AN EXPLORATORY STUDY OF CONTRIBUTING ELEMENTS

IN THE DEVELOPMENT OF ATTACHMENT

BETWEEN FOSTER PARENTS AND YOUNG CHILDREN

by

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Abstract

This research study explored the development of attachment between foster parents and young foster children aged 2-4 years old. Using a qualitative research methodology, this exploratory study was conducted in the hope of directing future research by suggesting factors that may affect the development of attachment between foster children and their foster parents. In-depth interviews were conducted with seven foster parents (median years fostering was 16; median number of children fostered was 23). Guided by Hammersley and Atkinson's (1995) approach to thematic content analysis, the interviews were analyzed for common themes. Various characteristics of foster parents, foster children, and the environment became clear as the result of thematic content analysis. From the analysis, 47 categories, subcategories, and sub-subcategories emerged, including the following 12 main categories: (a) Nurturing, (b) Stability, (c) Awareness, (d) Adaptability, (e) Desire to help, (f) Empowering children, (g) Stress relief, (h) Support, (i) Age (of foster child), (j) Negative, hurtful past experiences (of foster child), (k) Physical health (of foster child), and (l) the Ministry of Children and Family Development's involvement. The results corroborate existing literature as well as tentatively propose new ideas that may influence attachment for foster children. All the themes appeared to converge upon the biopsychosocial well-being of young foster children. Theoretical, clinical, and methodological implications are discussed.

Preface

This thesis is an original intellectual product of the author, Philipp Svehla. This research was approved by the University of British Columbia's Behavioural Research Ethics Board on July 28, 2014. The certificate number of the Ethics Certificate was H14-01260.

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This thesis is dedicated to

Faith and Braydon,

who unknowingly were the motivation for this research

and

to Anna, Theodore, and Tatiana

for your love and support

Chapter One: Introduction

There are currently over 40,000 foster children in Canada (Statistics Canada, 2011).

Often these children have experienced serious maltreatment or neglect (Kohl, Edleson, English,

& Barth, 2005; Oswald, Heil, & Goldbeck, 2010). Many of their backgrounds include poverty,

unstable housing, community violence, and fragmented social supports (Rittner, Affronti,

Crofford, Coombes, & Schwam-Harris, 2011). By being moved into foster care, they experience

separation from their primary caregiver, not knowing when, and even if, they will ever go home.

Foster children are at risk for a number of detrimental outcomes. Depending on the

reason for entering foster care, negative outcomes can include developmental, mental, and

physical health issues (Harden, 2004). In the last 15 years, research has also demonstrated that

foster children are at risk for poor caregiver attachment (Fisher & Kim, 2007). Although the

intent of foster care is to remove children from harm, often placement into foster families creates

additional psychological issues, which are manifest as behavioural (Pears, Kim, & Fisher, 2008;

Pelosi, Dunn, & Knapp, 2006) and attachment problems (Smyke, Dumitrescu, & Zeanah, 2002;

Zeanah, Scheeringa, Boris, Heller, Smyke, & Trapani, 2004).

Research has shown that foster children are likely to have insecure attachment history

with their biological parents (Crittenden, 1983, 1985; Egeland & Sroufe, 1981; Radke-Yarrow,

Cummings, Kuczynski, & Chapman, 1985; Spieker & Booth, 1988), possibly because of the

maltreatment they have experienced. Attachment theory posits that children's early attachment

relationships with their primary caregiver affects interactions in subsequent relationships

(Ponciano, 2010); a logical consequence of disturbed initial attachment is that foster children

continue the previously formed patterns of relating with their new caregiver, the foster parent

(Lamb, Gaensbauer, Malkin, & Schultz, 1985), thereby resulting in another insecure attachment being developed (Ponciano, 2010). The internal working model developed by the child that affects his/her relationships is dynamic and therefore may change when the new primary caregivers, the foster parents, are sensitive to the needs of the child in their care (Howes, 1999; Howes & Segal, 1993).

Some foster children demonstrate resilience by forming secure attachment to their new primary caregiver, the foster parent (Cole 2005a; Lamb et al. 1985; Rodning, Beckwith, & Howard, 1989; Stovall & Dozier, 2000). Little is known about what makes secure attachment occur. Suggestions have ranged from environmental factors (Belsky, 1996; Sroufe, 2002) to foster parent motivation (Cole, 2005b; Dozier, 2000) or sensitivity (Ponciano, 2010) to the attachment history of the child (Cole, 2005a).

Purpose of the Study

In contrast to the depth of research conducted on the development of attachment with foster parents in the first two years of a child's life, little research exists for children 2-4 years of age. Yet the importance of secure attachments developing in children aged 2-4 is also significant and has lasting effects. By age 5, it is thought that children's view of themselves, based on the attachment they have developed with their primary caregiver, persists for years (Verschueren, Buyck, & Marcoen, 2001), therefore an important opportunity exists even in children 2-4 years old to form secure attachments.

A search of the literature reveals only one intervention for foster children aged 2-4 years old that has been tested for effect on attachment (Fisher & Kim, 2007). As a result, there is a need for more research in this area, not only in the area of interventions but also in understanding

how attachments are formed within this specific population. This exploratory study hopes to encourage and guide future research by suggesting elements that may affect the development of attachment between foster children in this specific age group and their foster parents.

Study Significance

  Practical implications. Understanding the factors that affect the development of attachment in foster children between 2-4 years of age may support the creation of interventions that can be suited to the needs of this particular population. Additionally, by understanding the factors involved, social workers can help educate and prepare foster parents for the challenges that lie ahead in employing interventions that promote the development of attachment. Improving the development of attachment between foster children and foster parents can increase the quality of life for foster children, helping them be healthier, happier, and more stable. These benefits may trickle down to the rest of society through far-reaching consequences such as lower costs in our medical and justice systems.

  Since the goal of the foster care system in British Columbia (BC) is to re-unite children with their biological families once it is safe for them to return home, most removals result in children being returned home (Ministry of Children and Family Development, 2001). The time elapsed between the removal and return varies greatly, often being measured in years. This means that young children may have developed an attachment to the foster parents, who have become their primary caregivers during this time, and that the transition back to the biological home may cause a break in the primary attachment relationship, similar to when the child was originally moved into the foster home; the transition will need to be negotiated carefully for the well-being of the child. The information learned through this study may be adapted and built

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upon to help ease children's transition back into their biological home.

The research may be extended to additional contexts, such as adoption, which is similar in many respects to fostering. It may also provide insight into blended families formed through divorce, or bereavement, followed by re-marriage. Although, in the latter situation, the children continue to live with one of their parents, there may be overlap in the factors required to successfully adapt to life with the new parent and his or her children.

Research significance. Studies have focused on understanding how specific characteristics of the child, parent, or situation affect the development of attachment in foster parent-child dyads. As a result, to my knowledge, no qualitative studies have been performed to explore which factors may be important in 2-4 year old foster children. This means that the current study may be the first of its kind to use this approach.

Additionally, Dozier, Zeanah, and Bernard (2013), well-known attachment researchers in the field of foster children, noted that new research (Whipple, Bernier, & Mageau, 2011) has suggested that caregiver sensitivity is comprised of two dimensions: synchrony and nurturance. As this is a relatively new understanding, no known research has yet been conducted on the effects of these separate dimensions of parenting on the development of attachment in foster parent-child dyads. This study will be one of the first to consider this differentiation in caregiver sensitivity.

Research Question

The research question that will be explored in this study is, "What elements contribute to the development of attachment between foster parents and foster children aged 2-4 years old?" This question seeks to better understand contributing factors to the formation of attachments

when children are removed from their biological families and placed into foster families.

Chapter Two: Review of Literature

Attachment Theory

Attachment theory (AT), developed over 70 years ago (Cassidy, 2008), has grown immensely. Within the fields of emotional and social development, attachment theory is the most empirically grounded conceptual framework (Cassidy & Shaver, 2008). In the study of close relationships in adolescence and adulthood, including romantic relationships, AT is one of the most influential approaches (Cassidy & Shaver, 2008). Most pertinent to this study, AT is important in understanding the effects of early parent-child relationships (Cassidy & Shaver, 2008). Although Bowlby's initial conceptualizations of attachment theory have been expanded on throughout the years, much of his work has stood the test of time (Cassidy & Shaver, 2008).

Bowlby (1969/1982) saw AT as applicable across the lifespan; however, much of his research and writings centred on infants and young children (Cassidy, 2008). As the focus of this proposed study is attachment in young children, the scope of the subsequent overview is focused on the first years of life. Since many of Bowlby's original ideas continue to hold a prominent place in AT (Cassidy & Shaver, 2008) and a wealth of literature exists about AT, the following literature review focuses mainly on Bowlby's writings, with a few additional references where helpful.

A brief overview. The following sections provide a brief overview of general attachment theory.

The attachment behavioural system. Biological bases for attachment behaviours, behaviours intended to draw another person to oneself, lie at the core of attachment theory (AT) (Bowlby, 1958, 1969/1982). Bowlby proposed that evolutionary processes developed these

attachment behaviours in order to protect the child. These behaviours protect the child by bringing the child's attachment figure into proximity. Different attachment behaviours exist, each with its own function. Some, such as smiling, signal interest in interacting with the caregiver, whereas others, such as crying, are designed to bring the caregiver close to soothe the child. In all of these behaviours, the goal is proximity with the caregiver (Bowlby, 1969/1982).

Attachment behaviours, Bowlby theorized, are organized into an attachment behavioural system (Bowlby, 1969/1982). Which behaviours are manifest depends on past experiences and current environmental cues and are guided by the self-interests of the child. In infancy, this means babies will cry to capture their caregiver's attention, but as a child develops, a different response such as crawling may be used to establish proximity to the caregiver. As Bowlby (1969/1982) noted, "whether a child moves toward a mother by running, walking, crawling, shuffling, or, in the case of a thalidomide child, by rolling, is thus of very little consequence compared to the set-goal of his locomotion, namely proximity to mother" (p. 373). Throughout a child's development, the attachment behavioural system assists in adapting to environmental changes in order to achieve the child's goal.

Two other behavioural systems are important to AT, especially as they relate to young children: the exploratory behavioural system and the fear behavioural system (Bowlby, 1969/1982). The exploratory behavioural system is what motivates children to explore their surroundings; to explore, infants and young children need to have a sense of safety and this comes from using their caregiver as a secure base. Infants and young children balance the two needs of exploring and safety by assessing the risks in their environment and the caregiver's availability and likelihood of responding if needed (Bowlby, 1973). The second behavioural

system important to AT, the fear behavioural system, is closely linked to the attachment

behavioural system as it is rooted in the need for protection, just as the attachment behavioural

system. It is believed that absence of the caregiver activates the fear behavioural system.

Activation of both the exploratory and fear behavioural systems are related to the activation of

the attachment behavioural system, albeit in different manners. Activation of the fear system

increases the activation of the attachment system, whereas activation of the exploratory system

may actually reduce the activation of the attachment system.

Attachment bonds. An attachment bond is a bond that one individual has with another

individual who is perceived as stronger and wiser (Ainsworth, 1989). As a result, an attachment

can be unidirectional, as is often the case with parent-child attachment bonds. Attachment bonds

are distinguished from the broader category of affectional bonds by the needs they meet, namely,

comfort and security (Ainsworth, 1989).

The existence of an attachment bond cannot be deduced merely by the existence of

attachment behaviours. This is because attachment behaviours can serve more than one

behavioural system (Bretherton & Ainsworth, 1974; Sroufe & Waters, 1977), as in the example

of a young child who approaches a stranger for exploratory reasons. Additionally, the strength of

attachment behaviours does not reflect the strength of the attachment bond, as in the case of an

infant's crying with great intensity simply because she is are hungry and not because she has a

strong/weak attachment bond.

Bowlby (1969/1982) makes two important points about attachment bonds. The first is

that attachment bonds only reflect one aspect of children's relationships with their caregivers:

that of protection and security in times of stress. The second is that an attachment bond cannot be

assumed to exist because the relationship has an attachment component to it. Using the example

of the child crying because she is hungry, a stranger providing food will calm her down, not

because she has a bond with the stranger, but because the stranger is meeting her need for food.

 Individual differences in infant-caregiver attachments. Since people are "wired" for

attachment, Bowlby suggested that infants will attach to a caregiver if there is a caregiver to

interact with and serve as an attachment figure (Weinfield, Sroufe, Egeland, & Carlson, 2008).[1]

Despite this tendency to form attachments, not all attachments are equal. At a broad level, there

are two types of attachment relationships: secure and insecure (Ainsworth, Blehar, Waters, &

Wall, 1978; Bowlby, 1973). These categories generalize the infant's perception of the caregiver's

availability if a need for comfort or protection arises, and secondarily, the pattern of behaviour

the child will display to the caregiver in light of the infant's perceptions. Infants with secure

attachment relationships are confident in the sensitive and responsive availability of their

caregivers and as a direct result, are confident in their interactions with the world. On the other

hand, infants with insecure attachments have not received consistent availability and comfort

from caregivers when they have found the environment to be threatening. This inconsistent

availability and comfort results in the infants becoming either angry with their caregivers, or

anxious about their future availability, fearing their caregivers will be unresponsive or

responsive, but unable to meet their needs (Bowlby, 1973).

 Regarding these individual differences in attachment, Bowlby (1969/1982, 1973)

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[1] Although this appears to be true in the normative population where over 99% of children develop attachments to a caregiver (Richters & Volkmar, 1994), research indicates this may not be true with foster children populations, where up to 38% of children may not exhibit an attachment figure (Zeanah et al., 2004). As a result, the development of attachment appears to be more complex and not necessarily guaranteed to occur if a caregiver is present. Further elaboration of this topic is provided in the section entitled **Attachment in Foster Children**.

proposed two hypotheses. The first was that the degree of caregiver responsiveness in early infancy is related to individual differences in security later in infancy. As infants experience repeated interactions with the caregiver (or a lack thereof), they develop internal models of caregivers' future responses to their need for comfort and contact. The second hypothesis was that attachment experiences and the expectations that grow out of repeated attachment experiences are internalized within an internal working model and affect later behavioural and emotional adaptation, even in completely new scenarios.

Internal working models. One of the central constructs in attachment theory is Bowlby's idea of an internal working model. An internal working model is the encapsulation of the beliefs and expectations a person has about what he can expect from others and the world, including how one might be treated by others (Bowlby, 1969/1982). Although Bowlby believed that this idea was a general construct, it plays an important role in attachment theory. Bowlby (1969/1982, 1973, 1980) claimed internal working models guide each of the members in an attachment dyad through their interactions with each other. Infants begin with simple working models, and as they grow these internal working models becoming increasingly complex, allowing not only short term predictions, but also the ability to reflect on current, past, and future relationships (Bowlby, 1988). In children, these internal working models are mutually confirming; the way parents view their children becomes the way children view themselves (Bowlby, 1969/1982, 1988). As children develop, they recognize that their caregivers have separate, non-child focussed goals, and this paves the way for secure attachments to become goal-corrected partnerships (Bowlby, 1969/1982).

Several processes ensure the stability of internal working models, even amidst the

changes to these models as children develop (Bowlby, 1969/1982). Firstly, repeated patterns bias future interactions. This means that if a mother is always available to her child, and then a situation arises where she cannot be present for the child, the child's existing model will continue to perpetuate the general belief that the mother is available. Secondly, two internal working models are involved in a relationship. This means that when one person in a dyad tries new behaviours, the other party may resist because of his/her own expectations about what should occur. On the other hand, the second party may show adaptability and a new pattern may emerge. Lastly, repeated interaction patterns become increasingly ingrained, moving behaviours further into the unconscious and therefore making it more difficult to consciously change the working model. Within secure relationships, these stabilizing processes still allow for updates when children realize that the current working model is no longer accurate (Bowlby, 1988).

The development of attachment in 2-4 year old children. Although numerous developmental changes occur in young children from one to three years of age, the organization of attachment, as well as the frequency and intensity of attachment behaviours remains largely unchanged (Marvin & Britner, 2008). As children learn to crawl and walk, they begin to move farther away from their attachment figure to explore, but at the same time, they continue to monitor both the caregiver's movements and attention (Schaffer & Emerson, 1964). If the caregiver is not attentive to the child, then the child will often use a behavioural response to regain the caregiver's attention.

As a child nears the age of three, changes to the internal working model begin to occur (Marvin & Britner, 2008). The internal working model develops into a more complex network of event schemas, and secondly, children become capable of revising their schemas and postponing

their execution. Concurrent with this development is the acquisition of language skills, which allows the child to insert the caregiver's goals into the child's plans. This type of interaction is the beginning of an emerging partnership between the child and his caregiver (Marvin & Britner, 2008). As this occurs, the amount and intensity of attachment behaviour lessens, although proximity to the caregiver remains an important priority to the child (Marvin & Britner, 2008).

Around the age of four, children develop the ability to hold both their own perspective and their caregiver's perspective simultaneously, and to interact with these perspectives (Marvin & Britner, 2008). Perspective taking enables children to work with their caregivers in establishing goal-corrected partnerships. Bowlby (1969/1982) identifies these goal-corrected partnerships, where goals are determined collaboratively, as the final phase in the development of attachment. During this period, the relationship develops into one based not only on shared goals, but also on shared plans and feelings (Marvin & Britner, 2008). The extent to which this goal-corrected partnership occurs determines the extent to which the need for proximity and contact can be replaced with a lesser but corresponding need for the caregiver's availability if the need arises (Bowlby, personal communication with Mary Ainsworth, cited in Ainsworth, 1990). This is an important change in children's development, as it means that children recognize the continuation of their relationship with their caregiver even when the caregiver is absent, and it becomes children's responsibility to seek out the required level of proximity from their caregiver (Marvin & Britner, 2008). This shift allows children to maintain close ties to their caregivers while at the same time developing relationships with peers, teachers, and others (Marvin & Britner, 2008).

Attachment in Foster Children

Tucker and MacKenzie (2012) postulate that attachment theory (AT) is so widely accepted within the child welfare system that the need for empirical validation about AT's specific application within it can be overlooked. Indeed, in my own experience social workers often cite attachment as a guiding principle in their work. According to Tucker and MacKenzie (2012) this broad acceptance has created two complimentary problems: attachment theory tends to be applied to diverse populations without considering the differences amongst those populations, and secondly, a lack of research has been conducted within certain populations (Rutter & O'Connor, 1999, as cited in Tucker & MacKenzie, 2012). Children in foster care are one of these populations in which research is found lacking, and therefore a better understanding would help inform foster parents, clinicians, and social workers, which would be a first step to improving care for foster children.

Due to the breadth of AT, a wide range of ideas exist concerning how to answer questions related to child development and behaviour; sometimes these ideas conflict (Tucker & MacKenzie, 2012). One of these conflicts, particularly salient to foster children, is around the adaptability of children in the area of attachments. AT can be used to suggest that children are capable of adapting to different environments, but it can also be used to suggest the opposite: that children resist change and self-perpetuate existing attachment patterns, regardless of the environment (Tucker & MacKenzie, 2012). To complicate matters further, some people view these positions as complimentary. These supporters use Bowlby's internal working model concept as the cornerstone upon which both developmental history and current circumstance are built (Tucker & MacKenzie, 2012). The internal working model concept theorizes that children

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approach situations with preconceptions and biases based on past experiences and these preconceptions affect how they respond to environmental cues (Sroufe, Carlson, Levy, & Egeland, 1999). A child's behaviour in turn elicits a response from the environment and often this response reinforces the current pattern of behaviour (Sroufe et al., 1999). Tucker and MacKenzie (2012) suggest that the flexibility of the internal working model to adapt allows for multiple possible outcomes in a given situation. In a new foster parent-child dyad, where neither person makes any changes, the relationship may fail to develop and lead to no attachment forming; however, if one or both of the individuals make a change, then the ripple effects of the change will increase the chances of a relationship being developed and an attachment being formed. As a result, the internal working model allows for both resistant and adaptive responses, with the adaptive responses increasing the likelihood of attaching to a new caregiver, and the resistant responses decreasing the likelihood.

Up to 38% of children in foster care show signs of not having an attachment figure (Zeanah et al., 2004), in contrast to less than 1% for the normative population (Richters & Volkmar, 1994). The good news is that Smyke et al.'s (2002) research with toddlers has shown that developing an attachment with a primary caregiver is possible once children are removed from their environments of neglect and moved into normative conditions. What remains unclear is to what extent these children can recover, and which characteristics in the parent, child, and environment can assist in this recovery (Smyke et al., 2002).

Although not much is known about the process of establishing an attachment between a foster parent and child, studies have been conducted to try and understand the pragmatic factors that may help promote attachment within foster parent-child dyads. The following sections

examine characteristics within foster children, foster parents, and the environment that promote

the development of attachment between foster parents-child dyads. As the context of the

proposed study is children between the ages of 2-4 years, the following review focuses on

literature investigating this age, and also includes research on the first two years of life. Research

on the first two years of life has benefitted from extensive research and some of it may overlap

with the 2-4 year old category.

Foster children characteristics that affect the development of attachment

with the foster parent. In this section, a review is completed/performed of the characteristics of

foster children that have demonstrated an impact on the development of attachment to their

caregivers. Although these characteristics are beyond the control of caregivers and social

workers, they are still important to address as they shed light on what can help or hinder

attachment.

Age of child at placement. Two studies have examined the impact of a child's age at

placement into foster care. In the first study, Stovall-McClough and Dozier (2004) found that a

younger age at placement was associated with behaviours that were more secure, less avoidant,

and more coherent. However, they also discovered that although attachment behaviours were

affected by age at placement, age was not a factor in determining attachment quality (i.e., secure

versus insecure) as measured by the Strange Situation Procedure (SSP), a procedure initially

developed by Mary Ainsworth to test attachment between one year old children and their

caregivers (Ainsworth, Bell, & Stayton, 1971).

Fisher and Kim's (2007) research confirmed the findings related to secure behaviours,

and further suggested that younger children's attachment behaviours might be more pliable than older children's. Fisher and Kim (2007) tentatively hypothesized that this may mean there is not a critical period during which children develop attachment and instead the length of time may be the determinant of how ingrained attachment behaviours are. Further research is needed to clarify the process involved.

Although Fisher and Kim's (2007) study focused on an older age group (3-5 year olds) than Stovall-McClough and Dozier's (2004) study (5-28 months), it is noteworthy that the findings were similar. Fisher and Kim (2007) did not use any laboratory-type procedure for determining attachment quality, claiming that an SSP style procedure for foster children may not be valid because the foster children may not identify the foster parent as a discriminated attachment figure, thereby reducing the validity of results.

Gender of foster child. In a survey of the literature, no studies investigated the effect of gender on the development of attachment with the foster parent; however, one study reported on this aspect within their findings, noting that of children who had been moved out of institutionalized care and into foster families, boys demonstrated greater difficulty in becoming securely attached to their new caregivers than girls, and in fact demonstrated the same level of attachment security as their counterparts who were still in institutional care (McLaughlin, Zeanah, Fox, & Nelson, 2012). Since most studies include children of both genders, if there was a clear distinction between the development of attachment in boys versus girls, one would expect the existing research to discuss this more. As a result, it seems possible that gender in this age group of children does not impact the development of attachment; however, further research is required to understand what impact gender has on attachment.

Environmental characteristics that affect the development of attachment within foster parent-child dyads. In this section, a review is performed of environmental characteristics that have demonstrated an impact on the development of attachment in foster parent-child dyads. As with child characteristics that impact attachment, some of the environmental characteristics are beyond the control of foster parents, although not necessarily out of the realm of influence by social workers. Nonetheless, it is useful to recognize their impact on attachment.

Adoption status. In a study conducted by Ponciano (2010), it was discovered that caregivers who were planning to adopt the child in their care and who believed that this would come to fruition exhibited greater levels of sensitivity, which in turn was positively correlated with attachment security.

Caregiving environment. In a study conducted by Cole (2005a), it was discovered that the caregiving environment was linked to attachment security. Environments that were well-organized and had a variety of stimuli and age appropriate learning materials had higher levels of attachment security.

Stability of care. As stability is taken for granted amongst normative populations, Dozier et al. (2013), made a specific point of referring to its importance within foster children, as multiple placements, and therefore multiple caregivers, is not uncommon (Casanueva et al., 2012).

Using archived records of over 3000 Canadian foster children spanning 21 years, Tucker and MacKenzie (2012) used parametric modeling to test a number of hypotheses regarding attachment theory and placement changes such as: (a) the probability of a placement change

increases with the number of previous placement changes, (b) the probability of a placement change increases with the age of a child, and (c) disruptive effects of placement changes attenuate with length of time since last change, resulting in a higher propensity to exit the system. Although the study was able to confirm these and other hypothesis regarding placement changes, due to its mathematical approach it was unable to verify whether the underlying attachment processes proposed were correct, and therefore it is possible that non-attachment related processes were involved.

Foster parent characteristics that affect the development of attachment with the foster child. In contrast to the limited amount of research conducted on child and environmental characteristics, research on parental characteristics has been abundant. This is good news, as this is the area in which foster parents themselves have the greatest control.

Foster parent sensitivity. As maternal sensitivity was highlighted by Ainsworth et al.'s (1978) ground breaking work with infants as an important predictor in the development of secure attachment, it is not surprising that sensitivity is the most-researched element within the fostering literature (Ackerman & Dozier, 2005; Cole, 2005a; Oosterman & Schuengel, 2008; Ponciano, 2010; Smyke et al., 2009). None of the studies defined caregiver sensitivity, even though a variety of measures were used to test it. Despite the vagueness of what constitutes sensitivity, the studies consistently reported its relationship with secure attachment (Smyke et al., 2009; Ponciano, 2010; Ackerman & Dozier, 2005; Oosterman & Schuengel, 2008), except for one study (Cole, 2005a), whose findings have not been replicated.

Of the studies conducted, Oosterman and Schuengel's (2008) study was the only one to test for attachment disorders, and they concluded that the relationship between foster parent

sensitivity and attachment security existed only when disordered attachments were factored out. From their investigation, they learned that children with reactive attachment disorder were unaffected by the level of foster parent sensitivity (Oosterman & Schuengel, 2008). In contrast, they found that children with secure base distortions, another type of attachment related disorder, elicited greater sensitivity from the foster parent and yet did not result in a corresponding increase in security from the child (Oosterman & Schuengel, 2008). This suggests that children with attachment disorders do not respond to foster parent sensitivity.

According to some of the initial work on caregiver sensitivity (Stayton & Ainsworth, 1973) which was conducted on infants up to one year of age, a sensitive caregiver "is finely attuned to her baby's signals; she is aware of them, interprets them accurately, and responds to them promptly and appropriately" (p. 228). Recently, it has been suggested that caregiver sensitivity is comprised of two different dimensions: synchrony, allowing the child to lead in caregiver-child interactions, and nurturance (Dozier et al., 2013).

Foster parent experience. In a study conducted by Ponciano (2010), an inverse link was made between foster parent experience and attachment quality; foster children in homes with less experience were more likely to exhibit secure attachments than foster children in homes with more fostering experience. Ponciano (2010) suggested that foster parents who had fostered more children were perhaps more tainted by their experiences with the foster care system and the by the loss of previous children in their care. This relationship between experience and attachment quality was a surprise to Ponciano (2010), who had hypothesized the opposite relationship, since new foster parents often lack parental skills and as a result may not have the tools necessary to handle the needs of children in their care.

Foster parent commitment. In the same article where Dozier et al. (2013) state the

importance of foster parent sensitivity and stability of care to foster children, they also describe

the significance of foster parent commitment. They begin by recognizing that commitment can

vary considerably amongst foster parents and then cite research they have done that supports the

importance of commitment to foster children (Ackerman & Dozier, 2005; Bernard & Dozier,

2011; Lindhiem & Dozier, 2007). Personal examination found two of the articles lacked

convincing arguments. The first of these articles (Ackerman & Dozier, 2005) stated outright,

"Contrary to study hypotheses, caregiver commitment was not significantly associated with the

positiveness of foster children's self-appraisals after partialling out the effects of child IQ and

behavior problems" (p. 516). The second article (Lindhiem & Dozier, 2007) indicated that a link

occurs between caregiver commitment and child behaviour, but acknowledged that the direction

of the relationship was unknown: "we were unable to detect the direction of the association

between caregiver commitment and caregiver reported child behavior" (p. 372). It appears that

further research in this area is required to understand the impact of commitment on foster

children's attachment to foster parents.

Attachment state of mind. Attachment state of mind refers to how adults process

thoughts and feelings about their own attachment experiences (Dozier, Stovall, Albus, & Bates,

2001). Adults who value their own attachment experiences and demonstrate coherence in

processing their attachments are classified as having an autonomous state of mind (Dozier et al.,

2001) and these parents are most likely to have securely attached infants (van IJzendoorn, 1995).

Adults who are not coherent in processing their attachments are classified as non-autonomous,

and adults who show a breakdown when discussing loss or trauma in their lives are classified as

having an unresolved state of mind (Dozier et al., 2001). An unresolved state of mind is associated with having infants with disorganized attachments (van IJzendoorn, 1995).

In a study conducted by Dozier et al. (2001), the relationship between foster parents' attachment state of mind and the attachment quality of the foster child was examined. Dozier et al. (2001) concluded that a relationship does exist, stating that "Foster infants' attachment security was concordant with foster mothers' state of mind similar to that seen among biologically intact dyads" (p. 1474).

Although no additional research was found that examined this general relationship further, Cole's (2005a) work corroborated the specific relationship between an unresolved state of mind in the foster parent and a disorganized/disoriented attachment in the foster child. In her work, Cole (2005a) suggested that the greater proportion of foster children in the study with a disorganized/disoriented attachment was impacted by foster parents with unresolved childhood trauma. Furthermore, childhood emotional and sexual abuse experienced by foster parents almost reached statistical significance in predicting insecure attachment (Cole, 2005a).

Chapter Three: Methodology

Research Design

As little is known about the development of attachment in young foster children, especially within the 2-4 year old age range, the current study used a qualitative method of inquiry to gain a better understanding of the elements and processes involved (Creswell, 2003). In contrast to previous studies conducted on foster children in this age group where quantitative methods have been utilized, a qualitative study allowed for the emergence of themes (Creswell, 2003) and thus provided additional insights into this population.

Searching for elements contributing to the development of attachment in young foster children could be accomplished through a variety of qualitative research approaches. The Inductive Thematic Analysis approach was selected because of its ability to draw out emergent themes within the data (Guest, Namey, & Mitchell, 2012). Alternative approaches that were considered were Grounded Theory and Ethnographic Analysis. Although Grounded Theory shares similarities with Inductive Thematic Analysis, two important differences exist: grounded theory has a more defined and structured process in its analysis of data (Guest, Namey, & Mitchell, 2012) and it "requires an iterative research design in which data collection and analysis are merged and sample sizes are not predetermined" (Guest, Namey, & Mitchell, 2012, p. 13). The greater flexibility afforded in the Inductive Thematic Analysis approach and the fact that it has a more definitive estimate on the amount of effort required, made for a better approach than Grounded Theory. Ethnographic analysis also incorporates elements of thematic analysis within its approach (Hammersley & Atkinson, 1995), but is focused on "a description and interpretation of a cultural or social group or system" (Creswell, 1998, p. 58) and is therefore less suitable for

investigating a biological and universal phenomenon such as attachment (Bowlby, 1969/1982; van Ijzendoorn & Sagi-Schwartz, 2008).

The current study consisted of qualitative data collection and analysis. Semi-structured interviews with participants were conducted in an effort to understand child, parental, and environmental characteristics involved in the development of attachment. These interviews were subsequently analyzed for common themes.

As the formation of a new attachment between the foster parent-child dyad occurs over time, employing an observational approach was not practical as it would have been unduly imposing on the participants involved, would have required complex ethical approval due to the direct involvement of children of the state, and would not have been feasible within the time constraints of this study. Fortunately, observational data spanning months and years from one person's perspective can be collected within a single interview, and as a result, is time effective (Mertler & Charles, 2008). Additionally, interviews allow for the collection of historical information (Creswell, 2003), which can provide important contextual data. This is particularly poignant when working with foster children whose histories can differ significantly from each other. As a result, using interviews for data collection was a natural choice.

After reviewing the literature and consulting with a faculty member from the Special Education program within the Educational & Counselling Psychology, and Special Education (ECPS) department at the University of British Columbia (UBC), it was determined that no known relevant interview protocol exists for collecting information about elements contributing to the formation of attachments in young foster children. Therefore, I developed a semi-structured interview protocol based on a review of the literature, as well as on my own

experience as a foster parent.

Supplementary information. In the original study design, an extension of the study had been proposed but was later removed. It was originally planned that a semi-structured interview called the Disturbances of Attachment Interview (DAI) (Smyke & Zeanah, 1999) would be employed to determine whether an attachment existed between each foster parent and child. With this additional information, a secondary analysis would have been conducted to see if any new patterns, or ideas about elements contributing to attachment, emerge. However, due to difficulties in recruiting participants, the inclusion criteria were relaxed, which rendered this extension to the study unfeasible as foster parents were allowed to share experiences about children who were no longer living in their home.

Participants

Initial recruitment attempts for participants focussed on placing advertisements in regional foster parent newsletters (i.e., Fraser Valley Foster Parents Association, British Columbia Foster Parents Association) distributed periodically throughout the year, and in attending a monthly foster parent breakfast. After only a single potential participant was found, I consulted with my thesis supervisor, Dr. Ishiyama, and we decided to broaden the inclusion criteria. With the relaxed inclusion criteria, I reached out to my own personal network to find participants. Additionally, snowball sampling was used to gather more participants.

A convenience sample of seven foster parents was recruited for inclusion at the final stage of participant recruitment for the current study. In order to qualify, foster parents were required to meet the following criteria: (a) they had cared for a foster child for at least six consecutive months who was two to four years old at the time of placement, (b) the foster parents

spoke English, in order to communicate with me, and (c) the foster parents were willing to be videotaped, or at a minimum, audiotaped.[2] As there was no longer a requirement about the foster child currently residing in the foster parent's home, foster parents shared previous fostering experiences, relying on their memory to answer the interview questions. Age of memories being recalled varied from two years ago to over 10 years ago.

To be considered for inclusion in this study, it was important that foster children had sufficient time to develop attachments with their foster parents. From a survey of the literature it was unclear how much time is required for this to occur; however, the period of one year was originally selected as studies had detected the development of secure attachments within this length of time (Fisher & Kim, 2007; Smyke et al., 2010). Although placements longer than a year would further increase the chance of attachments being developed, the population of possible foster homes to draw from decreases with time since it is the Ministry of Children and Family Development's (MCFD) mandate to find suitable permanent care (preferably the biological parents) for the children as quickly as possible. As the inclusion criteria were broadened to help find participants, the length of time required for foster children to reside in their foster parents' home was reduced from the initial one year requirement to six months. Six of the seven participants involved had children in their home for at least one year, with five of these participants parenting these children for nearly two years or more. The increased length of time spent in their foster parents' homes increased the chances that these children developed an attachment to their foster parents.

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[2] Initial criteria also required: (a) that it be foster children's first placement into foster care, (b) children are currently still in the foster parents' care, and (c) the children have lived with their foster parents for at least one consecutive year.

The sample was taken predominantly from foster parents living in a large, urban area, in western Canada. Eight foster parents, representing seven foster homes, participated in the study. In one home, both the foster mom and dad participated, whereas in all other homes the primary caregiver, the foster mom, participated exclusively.[3] The average age of participants was 52. The median number of years fostering was 16 and the median number of children fostered was 23. Table 1 outlines the backgrounds of participants of the study. Fictitious names were used to protect participants' identities.

Table 1

Participant Background Information

Pseudonym	Gender	Current Age	Ethnicity	Birthplace	Years Fostering	Number Children Fostered	Active Foster Home
Sarah	Female	47	Aboriginal	Canada	16	28	No
Claire	Female	64	Caucasian	Canada	15	17	Yes
Jennifer	Female	70	Caucasian & Metis	Canada	25	16	No
Emily	Female	53	Caucasian	Canada	24	40+	Yes
Allison	Female	49	Caucasian	Canada	28	30*	Yes
Catherine & Tom	Female & Male	35 (Catherine) 40 (Tom)	Caucasian (both)	Canada (both)	2	2	Yes
Natalie	Female	56	Caucasian & potentially Aboriginal	Canada	9	23*	Yes

Note. * represents approximate count and + denotes "at least".

Sarah. Sarah had been surrounded by family members who were foster parents, and as a

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[3] For purposes of simplicity, the foster mom and dad will be collectively referred to as a single foster parent, except when one of them is being directly quoted.

result, the world of fostering was familiar to her before she became a foster parent herself. Moreover, it was through one of her family members who was a foster parent that Sarah also began to foster. As a foster parent, Sarah regularly took care of two or three foster children concurrently, in addition to two of her own biological children, both of whom were always older than the foster children. Most of the children that came into her home were under two years of age, although occasionally she had children up to seven years of age placed in her home. The average length of time children stayed in her home was 1.5 years, although on one occasion a child remained in her care for seven years. All 16 foster children Sarah cared for went back to their biological parents, except for three: two of which went to live with extended biological family, and one of which Sarah adopted. Sarah's husband was actively involved in caring for the foster children. After 16 years of fostering, Sarah decided to retire as a foster mom, frustrated with the challenges of working in the foster care system.

Claire. Claire was the sole participant to reside outside of the urban area and I was able to interview her while she was visiting family nearby during the Christmas holidays. Claire began her fostering career within a private agency where she and her husband provided specialized care for children transitioning from residential care into foster care. After fostering 14 children in 1.5 years in the private sector, Claire felt that her abilities were not being used and decided to make the switch to the public fostering system (i.e., MCFD). Since starting with the MCFD, she has cared for a single sibling group of three girls, watching them grow from as young as two years old through to adulthood. When she began fostering with the MCFD, her biological children were all adults living on their own. Claire shared about her experience of fostering children as an older parent, noting her tendency to be less laid back and patient.

Claire's husband is actively involved in caring for the foster children. Claire is still fostering and has been fostering for 15 years.

Jennifer. Jennifer had a 25-year experience of fostering children before retiring at age 69. She had entered the world of fostering by providing respite care for her brother-in-law who was a foster parent. This experience led Jennifer to become a foster parent herself. Jennifer started fostering after both of her biological children had become adults. During her fostering tenure, Jennifer had the pleasure of adopting 1 of the 16 children that came through her home. Jennifer's husband was actively involved in caring for the foster children alongside Jennifer.

Emily. Emily's interest in fostering had existed before she became an adult. While Emily was in high school, she and her mother brought in and unofficially fostered a friend of Emily's who had been in a "bad" foster home. Months later, Emily and her mother brought in and cared for a newborn baby from the same foster home that Emily's friend had lived in. These experiences led to Emily's mother becoming an official foster parent. Years later, Emily officially entered the world of fostering after the birth of her first two children. While her biological children were young she fostered adolescents, and as her children grew older, she switched to fostering newborns and young children. Emily cited that this helped reduce the competition and comparison between her foster children and biological children. After one particularly difficult fostering related experience, Emily retired from fostering; however, she re-entered fostering again less than a year later since it was a part of who she is as a person. Emily has experienced the grief associated with learning about the death of a former foster child via the television news. Emily's husband is actively involved in caring for the foster children.

Allison. Allison has a background, educationally and professionally, of working with

children who have special needs. Prior to beginning fostering, Allison provided respite care for children with severe special needs. Soon after beginning fostering, she took in a young boy with severe needs, who has remained in her home. In addition to this foster son, she has always had at least one other foster child in her care, although in recent years, as her own children have grown older, she has increased the number of foster children in her care. Allison has three adopted children: one internationally and two through the MCFD. Allison's husband, who also has a background educationally and professionally of working with children who have special needs, is actively involved in caring for the foster children.

Catherine and Tom. Catherine and Tom had been a restricted foster home[4] for two years. They agreed to take care of Tom's brother's children two years earlier when Tom's parents were threatened with eviction from their current residence because they were violating the rules by housing their grandchildren. At the time, Catherine and Tom had three biological children of their own under the ages of seven. Tom and Catherine originally envisaged care of their two nephews would be short-term (i.e., 6 months or less); expecting Tom's brother and wife would quickly work with the MCFD and meet all the MCFD's requirements to get their children back, but Tom's brother and wife have been unable to fulfill the necessary requirements. As a restricted home, Catherine and Tom had no prior training in fostering, and as a result, bringing the nephews into their home resulted in significant learning for Catherine and Tom around caring for foster children. Additionally, the sudden and unplanned for arrival of their nephews has been a significant departure from the planned life that they had led previously, where they had

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[4] A restricted foster home is a home that cares for children who are related to the foster family, or had a previous relationship with the family prior to fostering. Restricted foster homes are not required to undergo the extensive application process that regular foster homes are required to complete.

successfully planned major life events in their lives such as how many children to have and when to have each child. Both Catherine and Tom play an active role in the parenting of Tom's nephews.

Natalie. Natalie is a single mom who first became interested in fostering after dating a man who himself had been in foster care. Natalie was moved by the story of mistreatment that she heard this man experience, and memory of this remained with her until years later when she decided to foster. She had cared for children ranging from a week old to a 17 year old adolescent mother with her own baby. At one point in time, she found herself taking care of six children under the age of three because of the lack of foster homes available. From over 20 children placed in her home, she has had the privilege of only seeing one successful outcome. She has three biological children, who were all adults or nearly adults when she began fostering.

Procedure

Data collection. The process of developing the interview protocol and of conducting the interviews are described below.

Interview questions.   An open ended semi-structured interview was designed to obtain an in-depth understanding of the children, their foster parents, and the environment in which their relationships exist in order to gain an understanding of the elements that may hinder or contribute to the development of attachment within the foster parent-child dyad.

The current interview questions emerged as the result of a review of the research literature on characteristics that affect the development of attachment in infants and young foster children. Supplementary questions were then added to extend the interview beyond the known research. These additional questions were based on either more general research that I believe

can be applied to foster care or on my personal experience as a foster parent. Lastly, additional questions were asked to obtain background information about the child and the foster family that may prove useful in the data analysis. The complete interview protocol with questions, along with rationale for each question, is included as Appendix C.

Interviews. All interviews were conducted by myself with the primary foster parent in the foster parent's home or at the Family Hope Clinic, a counselling clinic where I had been an intern. Privacy and confidentiality were guaranteed via a signed consent form, with verbal confirmation of their understanding and opportunities to ask questions and seek clarification from the researcher prior to the interview. Consistent with the principles of building rapport outlined in Hammersley and Atkinson (1995), I explained the reason for the interview and informed the interviewees that they have the right to refuse to answer any question, and furthermore to withdraw from the study at any time. I informed participants that I am a foster parent in an attempt to establish a common shared bond, with the hopes that this allowed the interviewees to be more comfortable, and as a result, to speak more openly. The interviewees were encouraged to use the questions from the interview protocol as a starting point to talk freely about their experiences. All interviews were audiotaped and later transcribed.

Data analysis. The approach outlined in Hammersley and Atkinson (1995) guided the analytic procedure as this approach has been successfully employed in drawing out themes from semi-structured interviews (Lai & Ishiyama, 2004). Each transcription was analyzed independently. The process of coding descriptors was iterative; as descriptors emerged, previously coded data was recoded to see if additional instances of the new descriptor were found. Descriptors were selected that appeared central to the development of attachment. This

involved relying on findings from the literature known to affect attachment, but was extended by my own experience as a foster parent, education, and intuitions about concepts that may be relevant. Although a pure inductive thematic approach limits the analyst to the data alone, Hammersley and Atkinson (1995) suggest, "Theoretical ideas, common-sense expectations, and stereotypes often play a key role. Indeed, it is these that allow the analyst to pick out surprising, interesting, and important features in the first place" (p. 213). Once these concepts were identified, their relationship to the other categories were explored by examining similarities and differences. This "constant-comparative" method (Glaser & Strauss, 1967) allowed similar categories to be merged, created new categories where existing ones were vague, and created subcategories where hierarchical relationships were evident. By the end, a set of categories, subcategories, and sub-subcategories describing the data emerged. These final categories, subcategories, and sub-subcategories represented elements, or themes, that were believed to be involved in the development of attachment.

The first three interviews were thoroughly analyzed and thematically categorized as comprehensively and inclusively as possible by going over the data multiple times. The analysis of the subsequent interview data offered newly emerged themes and subthemes, which were then incorporated into the first developed categorical system as the base with necessary revisions and expansions. Every effort was made to build a thematic category system which is inclusive and robust.

Independent rater check. Recognizing that qualitative research is subjective in nature and that categories drawn from the data can be affected by my own biases, an external third party, not otherwise involved in the study, was enlisted to review the transcriptions for categories

in addition to my own analysis. This meant that each interview was analyzed by two people: myself and an independent rater. The independent rater was an instructor of graduate level linguistic courses at Trinity Western University who had a Master's degree in Linguistics and Exegesis, where she taught courses on sociolinguistics and anthropological linguistics with a specialty in ethnographic studies. Familiar with various types of qualitative analysis such as domain, taxonomic, componential, and thematic analysis, she reviewed the transcriptions for themes independently from me, and then we would meet together after each transcription, share our independent findings, and collaboratively merge the results together. The independent rater reviewed the first two transcripts in their entirety, and thereafter reviewed one third of each transcription in a rotating fashion (i.e., beginning third, middle third, final third) to reduce the time commitment required by the independent rater. The fact that the independent rater had a limited background in attachment theory, was considered to be a strength as it provided an unbiased perspective when analyzing transcriptions for themes.

Accuracy check. After 100% agreement was achieved between myself and the independent rater on the extracted themes and subthemes embedded in the transcribed interview data, the next step consisted of consulting with the foster parents interviewed to obtain their approval for the categories found. Each participant was provided with a written description of the categories that emerged from the analysis of her respective interview and this provided participants an opportunity to confirm or disaffirm the findings obtained from transcriptions of the interviews and allowed for revisions if any changes were required. Participants indicated their full support for the summary of categories found and no changes were required.

This accuracy check built an extra safeguard into the process, although as Hammersley and Atkinson (1995) identified, changes suggested by the foster parents may not be motivated by a desire for accuracy in the report, but rather may be developed out of a sense of being criticized. In consideration of such a possibility, summaries were written in objective and non-judgemental language.

Clinician check. I sought the opinion of a practicing counselling professional with experience in attachment to act as a check for the categories found and their relevance to attachment. The clinician selected was owner and director of a private counselling clinic, a Registered Canadian Art Therapist, an Adjunct Professor at Adler University, and a Trainer for Mental Health First Aid Canada for Adults Who Interact With Youth. The clinician had over 20 years of experience working with children, youth, and adults in the area of mental health and wellness. The clinician was provided with a copy of the thematic category system developed and was asked for her impressions and a critique on the categories that had emerged as well as the overall organization of the thematic category system. This check was performed twice: after the first transcription to help ensure the study began in the right direction, and then again after the final transcription was analyzed as an opportunity to obtain general feedback about the findings.

Trustworthiness of the Procedure

The "quality" of qualitative research is based on different criteria than quantitative research; whereas the latter seeks to establish reliability and validity, the former seeks to demonstrate credibility, transferability, dependability, and confirmability (Golafshani, 2003; Morrow, 2005, Shenton, 2004). In this section, an assessment of these four concepts of credibility, transferability, dependability, and confirmability are further examined.

Credibility. In qualitative research, credibility pertains to "How congruent are the findings with reality?" (Merriam & Tisdell, 2016, p. 242). Credibility examines the rigor of the research process (Gasson, 2004) and is vital to establishing trustworthiness (Shenton, 2004). Shenton (2004) provides a number of ways that credibility can be built, six of which will be discussed further: the development of an early familiarity with the culture of participating organizations, tactics to help ensure honesty in informants, peer scrutiny of the research project, the researcher's "reflective commentary", member checks, and examination of previous findings.

The development of an early familiarity with the culture of participating organizations. As a foster parent, I have the privilege of understanding the culture of foster parents and the myriad of struggles that they face, whether it be working with the MCFD, building relationships with the parents and extended family of children in care, or simply meeting the fundamental psychological needs of foster children. Bringing this background into the study helped me understand the terminology used and the perspective of foster parents, and also helped me establish rapport with the foster parents.

Tactics to help ensure honesty in informants. The UBC Ethics Board seeks to protect the well-being of participants in studies conducted under their jurisdiction, and a common way this is achieved in studies involving interviews with participants is by providing participants with the right to refuse to answer any question, and furthermore, to withdraw from the study at any point in time, even after the interview is conducted, without any consequence. The current study incorporated both of these elements, and also extended confidentiality to the participants. The cumulative effect of creating such an environment was one where honest answers could be shared, and this was evident in participants' responses.

Peer scrutiny of the research project. As an MA student, I had the privilege of benefiting from the expertise of my thesis supervisor, Dr. Ishiyama, who has years of experience in qualitative research, extending back to his own doctoral dissertation. My thesis committee too, both provided feedback as well.

Researcher's "reflective commentary". As suggested in qualitative research (Morrow, 2005; Shenton, 2004), I recorded notes about the data analysis process and my involvement within it. My own personal reflections led to a more rigorous process as I noticed times that when I was too tired or too rushed to analyze data and as a result would postpone the analysis until a time where I could be more effective and focussed on the process.

Member checks. Member checks were incorporated into the study design. Participants were provided an opportunity to correct or comment on the findings gathered from their interviews.

Examination of previous findings. In preparation for this study, a thorough review of the literature was conducted to help me understand what has been investigated previously, what opportunities exist for new research, and to assist with the development of an interview protocol. Previous research findings guided my examination of the interviews for themes.

Transferability. Transferability refers to the extent to which findings from a qualitative study can be applied to different environments and people (Morrow, 2005; Shenton, 2004). Within the landscape of qualitative research, opinion differs on the extent to which a qualitative study can be applied to a different context, ranging from no generalization to potential generalization within broader groups (Shenton, 2004). High transferability was absent from the scope of the current study and therefore further research should be conducted before generalizing

the results to new contexts.

Dependability. Dependability deals with the repeatability of a study (Morrow, 2005; Shenton, 2004). It requires that the "the processes within the study should be reported in detail, thereby enabling a future researcher to repeat the work, if not necessarily to gain the same results" (Shenton, 2004, p. 71). This thesis describes the steps that were taken in order that the study could be replicated. Additionally, Morrow (2005) suggests an audit trail be kept and this has been done via notes written about my thoughts and experiences and artifacts of the process retained (e.g., independent rater's work, peers' suggestions, etc.).

Confirmability. The notion of confirmability acknowledges the inability for research to be entirely objective (Morrow, 2005). Shenton (2004) explains:

> Once more, detailed methodological description enables the reader to determine how far the data and constructs emerging from it may be accepted. Critical to this process is the "audit trail", which allows any observer to trace the course of the research step-by-step via the decisions made and procedures described. (p. 72)

As stated in the dependability section, the current study describes in detail the steps taken, and an audit trail was kept.

Ethical Concerns

Ethical concerns in the current study revolved around the confidentiality of the participants. Firstly, confidential data about the history of the child was required as background information to better understand the context of the child's current placement with the foster parent. Secondly, foster parents' own confidentiality was a potential concern if they revealed information about their conduct that contravened the standards of care agreement that they sign annually as a foster parent.

Researcher-as-instrument Statement

In qualitative research, "the researcher is the instrument" (Patton, 2002, p.14), and therefore it is important to acknowledge and share about who I am and what I bring to the study, as some aspects of myself may advance the study whereas other aspects may hinder it; as Golafshani (2003) stated, "the credibility of a qualitative research depends on the ability and effort of the researcher" (p. 600). This section is based on the recommendations set out by Morrow (2005) to provide a sense of my effect on the study by examining: my experience with attachment between foster parents and foster children, my training and experience in qualitative methods, my approach to subjectivity, my assumptions, expectations, and biases, how reflexive processes affected the analysis, and how consensus was reached between the independent rater and myself.

My experience with attachment between foster parents and foster children. As a current foster parent myself, I have experienced the process of bonding to children brought into the care of my wife and me, and also the subsequent loss when children are reunited with their parents or adopted by another party. Over the eight years that my wife and I have been fostering, all the children we have cared for have been brought into our home before one year of age. However, as my biological children grow older, it is likely that I will foster children who enter my home between the ages of 2-4 years old and as a result, I was interested in better understanding what the development of attachment in this age range looks like.

My training and experience in qualitative methods. As an MA student, my own experience with qualitative methods has been limited. I have received general instruction in conducting research studies, and have read qualitative studies, but the current study is the first

qualitative study I have conducted. Throughout the process of conducting the current study, I have relied upon the experience and expertise of my thesis supervisor who is well-versed in conducting qualitative studies.

My approach to subjectivity. As Morrow (2005) states, "All research is subject to researcher bias; qualitative and quantitative perspectives have their own ways of approaching subjectivity and are very much influenced by the paradigms guiding the research" (p. 254). As the current study is situated within the postpositivist paradigm and thereby shares some epistemological underpinnings with quantitative research, I have adopted strategies that, as Morrow (2005) indicates, are familiar to quantitative researchers such as "external auditors" (p. 254). In the current study, the independent rater, the participants themselves who reviewed the categories that emerged from their interviews, and the clinician all served as external auditors in one manner or another, each with their own biases, but when taken collectively served to minimize the overall effects of subjectivity on the study. In summary, my approach to managing subjectivity was to incorporate additional people to audit the result during each step of the analytic process.

My assumptions, expectations, and biases. My underlying assumption in conducting this research was that foster children between the ages of 2-4 years old would be resilient and capable of developing an attachment to their foster parents, despite the trauma of being removed from their home environments and their parents. To my knowledge, only one study (Fisher & Kim, 2007) has demonstrated this to be possible for foster children in this age range and therefore the development of attachment to foster parents in this age range should not be taken for granted. Without having had a chance to observe the foster children with their foster parents,

or asking questions about the children's attachment behaviours, I also assumed that the foster children had either developed attachments to their foster parents, or were developing those attachments prior to being removed from the foster parents' care.

In conducting this research, I wondered if it might be difficult to find themes related to attachment, particularly when the themes extended beyond what I had found in the literature. I managed this uncertainty by relying on my theoretical understanding of what attachment is, my own experiences as a parent and foster parent, by working in conjunction with an independent rater, and by seeking the counsel of a clinician.

In terms of biases, I have a high regard for foster parents. Foster parents bear the responsibility of dealing with challenging situations while having limited autonomy and little input into what happens with the children in their care. They see children returned to their parents, and then shortly after removed again and placed in a new foster home because their own home has been filled with a new child. Foster parents are often worn down as they carry the burdens of the children in their care. Admittedly, foster parents differ in their rationale for fostering and the effort they put into it, but those that I know personally are remarkable people and have given up "normal" lives to help these marginalized children.

How reflexive processes affected the analysis. Since the researcher is the instrument in qualitative studies (Patton, 2002), it is important to recognize the circular cause-and-effect relationship that occurs between the researcher and the study (Davies & Dodd, 2002; Morrow, 2005). Throughout the data analysis I recorded notes about the process, and after analyzing the third interview I wrote the following,

> I think it's good that I did most of the interviews before the data analysis started (6 of the 7 interviews anyway) because I could see myself potentially and maybe unconsciously

> leading the participant down a certain road (e.g., draw out the foster parent's emotional engagement or commitment or ...)….

This awareness came before the last interview was conducted and I believe it helped me maintain a more objective stance during the interview. Additionally, during the analysis of the last few interviews I found myself focussing less and simply highlighting descriptors with obvious links to pre-existing categories, and when I realized this, I slowed down my analysis and immersed myself more completely in the data. This renewed focus helped me see descriptors in the data that I had missed previously. Overall, reflection and record-keeping enabled me to maintain a level of consistency throughout the study that I otherwise may not have had.

How consensus was reached between the independent rater and myself. On the rare occasions where consensus could not be reached between myself and the independent rater (i.e., restructuring the set of categories, determining where a subcategory belongs) input was sought from additional peers for their thoughts. This external input helped the independent rater and me come to agreement.

Chapter Four: Results

Overview of the Development of Categories

The methodology outlined in Chapter 3 was followed to generate themes from the interviews. The set of themes, or categories, grew iteratively, and by the end of the analysis, 47 categories emerged. Throughout the analysis process, categories were grouped together based on their commonalities with each other, and this resulted in 12 main categories consisting of subcategories and sub-subcategories. These 12 main categories describe foster home characteristics, foster child characteristics, and environmental characteristics. Table 2 summarizes the main categories and subcategories, and Figure 1 provides a graphical representation of the same data. Overall, the set of emerged categories, subcategories, and sub-subcategories underwent eight iterations, one iteration for each interview analyzed, and a final eighth iteration after all the data had been analyzed. The following sections outline changes made during each iteration.

Table 2

Summary of Main Categories and Subcategories

	Category	**Participation Rate**	**Subcategory (where applicable)**	**Participation Rate (where applicable)**
Categories related to foster home characteristics	Nurturing	7/7 (100%)	Physical affection	7/7 (100%)
			Belonging	7/7 (100%)
			Intentionality in developing relationship	6/7 (85.7%)
			Emotional engagement	6/7 (85.7%)
			Soothing	5/7 (71.4%)
			Trust	4/7 (57.1%)
			Praise	2/7 (28.6%)

	Category	Participation Rate	Subcategory (where applicable)	Participation Rate (where applicable)
Categories related to foster home characteristics	Stability	7/7 (100%)	Structure	6/7 (85.7%)
			Protection	6/7 (85.7%)
			Commitment	6/7 (85.7%)
			Staying calm	3/7 (42.9%)
	Awareness	7/7 (100%)	Reading children's cues	7/7 (100%)
			Recognizing developmental age and stage and abilities of children	7/7 (100%)
	Adaptability	7/7 (100%)	Creative	5/7 (71.4%)
			Being open to possibilities	5/7 (71.4%)
			Resilient	4/7 (57.1%)
	Empowering children	7/7 (100%)	Teaching & modeling children	7/7 (100%)
			Activities	7/7 (100%)
			Ownership for children	5/7 (71.4%)
			Socialization / building relationships for children	5/7 (71.4%)
			Helping children experience success	4/7 (57.1%)
			Autonomy	4/7 (57.1%)
	Support	6/7 (85.7%)	Support for children	5/7 (71.4%)
			Support for the foster family	4/7 (57.1%)
	Stress Relief	5/7 (71.4%)	Laughter	5/7 (71.4%)
			Sharing ups and downs with each other	1/7 (14.3%)
	Desire to help	3/7 (42.9%)	No subcategory	3/7 (42.9%)

	Category	Participation Rate	Subcategory (where applicable)	Participation Rate (where applicable)
Categories related to foster child characteristics	Negative, hurtful past experiences	5/7 (71.4%)	No subcategory	5/7 (71.4%)
	Age	2/7 (28.6%)	No subcategory	2/7 (28.6%)
	Physical health	2/7 (28.6%)	No subcategory	2/7 (28.6%)
Categories related to environmental characteristics	MCFD's[a] involvement	7/7 (100%)	No subcategory	7/7 (100%)

[a] MCFD stands for Ministry of Children and Family Development.
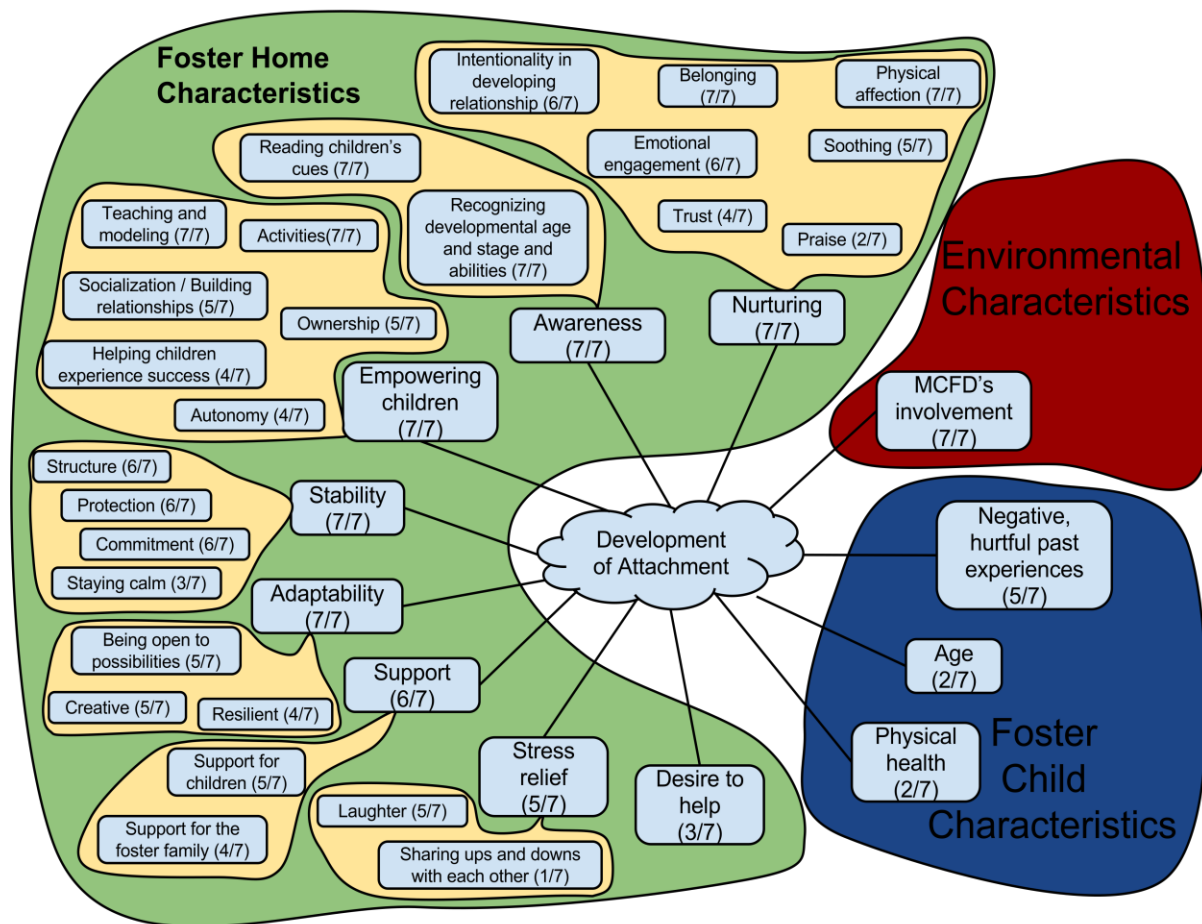
Figure 1. Map of categories and subcategories. Participation rates are shown in parentheses.

Iteration one. A preliminary set of categories was reviewed by me and my thesis supervisor to ensure the process was adhered to correctly. Thereafter, I met with the independent rater to compare and merge our separate results together. From this meeting, 41 categories emerged. The 41 categories were loosely organized into three broad groupings, to assist with understanding the relationships between categories: (a) Traits, (b) Strategies, and (c) Environmental Factors. Traits and Strategies were broken down into categories for the foster parent, foster child, and foster family.

Iteration two. Seven new categories emerged and one existing category was broadened. In my personal analysis of the second interview I struggled to decide whether to create a new category called *Activities*, and in the end concluded that it should be incorporated into the category *Spending time with foster child*, which was agreed upon by the independent rater when we met to merge our results. Collectively with the independent rater it was decided to move the *Consistency* category out of the Trait grouping into the Strategies group because foster parents who may not consider themselves as owning such a trait can still exhibit this type of behaviour.

Iteration three. After analysis of the third interview 11 new categories emerged, resulting in a total of 59 categories. As discussed in Chapter 3 (Methodology), extra effort was spent in this iteration to group the 59 categories in a manner that would hopefully simplify any future additions or mergers. To assist with this endeavour of creating a robust set of categories, input was sought from the independent rater, as well as from two additional individuals: a Masters-level foster parent and a retired school teacher with a specialty in working with gifted children and children with disabilities. Each of these three people, in addition to myself, came up with an idea of how to categorize and organize all the categories. Two approaches emerged:

the traits-strategy-environmental factors approach used up to this point and a common-themes-merged-together approach. As it was becoming increasingly difficult to determine whether to label a category as a trait or strategy, it was decided to avoid such an approach and instead group categories together according to their commonality with each other. The organizational structure of the categories established in this iteration remained in the final version (i.e., after the eighth and final iteration).

Iteration four. Four new themes emerged. Similar themes were merged together, and this resulted in additional layering.

Iteration five. No new themes emerged, but further similar themes were combined together. Additionally, language of one of the themes was broadened to be more inclusive.

Iteration six. Two new categories were considered and in discussion with the independent rater we concluded that the relevant aspects of these categories to attachment were already subsumed by existing themes. As a result, no changes were made to the set of emerged categories.

Iteration seven. I considered adding a new category and after discussion with the independent rater we decided it was included in the existing themes. The language of one of the themes was broadened to be more inclusive. At this point, all the interviews were analyzed.

Iteration eight. In reviewing the emerged categories, subcategories, and sub-subcategories in preparation for writing the current chapter, I updated the wording of the categories, subcategories, and sub-subcategories to improve their clarity and make them more consistent with each other (i.e., categories, subcategories, and sub-subcategories were articulated as nouns or short phrases). Additionally it was realized that the *Autonomy* sub-subcategory fit

poorly underneath the *Developing children's abilities* subcategory and as a result it was moved out directly underneath the higher level *Empowering children* category. This in turn caused the ripple effect of deleting the *Developing children's abilities* subcategory and moving the sole remaining sub-subcategory, *Helping children experience success*, up a level in the organizational structure to reduce unnecessary layering.

Clinician Checks

 Results of the clinician check after the first transcription was analyzed. The clinician, who was a Registered Canadian Art Therapist with over 20 years of experience working with children, youth, and adults in the area of mental health and wellness, stated that there are many factors that relate to attachment, and expressed that the categories present after the first analysis indeed appear to be a list of elements that influence the development of attachment. No changes to the set of categories was suggested by her, although she pointed out a limitation of this study by noting its emphasis on foster parent characteristics rather than the underlying process through which attachment occurs between foster parents and foster children.

 Clinician's feedback on the appropriateness of the identified categories and subcategories. The clinician agreed that the identified categories and subcategories were linked to attachment, and suggested that further studies would be required to quantify the relationship. She also suggested that the *Awareness* category could include foster parents' awareness of what's going on inside of themselves (e.g., awareness of internal reactions, internal affective responses, and internal states) as well as the impact their behaviour has on the foster child. The internal and external foster parent awareness would each be their own subcategory and in the external foster parent awareness sub-subcategory, existing subcategories such as *Emotional engagement* and

Staying calm would be included here. She stated the importance of foster parents' awareness of themselves by explaining that although categories such as *Emotional engagement* and *Staying calm* are important, they must be applied appropriately, as each child's needs differ; emotional engagement too soon may be overbearing to a certain child and staying calm when a child is used to adult attention may make a foster parent appear distant or aloof. As a result, it is important for foster parents to employ the strategies appropriately, realizing that the bonding process will look different for each child.

Overview of Emerged Categories, Subcategories, and Sub-subcategories

In the following sections of this chapter, each category, subcategory, and where applicable, sub-subcategories that emerged from the analysis of the interview data is described and discussed with examples and verbatim quotes for the purpose of illustration.

Nurturing. Nurturing entailed foster parents' provision of care and nurturing responses to the emotional needs of foster children, and consisted of the following subcategories: (a) *Physical affection*, (b) *Intentionality in developing relationship*, (c) *Soothing*, (d) *Praise*, (e) *Emotional engagement*, (f) *Trust*, and (g) *Belonging*, as described below. All participants demonstrated at least three of these aspects of nurturing, and six of the seven demonstrated five or more aspects of nurturing.

Physical affection. This theme involved foster parents expressing care and affection to foster children through physical touch. All participants demonstrated physical affection to children in their care. Physical affection occurred through cuddling, kissing, hugging, and other forms of nonverbal expressions of affection. Sometimes children came into care unsure how to hug and eventually reached the point where they "can't live without a hug" (Tom & Catherine).

Other times, children came into care exhibiting stiffness when hugged and it took time or the right circumstance before they would relax during a hug. Cuddling was equated with love by two of the foster parents. Claire told a story of the transforming power of physical affection with her foster child:

> I brought her in and I could feel her resisting even though she was so cold. And then suddenly, it was like she relaxed and then she went to sleep…. But this child really needed me because she had been resisting almost every advance. I didn't want to force myself on her. Her very poor state when she arrived made me understand that you couldn't just ride over this child. You needed to wait and wait and after that experience… and she went to sleep and stayed there the whole night. After that, it became so different between us…. That's kind of what happened with her spirit too, the same thing. She relaxed and was able to just mold and allow warmth and connection to be something for her.

Overall, physical affection appeared to form an important part in facilitating the deepening of the relationship between foster children and their foster parents.

Intentionality in developing a relationship. This theme characterized the pursuit, by foster parents, to develop a relationship with the children in their care. It was an intentional act by foster parents, and yet was carefully handled because it could not be pushed onto the child; instead, it involved a delicate dance between the foster parent and foster child. Six of seven participants demonstrated this theme in the interviews. Intentionality involved patience and giving the child space, spending time alone with the child, and talking "heart-to-heart." Going on walks with children was expressed by two of the participants as a way to slow down and connect.

When a foster home had other children in it, regardless of whether the other children were foster children or biological children, it was important for each child to feel connected in a special way to the foster parent. Natalie described how she goes on date nights individually with

each child in her home,

> They really, really appreciate that time, cause they really tell ya. They'll tell their little stories about school, they'll tell you their stories about their friends. You'll find out things that are really, bothering them at home or at school. Yeah. And, and it is, because it's all your attention on that one.

Catherine commented further, "You can't do the same thing for each child. You gotta figure out what's gonna make that child feel loved and cared."

Soothing. Soothing described the act, by foster parents, of comforting foster children. It occurred when children were hurt physically, scared, or feeling sad. Five of the foster parents shared this aspect of nurturing. Often the comfort would come in the form of physical touch and reassuring or comforting words. Regardless of how soothing was demonstrated, the underlying commonality was that foster parents were present physically for the children.

Praise. Praise was characterized by foster parents as noticing something commendable a child had done and applauding the child for it. Two foster parents exhibited praise. Jennifer used it as a technique when teaching foster children a new skill (e.g., swimming), whereas Claire used it as a general parenting strategy.

Emotional engagement. Emotional engagement captured the essence of what love is as a feeling. It conveyed a sense that the child is special and matters to the foster parent. I could have simply used the word love as the name for this category, but I purposefully decided to use another term because the word love has an abundance of meanings beyond its use as a feeling and hence can be misunderstood. Love was mentioned repeatedly in the interviews, sometimes being referred to as unconditional love because the love was not conditional on the child's behaviour, the parent's mood, or any other variable.

Emotional engagement was often evident in actions. These actions included saving all

the drawings and stories produced by a child or keeping pictures of previous foster children on shelves long after they had left the foster parent's home. Six of the seven participants reported emotional engagement as an important theme associated with children in their care.

   Trust. This theme described the trust that foster children placed in their foster parents. Trust encompassed the sense of assurance that children had in their foster parents. It involved foster parents patiently giving children space. Four foster parents shared their experiences/stories/observations of the relevance of trust in their relationship with children in care. The foster parents described the necessity of building trust first before children would approach them for help or comfort. Building of trust took varying amounts of time; one parent saw evidence of trust within a week, whereas another noted that it took months. Sarah summarized it well, "given the right amount of time and the right amount of assurance that even if they yell and scream and break things that we're there. It's okay. Uhm they will come around…."

   A secondary aspect of trust worth noting was biological parents' trust in foster parents. Four of the foster parents described how they established relationships with biological parents, assuring them that they were not interested in keeping the biological parents' children for themselves. Furthermore, the participants came alongside the biological parents, mentored them, supported them in their struggles, and advocated for their needs. Developing this relationship with the biological parents was helpful to foster children in the transition into foster parents' home and helpful again in the transition back into biological parents' home. Establishment of this trust increased continuity of care when children, after being returned to their biological parents, went back into foster care again and the biological parents requested their children

return to their previous foster home. Without trust, biological parents would concoct lies about foster homes, which resulted in their children being placed in a new foster home when they were once again removed from their biological parents, rather than in a previous foster home.

Belonging. This subcategory described the sense of being included in the foster family, and contained three sub-subcategories: (a) *Nonjudgmental*, (b) *Equality*, and (c) *No secrets*. All parents exhibited at least one of the three aspects of belonging, and five parents exhibited at least two of these aspects.

Nonjudgmental. This theme was about foster parents not assigning blame to foster children, nor foster children's biological parents, for problems that arose. Instead, by being nonjudgmental, participants focussed on what was in their control and therefore what could be changed. Six of the foster parents demonstrated nonjudgmental attitudes while caring for foster children. Participants described setting aside diagnoses and treating them "like normal kids" (Claire), or conversely, allowing diagnostic labels to free children from unrealistic expectations.

Jennifer noted how being nonjudgmental allowed her to connect with the families of her foster children. This was elaborated by Natalie who explained that biological parents of foster children needed to be treated with respect since foster parents did not know what the biological parents have suffered in their own lives. Sarah talked about the benefits of having a nonjudgmental attitude towards herself and social workers.

Equality. Equality was about foster children being treated equally alongside other members of the family. Six foster parents demonstrated equality in their homes. It entailed equal treatment of each child in the family on occasions such as birthdays and Christmas in terms of gifts received. It included having the same set of rules and consequences, as adjusted for

children's ages. Equality strived to achieve the same type of relationship that a foster parent had with other children in the household, in particular biological or adopted children. Natalie described how two foster boys in her care were excited about the return of their "sister", an unrelated foster child that had spent time in the same home previously. Even though the boys were not related to the girl biologically, they considered her a sister because they all lived together in the same home as equals.

No secrets. This theme was about sharing information and subjective experiences, as appropriate, with all members of the foster family. Two participants discussed the importance of not keeping secrets. In Sarah's home, the purpose of not keeping secrets was restorative; it was a way for family members to share the burdens they were carrying with other members of the family. In another home, it was intended to correct the lies that the biological parents were telling their children during visits.

Stability. All participants highlighted the need for stability in children's lives, especially given the impact of being removed from their parents' homes at a young age. Subcategories of stability that were drawn from the interviews included: (a) *Structure*, (b) *Protection*, (c) *Commitment*, and (d) *Staying calm*.

Structure. All participants, except for one, extolled the need for structure in the lives of foster children. One aspect of structure was boundaries, rules, and consequences. Participants were careful to make the rules and consequences age appropriate. Another aspect of structure was a consistent routine. One foster parent stated, "Routine is the biggest thing with all of our kids [in care]" (Natalie). Similarly, Emily noted,

> It was always the same routine though; a bath, a book, to bed. The same routine. If we were at a soccer game or late coming home late, I would still stick to that because if I

changed the routine, then I would have a battle. It wasn't worth. You pick and choose. I'd
rather have you go to bed an hour later and stick to the routine because that's where she
worked best. If I went off routine, I would be prepared.

For children in care, structure was often something new to them, and yet it appeared to play a

vital part to helping them feel comfortable in their new environment as it helped them learn what

to expect from each day.

   Protection. Protection encompassed the physical, psychological, and social well-being of

foster children. Six of seven participants demonstrated protection of children in their care. It

included both children's real and felt needs of protection.

   One area of psychological protection was in relation to foster children's biological

parents. Often times, visits or phone calls with biological parents was detrimental to the

psychological well-being of foster children and therefore foster parents advocated on the

children's behalf to reduce or in some cases stop visits/phone calls with the children altogether.

Foster parents also protected children's perception of their biological parents, saying that their

parents are ill and unable to take care of them full-time currently, but will do so in the future.

   Physical protection was important to foster parents. One foster parent moved

neighbourhoods to protect a child in her care from the foster child's biological mother's

boyfriend who had a history of sexual molestation. A second foster parent purchased a harness to

prevent her child from running carelessly across the street and greeting and hugging strangers. A

third foster parent charged the biological parents with assault when the biological parents

repeatedly showed up on her driveway and on one occasion assaulted her husband.

   Social protection took several forms. One foster parent held her child back a year from

preschool because the child was developmentally delayed and did not want the child to be made

fun of by the other preschoolers. Within one sibling group, protection meant protecting the

youngest girl from her older sisters who were all living in the same foster home but previously

had been in separate homes.

      Commitment. Six of the seven foster parents' described their commitment to caring for

the children in their care, in spite of the challenges that the foster parents had been experiencing

with their foster children. Foster parents acknowledged how difficult fostering had been, for

example, Natalie stated, "I wouldn't recommend this [foster parenting] on anybody. I would

gladly go back to the nursing and handle the dying patients to what I'm dealing with right now."

Claire noted that foster children's development of attachment to their foster parents can take a

long time. Commitment provided assurance to foster children that even when "they yell and

scream and break things" (Sarah) foster parents are there for them today, and for tomorrow too.

Foster parents' commitment paralleled the commitment they had to their own children, "I'm even

fighting, now, for things with my boys even though they're not mine… So I treat them as if I, I

delivered them [birthed them] myself" (Natalie). On occasion, the commitment was even greater

than for their own biological children, particularly when foster parents saw themselves as the

strongest advocate the child had, "I have actually made myself quite ill fighting for these

children but you have to" (Jennifer). This commitment to foster children extended beyond the

time they were in the foster parent's home:

> The little ones ask me now, even, what happens when we get old enough, do we still get
> to visit you? So my answer is, well you see my own children coming? You see [biological
> daughter 1] and [biological daughter 2] and [biological son 3] come and visit mumma
> [name]? Well, yeah, that door's open. Do we get sleepovers with you? Well you see
> [foster child 1] and [foster child 2] when they come home from trial, they stay here? So
> yes, my door's always be open. Oh, really? Like they don't believe it. Oh really? Yes,
> really. (Natalie)

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Foster parents acknowledged the cost at which this commitment came, and yet agreed that if they had another opportunity to live their life, they would do it the same way again, "As sad as the past has been with some of the things, I wouldn't have traded one moment, not for one moment" (Jennifer).

Staying calm. Staying calm when children were anxious, taking tantrums, or testing foster parents to see their reaction was a theme brought out by three of the participants. The results of staying calm, and other helpful behaviours, as noted by Natalie, were profound on the child:

> I remember the first three nights, she would smear poop on the walls. That was her biggest thing. She slept in a play pen for the first couple [of] nights until I got a crib. And she smeared poop through the whole playpen and all over the walls. And it was her, just, acting out right? And, yeah, she did it about four times, and, but she realized I didn't get angry with her, and I just cleaned her up, and cuddled her and held her and put her back to bed. I rocked her. I cuddle a lot, cuddle a lot with the kids. A lot of hugging, a lot of, y'know, telling them I love'm, and don't worry, it's all better now. Uh, yeah, but within a week she was done doing that.

Staying calm provided foster children with a sense of acceptance.

Awareness. All participants demonstrated an awareness of the children in their care. Awareness encapsulated the idea of understanding the children and consisted of two themes: (a) *Reading children's cues*, and (b) *Recognizing the developmental age and stage and abilities of children*.

Reading children's cues. Reading children's cues entailed detecting how children were feeling and what they were thinking in the present moment through how they acted, what they said, and their body language. All participants demonstrated reading children's cues. Foster parents demonstrated understanding what triggered children's behaviour as well as how behaviours changed over time. One foster parent remarked on the effect of noise pollution on the

child in her care. A number of references were made to how children responded to visits with family, with a focus on out-of-normal behaviours leading up to these visits.

    Recognizing developmental age and stage and abilities of children. All participants demonstrated a general understanding of where the children in their care were at developmentally and what was normative for children of that age. Sarah shared how due to the disproportionate younger mental age of the child in her care, the child did not come with much "baggage", but also remarked that in this general age group children do not take change and moving from home to home well. Six of the parents discussed attachment and the importance of it for the children in their care. Sarah and Jennifer shared about the grieving process for children in their care. One foster parent described her ability to recognize a young child previously in her care with Fetal Alcohol Syndrome even before the child received a formal assessment, acknowledged the effects this had on the child, and the resulting vigilance she, as the foster parent, displayed to ensure the safety and well-being of the child.

    Adaptability. As a theme on its own, adaptability reflected foster parents' abilities to adapt to the circumstances of children in their care, and involved understanding the root issue and considering ways to overcome it, rather than remaining stuck in the present situation. Adaptability in participants involved learning from interactions with children in their care and potentially compromising some of the values they held. It enabled the foster parents to mold the environment and rules around the specific needs of each child in their care. As its own theme, three foster parents exhibited adaptability.

    As a category of themes, all seven participants demonstrated some aspect of adaptability. Themes within it were: (a) *Creative*, (b) *Being open to possibilities*, and (c) *Resilient*.

Creative. Creativity entailed foster parents "thinking outside the box" to resolve an issue. It involved trying something different because the current approach was either failing, or was going to fail given enough time. Creativity was also employed to help better understand children. Five of the interviewed foster parents used creativity in some form. In the current data analysis and thematic categorization process, creativity was differentiated from learning. The former relies on past experience, either one's own past or someone else's, whereas the former is based on an idea with no empirical support, at least within the foster parent's current realm of knowledge. In four of the five participants who exhibited creativity, it was used to either restore order from disorder or chaos, or to prevent an emotional breakdown from occurring. The fifth participant, Allison, used creativity to help the child in her care eat nutritious food.

Being open to possibilities. This subcategory was about foster parents being open-minded to: (a) opportunities that presented themselves, (b) what needed to be changed in a given situation to make it successful, and (c) receiving feedback from others. Five of seven participants exhibited being open to possibilities. Emily relayed a meeting that she had with the psychiatrist about the child in her care. At the meeting Emily shared her concerns about the child being "stuck" and not making further progress, and the psychiatrist helped Emily realize that it was Emily who was "stuck" and had been missing all the progress that the child in her care had been making. Tom talked about how his family became open to becoming a restricted foster home, even though it did not fit the original plan he had for his family and it meant a lot of sacrifices. Sarah shared the following advice about remaining open to possibilities:

> Stay open to this child that's in your house. They will make you grow. They will make you a better person if you stay open to what's being done, what's being said. How they are reacting to certain situations. I find that I have learned more about myself because I'm a foster parent, because you have these kids come in to your house and if you are willing

to keep your eyes open and watch those little moments, it will make you so much more richer, right? That's yeah…just I find it makes you a better person.

Although remaining open to possibilities was not necessarily easy, it seems that it made a difference to the level of care that foster parents provided.

Resilient. Being resilient meant being able to continue moving forward after feeling "knocked down." Four foster parents described resilience in their interviews. Three of these foster parents shared about the deep hurt they experienced at the moving away of foster children from their home, even though they knew that these children had been placed in their care temporarily. The pain that they felt was both their own pain of grieving the loss of a close relationship they had developed, and it was also the children's pain of either moving into a new situation they did not want to go into, or moving back into an old situation that was worse than where they were currently. Emily talked about how she retired as a foster parent after one particularly devastating transition, and then later began fostering again. Jennifer shared about how she turned her sadness into strength to prevent her from giving up.

Although resilience may not be considered a significant factor contributing to the development of attachment with the current child in a foster parent's home, it seems to have played (for these parents) a vital role in the development of all attachments with subsequent children, as the degree to which foster parents are resilient affects how much of themselves they are willing to invest in future fostering relationships.

Desire to help. Three of the participants expressly described their desire to help the children in their care, recognizing the situation from which the children had come, and the bleakness of their future if the current trajectory continued. One of the participants expressed confidence in her ability to make an impact, whereas the two other participants were more

tentative, albeit confident overall. Their desire to help remained intact and unfailing in spite of discouraging facts and aspects such as children's backgrounds or developmental disabilities.

Empowering children. Empowering children was a broad category covering a range of themes that were brought together by the common goal of equipping children in a developmentally appropriate manner to become independent. Empowering children comprised of six subcategories: (a) *Ownership for children*, (b) *Helping children experience success*, (c) *Teaching and modeling children*, (d) *Socialization / building relationships for children*, (e) *Autonomy*, and (f) *Activities*. All participants demonstrated at least three of these subcategories of empowering the child, and four demonstrated five or all six subcategories.

Ownership for children. This subcategory entailed children experiencing ownership in some form, commonly of a tangible object, but it also included more abstract concepts such as bank accounts. When foster children move from one home to another, items they own move with them. In talking about ownership, Sarah stated, "You will find that they will have more self-worth, that they will care about their things more." Jennifer shared about how she would try to give children in her care a special toy to own and attach to, and would encourage children to tell stories to the toy. This gifting of a toy and encouragement to share stories with the toy helped children trust Jennifer, which in turn helped deepen the relationship the children had with Jennifer. In total, five foster parents described how children in their care experienced ownership.

Helping children experience success. In four of the interviews, foster parents described assisting children in experiencing success. Sarah talked about helping the child in her care lose weight so that he could improve his mobility. Claire shared about how encouragement helped grow her foster child's natural gifts. Two foster parents described their awareness of the

environment their foster children needed in order to learn and grow and their dedication to creating that environment for the children.

Teaching and modeling children. All participants demonstrated teaching and modeling for children in their care. Children were taught and modeled in two broad areas: (a) *Life skills*, and (b) *Emotional health skills*. Although *Emotional health skills* can be subsumed under *Life skills*, it was separated to improve its visibility as an area that received attention from foster parents.

Life skills. Life skills encompassed a broad range of skills that benefit children now and in the future as adults. All foster parents taught children life skills. Some of the skills included: eating healthy, teaching children how to read, and teaching about financial stewardship. For Emily, who cared for a child with a developmental disability, the focus was on modelling skills that would help the child fit into society more easily as an adult because otherwise "society doesn't put up with them [people with this disability] but I know a lot that have fit into society. It's what they've been taught." Children were also taught a variety of social skills: respecting oneself and others, trusting people, and appropriate social behaviours.

Emotional health skills. Skills included in this theme pertained to the emotional well-being of children and included learning to regulate emotions and express feelings. It also included teaching children how to hug and laugh. Sarah and Natalie both described how they would teach children in their care awareness of the emotional consequences on others of using verbal put-downs by sharing how they felt when their foster children put them down. Six foster parents demonstrated teaching or modeling health skills in their interviews.

Socialization / building relationships for children. Five of the foster parents discussed

the impact that connecting with other people had on children in their care. Data drawn from the interviews identified 2 specific relationships in children's lives: (a) *Biological family* (other than parents), and (b) *Peers*.

Biological family. This theme consisted of connecting with extended biological family and was discussed by three foster parents. The extended family may have had previous contact with children before they were in care, but it may not have been a strong relationship. Contact with extended family provided continuity for children when they were moved into the foster parents' homes. Claire described how inviting the foster child's biological grandparents over for the foster child's third birthday just one month after the foster child entered her home helped develop a relationship between the grandparents and foster child that has flourished since then, and how important this has been to her foster child's development. Jennifer summarized the importance of these familial relationships by stating "Family connection is massive."

Peers. Five of seven participants shared about how relationships with other children impacted their foster children. In some cases socialization occurred at home with other children who were part of the family. In other cases, foster parents sought opportunities for their children to connect with peers through play groups, play dates, or through daycare. Jennifer even went to the effort of preparing the neighbourhood children ahead of time to let them know what the girl in her care was like so that they would not be offended when the girl would try to take control of the play. Another foster parent held her foster child back a year from preschool to offset the developmental delays caused by her child's learning disability, which she knew would cause other preschool children to tease her child. Sarah noted that through peer connections her foster child was motivated to learn the skills he saw in the children around him. Allison explained how

having a similar aged child already in the family helped her foster child become more comfortable in the home.

    Autonomy. As the target age of this study is children 2-4, autonomy referred to age appropriate independence, recognizing that true autonomy is neither desirable nor realistic at this age. Four foster parents shared about how autonomy looked in their homes. Even at two years of age children made choices, and foster parents shared ways that they allowed children to have some control over their environment. Sarah talked about allowing children to choose one item to avoid eating on their plate at dinner time, and Allison explained how she let the child in her care pick which shoes to put on when leaving the house. Claire tried to help the child in her care to solve some of her own problems, and Jennifer shared about validating feelings that children in her care would experience and to listening to what those feelings were saying, regardless of what other people were telling the child that they should be feeling.

    Activities. Children in care enjoyed a variety of activities, from indoor to outdoor, from physical to imaginary, from structured (i.e., formal lessons) to spontaneous, and from playing alone to interacting with others. A number of foster parents described outdoor activities that involved nature, such as hiking, camping, and fishing. Sarah said the following about her foster child, "[foster child's name] loved just being outdoors and dirty and I guess maybe he didn't have to stress about his room or something". Two foster parents mentioned watching TV as an activity the child enjoyed. Creative activities included playing house, storytelling, singing, and dancing spontaneously. All of the foster parents described their foster children engaging in activities of one form or another.

    Stress relief. In this category, ways of relieving stress for all members of the foster

family, with a particular focus on foster children themselves, are described. Two subcategories emerged from the interview data: (a) *Laughter*, and (b) *Sharing ups and downs with each other*.

Laughter. Five of the seven participants shared how laughter played a role for foster children. Allison theorized that laughter helped the child in her care feel more comfortable in her home because it was something new to the child, whose mom had been battling depression, and that the child enjoyed how laughter made her feel. Jennifer upheld the benefits of laughter when she quoted the well-known idiom "laughter is the best medicine", and this was corroborated by Natalie, who mentioned "we play practical jokes all the time" and also shared how her family enjoyed giggling and tickling.

Sharing ups and downs with each other. Sarah shared a family ritual that all members of the family participate in. Each week, the family gathers around the table and shares about the events of the past week and what has been frustrating. Foster children are encouraged to share, and are taught that what is going on in their lives may not be their fault, but rather the effect of choices other people have made. Sarah admitted that "it usually ends with everybody almost peeing themselves laughing", and that it is through this combination of laughter and sharing that the members of the family de-stress, de-toxify, and decompress. Sarah was the only participant to share this theme.

Support. Six of the foster parents sought assistance from others for both the child's well-being and their own well-being, each of which is discussed further.

Support for children. Professional support for children in care was sought by five of the participants. Support was sought for specific biological, psychological, or social issues being faced by the children and involved an assortment of services, including: Infant Development

Program, Dentists, Physical Therapists, Behavioural Interventionists, Speech Therapists,

Occupational Therapists, Psychiatrists, and Counselling Therapists.

Support for the foster family. Four of the foster parents received support for themselves

and their families through professional services, as well as through their local network (i.e.,

partner, family, friends, and community). Each type of support is discussed further in the

following paragraphs: (a) *Professional services*, and (b) *Partner / family / friends / community*.

Professional services. This theme comprised of taking additional courses relevant to

children in the foster parent's care or in receiving counselling for the family. Two of the

participants shared about accessing professional services for themselves and their family.

Partner / family / friends / community. Receiving support from one's local network or

relationships was a theme mentioned by four of the foster parents. Teamwork in sharing the

fostering responsibilities with a spouse was discussed by three of the participants. Emily

mentioned how her husband would step in when she had exhausted her emotional resources and

needed a break. Jennifer shared the outpouring of support received by neighbours and the local

elementary school after children in her care were abruptly removed. Claire acknowledged the

importance of a support system for accountability purposes "you need to have your own support

system at the same to make it work. And, you know, it's really hard to find people who can hold,

you know, up the truth in front of you and still be kind."

Age. This category referred to the age of the child when entering the foster parent's care.

Two foster parents mentioned this in their interviews. Both foster parents agreed that for

children in care the transition into a new home is normally adapted to easily because the children

have likely experienced neglect up to this point and as a result their expectations of new

caregivers is minimal. The exception, which both noted, is when children have already been

moved around multiple times.

Negative, hurtful past experiences. Negative, hurtful past experiences consisted of

hurtful past experiences and negative internal scripts which foster children brought into care that

impeded the development of healthy relationships within the foster home. Five foster parents

mentioned negative, hurtful past experiences of children previously in their care. Sarah noted

that in her experience the accumulation of these hurtful past experiences makes it difficult for

young children who have already experienced multiple moves "to open up and to care again not

just about the world but about themselves." Allison described the child's removal from the

biological parents' care as traumatic and having an impact on the transition into the foster

parent's home. Although it is not clear what the child was like before removal, when the child

was placed into Allison's care the child was selectively mute, and it took months for the child to

open up and begin speaking with the foster parents. At times, foster children's negative, hurtful

past experiences brought out raw and instinctual behaviour, one example of which was shared by

Claire,

> She would sit in her high chair with her arms over her plate because she learned that it
> was common for the older siblings to take her food off the plate. That was the only sound
> she made, was that screaming sound of protecting her food. It's very primal behavior.

Recognition of foster children's negative, hurtful past experiences helped foster parents provide

appropriate care.

Physical health. Physical health referred to the physical well-being of children when

they entered foster parents' homes. Two foster parents discussed this theme. In one instance, the

child's obesity affected his ability to be mobile, and in the second instance, the child was

underweight, pale, and suffered from almost constant diarrhea that was finally diagnosed through the foster parents' determination.

MCFD's involvement. The MCFD's (Ministry of Children and Family Development) involvement in the lives of foster children and foster parents had both positive and negative impact. All but one foster parent shared negative experiences in working with the MCFD. Positive experiences were also mentioned by four foster parents, although if all the experiences were placed on a scale, the negative experiences would outweigh the positive ones multiple times over.

In terms of positive aspects of the MCFD, foster parents talked about the MCFD's willingness to reduce or monitor visits at the recommendation of the foster parents when the effects on the foster children were disproportionately detrimental. Claire noted that the MCFD successfully re-united the sibling group that she fostered after they had been in separate foster homes previously.

In terms of negative aspects, Natalie noted a lack of support for children in care. Emily mentioned that she was prevented from bringing her foster child with her on vacation. Claire mentioned a lack of consistency between different social workers.[5] Jennifer mentioned the deleterious effects on other foster children in the foster home when a different child is removed abruptly. Natalie described the imbalance in how foster parents, who have undergone intensive screening by the MCFD, are treated in contrast to the biological parents from whom the MCFD

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[5] Each child in care is overseen by a social worker. Due to frequent organizational changes within the MCFD, the social worker responsible for a child often changes over the duration that a child is in foster care, sometimes multiple times in a given year. Each new social worker can decide to build on the work done by the previous social worker, to begin all over again, or anywhere in between those two ends of the continuum. As a result, when a child receives a new social worker, it can be a significant event for the foster child.

has removed children. Foster parents sometimes felt like they were the "bad guy" because of the difficult decisions they had to make when looking out for children's best interests. In a follow-up discussion with Emily, she mentioned that trust in the social welfare system is necessary to help foster parents attach to the children in their care.

Chapter Five: Discussion

Thematic content analysis of the interview data in this small N study yielded 12 main thematic categories: (a) *Nurturing*, (b) *Stability*, (c) *Awareness*, (d) *Adaptability*, (e) *Desire to help*, (f) *Empowering children*, (g) *Support*, (h) *Stress relief*, (i) *Age*, (j) *Negative, hurtful past experiences*, (k) *Physical health*, and (l) *MCFD's involvement*, with a total of 26 subcategories. These themes encompassed characteristics about: (a) the foster homes, (b) the foster children, and (c) the environment.

In reviewing the final set of emerged themes, I noticed that they each had some link to the biological, psychological, or social well-being of children in care. For example, the theme *Physical health* related to the biological well-being of foster children, the themes *Negative, hurtful past experiences* and *Helping children experience success* related to the psychological well-being, and the theme of *Socialization/building relationships for children* related to the social well-being of foster children.

It was surprising to see all the themes relate to the biopsychosocial well-being of children in care, and it raised the question whether there might be a connection between the biopsychosocial well-being of foster children and their development of attachment. Is it possible that if a need in one area of a child's biopsychosocial health is not being met, that this will adversely impact the child's development of attachment? Conversely, if a foster parent fulfills a certain biological, or psychological, or social need for a child in the foster parent's care, will this help promote the development of attachment in the foster child? Although I have not found any literature that specifically addresses the impact of children's biopsychosocial well-being on the development of attachment, one possible explanation is that in the normative population, which

tends to be the focus of attachment studies, the majority of biopsychosocial needs of the child are already being met and as a result the instinctual attachment process can move forward more or less unimpeded.

The following summary table, Table 3, reflects how the extracted main themes are (or may be) related to foster children's biopsychosocial well-being, and by extension, their tentative link to attachment. Certain themes are focussed on the foster parents' well-being (e.g., *Adaptability*, *Support*), in which case the link to foster children's well-being occurs indirectly through the foster parent's well-being.

Table 3

Relationships between Main Themes and Foster Children's Biopsychosocial Well-being

Main Theme	Possible Connection to Foster Children's Health
Nurturing	Build's foster children's psychological health.
Stability	Important to psychological health of young foster children.
Awareness	Foster parents must be aware of foster children's health needs before they can attend to them.
Adaptability	Relates to foster parents' psychological health, which in turn can impact foster children (e.g., foster parent rigidity may prevent foster children from receiving the care unique to their background and specific needs).
Desire to help	Desire to help affects foster parents' desire to connect with foster children relationally, which improves children's social and psychological well-being.
Empowering children	Builds foster children's self-worth, thereby improving psychological health.
Stress relief	Relieves tension, improving psychological health. Applies to foster children and foster parents.
Support	Provides support in the required area of health that is lacking. Applies to foster children and foster parents.
Age	What is important biologically, psychologically, and socially to children differs by their age (e.g., what is important psychologically to a two year old is different than for a four year old).
Negative, hurtful past experiences	Negative, hurtful past experiences affect foster children's psychological health.
Physical health	This category by its definition is a part of foster children's biological health.

Main Theme	Possible Connection to Foster Children's Health
MCFD's [a] involvement	Impacts foster parents' attitudes, which in turn can have an impact on foster children (e.g., foster parent frustrations can be sensed by young children, or a foster parent may not feel as committed to foster children if they distrust the process).

[a] MCFD stands for Ministry of Children and Family Development.

Theoretical Implications

Existing research. The current study corroborates existing attachment literature on

attachment in foster children in the areas of: (a) age of child at placement, (b) foster parent

sensitivity, (c) foster parent experience, (d) foster parent commitment, and (e) attachment state of

mind.

Age of child at placement. Existing literature notes that younger children demonstrate

greater secure-style attachment behaviours than older children (Stovall-McClough & Dozier,

2004; Fisher & Kim, 2007). The current study found age to be a theme in the development of

attachment between young foster children and foster parents.

Foster parent sensitivity. Many studies have demonstrated the importance of foster

parent sensitivity to the children in their care (Ackerman & Dozier, 2005; Cole, 2005a;

Oosterman & Schuengel, 2008; Ponciano, 2010; Smyke et al., 2009). Although the construct of

sensitivity was not defined in these studies, it has been suggested that caregiver sensitivity is

comprised of two different dimensions: synchrony, allowing the child to lead in caregiver-child

interactions, and nurturance (Dozier et al., 2013). In the current study, *Nurturing* was found to

be an element in the development of attachment and subthemes emerged that provide ideas into

what may constitute sensitivity: (a) *Physical affection*, (b) *Intentionality in developing*

relationship, (c) *Soothing*, (d) *Praise*, (e) *Emotional engagement*, and (f) *Belonging*.

Additionally, aspects of synchrony were found amongst the subthemes of *Reading children's*

cues and *Trust*. In both *Reading children's cues* and *Trust*, foster parents described allowing children to lead when seeking comfort or physical affection instead of foster parents imposing themselves on the children.

  Foster parent experience. In the one study on the impact of foster parent experience on attachment, it was found that foster children in homes with less fostering experience were more likely to exhibit secure attachments than foster children in homes with more experience (Ponciano, 2010). This finding surprised Ponciano (2010), who theorized several ideas as follows:

1. that the length and difficulty of the application process to become a foster parent may serve to "increase motivation to positively connect with the children for whom they have been waiting" (p. 110)

2. that the loss of past children leaving their homes resulted in foster parents protecting themselves from further losses and not engaging as fully with current children

3. that accumulated frustration at children's behaviours in their care, and

4. that frustrations with the foster care system.

The results of the current study offer another theoretical construct of *Desire to help* as a factor contributing to the development of attachment between foster children and foster parents. Jennifer's desire to help had not faded in the 25 years that she served as a foster parent, even though she experienced her share of hurts and losses; in fact, her desire to help had grown stronger. Perhaps there is a relationship between *Desire to help* and attachment, and that repeated loss and hardship may reduce the desire to help, thereby impacting the attachment with foster children.

Foster parent commitment. Although cited in the literature as important to attachment (Dozier et al., 2013), I found the existing research unconvincing (see Chapter 2 - Literature Review). The current study also suggests that a link between attachment and foster parent commitment, termed *Commitment*, exists, but it unfortunately does not provide any additional insights or support to the existing literature.

Attachment state of mind. In a study with infants up to 20 months of age, Dozier et al. (2001) found that "Foster infants' attachment security was concordant with foster mothers' state of mind similar to that seen among biologically intact dyads" (p. 1474). In the current study, although there was no theme directly focussed on foster parents' attachment state of mind, it is conceivable that attachment state of mind is subsumed by the *Nurturing* category because foster parents' state of mind likely affects their ability to provide nurturance to children in their care. Further research would be required to demonstrate this claim.

Ideas for future research. The current study offers new ideas about elements that may contribute to attachment in young foster children. These ideas have not been found in the literature and therefore require further studies to indicate their relationship to attachment. These ideas are: (a) *Empowering children*, (b) *Stress relief*, (c) *Adaptability*, (d) *Support*, (e) *Negative, hurtful past experiences*, (f) *Physical health*, and (g) the *MCFD's involvement*. A brief and tentative justification, based on my intuitions, for why each idea may be associated with attachment is provided below. The guiding principle in these ideas for future research links back to the core commonality found amongst the emerged categories: they are related in some manner to the biopsychosocial well-being of foster children, and my tentative proposal that improving one area (e.g., physical) not only improves others (e.g., psychological) but also contributes to

attachment, which itself is a part of one's own psychological well-being. The following may be

possible areas to be explored in future research, including rationales why such studies would be

needed.

Empowering children. The results from the current study suggest that providing young

foster children with a sense of empowerment increases their autonomy and self-worth, which in

turn improves their psychological well-being. As one participant, Sarah, noted, "We really want

them to have a sense of ownership because that's one of the things I found especially with

attachment, if you didn't teach them a sense of ownership. A sense of ownership and pride at

themselves, the attachment won't come." The importance of empowering children was

corroborated by the clinician when she performed her final check of the emerged thematic

categories.

Stress relief. Based on the results from the current study, I tentatively propose that

relieving stress in the lives of foster children improves their psychological well-being.

Additionally, relieving stress in foster parents' lives improves foster parents' psychological well-

being. This in turn enables foster parents to better provide for the needs of foster children, which

leads to improved well-being of the foster children.

Adaptability. Adaptability within foster parents reduces the stress level in their lives and

hence improves their psychological well-being. It also enables them to adapt to foster children's

specific caretaking needs. Both of these enable foster parents to better provide for the needs of

foster children, which leads to improved well-being of the foster children.

Support. Support applies to both foster children and foster parents and is important to

both of their well-being. In foster children, support consists of seeing relevant professionals who

can help areas of health that are lacking. By improving the well-being of the child in one area, the other areas will be impacted as well, if the idea of biopsychosocial interconnectivity holds true. In foster parents, support includes social support from family, friends, and community as well as professional support in the form of counselling, both of which improve the psychological well-being of foster parents, which impacts their ability to care for foster children, and by extension this impacts foster children's well-being.

Negative, hurtful past experiences. Bringing healing to the negative, hurtful past experiences in foster children's lives directly improves their psychological well-being. By improving foster children's psychological well-being, internal resistance to accepting substitute caregivers' (i.e., the foster parents) signs of nurturance and care may be reduced, which in turn may allow the innate attachment process to occur with foster parents in place of foster children's biological parents.

Physical health. By definition, this improves foster children's physical health, which in turn improves their psychological well-being. As stated above, by improving foster children's psychological well-being, internal resistance to accepting substitute caregivers' (i.e., the foster parents') signs of nurturance and care may be reduced, which in turn may allow the innate attachment process to occur with foster parents in place of foster children's biological parents.

MCFD's involvement. Improving the MCFD's (Ministry of Children and Family Development) involvement can reduce the frustration and stress of foster parents. This in turn enables foster parents to better provide for the needs of foster children, which leads to improved well-being of foster children.

Policy Implications

  The MCFD has the crucial goal of protecting the children of British Columbia (BC), but it is a difficult job, especially with the limited resources available and its need to be transparent as a government organization. As a result, policy implications must be made in consideration of this environment within which the MCFD operates. In recognition of the challenging constraints the MCFD must operate within, two ideas are proposed that are low cost and yet would provide considerable value to children and foster parents.

  The overwhelming view of the foster parents interviewed, except for the restricted home, is that the needs of children in care are not being met. A significant aspect to children's needs not being met relates to them being sent back home to environments that have changed little, if at all, from when they were removed. Some of these decisions to return children are made by the MCFD and others are dictated by BC's courts when the justice system rules that children should be moved back to their parents. In both cases, the question must be ask, "Why were the children removed? Should they have been removed?" The psychological effects of children being removed from their parents and placed in a stranger's home, potentially to return back to the same home environment later, should be considered before a child is removed. One foster parent with over 25 years of experience shared her insight into the situation, based on her personal experiences and follow-up with children, explaining that breaking a secure attachment in a negative way has severe consequences. Is it possible that the current approach is doing more harm to these children than good? Understandably, the MCFD must consider children's imminent safety, but perhaps a long range view of children should be incorporated into the decision-making process.

All participating foster parents except for Catherine and Tom, the restricted foster home, shared their sense of being treated with inequity by social workers.[6] They explained that they are on the front lines, working 24 hours a day, 7 days a week, pouring themselves into the children, and despite their extensive involvement in the children's lives, they feel they have little voice, despite it being their mandated responsibility to advocate for the children in their care. When they advocate for their foster children, they feel distrust. As one participant noted, this distrust seems to seep into foster parents and affects their work with children in care. If the level of trust in foster parents could be increased, it would be a win-win situation as foster parents would have greater trust in social workers, and resultantly, in the child welfare system too.

Clinical Implications

The themes derived from interviews with foster parents provide fertile ground for clinical work with both children in care as well as with foster parents. In working with children, the (sub-)themes that come under the *Empowering children* category can be explored during counselling sessions, especially on themes related to *Social relationships* (i.e., connecting with biological family, connecting with peers) and *Emotional health skills*. The clinician may also find it important and necessary to work with children through the *Negative, hurtful past experiences* that they are carrying with them into foster care. Since this study targeted young children, intervention modalities appropriate to the age, such as play therapy, may be most appropriate. When working on social relationships, it may be helpful to bring biological family or other children in the foster home into the session to interact with the foster child. These third

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[6] Social workers look after the needs of children in care in BC. Resource workers, who have the same qualifications as social workers, look after the needs of foster parents. Occasionally, the term social worker is used to refer to both positions; however, for the purposes of the current study, I distinguish between them to provide greater clarity.

parties may then receive guidance from the clinician on how to interact appropriately with the child.

In working with foster parents, clinicians have many areas upon which to contemplate working with parents. As is often the case in counselling therapy, working on one thematic area will likely open up deeper issues and other related themes found in this study, particularly themes in the *Stability* and *Nurturing* categories. The themes *Stability* and *Nurturing* are inherently personal and therefore may have a past associated with them that affects the parent's ability to demonstrate them to children in their care. If parents are not ready to delve deeper into their own selves, or perhaps are feeling good about their current psychological state, clinicians can work with them in a more psychoeducational manner to explain how they can help empower the child through the themes in the *Empowering children* category or alternately discuss the impact of the *Negative, hurtful past experiences* the child is carrying and what the foster parents can do to help the child work through these past experiences.

In terms of interventions, the themes discovered in the current study could be developed into a checklist to provide clinicians with ideas of what factors to consider when foster children have not attached to their foster parents. With such a checklist, clinicians would understand that there are foster home, foster child, and environmental characteristics involved in the development of attachment. Clinicians could hone in on these broader areas, as applicable, and investigate the themes within them to determine whether any of the themes may benefit from therapeutic work or assistance from other professionals (e.g., speech pathologists, pediatricians, etc.). In summary, a checklist would provide clinicians with a starting point from which to begin their work with foster parents and children when dealing with issues around the development of

attachment.

Practical Implications for Foster Parents

       Presently, the majority of learning about attachment that foster parents obtain occurs as a result of their own interest and motivation, and as Chapter 2 (Literature Review) has indicated, there is little information available that pertains specifically to young foster children. Therefore, the information in the current study may be valuable in developing foster parents' understanding about factors that may influence attachment. Information about ideas in the current study can be incorporated into either the mandatory or optional training that foster parents participate in, and resource workers can share this information with the foster parents in their caseloads. Many self-help resources are available expounding on themes identified in this study, such as the themes of *Awareness*, *Nurturing*, and *Empowering children*. Professional services can also be sought where self-help material is minimal or greater assistance is desired. Improving foster parent awareness of elements that contribute to the development of attachment with young foster children will empower foster parents, providing them with the knowledge to have healthier and happier homes.

Methodological Implications

       Understanding attachment in young foster children is complicated. Attachment itself is an ever-growing field of research and to place it in the context of foster children who have varied and complex backgrounds is a significant challenge. As a result, the current study has important limitations that could be addressed via a more rigorous study methodology.

       To determine what elements contribute to the development of attachment between foster parents and foster children aged 2-4 years old, it seems important that future research addresses

the issue of isolating confounding factors since there may be interrelated factors that promote or prohibit attachment from developing. There would likely be confounding factors within foster children, foster homes, and the environment. Confounding factors within young foster children may include: (a) age, (b) disabilities (e.g., physical disability, learning disability, psychological disability, etc), (c) moving with siblings into the same home or being split up, (d) number of previous placements, and (e) reason for placement (e.g., neglect, physical abuse, sexual abuse, etc.). Confounding factors within foster homes may include: (a) number of parents, (b) gender of parents, (c) number of children in household, and (d) ages of children in household. Environmental confounding factors may include: (a) child remains in same daycare/preschool after being moved into foster care, and (b) child has visits with biological parent (e.g., if parents are incarcerated then no visits will occur). As the focus of the current small N study was to explore new ideas rather than closely examine the specific inner workings of the themes found, additional research will be required to isolate confounding factors.

In regards to the participants, a much larger number of participants may be recruited in a future study to offer a broader perspective. The themes and subthemes identified in the current study might also be found common in a larger scale study. Recruiting participants with more recent fostering experiences with 2-4 year old children may provide further insight that otherwise may have been forgotten with the lapse of time present with many of the participants in the current study. Additionally, using a different approach to collecting data, such as a survey instead of an interview, may be able to involve a greater number of participants. The survey could include results from the current study as well as other ideas about elements that may facilitate attachment, and could incorporate questions to help understand whether foster children

have attached to their foster parents. Reaching a larger audience of participants would help increase the transferability of findings.

Future research might involve an interdisciplinary team with experience in attachment, early childhood development, trauma, and social work to collaboratively review and discuss the categories emerged after the first transcription was analyzed, and then subsequently grow the emerging set of categories with each new transcription, re-arranging and re-categorizing as necessary to include new themes. Using an interdisciplinary team would provide a more diverse knowledge base from which to draw on when categorizing themes. For instance, Bowlby exposed himself to other fields of inquiry and this was instrumental in the development of attachment theory (Bowlby, 1968). A collaborative approach, similar to the approach used in the current study, in deciding upon the relevant emerged categories would leverage the synergistic effect of working as a team. When an a priori defined saturation point is met, a few more transcriptions would be analyzed as a verification check to ensure the emerged set of categories is complete. Although in reality it may be unlikely that an interdisciplinary team is assembled and that enough participants are recruited to provide saturation of themes, contemplating what changes could occur in the methodology provides a useful view into the limitations inherent in the current study.

Limitations

A number of limitations need to be acknowledged regarding the design of this study in terms of: (a) relationship between the themes and development of attachment, (b) small number of participants, (c) influence of interview questions on the themes found, (d) response bias, and (c) interview questions tended to be about the past and therefore relied on the participants'

memories, each of which is discussed below. Perhaps the most significant limitation is in understanding what impact each of the themes discovered in this study have on the development of attachment with young foster children. Themes found vary in their support from past research: some have closer ties to existing research, such as soothing, whereas others have not yet been investigated, such as treating all children in the home equally. Additionally, due to the broadening of the inclusion criteria, I was unable to collect data about whether the foster children had attached to their foster parents. In conclusion, the link between the themes discovered and attachment is unknown and future research is required to ascertain what connection, if any, exists.

Another important limitation is the small number of participants involved. I encountered considerable difficulty in finding participants and when the initial advertising phase was complete, only one potential participant was found. Upon consultation with my thesis supervisor about this serious participant recruitment difficulty, we decided to relax the inclusion criteria. Realizing that my initial advertising efforts were ineffective, I reached out to my network of friends and fellow foster parents to find possible participants. Although I had hoped to avoid relying on my personal network because of my concern that friends and acquaintances may feel an inherent obligation to say yes to a friend in need, I believe they were all glad to be involved, and that there were no significant differences in interviewing those I knew previously versus those I met for the first time. In the end, practical limitations of time brought the lengthy data collection phase, which took over nine months to complete, to an end.

Although the current study was not focussed on achieving generalizability, the small number of participants offered rich qualitative data which generated a range of themes and

subthemes. Even though it has been suggested that attachment is a common occurrence (van

Ijzendoorn & Sagi-Schwartz, 2008), and this corresponds with Bowlby's view of the innateness

of attachment within humankind (Bowlby, 1968), a larger study would benefit from a more

diverse participant population to understand whether the elements influencing attachment vary

by age and culture of the foster parent. The majority of participants were Caucasian and all were

born in Canada; additionally, if the youngest and oldest foster family were excluded, the age of

all the participants was in the range of 47 to 64. As a result, there was relatively little diversity

amongst the participants in terms of age and cultural background. However, it may be noted that

despite the small number, the themes discovered were important to the participants and as a

result may be helpful to other foster parents. Additionally, repetition of themes was observed

after the fourth interview, and the remaining three interviews added no new themes. This

exploratory study may offer a basis for designing a larger scale study with a greater degree of

generalizability.

As a qualitative study, the intent was to obtain a variety of elements that contribute to the

development of attachment. Although I had hoped that the interviews would be sufficiently

open-ended to draw a wide range of attachment-related elements, I noticed that the themes in

general have some connection to the interview questions, although the relationship may be

distant. One way this could have been addressed is through using an unstructured interview;

however, this would have relied on all participants sharing a common understanding of

attachment and being able to discern specifically what within their past experience was relevant

to attachment. In my opinion, using an unstructured interview would open the possibility for

different understandings of attachment, which in turn would potentially complicate the data

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analysis process. An opportunity was provided at the end of the interview in question 15 to share

in an open-ended way information pertaining to the development of attachment, but at this point

in the interview the participant may have been cued based on the previous questions. Since

many of the themes gathered from the data have a connection to the interview protocol, there

exists some question as to their relevance to attachment to the children in care; however, this

uncertainty can be alleviated in part by understanding that the process of generating the interview

protocol was based on a review of the literature, research, and my personal experiences in

fostering children. It does though reinforce an earlier point about additional research being

required to understand what connection exists between a particular theme and attachment in

young foster children.

Response bias is a known limitation of studies involving retrospective interviews

(Furnham, 1986) and therefore must be considered as a caution against deriving hasty

conclusions. I believe that my position as a foster parent helped establish rapport with the

interviewees and provided a person who understood the experiences that the interviewees

described and as a result created an environment where real experiences and feelings and

thoughts could be shared. For example, one participant shared about how the emotional bond

with her biological children is different than the children in her care, which in general is not

information a participant would divulge unless the participant felt comfortable. Though I was

concerned about the willingness of people I knew prior to the study to be vulnerable, in the end it

seemed it had no effect.

Lastly, all participants shared experiences that occurred years ago, sometimes more than

10 years ago, except for one who did not. Additionally, in all of the homes except for two, the

children were no longer in their care. As a result, foster parents were required to recall old memories about their experiences with the child, and separating those experiences from those of other children they have had in their care since that time. It is possible that the passage of time and care of additional children affected participants' recollection of memories.

<center>**Chapter Six: Conclusion**</center>

The current study adopted a different approach to understanding attachment in young foster children than seen in the literature; rather than quantitatively test a predetermined idea about its link to attachment, it sought to listen to foster parents' experiences about raising young children in their care and inductively draw out common themes. As a qualitative study using thematic content analysis, it was not possible to identify clearly and directly what relationship existed between the themes collected and the development of attachment. However, an organized set of themes and subthemes has offered a meaningful perspective, with narrative data of participant reflections, on attachment in young foster children and thereby potentially provide insights into existing research as well as suggest ideas for future research.

The themes and subthemes generated from the study may provide some benefit to clinicians, foster parents, the MCFD, and researchers working in the area of attachment in foster children. The themes provide material for clinicians to tentatively consider when working with both foster parents and foster children in looking at ways to help develop the attachment between the two parties. Foster parents may be enlightened about aspects of their lives and homes that may impact the formation of attachment. It is also helpful for foster parents to recognize and learn to be supportive and patient with the fact that there are elements, such as children's *Negative, hurtful past experiences*, which are beyond their control. Lastly, the themes may help social workers within the MCFD to see the plethora of elements that tentatively impact attachment, and what aspects they have control over that can aid the relationship between foster parents and foster children. Although it is hoped that each of these three distinct audiences derive some benefit from this exploratory study with a small number of participants, researchers

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and clinicians in the field need to be aware of the limitations discussed earlier.

One of the unexpected findings in this study is the emergence of the theme of *Empowering children*. Can improving the self-worth of young foster children assist in the development of attachment with their foster parents? Although evidence for this was not found in the literature, the clinician check on the final set of emerged themes generated a discussion that empowering children does seem to play a role in the development of attachment. This suggests that further research in this particular theme, as it relates to attachment, may be worth pursuing.

Additionally, all the themes converged upon the idea of the child's biopsychosocial well-being. It was unexpected to find a way to link all the themes together. If the idea that young foster children's holistic well-being impacts their ability to attach to foster parents can be corroborated through additional research, then it may open new ideas to what impacts attachment, and may increase understanding of the development of attachment itself in young foster children, and perhaps more generally speaking, in all children.

Epilogue

Conducting the current study has been quite a journey for me. As a foster parent myself, I have been able to empathize with the ups and the downs shared by the foster parents who so willingly let me come into their lives and hear their story. Listening to the stories touched me deeply, in part because of children's outcomes, which oftentimes were abysmal, and also in part because of the self-sacrificing dedication and love poured into the children by these amazing foster parents. (Along the way I also picked up some great ideas.) One participant mentioned that she was not special, she was just a regular person who chose to foster, but I had to disagree with her. I believed that she was a special person because of her selfless commitment to fostering. It takes a special kind of person to foster the way that the people in this study have. All of these people have inspired me in my own fostering journey.

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Appendix A: Recruitment Poster

The following advertisement was placed in Fraser Valley Foster Parents Association's Newsletter and in FosterlineBC, the BC Federation of Foster Parent Associations' Newsletter:

Local study seeking your input! Philipp Svehla, a Fraser Valley foster *parent, is conducting a study as part of his UBC thesis project, to learn more about the development of attachment between* foster *parents and young* foster *children. If you are currently fostering a preschool-aged child, or have recently fostered a preschool-aged child, your valuable input is being sought. For more information, contact Philipp at <email removed> or <phone number removed>. Thanks!*

Department of Educational and Counselling Psychology, and Special Education

The University of British Columbia

An Exploratory Study of Contributing Elements in the Development of Attachment between Foster Parents and Young Children

Principal Investigator: Dr. Ishu Ishiyama, Associate Professor, Department of Educational and Counselling Psychology, and Special Education, Faculty of Education, UBC at 2125 Main Mall, Vancouver, BC, V6T 1Z4 (Tel: <phone number removed>; <email removed>).

Co-Investigator: Philipp Svehla, B.Sc., (Masters Student), Department of Educational and Counselling Psychology, and Special Education, UBC. This research is being conducted as part of the requirements for Philipp Svehla to complete his master's degree (M.A.) in Counselling Psychology at UBC. Once the thesis is complete, it will be made available to the public. This research is supervised by Dr. Ishu Ishiyama.

Purpose: The purpose of this study is to learn about factors that may contribute to the development of attachment between young foster children and their foster parents.

Study Procedures: If you choose to participate in this study, you will be interviewed twice (1 hr for first interview, 50-70 minutes for second) by the co-investigator, Philipp Svehla. During the first interview, you will be asked for demographic information in addition to questions about your fostering experiences. The second interview will help the researcher obtain information about your fostering experiences. With your consent, the interviews will be videotaped, transcribed, and later analyzed for patterns, themes, and meanings. If you prefer to be audiotaped only, audiotaping will be used instead and the audio data later transcribed. As an accuracy check, a summary of your first interview and themes drawn will be sent to you. The total amount of time that will be required of you to participate in the study is 120-160 minutes (approximately 2-2.5 hours).

Confidentiality: The records for this research will be kept private, in a locked cabinet by the principal investigator. No information will be included that will disclose the identity of the participants or third parties mentioned during the interview. Non-identifying codes, rather than your name, will be used to keep track of all the records. Although the transcribed interview data are on the computer, they will be password protected. Respondents will not be identified by

name in any reports of the completed study. The data will be destroyed after 5 years, and your identity will be kept confidential.

Potential Risks: There are no direct risks associated with this study. As the nature of the interview is about bonding with children, reflection on your caregiving experiences may produce emotional reactions. Ample time and space will be given to process any emotional reactions that result. Additionally, you can refuse to answer any question, and can end the interview at any time. After the interview is over, should you desire additional support, a list of qualified and experienced helping professionals will be provided.

Potential Benefits: By sharing your experience of fostering, you will provide us with insights into bonding process between a foster parent and foster child. This research, in turn, may generate clinically significant knowledge that informs other foster parents and professionals about attachment between a foster parent and a young foster child. Additionally, sharing your experiences may result in your own self-awareness.

Remuneration/Compensation: No compensation is provided for participating in this study. Instead, you get a big "thank you!" for advancing research involving foster children and for helping Philipp finish his degree.

Feedback: An executive summary of the findings will be sent to you once the research is completed.

Contact for information about the study: If you have any questions or would like further information about this study, you may contact Philipp Svehla (<phone number removed>) or Dr. Ishiyama (<phone number removed>).

Contact for Concerns about the Rights of Research Participants: If at any point you have questions or concerns about your rights as a research participant, please feel free to contact the Research Subject Information Line in the UBC Office of Research Services at 604-822-8598, or, if long distance, e-mail RSIL@ors.ubc.ca or call toll free 1-877-822-8598.

Consent and the Right to Withdraw: Consent to be part of this research study is completely voluntary, which means that you have the choice to decide if you want to be part of it or not. People who agree to be part of this research can also chose to withdraw or end their involvement at any time with no explanation and with no consequences. Your have the right not to answer any questions that you do not want to answer. You can also choose to take a break at any time during the interview. Finally, the co-investigator (Philipp Svehla) has the right to withdraw you from the study if circumstances warrant that it is necessary.

Your signature indicates that you consent to participate in this study. By signing below you also acknowledge that you have read and understood this consent form, and have been provided a copy for your own records.

_____   _____

Participant Signature   Date

_____

Name of Participant (printed)

Appendix C: Interview Protocol

1. How long have you been a foster parent?
Rationale: Gather background information. Ponciano's (2010) study demonstrated an inverse link between foster parent experience and attachment quality. Additionally, research suggests that more experienced foster parents have less commitment and therefore reduced chance for attachment (Dozier et al., 2013; Bernard & Dozier, 2011).

2. Share your fostering story (e.g., how many foster children have you had, how old were they, how long did you have them, what were the challenges you faced? what were the outcomes?).
Rationale: Gather background information. Additionally, based on my own experiences, poor past fostering-related experiences set low expectations for similar future experiences, which affects foster parent commitment.

3. Do you have any children of your own? If so, what are their ages?
Rationale: Gather background information. This helps provide a sense of the dynamics within the household, which may impact how attachment is formed. For example, having additional young children may mean the caregiver's attention is split and the caregiver may not be as available to offer help when the foster child is in distress.

4. Tell me about <foster child's name> (gender, age, age at placement, reason for placement, ethnicity, developmental milestones achieved – to understand the physical, emotional, and cognitive "age" of the child)?
Rationale: Gather background information.

5. Describe your relationship with <child's name>. What are activities that you do that foster the relationship?
Rationale: Seek to understand the relationship between the foster parent and child. As the parent may be motivated to say she/he has a good relationship, the second question is a way to validate that claim by understanding what they enjoy doing together. It also provides an opportunity to understand the parent's level of synchrony with the child. It has been suggested that synchrony is part of parental sensitivity (Dozier et al., 2013), and parental sensitivity has been shown to be related to secure attachments (Smyke et al., 2009; Ponciano, 2010; Ackerman & Dozier, 2005; Oosterman & Schuengel, 2008).

6. What kind of relationship did <child> have with you when s/he was first placed with you?
Rationale: Provides a reference point to understand how much/little the relationship has changed since <child's name> has been in foster care.

7. Describe <child's name> play things and how they're stored.
Rationale: Initial research suggests a link exists between the caregiving environment and secure attachment (Cole, 2005a).

8. What are some activities <child's name> enjoys (find an activity that involves synchrony, such as learning a song/nursery rhyme)? How did <child's name> learn it?
Rationale: Explores the parent's ability to be synchronous with the child. It has been suggested that synchrony is part of parental sensitivity (Dozier et al., 2013), and parental sensitivity has been shown to be related to secure attachments (Smyke et al., 2009; Ponciano, 2010; Ackerman & Dozier, 2005; Oosterman & Schuengel, 2008).

9. Does <child's name> spend time with people outside of your family? If so, what does the transition look like?
Rationale: Transitions can be challenging for children. This question explores parents' level of nurturance by investigating their role in the transition process. It has been suggested that nurturance is part of parental sensitivity (Dozier et al., 2013), and parental sensitivity has been shown to be related to secure attachments (Smyke et al., 2009; Ponciano, 2010; Ackerman & Dozier, 2005; Oosterman & Schuengel, 2008).

10. How does <child's name> get comforted?
Rationale: Explore the parent's level of nurturance by investigating the parent's level of involvement when the child is need of comfort. It has been suggested that nurturance is part of parental sensitivity (Dozier et al., 2013), and parental sensitivity has been shown to be related to secure attachments (Smyke et al., 2009; Ponciano, 2010; Ackerman & Dozier, 2005; Oosterman & Schuengel, 2008).

11. How do you deal with situations where <child's name> won't do what you ask him/her to do?
Rationale: Exploring the parent's response to conflict with the child will yield information about the parent's level of nurturance. It has been suggested that nurturance is part of parental sensitivity (Dozier et al., 2013), and parental sensitivity has been shown to be related to secure attachments (Smyke et al., 2009; Ponciano, 2010; Ackerman & Dozier, 2005; Oosterman & Schuengel, 2008).

12. What are some things that your child does that trigger negative responses from you? How do you respond?
Rationale: The point of this question is the parent's response, and not the fact that the parent has been triggered by the child. The parent's response demonstrates his/her ability to calm both himself/herself and the child, which reveals the parent's level of nurturance. It has been suggested that nurturance is part of parental sensitivity (Dozier et al., 2013), and parental sensitivity has been shown to be related to secure attachments (Smyke et al., 2009; Ponciano, 2010; Ackerman & Dozier, 2005; Oosterman & Schuengel, 2008).

13. In what ways do you treat your foster children differently from your own children?
Rationale: Explore foster parent's level of commitment, which studies have suggested is related to secure attachment (Dozier et al., 2013; Bernard & Dozier, 2011). The phrasing of this question is important as it acknowledges that foster children are different from parents' own children, and at the same time allows parents to demonstrate how committed they are to the child in their care.

14. Tell me about laughter for you and your children in your house.
Rationale: In research conducted on adolescent foster children (Hedin, Höjer, & Brunnberg, 2011) laughter was found to be important. I am unaware of any similar research with young foster children and therefore am interested in examining its effect.

15. What do you think is important to the development of attachment for young children in foster care like <child's name>?
Rationale: Seeks foster parents' ideas about what may be important in developing attachment.

16. Is there anything else you'd like to share about your relationship with <child's name> that you think might be helpful?
Rationale: This closing question provides foster parents an opportunity to share any other information they feel is relevant that may have been missed in the previous questions.