	23.5%	100.0%
		% within Secure Attachments 3	61.1%	28.6%	80.0%	56.7%
		% of Total	36.7%	6.7%	13.3%	56.7%
	Permanent Placement	Count	7	5	1	13
		Expected Count	7.8	3.0	2.2	13.0
		% within KCDHS Program	53.8%	38.5%	7.7%	100.0%
		% within Secure Attachments 3	38.9%	71.4%	20.0%	43.3%
		% of Total	23.3%	16.7%	3.3%	43.3%
Total		Count	18	7	5	30
		Expected Count	18.0	7.0	5.0	30.0
		% within KCDHS Program	60.0%	23.3%	16.7%	100.0%
		% within Secure Attachments 3	100.0%	100.0%	100.0%	100.0%
		% of Total	60.0%	23.3%	16.7%	100.0%

Family Services respondents provided the following statements (See Appendix E: Survey Responses):

- Secure attachments help to build positive, healthy attitudes which lead to mentally and emotionally stable children. Without these basic needs being met, it could possibly affect the child's potential for success-educational or otherwise.

- Could be. An insecure child may not be able to develop a relationship with his/her teacher.

- A child can be educated but doesn't apply the knowledge.

- Overall, probably. However, I have seen kids come from bad situations and go on to do well.

- I don't think one's educational attainment is directly related to attachment. Attachment issues do not only pertain to uneducated and/or poorly educated families. I think a child's educational attainment is influenced by the adults and possibly living conditions that a child is surrounded with.

Permanent Placement participants provided the following statements (See Appendix E: Survey Responses):

- Having a feeling of belonging will help ease the anxiety and angst that affects the child's capacity to participate in school.

- When all mental, physical, and social needs are met, children tend to do better in school. Again, stability is key here. When children are not concerned whether a new placement change is inevitable, children tend to perform better academically.

- Most foster kids I have worked with are not interested in school. They have not been reared with the value that education is important.

- The child can look at their education as nothing but a daily inconvenience. They could thrive in it. It is purely circumstantial. Though I believe if they were not going to care in the first place. They really will never care without someone to take the time to change their mind.

- If a child doesn't have a stable environment, people to depend on, and nurture their development and on top of that they bounce around in school and home its difficult to have academic success.

Although the responses, both statistical and written, from the participants in each KCDHS Program vary, the common theme appears to be that children's attachments, or lack there of with their caretakers, are not necessarily direct indicators of the child's potential for education attainment. In other words, a child may have healthy, positive attachments and relationships with his/her caretaker, but not apply the knowledge and perform academically low. On the other hand, a child may have negative, unhealthy attachments with his/her caretaker and perform successfully in school, attaining educational achievement. For this particular research question then, regarding children's attachment(s) with their caretaker and potential for educational attainment, the result may solely depend on the individual child.

The final question asked participants to state if they believe that a child's ability to build secure attachments with their biological parents, previous caretakers, and/or current caretaker is directly related to that child's social development; 94.1% of the Family Services participants stated "yes," 0% stated "no," and 5.9% believe that "it depends" (See Table 8). In contrast, of the Permanent Placement participants, 76.9% believe that a child's ability to build secure attachments with their biological parents, previous caretakers, and/or current caretaker is directly related to a child's social development, 15.4% stated "no," and 7.7% believe that it "depends" (See Table 8).

Table 8

*KCDHS Program * Secure Attachments 4 Crosstabulation*

			Secure Attachments 4			Total
			Yes	No	Depends	
KCDHS Program	Family Services	Count	16	0	1	17
		Expected Count	14.7	1.1	1.1	17.0
		% within KCDHS Program	94.1%	.0%	5.9%	100.0%
		% within Secure Attachments 4	61.5%	.0%	50.0%	56.7%
		% of Total	53.3%	.0%	3.3%	56.7%
	Permanent Placement	Count	10	2	1	13
		Expected Count	11.3	.9	.9	13.0
		% within KCDHS Program	76.9%	15.4%	7.7%	100.0%
		% within Secure Attachments 4	38.5%	100.0%	50.0%	43.3%
		% of Total	33.3%	6.7%	3.3%	43.3%
Total		Count	26	2	2	30
		Expected Count	26.0	2.0	2.0	30.0
		% within KCDHS Program	86.7%	6.7%	6.7%	100.0%
		% within Secure Attachments 4	100.0%	100.0%	100.0%	100.0%
		% of Total	86.7%	6.7%	6.7%	100.0%

Responses from Family Services participants included the following (See Appendix E:

Survey Responses):

- Without the appropriate socials skills it is difficult for children to express their needs.

  Lack of communication and/or understanding may lead to behavior issues that challenge

  their ability to feel securely attached.

- Positive relational patterns in secure relationships can be translated to positive social

  development. Insecure attachments lead to trust issues that spill over into the social arena.

  However, I also know that children are able to build secure attachments with teachers,

neighbors, friends, or any other positive person in the child's life so that although the parents/caretakers are most likely to be the primary influence in the child's social development, they are not the only ones.

- Overall, yes. There are always exceptions; social development usually starts at home.

- If one is unable to develop healthy attachments, they will be unable to develop positive social relationships and will be unable to timely comprehend social roles.

- Social development plays a big part in the ability to build secure attachments therefore both skills are directly related.

Responses from Permanent Placement participants included the following (See Appendix E: Survey Responses):

- I believe the opposite to true-in other words, different and/or various degrees on attachment are necessary for different stages of social development, and may be associated with a person's psychological identity, a person's ability to change, and status/and or class.

- Developing socially is all about attachment. If you don't have any attachments, how could one develop socially?

- All children need attachments-from infant to teenager, despite level of social development.

- Children do better in all aspects of their life if they know who they are and where they come from.

- Social development is directly related to self-esteem. When stable in a placement, self-esteem is nurtured. When self-esteem is established, social development occurs.

Research participants from both the Family Services and Permanent Placement programs appear to be in congruence; they believe that children's potential for social development is directly affected by their attachments with their biological parents, previous, and/or current caretakers. Some participants however, differ in opinion and state that different attachment levels are needed at different stages of the child's life and that healthy, attachments with parents are not the only relationships that can affect a child's life; some children may be guided by teachers, neighbors, and friends. So then, what is the bottom line for all of the responses regarding children's ability to attain social development based upon on their attachments with their caretaker(s)? Children are directly affected by people and their environment; whether that may include healthy or unhealthy relationships and/or by various people in their daily lives.

Summary

The goal of this thesis was to examine if there are existing disparities among social workers, employed by the Family Services and Permanent Placement programs of the Kern County Department of Human Services, and their views on the relevance of applying attachment theory to their daily, practice decisions. Based on social workers' varying personal backgrounds and their educational and employment experience, this researcher hypothesized that social workers employed in Family Services view the relevance of applying attachment theory in daily practice differently than social workers employed in the Permanent Placement program. Additionally, in order to complete this study, the researcher dispersed and collected anonymous surveys from the social workers from the two above stated programs.

Results from the data analysis state that disparities among the social workers exist; however they share similar opinions as well. Possibly, the similarities and differences are due to the participants' backgrounds; which include their childhood, education, and/or employment

experience. And possibly, the similarities and differences are a result of personal views, opinions, and perceptions of attachment theory in daily, social work practice. Of the similar opinions, two themes derived from the participants' responses:

1.   Decisions made on behalf of children in the child welfare system by social workers or child welfare agencies should be determined by what is deemed to be in the child's "best interest."

2.   Decisions made by social workers on behalf of children placed in the child welfare system may be determined on a case by case basis.

The researcher aspires to utilize these derived themes as hypotheses for further research including this study. Regarding the differences that exist between the participant responses, social workers had varying opinions about the effects children's attachments have on their mental health status, physical health, educational attainment, and social development. The researcher also hopes to apply the existing differences as hypotheses for additional research.

The following and final chapter includes the overall summary of this research study, provides discussion and implications based upon on the data analysis, and offers recommendations for further research.

CHAPTER V

SUMMARY, DISCUSSION, & IMPLICATIONS

Summary

This researcher conducted a study in an attempt to gain insight and knowledge about social workers' beliefs, attitudes, perceptions, and experience regarding the use of attachment theory in daily social work practice. The primary research question asked: Do social workers employed in Family Services view the relevance of applying attachment theory to their daily practice decisions differently than social workers employed in Permanent Placement? Secondary research questions were additionally included to further explain the participants' understanding of attachment theory; these included participants defining attachment in their own words and explaining considerations included when making placement decisions on behalf of children currently placed in the child welfare system. Participants were also asked specific questions about their educational and employment backgrounds. The researcher hypothesized that social workers from the Family Services and Permanent Placement programs view the relevance of applying attachment theory in daily social work practice differently.

Results from the data analysis imply that social workers, employed in the Family Services and Permanent Placement programs within the KCDHS, share similar and differing opinions about decisions made on behalf of children currently placed in the child welfare system; these include the incorporation of attachment theory in daily, social work practice and decisions made regarding children's placements. Of the similarities, two themes derived from participants' responses:

1. Decisions made on behalf of children in the child welfare system by social workers or child welfare agencies should be determined by what is deemed to be in the child's "best interest."

2. Decisions made by social workers on behalf of children placed in the child welfare system may be determined on a case by case basis.

Based upon these themes, the research participants, who derive from various personal backgrounds and possess varying levels of educational and employment experience, acknowledge the idea that every child is unique. Children, who also come from diverse families and are victims of differing levels of abuse, have individual needs that need to be met. To help these children social workers must concede to the idea that children have attachments; attachments is the one commonality among children of abuse. Children's attachments can be both positive and/or negative, but regardless they exist. Recognition of children's attachments is necessary for social workers when they make decisions on behalf of children; these determinations just may be what help them overcome their negative pasts and build a hopeful future. In contrast, there were also participants in this study opposed to the idea that children's attachments, or lack there of, have an affect on their lives; this includes their physical health, mental health, educational attainment, and social development. Regardless of their differing views, social workers in favor or against the use of attachment theory in daily, social work practice are equally responsible for the decisions they make on behalf of children.

Discussion/Implications of Study

Recognizing the relevance of attachment theory is vital to all social service agencies, including the Department of Human Services. Understanding attachment theory and applying its

foundations to every day practice will aid social workers who serve diverse populations of clients in need.

The attachment behavioral system, an established theory, was first introduced by John Bowlby, a psychiatrist, psychoanalyst, and researcher; co-founder to the theory is Mary Ainsworth. Bowlby suggested that infants are predisposed to seek and form attachments to their primary caregiver for mental, emotional, and physical protection. These attachments, established during infancy and early childhood, can be secure or insecure, and remain the same or change throughout a person's entire lifetime. An individual's attachment pattern affects his/her perception of the world, relationships with other humans, and coping ability to changes that inevitably occur in his/her life. Children specifically, who are impressionable, vulnerable, and yet also resilient face many issues with attachment when they become the victims of direct or indirect types of abuse and are, as a result, placed into the child welfare system. This knowledge about attachment theory supports the two themes derived from the results of this study; that social workers determine decisions for children and families based on what is deemed to be in the child's best interest and on a case by case basis. So what may be in a child's best interest may vary child to child and the needs of one child/family may be different that another. Although child welfare agencies have policies and procedure that outline the decisions social workers make, the policies may need to be amended and reflect the growing needs of clients and society.

Child welfare is only one of the many vulnerable populations in need of help and support from social workers; in this field, social workers must make decisions that can and will affect every child's and family's life forever. Social workers' assessments made on behalf of these children and families are based on a variety of skills that include their knowledge, education, and experience. Each child's and family's needs are inescapably different and unique, but what is

common among every person is that they have an attachment pattern. Attachments can be secure, insecure, open, and/or closed systems that are the blueprint to understanding every person's past and the gateways to create change in their futures. Child welfare, regulated by county, state, and federal legislation, is also the study of people, their environments, and their attachments in the world. It is crucial then, for social workers employed by all child welfare agencies, to recognize the intrinsic attachments that exist between children, their families, and the world in which they all live. Social workers, who come from an array of backgrounds and possess various levels of education and experience, will hopefully consider attachment theory when making every decision on behalf of children placed in the child welfare system. Recognition of attachment theory can help children and families heal from their traumatic pasts and build a better future for them as well.

Limitations

In forethought, it is essential to examine the possible limitations of a research study. The limitations of this study included the accessibility of the proposed sample population, the material and resources constraints of a master's student, and the limited data studies found in the research regarding attachment theory to guide the research and survey questions. For this reason, the selected methodology was chosen to explore unknown perceptions and views of the research participants currently employed by the KCDHS. Another limitation was the possible lack of rapport and trust established with the participants in the time frame allotted to introduce the research study, explain the survey, and collect the data. This lack of trust might serve to compromise the depth and breadth of the data collected and the responses given.

Recommendations for Further Research

Working in a professional field invariably requires a minimum level of knowledge and experience; successful continuance in that profession then, should require continual education and training. This research study provided insight into one population of social workers among the innumerable that currently exist throughout child welfare; therefore it is only a beginning. Other research that may be beneficial to social workers and child welfare agencies is to complete studies among the foster parents/caretakers; to gain insight about their beliefs, attitudes, perceptions, and experiences regarding attachment theory in their daily, family practices; to what extent are foster parents/caretakers even aware of what attachment theory is? Further, research into the types of initial and on-going trainings required among social workers and foster parents/caretakers could provide an opportunity for each child welfare agency to measure the effectiveness of their policies and programs and possibly, areas of improvement.

As previously stated in the Literature Review section of this study, it is through education, teaching, and training, that social workers, foster parents, and child welfare agencies become better skilled, equipped, and prepared to help an ever growing and changing population in need.

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From: Steve Suter, University Research Ethics Review Coordinator

Subject: **Exemption from Full Review for Protocol 08-104**

I am pleased to inform you that your request for exemption from full IRB/HSR review has been approved. You are authorized to carry out your research entitled, "Social Worker's Perceptions of the Relevance of Foster Youth's Attachments When Making Placement Decisions". This research activity is exempt as defined in Paragraph 46.101 of Title 45, *Code of Federal Regulations* based on the following criteria: (1) Research involving the use of [standardized] educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation of public behavior, UNLESS: (a) information obtained is recorded in such a manner that human subjects can be identified, directly or through identifiers linked to the subjects, and (b) any disclosure of the human subjects' responses outside the research could reasonably place the subjects at risk of criminal or civil liability or be damaging to the subjects' financial standing, employability, or reputation. Approval is based on your materials received on 8-26-08 and your revisions and clarifications in response to review comments completed on 10-01-08.

The following person[s] only are authorized to interact with subjects in collecting data or obtaining informed consent:

Human Subjects Protection Training Certified:
Tiffany Sparks [1-14-07] & Jong Choi [11-04-02]

Any signed consent documents must be retained for at least three years to enable research compliance monitoring and in case of concerns by research participants. Consent forms may be stored longer at the discretion of the principal investigator [PI].The PI is responsible for retaining consent forms. If the PI is a student, the faculty supervisor is responsible for the consent forms. The consent forms must be stored so that only the authorized investigators or representatives of the IRB have access. At the end of the retention period the consent forms must be destroyed [not re-cycled or thrown away]. Please destroy all audio tapes after scoring.

This authorization will be valid until the end of September 2009. If more time is needed, you must request an extension from the Board. If you have any questions, or there are any changes to your protocol, please notify me immediately. Thank you.
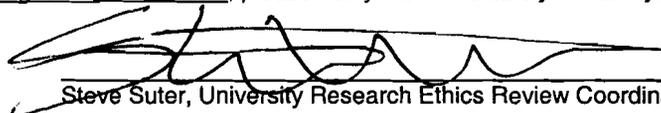
Steve Suter, University Research Ethics Review Coordinator

APPENDIX B: KCDHS APPROVAL

Human Services

Opportunity. Options. Empowerment.

Pat Cheadle
Director

November 11, 2008

California State University, Bakersfield
School of Social Work
Attn: Dr. Bruce Friedman
9001 Stockdale Hwy.
Bakersfield, CA 93309

Re: Thesis for: Tiffany Sparks

Dear Sir or Madam:

The Kern County Department of Human Services (KCDHS) Thesis/Project Committee has reviewed and discussed the above named student's project/thesis proposal, <u>Social Worker's Perceptions of the Relevance of Foster Youth's Attachments When Making Placement Decisions</u>.

The project/thesis has been approved by the committee.

The KCDHS will not allow students to conduct any form of case reads, as revealing or acknowledging an individual or family is receiving services falls within the definition of disclosure and shall not be done for any purpose. Furthermore, all persons conducting research may not: publish, disclose, use, permit or cause to publish, disclose, or use any confidential information pertaining to an applicant or recipient of services. Any person knowingly and/or intentionally violating the provisions of this paragraph is guilty of a misdemeanor.

Sincerely,

Bethany Christman
Child Welfare Assistant Director
MSW Committee Chair

T. Sparks

If no, please provide MSW Liaison with IRB approval when received.

Committee Comments: _approved_

Committee Approval Date: _10-31-08_   Signature of MSW Liaison: _Maria Bermudy_

APPENDIX C: CONSENT FORM

CONSENT TO PARTICPATE IN A RESEARCH STUDY
Social Workers' Perceptions of the Relevance of Foster Youth's
Attachments When Making Placement Decisions

This study focuses on how social workers perceive the relevance of considering the use of attachment(s) when making placement decisions on behalf of children entering foster care or who currently reside in foster care. This information will help social workers better understand an overview of the practical decisions made by employees within their own department on a day to day operation.

There are no predictable physical or psychological risks associated with participating in this study. All the information you provide will be kept confidential. Your name or identifying information will never be attached to the study results since the signed forms are not filed with the completed surveys; thus, they are filed separately without potential pairing. Access to the information is limited to my thesis advisor and myself. Your surveys will be kept in a locked cabinet in my home office. At the completion of this project, all surveys will be shredded and computer data files deleted.

Your participation is completely voluntary. If you choose to participate, you will complete a survey that will take about 10 to 15 minutes. You may stop participating in the study at any time without consequences. If there are any questions that make you uncomfortable, you may leave them blank.

If you have any questions about this study please contact Tiffany Sparks at tsparks@runner.csub.edu or contact me through my thesis chair, Dr. Jong Choi at (661) 654-2390 or email jongchoi@csub.edu. Questions concerning your rights as a research participant may be addressed to the University Research Ethics Review Coordinator.

For questions regarding my rights as a research subject, I may contact:

Dr. Steve Suter
University Research Ethics Review Coordinator
Institutional Review Board/Human Subjects Research
Department of Psychology
California State University, Bakersfield
Bakersfield, CA 93311-1099
(661) 654-2373
ssuter@csub.edu

Authorization: I have read this form completely and have decided that I will participate in the study described. The general purpose, the requirements of participation and possible hazards and inconveniences of participating have been explained to my satisfaction. I will be given a copy of this consent form. My signature indicates my consent to participate.

Signatures:
Participant:_____Date:
Researcher:_____Date:

APPENDIX D: SURVEY

Survey

The purpose of this study is to assess, among current employees for Child Protective Services, how often the ideas of attachment and attachment theories are exhibited when making placement decisions on behalf of children who are initially being placed or currently reside in the child welfare system. Please answer the following questions as honestly as you can; all results are anonymous.

- In this survey, **abuse** refers to the following type(s): sexual, physical, neglect, emotional child's biological parent(s) or caretaker's substance abuse, and/or child's caretaker's absence/incapacity in the home in which the child resides. In addition, a **child welfare agency placement** refers to a home in which the child resides with a relative, non-relative extended family member, foster parent(s), or group home. Further, a child's **caretaker** refers to a person who has legal custody of the child, whether the person is related, non-related, a foster parent, or a group home organization.
- In this survey, the following abbreviations represent the entitled program:
  - PP- Permanent Placement
  - ILP-Independent Living Program
  - CPYP-California Permanency for Youth Program
  - WRAP-Aspiria/DHS Wrap Around Services
  - SPP-Specialized Placement Program

1. Current program you are employed in:

    [   ] Family Services

    [   ] Permanent Placement (Includes: PP, ILP, CPYP, WRAP, or SPP)

2. Highest Number of Years of Education Completed _____

3. Highest Number of Years of employment experience in a child welfare agency _____

4. Please briefly define (in 3-5 sentences) attachment based on your own thoughts, perceptions, belief(s), and/or experience(s).

_____
_____
_____
_____
_____
_____

5. Have you previously completed a course (academic or employment training) that addresses the topic of attachment and children? [If "yes," please answer Question 5(a) and Question 5(b). If "no," please skip to Question 6.]

[   ] yes   [   ] no

5(a).   If so, how many? _____

5(b).   Did attending the course(s) benefit you in furthering your understanding of attachment?

[   ] yes   [   ] no

6. Do you believe that attending additional courses/trainings regarding attachment would benefit you and daily practice decisions you must make?

[   ] yes   [   ] no

Question 8 is based on the scenario proposed in Question 7.

7.   Once a child is placed in a child welfare agency placement and a change of placement occurs do you collaborate with the caregivers to help the child transition from the current placement to the next placement?

Yes [   ]   No [   ]   Depends [   ]

Please explain briefly:

_____
_____
_____
_____
_____
_____

8.   Prior to removing the child from the home do you also consider how the number of placements the child previously had will affect the child's stability in the future placement(s)?

Yes [   ]   No [   ]   Depends [   ]

Please explain briefly:

_____
_____
_____
_____
_____

9.   Do you believe that a child's ability to build secure attachments with their biological parents, previous caretakers, and/or caretakers is directly related to a child's mental health?

Yes [   ]   No [   ]   Depends [   ]

Please explain briefly:

_____
_____
_____
_____
_____
_____

10.   Do you believe that a child's ability to build secure attachments with their biological parents, previous caretakers, and/or current caretaker is directly related to a child's physical health?

Yes [   ]   No [   ]   Depends [   ]

Please explain briefly:

_____
_____
_____
_____
_____
_____

11.   Do you believe that a child's ability to build secure attachments with their biological parents, previous caretakers, and/or current caretaker is directly related to a child's potential for educational attainment?

Yes [   ]   No [   ]   Depends [   ]

Please explain briefly:

_____
_____
_____
_____
_____
_____

12.	Do you believe that a child's ability to build secure attachments with their biological parents, previous caretakers, and/or current caretaker is directly related to a child's social development?

Yes [ ]		No [ ]		Depends [ ]

Please explain briefly:

_____
_____
_____
_____
_____
_____

Thank you for your time in completing this survey.

APPENDIX E: SURVEY RESPONSES

PP: Permanent Placement
FS: Family Services

PP #1

4. Ability for a child to develop an emotional, physical, psychological relationship with another person. This helps develops trust, self perception, love of self, empathy, and hope.
7. If time allows. If a child comes back from RAW status or previous caregivers are Caregivers are cooperative.
8. Quality vs. Quantity; the next one may not be the answer.
9. See #4.
10. Psychological and mental strains can be reflected in physical well being.
11. Having a feeling of belonging will help ease the anxiety and angst that affects the child's capacity to participate in school.
12. Appropriate social contact boundaries and limits are developed through the attachment process. This can become a serious safety concern.

PP #2

4. Children form attachments to significant people in their lives. It is very different for a child when their lives are constantly changing and people are moving in and out. For children in foster care attachment often becomes scary and something they push away from because of fear.
7. I always try to but there have been a few cases when the caregivers are unwilling to.
8. In this situation now, the WRAP team is working very hard to keep a placement because the child has a pattern of moving whenever a problem happens and/or she feels any attachment. We are trying to help her break this pattern and show how relationships work through problems.
9. Depends on the type of any mental illness. Overall, most kids are able and need attachment.
10. Blank
11. Blank
12. All children need attachments-from infant to teenager, despite level of social development.

PP #3

4. Attachment is having unconditional love. It is knowing who loves, who cares about you, and who gives you support. It is also the ability to trust.
7. It depends on the circumstances of the change. If it is a planned change then yes. If it is due to a negative situation, then no.
8. I try to locate the best fit for the child and where the child will feel comfortable.
9. Yes-youth can grasp any worries or concerns better when they have love and support from those who care for them.

10. Yes-when you have support and encouragement you are happier and motivated to care of yourself.
11. Children do better in school when they have a safe, secure home life. Children focus less on there education when they have worries at home.
12. Children do better in all aspects of their life if they know who they are and where they come from.

PP #4

4. When adoption to placement becomes internalized through a developmental process ? to "trust vs. mistrust," some and/or doubt autonomy. Attachment as seen through a person's role or status ? defining next of identity through significant relationships or social institutions i.e. family, church, education, political, and/or economic status.
7. Case supervisor-I don't provide this, but I believe it would be very beneficial to at risk youth, children, and families.
8. All aspects of placement disruptions are deliberately ? ? consideration ? ? of encountering what I call "The Jilted Child Syndrome."
9. Might be both physical and mental status, again what are the adoptive forces and motivation necessary to be attached.
10. Again, same as above. A child might feel secure, ? being mom-neglectful/or mentally challenged.
11. I'm not a proponent of this statement. Do you "feel" love or do you "think" your in-love?
12. I believe the opposite to true-in other words, different and/or various degrees on attachment are necessary for different stages of social development, and may be associated with a person's psychological identity, a person's ability to change, and status/and or class.

PP #5

4. Attachment occurs in children when their primary caretaker responds to their needs for physical care, food, shelter, clothing, affection, love, and guidance in a consistent manner over time. The child develops an emotional attachment to the primary caretaker as they learn to trust that this person will consistently meet their needs and protect them from harm. This results in a secure attachment. An insecure attachment occurs when the primary caretaker inconsistently responds to the child's needs and the child does not fully trust that they primary caretaker will be available to them. Constant interruptions in the caretaker/child relationship will result in an attachment disorder, or inability to from permanent attachments.
7. As a Supervisor, I have limited, direct client contact, but I do attend the TDM in which a plan is made for a smooth transition from home to home. I encourage and instruct the social worker during case staffings to help the child transition by providing pre-placement visits and phone calls whenever possible, and pose placement visits and contacts whenever the child desires. I ask the previous and current caretakers to exchange phone numbers at the TDM to communicate with each other.
8. In all cases, we schedule a TDM to try to prevent a placement change and offer services to the caretaker to help them deal w/whatever barriers there are to saving the placement.

However, if the caretakers insist on having the child removed from the home, or if the child refuses to return after holding the TDM and trying to save the placement, then we have to move them, regardless of the # of placement changes there has been.

9. A mentally ill child can form permanent attachments if the caretaker displays consistent attachment behaviors (see #4) and if there is enough time allowed for a secure attachment to form. An exception would be if the child already has an attachment disorder, then the caretaker will need specific training to help the child heal and form an attachment to them. I have personal experience in a case where a school-age child w/an attachment disorder was able to form a secure attachment w/a caretaker who has trained and counseled in attachment behavior.

10. An ill or physically disabled child can form permanent attachments to a caretaker who displays attachment behavior (see #4) given enough time and direct physical interaction between the caretaker and the ill child. Prolonged hospital stays may delay an attachment from forming, but if the caretaker consistently participates in the child's direct care and provides consistent emotional support and affection, an attachment will form.

11. A child who is developmentally delayed or has barriers to learning can form secure attachment to a caretaker who displays attachment behavior.

12. A child w/social deficits can form an attachment to a caretaker that displays attachment behavior consistently over time. Even a child w/little or no verbal communication abilities can form a secure attachment w/a committed caretaker.

PP #6

4. The ability to form a bond w/anyone who is directly involved in your life in some way. As humans, attachment is necessary for functioning and moving forward.

7. Utilize the TDM. The expectation is that the current caretakers, as well as the child's biological parents, relatives, and other adults who know the child can discuss the best options for the child regarding the placement change. All aspects of neighborhood, school, friends, etc. should be considered when making a placement decision.

8. Stability is very important and a key component to maintaining a child's sense of attachment. Ideally you would want the child to stay w/in a family setting so always look for relatives that are appropriate and willing to take the child.

9. Too many times I have seen children with mental illness issues that can be attributed to the # of placements that they have experienced. Again, stability is important.

10. Physical health, I believe, is attributed to mental health. If the child maintains stability, the child's overall health remains "healthy."

11. When all mental, physical, and social needs are met, children tend to do better in school. Again, stability is key here. When children are not concerned whether a new placement change is inevitable, children tend to perform better academically.

12. Social development is directly related to self-esteem. When stable in a placement, self-esteem is nurtured. When self-esteem is established, social development occurs.

PP #7

4. Is the bond and security created w/one another which allows a child to feel safe, loved, protected and secure about themselves and building relationship w/others.

7. On outcome of placement
8. Child becomes a red flag and a negative reputation is created.
9. Blank
10. Blank
11. Blank
12. Blank

PP #8

4. Attachment is a concept that binds and bonds people to one another. A person can have a healthy attachment or an unhealthy attachment strongly connected to their past experiences in their relationships.
7. Closure is important to both parties involved. Formerly meeting can be held to explain and explore feelings and decisions.
8. Blank
9. "All-Interrelated"
10. "All-Interrelated"
11. "All-Interrelated"
12. "All-Interrelated"

PP #9

4. Blank
7. Usually placements fail and the caregivers have given a 7 day notice, so, no there would not be a collaboration. When a child is moved from a group to a lower level of care, again, there is no collaboration in the transition.
8. When placements fail, and the caretaker is adamant of removal, the child needs to be moved. In many times the child has numerous placements until the right "fit" is found. Foster parents, for the most part, are not fully committed when they know they have an out-the 7 day notice. So, they get "rid of" the difficult child, and ask for a "replacement."
9. It may be a factor, but I believe that children attach to those who are patient and kind. Parent attachment is sometimes notion, a memory.
10. Have not had experience where physical health impairs attachment.
11. Most foster kids I have worked with are not interested in school. They have not been reared with the value that education is important.
12. Again, socially, children need to have some ability to be able to attach.

PP #10

4. Attachment is what one feels when one feels a bond, whether it be love or friendship, with another person, place, or thing. Here in permanent placement, we stretch the very limits of attachment. We take the children from their one known attachment, for what is believed to be the greater good. Then when their parents fail them, we place them in home after home trying to find a food match for the children creating and breaking attachments over and over. What we are left with is a child who can barely attach and if

an attachment is made the side effects can be catastrophic before any true benefits can be made from the relationship.

7. If it was a move to a lower level of care, then yes, collaboration is helpful in understanding the child. The same can go for the opposite. If it was a placement that ended badly, then maybe just a summarization to the new caretaker. We don't want to taint a placement with angst from a previous caretaker.

8. Each move is an emotional scar on one child. We have to work to save placements to try and save the child.

9. Children's attachments are like anchors to a positive mental health. Without them children feel no security, no safety.

10. It varies from child to child. Some children don't know how to express their emotions with emptiness. So they have been known to inflict pain to feel something. Other's just retreat into themselves and simply choose to not care or attempt to thrive. A secure attachment could create someone to express themselves to an emotional vent as well as a tether.

11. The child can look at their education as nothing but a daily inconvenience. They could thrive in it. It is purely circumstantial. Though I believe if they were not going to care in the first place. They really will never care without someone to take the time to change their mind.

12. Developing socially is all about attachment. If you don't have any attachments, how could one develop socially?

PP #11

4. Attachment is how children bond with their parents, caregivers, and family. Attachment impacts the child's development and relationships through life.

7. Some caregivers don't know about attachment and the detriments of having attachment disorder. Caretakers also don't always look at kids in a committed way and aren't available for this transition process.

8. I think most if not all of our kids have these problems, it's impossible it will not affect them. I try to move them to committed places, but the way the system works its not set up for that.

9. If they have attachment problems they had to be ? by a Mental Health Professional in order for them to form secure attachments.

10. Physical health may make the child feel bad, but attachment problems begin early and if the child can't form attachments it's psychological.

11. If a child doesn't have a stable environment, people to depend on, and nurture their development and on top of that they bounce around in school and home its difficult to have academic success.

12. They then can't form attachments and relationships with friends.

PP #12

4. Blank
7. Blank
8. Blank

9. Blank
10. Blank
11. Blank
12. Blank

PP #13

4. Attachment is the connection between a child and their parents, family, mentors and friends. It is a bond based on trust, consistency, and past experiences.
7. Prior caregivers have valuable information that the new caregivers will need to make sure the child adjusts well to their new home.
8. Placements are important to maintain when possible. A change in placement is new rules, new friends, and sometimes a new school. We want children to remain as stable as possible.
9. A depressed or withdrawn child or a child with another untreated mental illness will not be able to attach appropriately to biological family or other caregivers.
10. Children who are insecurely attached can worry themselves into stress related physical illness.
11. Children who are insecurely attached get lower test scores in school.
12. Children who are insecurely attached do not have good social skills.

FS #1

4. I believe attachment is a bond formed between individuals. This bond could be emotional, financial, etc. Most often based on trust an accompanied by responsibility for one's actions.
7. N/A-Placement not part of job.
8. N/A
9. If a child has mental health issues, it may be difficult to build and maintain positive attachments. It may be difficult for the child to function.
10. I believe a lack of secure attachments can cause problems physically-stress, stomach/digestive issues, etc.
11. Secure attachments help to build positive, healthy attitudes which lead to mentally and emotionally stable children. Without these basic needs being met, it could possibly affect the child's potential for success-educational or otherwise.
12. Without the appropriate socials skills it is difficult for children to express their needs. Lack of communication and/or understanding may lead to behavior issues that challenge their ability to feel securely attached.

FS #2

4. The positive, emotional connection between two or more people.
7. Blank
8. Blank
9. Blank
10. Blank

11. Blank
12. Blank

FS #3

4. Attachment typically describes the relationship between two people. Attachment can be described as secure or insecure attachment. Secure attachments give humans the ability and tools to develop positive, healthy relationships and give people a sensed connection to other people. It is essential that young children attain the ability to achieve secure attachments as it directly related to their quality of life.
7. It depends on how long the child was in the placement, how attached they were to their caregiver, what the circumstances of the removal were, and who the next caregiver is the relationship to the child.
8. The # of placements must be considered; however, if the home/placement is unsafe and /or efforts have failed to avoid ending placement, the child will have to be moved regardless of the # of previous placements.
9. Insecure attachments lead to problems with depression, anxiety, trust issues which also lead to other behavioral problems which are only symptoms of the attachment problem.
10. It is definitely related but I would not say it's directly related. Many children and young adults maintain good health in spite of attachments problems. However, as they grow older, the effects of decades of anxiety and/or depression or substance abuse related to coping w/attachment problems wear down the human body at much higher rates-especially because the physical human body is not as resilient with age.
11. Ability to achieve attachment with parents/caretakers leads to increased placement stability that increases emotional, financial, and academic support which are all directly related to educational attainment and achievement.
12. Positive relational patterns in secure relationships can be translated to positive social development. Insecure attachments lead to trust issues that spill over into the social arena. However, I also know that children are able to build secure attachments with teachers, neighbors, friends, or any other positive person in the child's life so that although the parents/caretakers are most likely to be the primary influence in the child's social development, they are not the only ones.

FS #4

4. The degree and ability of bonding between two people.
7. Informal ice breaker especially nonverbal children.
8. Usually change of placements are as a result of a 7day not a – request of the caretaker or move to a family placement.
9. Environment is the key factor and the child's mental health is a subordinate factor.
10. A child or any person can become ill ass as result of instability in caretaker, such as unstable bowl syndrome.
11. Stressors at home can preoccupy a child's mind at school.
12. Lack of trust, inability to be affectionate w/loved ones.

FS #5

4. Attachment occurs when a person have a close bond with another person. Mostly the person who cares for them, etc…
7. I explain to the other caregiver and child (if age appropriate) why the child would be moved, etc…
8. I explain this to the caregiver and child again. Also future caregiver.
9. Blank
10. Blank
11. Blank
12. Blank

FS #6

4. Attachment varies in children due to age and sex. Another factor of attachment is previous home life before CPS involvement. For example, an infant who is placed in one home for the duration of 6-18 months will attached to the main provider and not the birth mother or father they only see a couple of hours each week. Toddlers tend to attaché less then infants; however, they tend to attach for the security of a home life and not wanting to loose that again. School age children go either way. Sometimes they are devoted to their parents and on the other hand resentful and angry. Most children, regardless of the situation, remain attached to their parents on some level.
7. Do not place children
8. See Question 7
9. The more love and nurturing a child receives builds their self confidence.
10. The children feel better about themselves and their confidence radiants through.
11. They will strive to do well and believe that they can achieve anything with all the support.
12. Once again, confidence. The child with praise and a support network will feel that no dream is unattainable.

FS #7

4. I believe attachment can define as a bond. A closeness. Being attached to something or someone is a feeling, a thought. With my personal experience I'm attached to someone through how I feel about them.
7. Blank
8. Yes, you must consider the emotional affect it will have on a child.
9. It depends on their age, previous life style and how they were treated, because if you were treated with great deals of affection then you would have greater affection.
10. I believe it depends on the child's emotional and physical health as to how they build attachments and relationships with others.
11. Because emotional problems affect every aspect of your life.
12. A positive relationships makes a person more assessable to social interactions rather than a negative relationship can make you more distant.

FS #8

4. Attachment is the relationship between an infant and its primary caregiver. Usually the child's mother. Attachment is also known as bonding. Attachment is critical in a child's development and future relationships. A securely attached child is free to explore their growing world; knowing that their caretaker is available for support and able to meet their needs.
7. Placement changes occur for many reasons; some controllable, some not. Each case is different. The preference is not to change placement but often can not be avoided. If all parties are willing, then collaboration is essential.
8. See Above
9. Attachment is based on relationships and previous experience. The caretaker responses to the child are critical in a child's ability to develop secure attachment.
10. Attachment is an emotional, not a physical state.
11. Could be. An insecure child may not be able to develop a relationship with his/her teacher.
12. Social development is about relationships-as is attachment.

FS #9

4. Blank
7. Best interest of child to give c/t info and prevent 7day notice and maintain placement.
8. If your removing it's to keep child safe.
9. Depends on ?
10. Same as above.
11. Can be educated but doesn't apply the knowledge.
12. All factors can determine secure attach and interactions.

FS #10

4. Attachment is a behavior and/or feeling that is learned or adopted by anyone, through feeling wanted, loved, paid attention to, etc… It can also be applied to feeling safe. Although, it is not necessary to feel these things to be attached, but can also be applied because of placement (ex. a child is abused constantly, but feels the need to stay where they are at because they may feel they belong).
7. If it is an "emergency" placement change (i.e. referral on foster parent, child acting out, etc…) then it is almost close to impossible to help the child transition to the next placement.
8. Again as stated in previous explanation, number of homes the child has been through is carefully considered, but in an "emergency" removal from placement is necessary.
9. Because if the child "learns" and how to feel secure in an unstable environment, then he/she may act accordingly to what they have learned and then that is normal.
10. Sometimes it may affect the way the child perceives themselves physically and mentally. But if the child does not know or is not aware of "health" issues, it may have a heavy affect on their physical health.

11. I believe it is because most children who grow up in foster care are constantly changing placements which affect their education. This in turn, results in negative grades/behavior.
12. Blank

FS #11

4. Attachment is used to describe the relationship that is developed between an infant and an adult in the first few years of life.
7. TDM's are held to placement changes. This is useful in most cases as it allows information to be exchanged.
8. I always consider it; however, sometimes there is nothing that can be done to save a placement.
9. I believe that secure attachments certainly benefit a child and have a positive impact on their mental health.
10. The stress/anxiety that comes with insecure attachments could have negative implications on a child's physical health.
11. From what I understand children with secure attachments do better in school than children who have insecure attachments.
12. Again, from the studies I've read indicate that children with secure attachments do better socially than children with insecure attachments.

FS #12

4. I believe attachment is a process by which humans learn how to bond, feel, empathize, and relate to each other beings. This can also include animals. It is the ability to love someone or something other than yourself.
7. Directions are given to either do a TDM or Icebreaker.
8. This should always be considered and discussed. Which history doesn't always indicate future behavior, it is a good predictor.
9. I believe that in some cases of mental disorders it could certainly have an effect on ability.
10. I believe again that in some cases it could for example, drug exposed babies have difficulty with touching. Touching is a part of bonding.
11. Overall, probably. However, I have seen kids come from bad situations and go on to do well.
12. Overall, yes. There are always exceptions; social development usually starts at home.

FS #13

4. Person's ability to make and keep meaningful feelings/relationships with others, especially family/friends.
7. Mandatory TDM meetings.
8. The reason for removing the child from the home may negate any ability to use this as a factor. Also, lack of time and resources at CPS make this very difficult to do. The system

pays lip service to building/keeping attachments but does nothing to allow a worker to follow through with it.

9. Without attachments they are likely to suffer emotionally which can lead to mental trauma/illness.
10. Mental, or emotional, traumas/illness can cause interference in their physical health.
11. Need support/encouragement to succeed.
12. If one is unable to develop healthy attachments, they will be unable to develop positive social relationships and will be unable to timely comprehend social roles.

FS #14

4. Attachment is used to describe the bond b/in 2 people. In children attachment is considered to be necessary for them to thrive as individuals. Healthy attachments help children become emotionally, physically stable.
7. Everyone needs to work together to focus on making decisions that are in the children's best interest. Collaborating w/all those who are a part of a child's life will only help make informed/educated decisions.
8. All children have different needs and if there is a child who's had a hard time finding a stable placement priority should be given to making sure that the fam. has received all available services before disrupting yet another placement.
9. Both the caregivers and child's mental health have some impact on how well a child attach. Other factors also have some sort of impact as well. There are other environmental/personal factors which contribute to how secure an attachment is secured b/in children and their caregivers.
10. See Above
11. See Above
12. See #9

FS #15

4. Attachment is defined two ways-one the bond in which a child has with his or her caregiver and secondly, the ability in which a child is able to gain an attachment to their caregiver. Attachment in the present and ability to make attachments in the future.
7. As a supervisor there is a ongoing discussion with placement and possible caregivers. Furthermore, we discuss who and where the child can be placed. We, the department, have also implemented TDM's (Team Decision Placement Meetings).
8. We try to save the placement if at all possible considering the bond and relationship w/the caregiver. If removing from the parent during FM we try to place the child back w/the same caregiver while in reunification.
9. It always affects children no matter what the situation. Depending on the child will having a barring on how it affects them. Example: age of child, type of abuse, interpersonal skills of child, child's personality, etc.
10. Mental Health
11. The more secure a child is in his environment and basic needs being met will allow the child to attain their potential to excel and meet educational requirements.
12. Blank

FS #16

4. Attachment is the relationship and bonding experience between a child and caregiver beginning at infancy. Attachment effects the cognitive development of children and the effects can last into adulthood. There are different kinds of attachment; secure attachment and insecure attachment.
7. I allow both caregiver to talk and discuss the child's needs and history. I also collect information from the child and the bio. Parent to help educate the new caregiver on the needs and goals of the family.
8. I seek to find a placement that will work for the child on a potential ongoing basis. Permanency is a goal to help the child stay in the home. I also work with the caregiver to attempt to save the placement if possible.
9. Absolutely! I feel that it is essential that a child have stability in his life. Multi placements decrease the child's likelihood of a good attachment. The child may have less behavioral problems: depression or anxiety when his attachment is secure.
10. An insecure attachment can negatively affect a child's physical health in the form of illness. The immune system can be compromised; diet and nutrition can also be affected. Also, the physical development of the brain in infancy.
11. Yes, the educational attainment can be affected mainly by the mental and physical health of the child being diminished further; multi placement change can lower grades and affect learning.
12. Yes, it can cause a child to have issues that make it hard for the child to make or maintain friends.

FS #17

4. Blank
7. Blank
8. Blank
9. Blank
10. Blank
11. Blank
12. Blank

FS # 18

4. Attachment of a child pertains to the bond he/she has built with his/her caretaker, be it the biological parents(s), adoptive parent(s), and/or care taker. Attachment enables a child to thrive and mold that child into a healthy, productive adult. Therefore, a child does not have to be reared by his/her biological parents to have attachment as long as it is positive.
7. When there is a potential placement change or a needed placement change (because the current care provider is unable to care for the child anymore) a TEAM DECISION MEETING is held immediately. For a potential placement change, there is that small window of opportunity to possibly save the placement, sometimes even if the care provider has given their notice. When placement change is necessary, it allows the

potential caretakers to get pointers from the current caretaker. If the child is old enough to attend the "TDM," it also allows the child to give his/her input about the move.

8. You always consider the number of placements a child has had since being placed in protective custody because this will allow you to figure out what's going on with that minor and allow you to figure out what could be done to prevent any future placement "blow outs."

9. I think children who have attachment issues will find themselves having difficulty adjusting and/or building a relationship with their caretakers. It does not mean that it is not probable for them to get attached. It just means that it might take some time. With the help of counseling and/or therapy, and the caretaker(s) patience and dedication, attachments issues could then be addressed.

10. I think anytime one has a mental health issue, their physical health is also affected. But I think it depends on the severity of the person's mental health.

11. I don't think one's educational attainment is directly related to attachment. Attachment issues do not only pertain to uneducated and/or poorly educated families. I think a child's educational attainment is influenced by the adults and possibly living conditions that a child is surrounded with.

12. I think health and/or positive attachments from the time a child is born plays an integral part in how that child will be among his/her peers. The ones who are not so lucky tend to have a tougher time building/making relationships, maintaining positive relationships, adjusting to any change, etc.

FS #19

4. What are attachments? I would believe that attachments are the information that is in the child's case plan. This could include history of the child in the Child Protective Services history.

7. I had not been but if this would be appropriate I probably will start being mother involved in the process. This I believe would help out as far as acting out and being able to contact a staff the kid is familiar with.

8. Staff need to be more included in a smooth transition to new caregivers. Stressful time for kids especially where there with siblings and are supervised.

9. Its always good to have a support system be it parents, caretakers, workers.

10. If the kid is depressed it effects the whole body.

11. Support and motivation to achieve and be positive about life and educational goals regardless of parent situation.

12. Having a positive attitude about life regardless of the hand that might have been dealt to you. Parents, caregivers, should let it effect your outlook on life and socialization.

FS #20

4. Attachment is the bond expressed between a child and a parent. Emotional behaviors are observed in the interaction between child and parent in order to assess the level of attachment.

7. I gather information regarding the child's behavior and/or customs to help him/her adjust to the new placement.
8. I believe the # of placements will affect the child's ability to adjust to each home; therefore, I take into consideration the # of previous placements the child has had.
9. Depends on the child's mental health because if a child's mental health is unstable then there will be a difficult task to form secure attachments.
10. Also depends on physical health because how they feel physically can affect them emotionally which in turn can affect the ability to build secure attachments.
11. A child can build secure attachments regardless of their potential for educational attainment.
12. Social development plays a big part in the ability to build secure attachments therefore both skills are directly related.