

A CHANCE FOR CHANGE:
THE ROLE OF TRUST IN FOSTER CARE

by

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(ABSTRACT)

The Child Welfare System is faced with an increasing number of children in foster care with a decreasing number of foster homes available for placement. By interviewing adults who were former foster children, this study examines the significance of one caring adult in the life of a foster child. Erik Erikson states that in the first stage of psychosocial development a child learns trust vs. mistrust. For many children entering foster care, this first stage of development has not been achieved, given their experiences in their biological families. In order to protect themselves during this time of mistrust, children exhibit behaviors designed to keep adults at a distance. This poses a problem for foster parents who must try to develop trust with their foster children in an effort to change their behavior. What if anything can be done to help these children learn to trust?

The participants were asked to focus on specific behaviors at least one caring adult demonstrated that helped them as foster children, move through their past experiences of mistrust to a place of trusting that caring adult. The concept of attachment theory provided a foundation for the study.

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CHAPTER ONE

INTRODUCTION

Statement of the Problem

The current foster care system finds itself overwhelmed with an increasing number of children being removed from abusive and neglectful homes and a decreasing number of foster families available to assist these children (Casey Foundation, 1999). According to the congressionally mandated Third National Incidence Study of Child Abuse and Neglect (NIS-3), the number of abused and neglected children nearly doubled from 1986 to 1993 (Sedlak & Broadhurst, 1996). Since 1972, the trend has been to care for these children in temporary group homes and family foster care instead of through institutional care (Kadushin, 1980). In the 1994 Washington D.C. Council of Government report, poverty was cited as a significant contributor to the increasing numbers of children in out of home placement.

Recent research on children in foster care describes a population that suffers from a multiplicity of problems associated with poverty: poor health (which is linked to learning and behavior problems); inadequate housing and inadequate education; parents overwhelmed by the emotional stress of providing for their family's basic needs; and, neighborhoods where violence, drug dealing, unemployment, single-parent families, and homelessness are commonplace (Kaucher, 1994, p. 3).

A study by Courtney (1998), predicts that the time limits and other restrictions resulting from the 1996 Welfare Reform Act will more than likely cause more people to fall below the poverty line which contributes to other stressful conditions which place children at risk for maltreatment. There are five risk factors that have been identified by the research as contributors to child physical abuse. "These are history of abuse, depression, socioeconomic status, social isolation, and substance abuse"

(Smokowski, Wodarski and Christmas, 1996).

While the numbers of children entering care are increasing, the number of families available to care for these children is steadily decreasing. The number of foster homes has been decreasing due to the nationwide problem of retaining foster families. Studies done to determine the factors contributing to a fall in retention rates cite inadequate financial compensation, frequent changes in child's social worker, inadequate training and preparation given the complexity of the child's behaviors, lack of information concerning the child's behavioral and emotional issues, lack of preparation for letting go, inadequate training focusing on the issues of dealing with birth parents, and insufficient ongoing support (Brauetigam, 1990; Chamberlain, Moreland, & Reid, 1992; Diaz, 1991; Tice, 1990). While all of the factors in retention are important, the least research has been done on the factors surrounding what issues the child brings with them into care. Therefore, this paper will focus on only one of these factors, the complexity of the child's behavior.

The child who enters care today is significantly different from the child for whom the foster care system was established. Parents of yesterday may have been facing economic challenges, which found them living in poor conditions or suffering from poor health. These parents might have been forced to relinquish custody of their children in the hopes that the child would receive better care with another family. The child for whom the child welfare system was established was generally physically, mentally and emotionally healthy, mainly because the system sought to treat those who were not basically healthy in institutions. Only those children who it was deemed would "fit" in a family setting were recommended for such (Kadushin, 1980).

The child entering foster care today is quite different than the one being served a generation ago. Many children who enter care today are classified as “special needs” to identify them as having behaviors and attitudes outside of the normal range of children their age. Many of the children removed from their birth homes exhibit coping behaviors that make them extremely difficult to parent. According to Attachment theory (Bowlby, 1969; Kempe & Helfer 1980) many oppositional, angry, deviant behaviors are a direct reaction to the physically and verbally abusive environments these children experienced for the first part of their lives. These behaviors exhibited in the birth home proved to be essential for the child’s physical survival. However, they tend to prevent the child from attaching to a new caregiver. “Such adaptive responses as needing to be in control, avoidance of intimacy, and provocative behaviors are significant barriers to forming or rehabilitating attachment relationships” (James, 1994). Delany (1991) elaborates on this point as follows:

It has long been known that abused children often elicit angry, abusive treatment from new caretakers. In fact, many foster parents report that the child seems to seek physical discipline out of habit. Since many maltreated children have been ‘conditioned’ to avoid expression of any feelings or needs directly, they express them in convoluted, indirect, clandestine, and maladaptive ways. These maladaptive expressions by the foster child often elicit strong reactions from foster parents, which we address here. These maladaptive expressions also appear to secure negative attention, to undermine intimacy and to de-stabilize the placement (p.38).

Flint, Partridge, and Stark (1996) Security theory, states that the drive to attach doesn’t go away, “...every individual, young or old, was engaged in the achievement of a feeling of security or serenity. They believed that the constant striving to achieve this state was a dynamic and never ending journey that involved an individual in a constant stream of choices throughout the lifespan” (Flint, Partridge & Stark, 1996, p. 14).

However, maladaptive tactics are used to reach this goal of attachment. One unhealthy way of achieving this goal is to use "...strategies that provide a temporary sense of security. In a very young child, these may manifest in a wide variety of defensive behaviors - crying, refusal of offers of affection, clinging, rejection of food, hyperactivity, scattered attention, and apathy" (p. 14).

Children exhibiting these types of behavioral characteristics tend to be labeled as "special needs". These children tend to spend significantly more time in out of home care because child welfare workers have not been able to adequately prepare their birth homes for their return. At the same time, the foster parent is trained for a temporary position which usually turns into something more akin to long term (Diaz, 1991). The average length of stay for an infant entering foster care today is four years (Casey Foundation, 1996). When an older child is removed from their home, not only does the average stay increase, but the issues that child brings into care are significantly more challenging (Maluccio & Fein, 1985).

In addition to having to deal with difficult behaviors, most parents unconsciously seek a certain amount of closeness and reciprocity in their relationship with their children. For the child, an adult's attempt to bond through closeness, eye contact and touching, brings memories of life-threatening, abusive experiences. Any adult behavior that closely resembles intimacy, is seen as a threat to their physical well being (Kempe & Helfer, 1980). Based on their experience, these children are not able to provide the kind of feedback most adults need and expect as a result of interacting with young people. Without this positive feedback, the adult caretaker feels disappointed in their inability to reach these children (Wells & D'Angelo, 1994).

Research Question

Given the developmental, behavioral and emotional issues the child from an abusive environment brings, it can be difficult to parent a child whose behaviors and attitudes are designed to prevent adults from getting close to them. Relationship theories such as Imago (Hendrix and Hunt, 1997) and Pair therapy (Selman, 1990) state that the first step in rebuilding a wounded individual is to establish a sense of trust and safety in which that individual can begin to abandon old behavior patterns. Once these patterns are released the individual is able to heal old wounds and begin to grow in healthier ways.

Studies show that one caring individual can make a significant difference in the life of a wounded child (Kempe & Helfer, 1980). Based on the author's experience with foster parenting and facilitating foster parent support groups, the belief is that many foster parents sign on to foster children with the hope that they can be that individual who makes a difference in these children's lives and contribute to their healing and growing. Many children in care, however, present formidable challenges to achieving this goal. This study asks the child, *what if anything was done or could have been done to foster their trust and sense of security*. With an increased understanding of the child's perspective and the expectation the child has for the adults in their life, perhaps the behaviors and attitudes won't seem quite so complex and intimidating. More knowledge can be helpful to foster parents, social workers, and other professionals.

Theoretical Framework

The theoretical frame used to look at this fostering relationship is Attachment theory. According to this theory, the goal of attachment behavior is for the infant to be

taken care of and protected, "...[Attachment] increased the probability of his survival in the environment in which the species first evolved.... Protection is thus conceived to be the biological function of attachment and of attachment behavior" (Gerbner, Ross & Zigler, 1980, p. 35).

Thus, in order for the infant to be protected from harm, the child had to be in close proximity to the caregiver. In most instances, the caregiver is the maternal figure. In order for the maternal figure to protect the child, there must be a corresponding need in the mother to have the infant close. When the need to protect the infant is not present in the mother, then the child's demands for closeness and comfort go unanswered. The child's unanswered cries for comfort result in a frustration of Erikson's (Kail & Cavanaugh, 1996) first stage of psychosocial development, that of trust and mistrust. "Maternal insensitivity to signals clearly made it difficult for the baby to build up expectations of his mother as an accessible and responsive person. It was difficult for him to establish basic trust" (Gerbner et al., p. 38, 1990).

The infant reared in a home where demands to have their needs met went unfulfilled does not learn how to trust. According to Erik Erikson, (Kail and Cavanaugh, 1996) an individual's psychosocial growth takes place through the successful negotiation of a crisis in each of eight stages. As the crisis which is unique to that stage is successfully completed, the individual is then able to progress to the next stage in a healthy manner. If the crisis is not worked through successfully, the individual's future growth may be stunted until that crisis is successfully completed.

Erikson's first stage of psychosocial development takes place during infancy. Here the infant child is to learn about trust and mistrust. "Erikson argues that a sense of

trust in oneself and others is the foundation of human development....With a proper balance of trust and mistrust, infants can acquire hope, which is an openness to new experience tempered by wariness that discomfort or danger may arise” (Kail & Cavanaugh, 1996, p. 147). Children coming from abusive homes have not experienced a balance between trust and mistrust. More often than not, the child’s primary caretaker did not satisfy his needs in a consistent and appropriate manner. Consequently, this child’s experience has taught him not to trust. His survival depended on him trusting only himself in all situations. Karen (1994) argues that children in these situations detach themselves from their harmful environment and become affectionless individuals.

At some point, this young affectionless child is removed from his home and placed in a foster home with a foster parent who has the need and drive to engage in protective behaviors toward this child. From the negative experience in the birth home, the child has learned to avoid contact with caregivers.

Like other infants, they want contact whenever attachment behavior is activated at high intensity. Yet their experience in the context of such contact has been one of rejection and rebuff - not always, perhaps, but often enough for the baby to distrust his mother’s responsiveness should he again seek contact. To him it seems safer to avoid contact, and certainly avoidance defuses the strain. Yet it is reasonable to suppose that a baby’s history of being unable to gain comfort and reassurance in close contact with his mother means that his attachment behavior is crucially frustrated. Such frustration implies that the baby is chronically angry (Gerbner et al. p. 39).

This behavior is called approach-avoidance conflict. This approach-avoidance conflict in an angry child is seen as the maladaptive behaviors that frustrate foster parents’ attempts to nurture. How does one parent an angry child in such a way that the child begins to develop basic trust which will enable her to progressively move on to the other stages of psychosocial development?

While it is difficult to parent such a child, the child's desire to be nurtured does not go away. According to Flint, Partridge, and Stark security theory, Erikson's psychosocial development theory and Bowlby's attachment theory, the child continues to strive to be loved. Of this phenomena, psychoanalyst, Michael Balint, believed that "...the wish to be loved, totally and unconditionally, is a primary need of human beings from the time they are born. If they don't get it, they spend the rest of their lives searching for it" (Karen, 1994, p. 99). In an effort to secure the love and attachment children yearn for, they find themselves locked in a never ending cycle of approach and withdraw. "One can imagine how such a state of affairs, going on for months or years, would finally exhaust one's ability to hope, lock one into a relatively permanent hardness, and cement one's anger against those who had formerly been so loved. Simultaneously, one's hunger for attachment would continue to incite jealousy and aggression and show itself in distorted forms..." (Karen 1994). One can also see how it would be difficult to reach a child from such a background. Even if the caring adult were trying to engage the child in a relationship that would have more consistent and appropriate interactions aimed at developing a balance of trust and mistrust, the child's previous experiences would prevent her from being able to trust that such a relationship could exist.

Erikson and others believe the child's first social relationship with her primary caretaker, "...lays the foundation for all of the infant's later social relationships" (Kail and Cavanaugh, 1996, p. 147). "Secure attachment serves as the prototype for later successful social interactions. That is, a secure attachment evidently promotes trust and confidence in other humans, which leads to more skilled social interactions later in

childhood” (Kail and Cavanaugh, p. 152). Thus, the child’s first social relationship sets the stage for the development of many interpersonal skills.

In the field of attachment theory, there is much debate over whether or not an avoidant or anxiously attached child can recover and display behaviors more akin to that of a securely attached child (Karen, 1994). For those who say that children who are avoidant or anxiously attached can recover, the debate then becomes to what extent can they recover. Most of the research done thus far (Karen, 1994) has been on children who have remained in the birth home of the parent who was unable to meet the needs of the child. There has been no research on what happens when the child is placed in a home with a more responsive caretaker. Research (Karen, 1994) that has been done on adults who would be characterized as avoidant or anxiously attached, states the importance of having had alternative models of caring as a child. That is to say, the presence of an adult in the child’s life who was caring, nurturing and responsive was critical. When this alternative role model was lacking, therapy seems to be a significant agent of change.

Therapy can do many things. It can provide a new model of what a close relationship can be; it can teach one to reflect on feelings, events, and the patterns of one’s own behavior in a way that one was unable to do before; it can compensate to some degree for nurturing experiences one never had as a child; it can provide the guidance, persuasion, and pressure one needs to break an addictive pattern and attempt something new; it can be an opportunity to face some unpleasant facts about how one really operates in relationships; it can provide a context where that portion of the self that has always been ready to relate in a new, more trusting, more direct and healthy way can emerge and take what may be its first tentative steps; and it can offer a safe haven where feelings of shame no longer present such a terrible barrier to self-exploration (Karen, 1994, p. 401).

For the purposes of this study, the therapeutic agent of change is the foster family. To what extent have foster caregivers been able to meet the needs of the child to the point where the child could begin to successfully negotiate Erikson’s first stage of psychosocial

development of trust and mistrust. I believe the field of family therapy can benefit by understanding what is necessary to establish a safe environment in which an emotionally disturbed child can begin to heal and grow.

Purpose of the Study

I believe the field of family therapy can benefit from an understanding of what can be done to reach children who have been damaged at the first stage of development. If the child begins to heal from stage one, through a caring and responsible relationship, this would be a significant contribution to the health of the child throughout their adult life. This study is designed to seek the retrospective view of the adult with foster care experience, on what behaviors helped or would have helped, them negotiate this difficult first step. The goal is to obtain the participant's perspective on what behaviors a caregiver exhibited or could have exhibited that allowed or would have allowed them to change at least one aspect of an aggressive, angry, withdrawn, belligerent, or otherwise resistant and reactive behavior. What can a caregiver do to establish or develop trust?

Once this information is obtained it can be used to train foster parents who work with this "special needs" population. Additionally, this information would be valuable for therapists and other professionals who counsel and work with these children and their families.

Significance of the Study

While much work has been done on foster care in general, only a few studies have examined the foster child's perspective of foster care. These studies have looked at the child's developing identity (Kools, 1997), their sense of loss (Kufeldt, 1995), and the impact of transitioning into foster care (Johnson, 1995). In addition, several studies were

conducted in an effort to determine what the child thought social service organizations could do to improve the quality of care received while in foster care (see Johnson, 1995, for review). Little research has been done looking at the therapeutic needs of the foster family. This paper takes the view that the primary relationship needing therapeutic attention is the one between the child and the parent. In the case of this study that is the relationship between the foster child and the foster parent.

CHAPTER TWO

LITERATURE REVIEW

History of Foster Care

Documentation on children placed in out of home care in the U.S., goes back as far as 1607 (Ashby, 1997), when many homeless, poor and neglected children were indentured to families that were looking for inexpensive help. “The indenture system had a number of strengths. It squared with the traditional commitment to household government by keeping children within family settings and ensuring that they received food, shelter, and instruction in reading, writing, and usually religion. It added to the labor supply and trained children in skills so they would not place a burden on the community” (Ashby, 1997, p. 9).

By the early 1700s, industries such as the manufacturing of wool and hemp started to grow in the eastern cities. The need for cheap labor brought about laws providing for the building of “workhouses for poor children” (Ashby, 1997, p.14). Due to the controversy over the care of the children in these institutions, formal orphanages whose goal it was to care for, educate and nurture children into young adults began to flourish between 1820 and 1860. The children whose families did not or could not take them in found themselves either living on the street or residing in one of the above mentioned residential facilities.

“In the last half of the nineteenth century, many states assumed part of the burden of caring for dependent children by establishing public institutions, subsidizing private

asylums, or boarding youngsters with families” (Ashby, 1997, p. 72). Increased state interest came about in response to the public outcry for improved child-care conditions. By 1874, states were taxing citizens to pay for the care of these children. Some states were even paying families to board these children. Societies were formed to, “...protect homeless, neglected, and abused children...” (Ashby, 1997, p. 89). The role of these societies was to ensure that the needy child was placed in a good substitute home.

The modern foster care system in the United States was developed in the late 19th century to address the problems associated with urban poverty and dissatisfaction with the orphanage system (McGowan, 1991). During the 19th century, increasing numbers of private and public institutions were created for orphans, abandoned children, and the children of paupers. As a result of exposes about the deplorable conditions in these institutions, public outrage led to the establishment of ‘free foster homes,’ which were based on the belief that children fared better when they lived in family environments, rather than in institutions (Silver, Amster and Haecker, 1999, p. 476).

The child welfare system underwent another major change in 1965, when Jim Casey, founder of United Parcel Service and a private philanthropist, approached the Child Welfare League with a proposal. “Instead of depending on volunteer families to provide foster care for relatively short time periods...CWLA [Child Welfare League of America] should search out strong families, make them aware of the challenges and rewards of providing foster care, and then pay them to provide the best and most supportive possible long-term environment for a foster child” (Walsh and Walsh, 1990, p. 3). This closely describes the current state of the foster care system today.

Today, families are recruited, trained, and investigated, prior to a child being placed in their home. The amount of training and the intensity of training received is determined by the type of child the family wants to serve. Some children enter care able to be parented with simple behavior management skills, or good basic parenting skills. Other children enter care presenting more challenging behaviors which demand that a

family be properly trained to handle such things as anger displayed through the strategic placement of human waste materials, or excessive lying and stealing. Homes that handle the more difficult child are considered therapeutic foster homes. While a family is being trained, they are investigated for having a criminal record as well as having a record of founded child abuse through Child Protective Services. Families passing the training, investigations, home inspections and private interviews are then approved to provide temporary care for children entering the child welfare system. Once a family receives a child in their home, they receive payment dependent upon the level of challenge the child presents. On an ongoing basis, the family receives training and supervision to ensure that the child is appropriately cared for. Considering the number of children cared for in the child welfare system, the incentives of pay, training and support are definitely needed to continue to meet the demand for good foster homes.

Currently, the foster care system finds itself overwhelmed with the numbers of children who enter care coupled with the complex issues these children bring with them. "...the number of abused and neglected children nearly doubled from 1986 to 1993. Physical abuse nearly doubled, sexual abuse more than doubled, and emotional abuse, physical neglect, and emotional neglect were all more than two and one-half times their NIS-2 [1986] levels" (Sedlak and Broadhurst, 1996, p. 4). There was a high incidence of maltreatment in families where there is a high incidence of illegal drug use, low family income, large family size, and single parent homes in large urban counties (Sedlak, and Broadhurst, 1996).

The social service system responds to over "2 million reports of child abuse and neglect per year" by placing "more than 450,000 children in substitute care.... Of the

children in substitute care, approximately 225,000 are in foster care; 100,000 are in kinship care; and more than 80,000 are in group homes, residential treatment facilities, emergency shelters, and other similar temporary placements” (Petit and Curtis, 1997). The children who enter foster care have “...higher rates of ongoing medical conditions: inadequate physical growth; increased rates of developmental delays; deficits in adaptive behavior; and elevated rates of behavior problems associated with psychiatric disorders, all with increased needs for medical subspecialty care” (Silver, Amster and Haecker, 1999, p. 348). Studies have shown that the children of foster care have mothers who have a history of, “...psychiatric illness, mental retardation, social dysfunction, and criminal records...” and may have been exposed prenatally to alcohol or substance abuse (Silver et. al, 1999, p. 348). This is the profile of the child the foster parent must nurture, protect, educate and discipline. For the most part these parents take a child into their home without adequate training and preparation for the daunting task that awaits them (Silver, et. al, 1999).

With little preparation and inadequate information about the profile of the child entering their home, the foster parent begins their job ill-prepared at best. The foster parent is called upon to advocate for the child’s education, be a liaison between county caseworkers, and biological parents, balance their responsibility to birth children and foster children, and manage family emotions around abrupt moves of foster children into and out of their home (Wells and D’Angelo, 1994). Given this job description, many counties face problems of retaining good families. Foster families, who are trained for short-term assignments, receive inadequate training and insufficient support for the population of child currently entering care (Plumer, 1992).

Foster parents provide care for needy children for a variety of reasons. Plumer (1992) states that some foster parents desire to simply care for more children, are motivated by religious teachings, desire to do good, want additional income or simply wish to have a larger family without the cost of additional birth children. Unfortunately, given this list of foster parent motives coupled with the profile of the child entering care today, the match of parent to child does not always work. Even though prospective foster parents receive extensive training, it can sometimes be difficult to convey the nature and intensity of the parenting challenge that awaits them. Most couples or individuals are only aware of behavioral problems encountered through rearing their own children. Even though a foster care trainer may emphasize what types of behaviors most children entering care today exhibit, this information still goes through the filter or perspective of the foster family's prior parenting experience. Consequently, when these demanding youngsters enter care, the foster parents are shocked by the behaviors that the child presents. Sometimes these behaviors can be mild such as excessive crying, vomiting, tantrums, or over eating. If the parent does not know how to address these behaviors, they are then overwhelmed and feel ineffective as parents. The child entering care really needs to be in the home of someone they feel can handle their behaviors and can help them to outgrow some of these off putting displays of unhappiness. If a foster parent is thinking of helping a "normal" child who simply needs a temporary home while that child's birth parents address their own issues, and a behaviorally challenged child is placed in their home instead, it is understandable that they would then feel unprepared, overwhelmed and not up to the task. Hence, this could be one of the reasons there are so many disruptions in care. A disrupted placement leaves both the child and the parent

feeling that they are at fault. (For a review, see the following: Brauetigam, 1990; Chamberlain, Moreland, & Reid, 1992; Diaz, 1991; Tice, 1990; Wells & D'Angelo, 1994).

Attachment

Every time a child is moved from one home to another it impacts his physical, psychological and interpersonal development. The child's sense of security is hampered and his ability to be open to change is impaired. In order to foster normal development, one criteria is that the child have continual care provided by one consistent caregiver (Triseliotis, 1984). Consistency is critical to the child being open to learning new ways of interacting with others. Without learning new ways of interacting, the child simply repeats the learned relational patterns from their original home. While the child may be removed from the birth home in the hopes of exposing him to a healthier environment, without teaching them new relational skills, the child's behavior does not change. "A child's early understanding of relationships as abusive, neglectful, or untrustworthy may emerge within the context of new relationships" (Silver, Amster and Haecker, 1999, p. 460). Even in the face of warm, engaging interactions, these children are conditioned to expect abuse and so respond in a way that demonstrates they expect maltreatment.

Children entering the foster care system arrive with many developmental deficits. A variety of factors contribute to these deficits. "Children involved with the child welfare system typically come from backgrounds that can have adverse effects on motor development, including prematurity and low birth weight; prenatal exposure to alcohol and other drugs; and/or maltreatment, including deprivation and physical abuse" (Silver, et al., 1999, p.100). Given this profile, these children enter care having suffered damage

to their biological, psychological and emotional development. A foster parent can end up parenting a child with delays in motor skill development impacting his cognitive, social and perceptual performance (Silver, 1999). The child might also have sustained damage to the brain or central nervous system (Kempe and Helfer, 1980).

Eating disorders are another behavior the foster parent may have to address. The infant child requires continuous responsiveness to his need for food and nurturing. When this need is not met, it impacts their sense of emotional security. This insecurity can manifest in the form of eating disorders.

There are many children in the fostering system with speech and language disorders. Delays in speech and language can impact a child's learning and emotional functioning (Silver, 1999). There is also a high incidence of exposure to alcohol and substance abuse in utero in this population. The term fetal abuse has been coined to describe the potential damage done to the fetus exposed to drugs or alcohol. "Fetal abuse or neglect is the fastest growing form of reported child maltreatment" (Silver, 1999, p. 217). Exposure to alcohol and drugs in utero can cause prematurity, low birth weight, oxygen deprivation, and brain hemorrhaging. These all place the child at risk for central nervous system problems which impact learning and attention, speech and language, and motor skill development (Silver, 1999).

Parenting a child with these developmental challenges requires a foster parent to be adequately trained, possess a measure of patience, and have an extensive support system. Oftentimes, it can be challenging to properly prepare and train the foster parent for one does not always know in advance which developmental issues will be present in the children they are assigned. Even when such issues are known, foster parents say that

they often are not told in advance of the special needs their assigned child will bring.

“Parents noted that inadequate information can pose serious problems. When parents lack information, they do not understand the meaning of a child’s behavior. Ignorance makes it difficult to know how to respond” (Wells and D’Angelo, 1994, p. 132).

Not all of the issues these children present with are visible. Sometimes, the damage done to a child raised in an abusive and neglectful home is not apparent to the untrained eye. Sometimes these children can present as charming, eager to help and compliant. After a few months in the home, when the child is comfortable, these characteristics begin to change and the child is viewed as being more oppositional. This is known as the honeymoon period. When a foster parent first receives a child in their home, it is also possible they are not immediately aware of all the issues the child brings, in part due to the presence of the honeymoon stage. Once the child relaxes, the fact that the child never looks anyone in the eye, doesn’t get physically close to anyone, appears not to be listening when spoken to, or doesn’t like to be touched, may become more noticeable. Helfer (1980) states that children raised in abnormal home environments, have learned to mute their senses in order to reduce the amount of pain they experience on a regular basis. In addition, they often do not know how to appropriately get their needs met. Their biological parents, unfamiliar with childhood development, have raised them to meet unrealistic expectations. In addition to not knowing how to get their own needs met, these children are often looked to by their birth parents to fulfill the needs of mom and dad. “If this weren’t bad enough, the behaviors that are learned to meet the bare, essential needs are often extreme, inappropriate, and maladaptive” (Helfer, 1980, p.43). A child coming from a neglectful home entering a foster home also does not know

how to take responsibility for their own actions, is ill prepared to solve problems and make decisions, and cannot distinguish between feeling a feeling and acting on that feeling. "This inability to separate feelings from actions manifests itself in many ways.... Anger leads to lashing out, for some, and complete withdrawal and guilt, for others. The extremes of actions are often used....When abused children and adults are taught that feeling and action are the same, they are misled to believe that they have little, if any, control over their lives" (Helfer, 1980, p. 47).

In addition to developmental difficulties, these children can present with attachment and bonding issues. The latest research states that the first sixteen to eighteen months of life are the critical ones for bonding and attachment (Goble, 1999; Klaus, Kennell and Klaus, 1995). One contributing factor to attachment delays is the fact that often times the child's cries for food and nurturing are not consistently met or when met, have pain associated with meeting that need. A child reared in this kind of environment learns not to trust her primary caregiver to meet their basic needs. "Without a secure base established in infancy, humans from childhood throughout adult life may develop and cling to the belief that the world is unstable, and that they cannot safely trust others" (Klaus, et al., 1995, p. 192).

Klaus, et al., (1995) make a distinction between the term attachment and bonding. Bonding is referred to as the parents' emotional investment in their child which grows through their pleasurable interactions. Attachment is the infant's response toward the primary caregiver and others who assist in caring for them. The emotional connection established in infancy helps the child develop a sense of self from which he or she can grow and develop.

The relationship between concepts of bonding and attachment has a long history. The story started a half century ago with the work mentioned earlier of Rene Spitz. He noted that babies who were well fed, clothed, and kept warm in an orphanage, but given no emotional attention, holding, or affection, had a syndrome he called 'hospitalism.' The babies' physical growth and mental development slowed or ceased, and their appetite and weight gain decreased. After a short period of time they lost any interest in interacting, and often they died (Klaus, et al., 1995, p. 193).

As can be seen, the quality of the infant's attachment is extremely important. The attachment that infant has with their primary caregiver is based on the response that infant receives when they first express a need. The quality of this bond or attachment is viewed on a continuum of securely attached, anxiously attached, and avoidant attached. (Karen, 1994).

A secure attachment relationship with a caregiver is a key developmental issue during the first year of life (Aber, Allen, Carlson, and Cicchetti, 1989; Ainsworth, 1973; Bowlby, 1988; Coster and Cicchetti, 1993; Sroufe, 1979) and is considered optimal for future development. An infant becomes securely attached when his or her caregiver interacts in an affectionate, consistent manner that is sensitive to the infant's cues. This provides a secure base from which the infant can explore and learn about the world (Silver, et al. 1999, p. 123).

Mothers of anxiously attached or ambivalent infants met the cries of their infants in a sometimes detached and inconsistent manner. "But what they all had in common was difficulty responding to the baby's attachment needs in a loving, attuned, and consistent way" (Karen, 1994, p. 160). Mothers of avoidant attached infants did not meet the demands of their infants or met their demands with physical punishment as an expression of the mother's own frustration in parenting. "They behaved less affectionately when they were holding their babies, and they were more inclined to reinforce their commands with gruff physical interventions" (Karen, 1994, p. 160).

Based on the high incidence of neglect and physical abuse in the backgrounds of children entering the foster care system, a foster parent is more likely to see a child with

an anxious attachment or an avoidant attachment. Karen (1994) states that the fear of further rejection or experience of additional pain, contributes to these children shutting down and shutting out others. However, despite their withdrawal, the child's need to attach does not go away. Thus, the avoidant attached child may want to trust and open up to an adult yet is afraid to do so. This ambivalence causes the child to seek a close relationship yet at the same time to lash out at the object of their hoped for attachment in order to prevent another experience of pain and rejection. "The ambivalent child, meanwhile, whose care has been inconsistent or chaotic, cannot believe that a caring gesture is any more than a passing fancy. So he is likely to keep testing and testing, keep mixing clinging with hostility and unreasonable demands, perhaps driving away the parent who wants to initiate something new" (Karen, 1994, p. 231).

While the legacy of disrupted attachment is large, it is believed that if the quality of care is changed early enough in the child's history, there is a chance for change. Karen (1994) cites studies of resiliency that indicate that one caring relationship in a child's life can significantly alter the belief that child has in themselves and enable that child to overcome their history. Through this relationship the child's self-esteem grows and they begin to believe they are capable young people. This belief in themselves, enables the child to venture into the world with a positive attitude.

But it is often hard for the insecurely attached youngster to find such an alternate attachment figure because the strategies that he has adopted for getting along in the world tend to alienate him from the very people who might otherwise be able to help...It elicits reactions that repeatedly reconfirm the child's distorted view of the world. People will never love me; they treat me like an irritation; they don't trust me; or, I always feel that I need them more than they need me. But if adults are sensitive to the anxious child's concerns, they can break through (Karen, 1994, p. 231).

Being this alternate attachment figure is the goal of many foster parents.

However, if these parents are not aware that their foster child has attachment issues and they are not aware of what type of parenting is necessary in order to help the child attach, then there is a serious mismatch between parent and child.

Foster Children's Perspective on Foster Care

Being sensitive to the child's concerns requires that one have information in order to gain an understanding of their perspective. This sensitivity may mean that an adult comes to understand what a particular child means by their loud, angry outbursts. Is this an inappropriate cry for help, are they frustrated, do they need to be taught other ways of communicating their discomfort? What exactly is the child trying to communicate through their behavior? One good way of obtaining this information and being able to understand what the child is communicating is by interviewing the child directly. A few studies have been conducted asking the foster child to discuss their perspective on foster care. The majority of these studies have focused on the identity formation of the child in foster care. Triseliotis (1984) interviewed youngsters about their experience of feeling loved and wanted in their foster homes; knowledge about their history of entering care; and the child's view of how others perceive them. The study found that the children who were adopted out of foster care were more confident and secure based on the stability and certainty of being with one family, than were those children reared in permanent foster care. "The implication ... is that it is not possible for a person to develop a secure identity if he does not experience a sense of belonging within a secure family and social environment" (Triseliotis, 1984, p. 152).

Kools (1997) looked at the impact of long-term foster care on the development of self-identity and self-esteem in adolescents. The teen's feelings and thoughts about self, and their perceptions of what others thought about them, was the focus of the interview process. Kools found that being raised in foster care had a negative impact on the adolescent's developing identity. The youngsters reported that just having a label, "foster child" meant they were treated differently by those in their environment. They felt that they were treated as inferior to their peers and were often teased and ridiculed just because of their label. The children reported feeling shame as a result of being seen as damaged or bad. "When the child in foster care internalizes the negative view that others have of him or her, this devalued status is internalized into the self-concept" (Kools, 1997, p. 10). Kools further found that children raised in foster care experience feeling isolated from both their families and from their peers. Thus, from the child's perspective, being raised in foster care resulted in a poor self-concept and low self-esteem. "This negative conception of the self, in turn, has a destructive impact on other fundamental areas of human development: the ability to be satisfactorily affiliated with others and to function autonomously and productively in a social context" (Kools, 1997, p. 12).

Rest and Watson (1984) conducted a survey of adults who grew up in long-term foster care and reported that one central contributing factor to a child's self perception had to do with the nature of the relationship with the biological parents. If there was no relationship, the children reported feeling parental rejection. The children, "...express a sense of loss, a feeling of emptiness, a gap" (Rest and Watson, 1984, p. 302). The study emphasizes the importance of identifying areas of competence and helping the children to see their strengths as a result of their experience. Maintaining contact with the biological

family, no matter how scarce, seemed to impact the child's sense of self and their vision of what they were capable of doing and accomplishing with their lives.

Kufeldt, Armstrong and Dorosh (1995) took a different approach when evaluating the child's self-perception, and investigated the child's internalized view of their biological families as compared to their foster families. The study found that both the biological family and the foster family are important to the child's development. The quality of these relationships directly impacted the child's sense of being loved and cared for. Even though the child may be learning new ways of interacting, and may be in a more stable, safe, loving environment in the foster home, the child still identifies with the birth home. They see themselves as an extension of the birth home. It is important that the child feel loved and cared for regardless of where they are reared. If a child has lost contact with the birth home, there is a tendency for them to feel the birth parents do not love and care about them. "The important message for social workers and family foster caregivers is that inclusive care results in a complex relationship network. Support and clear communication are necessary to enable children to develop a manageable relationship with the foster family while retaining primary attachments to their own family. This is essential if their needs for affective involvement are to be met" (Kufeldt, et al. 1995, p.9).

The study by Johnson, Yoken and Voss (1995) follows on the heels of the study by Kufeldt et al. (1995) by examining the impact on the child of removing them from their biological homes. What is the child's perspective of the decisions that are being made on their behalf? The children stated that it was most important that they remain informed of the changes and the reasons for the changes in their living arrangements.

Johnson et al. (1995) cite the benefits of asking the child about their perspective of the changes occurring in their lives. This study was conducted while the children were undergoing the transition of moving from their biological home into a foster home. “The children themselves have much to teach us about those aspects of our family foster care system that are working well for them and their families and those that need modification” (Johnson, Yoken, and Voss, 1995, p. 961).

While the goal of the Johnson et al. (1995) study was not to investigate specific behaviors that would help the child adapt to their foster home environment, the children were able to share their perspective on what aspects of their lives underwent noticeable changes as a result of being taken out of their biological homes. The children stated that changing schools was difficult and making new friends was challenging. They also discussed how the change in lifestyle impacted them. Many of them commented on the impact their social workers had on their lives. The youngsters even shared ideas on how to improve the foster care system.

In all, the children’s suggestions for changes in foster care had to do with keeping foster children informed about major events affecting their lives, reducing the upheaval and trauma associated with the events surrounding removal from their homes, and increasing information and contact among children, biological parents, foster parents, and workers. They thought that children, foster parents, own parents, and caseworkers ought to be better informed about the circumstances that led to the child’s placement, and of the child’s worries and problems; own parents should know that their children miss them greatly, and also what is going on with their children in the family foster home; and

children in care should know more about what is being planned for them by the adults (Johnson, Yoken and Voss, 1995, p. 973).

Gil and Bogart (1982) interviewed youngsters who were still in foster care. Their goal, "...was to allow foster children the opportunity to express their perceptions about the quality of care they receive, why they think they are in foster care, what they expect the future holds for them, and how they think the system could be improved for other children" (p. 7). While the questions the children answered were once again not designed to have them identify what would make them feel more comfortable, the children spoke about positive changes in their lives as a result of being in foster care. "On the Behavior Checklist, children in foster family homes reported a more varied diet, more opportunities for interpersonal relationships with friends, more positive family relationships, and more personal belongings and privacy" (Gil and Bogart, 1982, p. 8). Of the children in the study 85% indicated they felt safe and secure in their foster home.

The one question across several studies which yielded specific behaviors that children would like to see or have in foster care, was the question about what they would recommend be changed in the foster care system to make things better for other children. Gil and Bogart summarize it this way: "Children in foster family homes suggested that foster parent's play games with foster children, give love and affection and allow foster children more freedom to make their own choices. One child offered this advice to other foster children: 'Just pretend that your foster parents are your real parents, and everything will come out fine'" (1982, p. 8).

While each of these studies has something to contribute in terms of what the child would like to see changed in their fostering experience, none of them specifically

inquired as to what could be done to bring about change in the child's behavior. Given the profile of the child who enters care with developmental delays and aggressive behaviors designed to keep caregivers at a distance, is there anything that can be done to reach these children and bring about a change in their behavior? Some attachment problems are fundamental to the children's difficult behavior. One way to answer this question is to look at ways that attachment problems can be repaired.

Repairing Attachment Problems

The effects of abuse and neglect on a child can manifest in different ways depending on the child's own individual makeup. Not every child will act out their rage or unhappiness by pushing away their caregivers. Some children will repress this rage and appear quiet and compliant (Silver, Amster and Haecker, 1999). McQuiston and Kempe (1980) state that the following needs to be taken into consideration when evaluating the extent of the damage done to the child: the child's age when the abuse started; whether or not the abuse was continuous or sporadic; and what other benign factors were present in the home. The younger the child, the shorter the duration, and the presence of other benign factors are indicators of the prognosis for the child's ability to respond to treatment and be able to attach to another individual is good. However, in general then, the rule seems to be, intervene as early as possible (Kempe and Helfer, 1980; Karen, 1994). McQuiston and Kempe (1980) state that given the developmental delays that occur as a result of abuse and neglect, as the child ages they fall even further behind and become hardened and harder to reach, and consequently, the longer it takes to help them heal through treatment.

Attachment theory provides a treatment option for reaching the child who has sustained damage to the development of their personality and interpersonal relationships as a result of being abused and neglected. In addition to correcting the developmental delays referred to earlier, the child may need help with learning new ways of relating to others. Improved object relations, issues of trust, object constancy and separation – individuation, are all goals of such treatment.

Relationship problems will then persist, making the development of a trusting relationship a prime goal of treatment...Behavior extremes of withdrawal, wary and compliant behavior or aggression, and poor impulse control reflect the adaptive efforts of young children to cope with inconsistent and inappropriate expectations from their parents. This behavior also demonstrates how little they have been allowed to learn about more positive coping styles such as awareness and expression of affect, verbal communication, problem solving, negotiation, mastery, as, for example, through play. Their lack of joy or playfulness, their expectation of failure show their poor self-image and how difficult it will be for them to venture into new tasks and be available for learning. Sometimes they internalize the punitive qualities of their parents and abuse themselves (McQuiston and Kempe, 1980, p. 380).

When a child with this profile enters care, it is critical that they experience the continuous presence of one nurturing and caring caretaker who is responsive to the changing needs of the child. Often times the child must learn how to elicit appropriate attachment behaviors in order to have their needs met. For the very young, the caretaker will need to encourage any attachment behavior that is present as well as introduce other ways of getting one's needs met. Older children must first resolve the issue of trust before other developmental issues can be effectively addressed. McQuiston and Kempe (1980) indicate that structure, consistency, predictability, attention, and nurturing, from one primary caretaker is needed to help the older abused child learn how to have healthy relationships in which they can express their needs and learn to master their environment. The older the child gets before obtaining effective treatment, the more extreme their

behavior may become. It is at this point that the child may receive a diagnosis such as conduct disorder. The behaviors that may be seen are such antisocial acts as lying, stealing, fighting, or destroying other's personal property (Karen, 1994). Regardless of the age of the child, or the level of acting out, the first goal of treatment is to gain the trust of the child. Without this basic trust, it will be difficult for the child to be open to learning new ways of coping and relating to their world (Kempe and Helfer, 1980). This idea fits with the broader literature on therapy in general.

When looking at critical factors that contribute to bringing about change in therapy in general, Miller, Duncan and Hubble (1997) state that the second most important, next to extratherapeutic factors, is the client therapist relationship. "In this regard, when researchers ask clients about the helpful aspects of their experience in therapy, they rarely mention specific, model-driven interventions or techniques. Instead they consistently identify the same variables as therapeutic – for example, the importance of 'being respected, being understood and being cared for'" (Miller, Duncan and Hubble, 1997, p. 23). Miller, et al. (1997) address the characteristics that are necessary to build a strong therapeutic relationship which will serve to help the client bring about desired change. "The latest research and thinking indicate that strong alliances' are formed when clients perceive the therapist as warm, trustworthy, nonjudgmental, and empathic....The core conditions must actually be felt by the client, and each client may experience the core conditions differently" (Miller, et al., 1997 p. 28). Interviews of clients who have successfully brought about desired changes state that there was a difference in the caring they felt from one provider to another. The provider the client actually felt cared about them, was the provider that helped the client change (Miller et al. 1997).

Treatment Approaches

Once the child has been removed from their birth home, Martin (1980) offers several different treatment approaches. According to Martin, from a psychological standpoint, one of the foundations of building trust is stability. The child must feel a certain permanence about her surroundings. Therefore, it is important that the child not experience many moves as a result of being in foster care. When looking at treatment from a developmental line of mastery and competence, the child's innate drive to master her environment is the focus. Their previous attempts at mastery have been met with impatience and punishment. Thus, the foster parent's role as treatment provider is to focus on developing the child's sense of worth and competence.

One facility that is achieving a measure of success with this population is the Forest Heights Lodge. In their treatment of children they first identify the area in which the child is "stuck" or fixated, and then set out to correct these maladaptive behavior patterns by providing the child with experiences in which they relearn ways of coping and interacting. "We firmly believe that real change is based on relationships of trust and caring" (Fahlberg, 1990, p. 55). This trust in relationships can be seen in how the Forest Heights model uses time-out as a means of teaching a child instead of punishing a child for out of control behaviors. For a child with no attachment issues, sitting alone in time-out is fine, they trust the caretaker will not abandon them during this time. However, for a child with trust issues, being sent away to sit alone can be terrifying. Sitting is a term used at Forest Heights, for removing a child from a situation they have had an adverse reaction to. While the child is "sitting" a caretaker sits with them, helping them process through the emotions and behaviors. Thus, not only is the child told they are not being

punished, they actually experience not being punished by the fact that they are never left alone to deal with their overwhelming reactions. Discipline and control is taught and experienced through adult child interactions. An excerpt taken from the manual of one provider who uses the Forest Heights model reads:

“Discipline and Control Techniques

One-to-One – One adult and one child are close to, or with each other at all times. ‘You are having a hard time, you need to be with me so I can help you with that.’”

Sitting – Non-punitive sitting is a way to ‘stop and think’ or ‘work it out.’ The child is asked to take a seat while he works through three basic issues:

1. To clearly recognize his behavior
2. To come to the recognition of the reason behind his behaviors, which are usually intense and inappropriately expressed feelings
3. To consider alternative behaviors (choices) that will work out more effectively for him” (Zimmerman, 1999, p. 4).

Regardless of the treatment modality used to reach the avoidant or anxiously attached child, several researchers have cited the importance of one primary caretaker (Karen, 1994; Triseliotis, 1984). Often times, it is the existence of this constant, dependable, nurturing individual that enables the child to emerge from their previously learned patterns of interacting. “But it is often hard for the insecurely attached youngster to find such an alternate attachment figure because the strategies that he has adopted for getting along in the world tend to alienate him from the very people who might otherwise be able to help” (Karen, 1994, p. 231).

Since trust is fundamental to change, how do you develop a trusting relationship with a child whose ability to trust is seriously impaired?

Trust is learned very gradually, as a child moves from infancy through adolescence. Trust is built. Children not only learn whom to trust, but what these people can and cannot be expected to do...W.A.R. [World of Abnormal Rearing] children find themselves without such a foundation, or a very weak one at best. Instead of learning, as a young child, that people can be trusted, they learn that people hurt or disappoint...Over and over the W.A.R. child learns that when you

go to others and seek help, you usually end up wishing you hadn't asked. This is especially devastating when the other person is mom or dad (Kempe & Helfer, 1980, p. 45).

This study's aim is to look at this dynamic of trust, which is so fundamental to creating an environment for change. All of these theories on trust come from the perspective of the treaters. This paper wishes to add to the literature by obtaining the child's perspective on what helps them trust.

CHAPTER THREE

METHODS

The aim of this study is to look at the role of trust in foster care, from a child's perspective. In order to accomplish this goal, the study sought to interview adults who had spent at least one year in foster care. The part of the fostering experience that was particularly critical to the study was to see if the participant could identify what things were done or what things they wish had been done, that enabled them, to develop a trusting relationship with a caring adult. Children taken from their birth homes often exhibit behaviors that can make it rather difficult to get close to them. Foster parents often become frustrated and give up on trying to help. The researcher's premise is that perhaps there are things that can be done to reach these youngsters and thereby reduce the chance of disruption.

Creating the Tool

To get at the question of trust, the researcher drew inspiration from a number of sources. Abstracts from several sources were used to determine if there was a scale for measuring trust in children. Mental Measurements Yearbooks, Trust Scales (Rosenthal, Gurney, Ross & Moore; Armsden & Greenberg, 1994), and inventories of parent-child relationships (found in Touliatos, Perlmutter & Strauss, 1990), were examined. While the questions contained in the instruments were useful in formulating the final list of interview questions, none of the existing scales specifically addressed behaviors children might look for in learning to trust adults. Additionally, the paper and pencil scales and inventories do not lend themselves to probing for more data when answers to questions yielded significant data. That is to say, there were no follow-up questions on any of the

scales reviewed. If a respondent were to say, “I didn’t like it there. They simply were not nice people,” that would have been the end of data collection around that question. Any data that would provide insight into what specifically the child did not like about that family would have been lost.

The questions used in this study are designed to allow the participant to enter the interview process gently, delve into the heart of the experience, and then exit gently and terminate the interview with a sense of closure. The interview started with introductions that allowed the participant to discuss where they are in life now in an effort to reduce the anxiety over being interviewed. Following the introduction, the questions centered around the individual’s personal experience in foster care. For example, they were asked to think of a time their foster parent or parents were challenged by something or someone and recall how that parent handled the situation. Probes were used as the interview dictated. In this example, the probing questions would be, “How did you as a child respond in the situation? Did the way in which the situation was handled affect your comfort level? What was it about the situation that made you comfortable?” Vague answers were followed up with questions designed to get concrete specific answers. For the most part, follow-up questions were not generated ahead of time. Most of the follow-up questions were generated during the flow of the interview. The bulk of the interview process centered on the respondent’s personal experience in foster care.

Following this direct line of questioning, there are less direct questions. The less direct questions allow the individual to put some distance between themselves and their personal experience. For instance, there was a question that asks their advice for a child currently in foster care that was about the age they were when they entered care. “If I told

you this child was having a difficult time feeling comfortable in their current place, what would you recommend to that child?”

The interview was brought to closure by asking the participant what advice would have been helpful either to themselves or to the adults in their life at the time. The interview ended with the respondent being given a chance to make a statement about their thoughts or feelings that might not have been directly questioned. Additionally, they were given an opportunity to ask the interviewer questions. See Attachment 1 for the interview questions.

Participant Selection

In order to obtain a balanced perspective, the researcher sought to have a participant pool that was gender balanced and racially balanced. It was not particularly important for the participants to have had “successful” fostering experiences; successful is defined as those individuals who experienced a trusting relationship with a caring adult as a child. If the participants never received the kind of care they hoped for, or never experienced a trusting relationship with an adult, perhaps they were in touch with what would have helped them develop such a relationship. This, too, was considered useful information. If participants were able to verbally express what they experienced or wished they had experienced, this data would inform the study as to what things adult caregivers can do to foster trust in children who are placed in their home.

The search for participants began by contacting a number of people who had access to adults with experience being a foster child for at least one year. After receiving approval from the Institutional Review Board at Virginia Tech, the researcher forwarded a copy of the proposal to the governing office of Virginia’s Independent Living Program.

This program teaches independent living skills to teens who are about to age out of the foster care system. Once approval was received from the State headquarters of the Independent Living Program, the local city and county government coordinators were contacted. Two participants were recruited from this mailing. During this time one friend passed on an information packet. The consent form from this referral was returned immediately. For several months, the study had only the interviews of these three participants.

In an effort to reach the young adult population, advertisements were posted on bulletin boards in the local community colleges, as well as on List Serves and foster care websites. No participants were recruited through these methods even though information packets were mailed to several people who indicated they had access to former foster children.

Letters were written to the National Foster Parent Association, as well as the researcher's local church community, friends, family and associates. The last five participants were solicited through the researcher's network of friends and associates.

Those individuals who knew of someone who might be interested in being interviewed about their foster care experience then contacted the researcher. A packet of information was then sent to the contact person who forwarded the packet of information to the potential participant (see Appendices A through E). The packet contained a letter of introduction explaining the study, the role, benefit and risks of participating in the study, background on the researcher/interviewer, an informed consent and a self-addressed stamped envelope. The researcher received consent forms from those participants who were interested in being interviewed. At no time did the researcher

know the name or address for any potential participant prior to receiving that participant's informed consent. Once the consent form was received, the researcher contacted the potential participant and scheduled an interview.

Participants

The participants in this study were all over 21 years of age and were no longer in foster care. They all gave retrospective accounts of their time in foster care. There were seven participants ranging in ages from 21 to 60. Six of the participants were female and one was male. There were four African-Americans, one Asian-American, and two European-Americans. Geographically, the population represents the region between the midwest and southern Virginia.

The amount of time spent in foster care varied from one year to seventeen years. The participant who spent the longest time in foster care entered the system at the age of 18 months and aged out at 18. One participant was raised in various group homes. This participant's interview was included in the data collection since they had experience being raised outside of their birth home. The other participants spent time in foster homes. One participant returned to their birth home after being in two foster home placements. Six of the seven participants remained in foster care until either 18 or 21 depending on their circumstances. None of the participants interviewed for this study were adopted. Although they were never adopted, the five participants who reached adulthood while in foster homes see themselves as an integral part of their foster family and continue to maintain familial contact. Of the six raised in foster homes, two lived with either blood relatives or friends of their biological parents. These two seem to have the strongest ties to their foster homes.

The participants' profile is representative of the behavioral and adjustment characteristics discussed in the literature on children in foster care. When these participants entered care they had speech and language disorders, eating disorders, attachment issues, and feared intimacy. Additionally, they represent a pool of children who had been sexually abused, psychologically abused and neglected in their birth homes. Several had been exposed in utero to alcohol and drugs.

In an effort to have the participants speak directly to the reader about their personal experience in foster care, following is a brief overview of what made each participant's perspective unique.

PEGGY

Peggy is a European-American female in her late thirties. She is married and works as a web application developer. She entered the world of group homes at the age of 13. One day without warning, her mother sat Peggy and her sister down and informed them that the gentleman who was joining them was there to take them to a home away from home. "She, uh, we were somewhere, I can't remember where, but my mom told us to meet her somewhere at this place, and we met her there. And we did not know what it was about. And she was there with a lawyer. That's when she told us we were going to become wards of the state." Peggy was devastated, but came to understand that no matter what she did, she was not going to have a chance to live with her mother again.

Even before being sent away from home, Peggy states that she never felt close to her mother. Peggy always wanted to have an adult she could talk to who would understand her. She desired intimacy or closeness with an adult who could help guide her through her difficult teen years. Peggy says that even when she lived at home, she

and her sister always sought other adults to befriend, hoping for the intimacy they did not have with their mother. “So along the years I thought we were adopting parents, so to speak, to get that nurturing.” Because of her acting out behaviors, adults tended to treat Peggy as if she was “bad”. Her goal, as a teen growing up, was for someone to see she was not “bad”, and to speak to her in a manner that was nurturing instead of condemning. Speaking of an experience in which she connected with a nurturing adult, Peggy says, “I felt comforted, and that’s what I needed. It’s almost like a sigh of relief, ‘Oh my God, someone’s comforting me and not saying that I’m this bad child,’ and that’s what I needed.” Today, Peggy works with teens, speaking to them in a nurturing manner in an effort to help them feel heard and understood. Peggy says it helps her to give what she wished she had as a youngster.

LYNN

Lynn is an Asian-American in her early twenties. Lynn lives at home with her last and best foster family while she works as an environmental engineer in the healthcare field. Due to her mother’s inability to care for her, Lynn spent over 11 years in foster care. Through this time, Lynn lived in several foster homes. Lynn views foster parents as people who are given the opportunity to care for someone. It is important that the foster parents not abuse this opportunity and instead use it to communicate caring to the children in their home. The foster parents are to make the children feel loved and cared about. Lynn states that one way a foster parent can communicate that they care about the children in their home is by asking about that child’s views and opinions on things that affect them. “ Yeah. That’s a sign that the person really cares. They want to know how you feel. And that’s more like, is feeling. Being able to understand what the child is

feeling.” Lynn has forgotten some of her placements, but she does recall some homes that were unpleasant. Until her final placement, there were several homes in which Lynn did not feel welcomed.

LISA

Lisa is an African-American woman in her early twenties. Lisa works in retail and considers her final foster family her home base. The first time she entered care she was two years old. She stayed in care a year and lived with a friend of her birth mother’s. She returned home for a year and then entered care again when she was four years old. From the time Lisa was four until seven, she lived in four different homes. At seven years of age, Lisa returned home and remained with her birth mother until she was twelve years old. After giving her mother several opportunities to care for and raise her daughter, the child welfare system removed Lisa from her birth home one final time when she was twelve.

After such extensive experience in different homes, Lisa felt she was well aware of what she wanted in a foster home. She felt she was the one best suited to find a good family to live with for her remaining time in foster care. While she was in a foster home she did not particularly enjoy, Lisa sought a more suitable home environment. She went about looking for that foster home amongst the family of her friends and associates. One main criteria was that Lisa be able to get along with the other children in the home. As a pre-teen, Lisa had many invitations for play dates and sleepovers. She used these times to see how other families operated and to see which family made her feel the most welcomed. Those families who were particularly warm and inviting to Lisa whenever she visited were considered candidates for being Lisa’s next foster home. After searching

and finding that right home, Lisa informed her social worker. The social worker supported Lisa's choice and set out to make the necessary arrangements for that placement. Lisa is still a part of that family today.

MARIE

Marie is a 22 year old African-American woman. She is a college graduate who just recently aged out of foster care. Between the ages of 3 months and seven years, Marie was in and out of foster care. After being moved through multiple placements she settled into the placement she now calls home at the age of seven. Marie was placed with friends of her parents.

Marie remembers being a child in pain. While Marie was just a toddler when she was placed in her current home, she remembers her birth home as a place where she went days without food and clean dry clothing. She recalls friends and others donating food and diapers for her, however, her parents used these donations to purchase drugs. Marie's response to this deprivation was to emotionally withdraw. As a child she was withdrawn and quiet. The slightest change in her routine would cause her to have screaming and crying bouts. During this time, all Marie wanted was a foster parent to be sensitive to the pain she was feeling and to understand that her behavior was her way of communicating that she was in pain. She recalls wanting a foster parent who was patient and nurturing – someone who could show her a different side of adults – someone different from her birth parents. She says it's important that the child feel they are wanted in their foster home. Marie recalls thinking, "I don't understand why all adults are mean to me. What have I done for them not to just treat me as if I was a little kid instead of this piece of trash they wish they could throw out."

ANGIE

Angie is an African-American woman in her early thirties. She works in the healthcare field. Angie entered kinship care, or foster care with relatives, when she was five years old. Until the age of 18, Angie lived with relatives. Angie states that the two things that were most important to her that she never received during her time in foster care was information on why she had been placed in care, and a time to grieve the loss of her intact biological family. Angie's way of coping was to withdraw and to be a quiet good little girl. All the time she was hoping for someone to care enough about her to take the time to ask her how she was doing, what was she interested in doing, and what could they do to ease the pain of being away from her biological parents. Angie never stopped hoping for her return home. Since she had no information about home, she was not aware that this was no longer an option. "I think one thing that could have happened, that I harbored a lot of anger about everything, was because they didn't give me information. They wouldn't tell me okay, this is what's going on, this is what's happening. No one gave me that. And I think the very last thing that would have made my life a lot better is if they gave me a chance to say goodbye, and they never did."

TYRONE

Tyrone is an African-American male in his mid thirties. He aged out of foster care after entering the system as a baby. From birth to 11 years old he lived in eight different foster homes. Tyrone believes it is important that the child see they have a critical role to play in their being moved from one home to another. Someone should stop and ask the child what they think about it. How do they feel about it. He remembers his experience as a child and is hopeful that it is not being repeated today in the lives of

other youngsters in foster care. Tyrone recalls playing at school when someone in a government car showed up, put him in the car and took him to another home. He remembers how humiliating it was for him not to know what was coming when other kids on the playground would see the car pull up and would know. “With me, they used to just grab me, throw me in the car, pack my clothes and take me to the foster home.” As a young male child, Tyrone was so difficult to handle that until he was 11, there was not a single home that felt they could meet his needs. While Tyrone was a challenging youth, he had no idea why he was constantly being moved from one home to another. He just remembers wanting to have a place to call home – for good.

SADIE

Sadie is a European-American woman in her early sixties. In one year Sadie, aged 9 at the time, experienced two foster homes. The first home had no idea of how to handle her, a child who was so distressed that all she did was vomit, scream and cry. Even at night, haunted by nightmares, Sadie, sleepless would continue her screaming and vomiting. In response to this distressed little girl’s behavior, the first foster family would get mad and yell at her. Things were so bad during this time, Sadie recalls wanting to die. She says it would have helped if someone had just held her hand. After several months, Sadie was moved to a more patient and understanding foster home, where she felt the family wanted her there. Within days of being moved to this new home, Sadie’s vomiting, crying, sleeplessness and screaming ceased. Of this family Sadie states, “They were completely different. They were very caring people. They read stories. They took us for walks. I didn’t want to leave them when it was time to go home. This was a stable home.”

Confidentiality

The identity of the participants selected for this study has been kept confidential throughout the study. During the interview, transcription, coding and analysis process, the name of the participant was not written on the audiotape of the interview, nor on the transcription of the interview. A code was used in place of the participant's name. This code followed the data from interview through data analysis and will remain until the printing of the final document. At no time will the name of the participant be attached to the information that the participant has given the interviewer. Since the identities of the participants has been stripped from their interview, any of the quotes chosen for publication or presentation will have a pseudonym associated with the quote.

The Interview

In order to obtain the retrospective view of the child, direct interviews were conducted. Initially, the interviews were conducted in person. These face-to-face interviews took place in an informal yet private setting. The setting ranged from conference rooms in public libraries or churches to the privacy of the participant's foster home kitchen. When a face-to-face interview could not be arranged, a telephone interview was scheduled. Telephone interviews were conducted for participants who lived a considerable distance away from the interviewer or participants whose demanding schedules necessitated telephone interviews as a way of expediting the process. Telephone interviews were also audiotaped. On average, the interviews lasted 1.5 hours.

Three interviews were done face-to-face and four were completed over the telephone. The researcher found it difficult to maintaining a researcher's stance during the first telephone interview. The challenge was to keep the participant focused on the

questions without being seeming disrespectful. It is unclear whether or not this participant would have had difficulty focusing whether or not their interview was conducted in person or over the phone. After the first telephone interview, the researcher was careful to tighten up the questions, asking direct follow-up questions with minimal verbal responses that might cause someone to elaborate on a point from which the researcher did not need additional information. Telephone interviews could also be challenging in the sense that the researcher had no control over interruptions. The interviews were scheduled in advance for a time convenient to both the participant and the interviewer, however, the participants did have some interruptions occur during the interview. Only one face-to-face interview had an interruption due to a family member returning home briefly to pick up something they had forgotten. No interruptions occurred in the face-to-face interviews that took place in quiet conference rooms. Only the first telephone interview proved challenging to get the participant refocused on the subject matter.

Attachment 1 contains the list of questions used to guide the interview. The questions were open ended and designed to elicit the participant's views of what created a trusting environment. The list was used as a guide to the interview. As responses were collected, if the researcher felt one particular area was rich with data, then the researcher asked follow-up questions before moving on. Following is an example of probing for more data.

R¹: If I told you that I had a little girl around the age of nine that needed to be placed in foster care, where would you recommend we place her?

P: Where?

- R: Umhm. What type of home?
- P: I would ask more information.
- R: Like what?
- P: We know her age, and we know her gender, but what is her nationality?
- R: Say she is like you. Say she has a similar background to yours.
- P: Similar to mine.
- R: Umhm.
- P: And you say where would I place her?
- R: Umhm.
- P: I would actually place her with someone who can relate to her.
- R: Okay. What would that look like?
- P: And someone who can help her. If she had a backg..., if I knew I was looking at a file and her information was similar to Sally's, that's where she would go. Not because saying Sally can help her, but Sally should try to help her and be able to relate to her a lot better than Susie who came from a totally different background.
- R: Okay. When you say background, is it family makeup, is it culture exposure, is it environment? What type of
- P: All of the above.
- R: So match as many of those things as possible?
- P: Exactly.

¹ R: represents the Researcher's question or response and P: is the Participant.

- R: What if I told you she was having a difficult time feeling comfortable in that placement? Or in the placement where she is now. What would you recommend to the child? What would you tell her?
- P: What I would tell her is to tell them what would make her more comfortable. What can they do? They need to ask her and she needs to be able to express to them what would make me feel better. What would make things feel more comfortable to me. Because she would have to be able to find a way to trust and to open herself to them.
- R: Is there anything that you could recommend to the adults in her life that would help her do that? Help her open herself to them?
- P: To talk. To definitely spend time talking.
- R: Have them talk to her, talk with her?
- P: Talk to her. Try to find out, so they can help set her free. So they can dig down inside so that she can be free from unnecessary issues. Maybe she's thinking one way and the reality is it's totally different. And the other thing, you know what I find that is so important is to, once you can get them to feel more comfortable, well not once but along with getting them to feel more comfortable, is to making them feel good about themselves. To build their self-esteem right away.
- R: And what do you do as a foster parent to build their self-esteem?
- P: Encourage them. Spend time with them. Make them appreciate and feel good about who they are. And like every part of themselves, because in liking themselves they can accept others too. And say if they come from,

my background before going into foster care is different from a lot of other people. I mean some parents may have been drug abusers, things of that nature. So mine is different, but I still came into foster care regardless. And I still had my own issues to deal with, but I needed to feel good about myself. Even worst case type of parent, whatever that may be, it makes the child, when they feel good about themselves, they can actually still feel good about their parent, regardless of what they've done, but to the point of wanting to help the parent in a sense. I don't want to be talking with myself. Can I go into an example and then?

R: Oh, that would help tremendously.

This example of probing where the data is rich is particularly important because it was at this point that the participant began to trust the interviewer enough to open up and share what she had been hinting at the whole first half of the interview. This was a significant turning point.

After each interview, the questions were reviewed to determine if they needed to be modified in order to better address the issue of trust. Over the course of seven interviews, the questions were revised very little. The researcher let the flow of the interview determine the order and determine which questions were to be asked. By the second interview, if there were elements of trust mentioned in the first interview but not in the second, the interviewer would ask the participant if the missing elements were relevant to them in terms of what they needed to build trust with a caring adult. For example:

R: Is there anything else you would like to add?

P: No.

R: I'd like to run some ideas that other people have shared with me by you.

P: Okay.

R: Two things come to mind. One is I heard people say in terms of nurturing, food was very important. Having food readily available. Preparing it so it was tasty. Being asked what their favorite foods were and then having them prepared. For some people that was an important nurturing piece. Did food play an important part in you care, or not?

P: No, because I was so used to not eating for long periods of time, food was never a big part. When I ate, I ate. There were times when I hardly ate at all, so that was not really a big part. Not a major factor.

By the fourth interview, similar elements or themes of trust building components were mentioned by the remaining participants. However, one new element surfaced after the seventh interview. This was the element of grief and how the foster parent handles the grief the child experiences when they are removed from their home. Had grief surfaced sooner in the interviews, the researcher would have asked those participants who did not mention it, if grief either did or did not play a role in their ability to trust and feel comfortable in their foster homes.

Data Analysis

The interviews were transcribed into Ethnograph by the researcher/interviewer. Each 1 hour interview was approximately thirty pages of transcribed data. Beginning with the first interview, each sentence was open coded. The goal of coding was to determine what specifically was being communicated by the interviewee. Interviews one

and two were coded looking for general themes and areas of significance. The process of data analysis was conducted in conjunction with data collection (Strauss & Corbin 1990).

By the third interview, the goal of coding was to get more detail on the general themes that had surfaced in the first two interviews. Based on Strauss and Corbin (1990), it was the researcher's goal to, "In each instance of data collection, ask for evidence of significant presence or absence and ask why? Why is it there, why is it not there and what form does it take?" (p. 190). The researcher wanted to know specific behaviors and actions that went along with the participant's feelings, thoughts and opinions. The interview protocol was modified by adding follow-up questions in the areas where the data seemed to be rich yet the previous questions had not probed deep enough to access all the available information. For instance, if the participant's view of their behavior upon entering the foster home was problematic, the researcher would get specifics on what behaviors were present. How did the foster family handle those behaviors? What about the foster family's response either did or did not increase the participant's experience of trust in that home? The goal was to ensure the questions addressed areas of information where the researcher believed there was more data to be gathered.

As the third and subsequent interviews were transcribed, additional categories surfaced. As additional categories surfaced, earlier transcripts were reviewed to determine if these categories were present then and just not noticed, or were they completely new. As the list of categories grew with each transcription, the goal was to consolidate categories under larger, overarching themes. One hundred and one categories were condensed into four overarching themes with supporting themes and categories listed under the major themes. The process of determining how the themes related to one

another took place as coded terms were organized into groups. Several models depicting the relationship among themes were drafted and then compared to the data to determine if the graphic display accurately captured the ideas expressed in the interviews.

The findings were presented to a foster care professional for their input on the results. After reviewing the transcripts, there were discussions with the researcher about categories and themes the professional believed were present in the data. Surprisingly, the professional in many instances came up with the same terms for many of the categories. In other instances, the terms they used were synonyms with the terms used by the researcher. The professional's focus was on the relative importance of each theme presented by the participants. For instance, being heard and validated was considered to be an important element in building trust with just about every participant. The fact that this category showed up several times in most of the transcripts, to this professional meant that category played a significant role for a foster child developing a trusting relationship with a caring adult.

The hypothesized model and relationship of themes was presented to the professional for their input on its validity and possible modification. Based on the feedback received, the final model was formulated. The model itself did not change much, however the relative importance of certain categories and the role they played in developing trust was altered. For instance, the foster care professional thought as a result of experiencing cared about behaviors, the child felt wanted. From this feeling of being wanted in the family came the turning point. This change was reflected in the model.

As a final validity check, the results and model of trust was sent to the participants for their input. Of the three participants the researcher was able to reach, all three stated

that the results were exactly what they had said. One participant expressed their gratitude for being allowed to express their thoughts about their experience and said that the results captured what was discussed in the interview.

Researcher's Role

The perspective of the researcher was as one who had experience as both a foster child and a foster parent. At birth, I was placed with a great aunt, who was my maternal figure throughout my childhood. When I was nine, she had a nervous breakdown due to alcohol abuse and I was placed with strangers for a year. I returned home after this year and stayed there for about two years before being removed again. This time the courts placed me with extended family for a year. Given this background, I have had experience living in the home of strangers and family or kinship care.

The lack of stability coupled with chaos in the home left me with emotional pain and hidden scars. As a teenager I had a friend who entered counseling. Through her experience I learned of a way of achieving help in dealing with some of this internal turmoil. Unfortunately, because I achieved in school, was well behaved and had a pleasing personality, no one believed I needed the help I was asking for. At the age of 14, I became fairly clear that my life goal was to be a therapist who would help children like myself, who experienced the stress of being removed from their homes.

As a part of the information and consent package, the participants were informed of the researcher's background. It is believed that the knowledge of the interviewer/researcher's background provided the interviewer with an immediate rapport with the participants. Oakly (1981) states that one finds out more about people during an interview when, "...the relationship of the interviewer and the interviewee is non-

hierarchical and when the interviewer is prepared to invest his or her own personal identify in the relationship” (p. 41). This sensitivity was reflected in the nature of the questioning, especially in the beginning as the two were getting acquainted. The interviewer paid attention to how much to ask about the person’s history. When they were telling of their personal experience in care, the interviewer was able to provide a sympathetic and understanding ear.

To prevent being overly familiar with the data that was being presented, the researcher read articles and books that recounted other’s foster care experiences. Additionally, other foster care studies and the views of child welfare professionals were read in an effort to bring objectivity to the interviewing process. As the interview progressed, the researcher maintained a stance of, “I have a shared experience, yet your experience was different from mine. Tell me about your experience.” By asking open-ended questions and using follow-up questions to get them to give details about their experience, the interviewer was able to maintain objectivity.

Wolff (1964) states that the best way to maintain objectivity in research is for the researcher not to distance themselves from what is being studied but instead to get close to the phenomena being studied. According to Wolff (1964) this objectivity is achieved by, “total involvement, suspension of received notions, pertinence of everything, identification and the risk of being hurt” (p. 236). As a researcher, I did view everything that was revealed as something totally new. To this end, when coding a transcript, I used the frame of, “What is this person trying to tell me here?” There was an immersion in the data in an effort to understand the other’s experience so as to be able to more accurately report the findings. “Working from a base of shared reality, the insider can get closer to

the “other’s” domain of experience. In so doing, the insider is afforded an intimate glimpse of the other’s reality, which, in the currency of objectivity and validity, is of considerable value” (Daly, 19 p. 114).

Attachment 1

- Tell me a little bit about what you have been doing now since you left foster care.
 - Are you attending school or working? If in school, what are you studying?
 - If working, what is your field?
- If you are comfortable doing so, will you tell me about how you came to be a foster child?
- When you think about your time in foster care experience, do you recall a time when your foster parent or parents were challenged by something you or someone else in the home did?
 - How did they handle this situation?
 - How did you or the other child respond?
 - Did you feel that the way they handled this situation had an impact on your comfort level? In what way?
 - Was there ever a time when you felt comfortable in your foster home? What was it that made you feel comfortable?
- Did you have an opportunity to see how other youngsters in foster care were getting along? If so, I'd like you to think about the ones that seemed to be getting along in their foster home. What do you think was critical to making their home a comfortable one?
- What would you say is an important factor in making someone feel comforted and nurtured?
- Some people say trust is an important factor in making someone feel comfortable in a relationship, do you agree or disagree?
- When you think about your foster care experience, do you recall a trusting relationship you had with an adult?
 - What about the relationship made you feel it was a trusting one?
 - What did the adult do to make you feel trust?
 - What did you do to foster trust in this relationship?
- If you didn't have a trusting relationship, what would you have wanted in such a relationship?
 - What could the adults have done differently to foster such a relationship?
 - What could you have done differently to foster a trusting relationship?
- What advice would you give foster parents about building trusting relationships?
- What advice would you give foster children about building trusting relationships?
- What are the biggest barriers to trust for children in foster care?
- If I told you about a younger brother or sister, say around the age of nine, that needed to be placed in foster care, where would you recommend they be placed?
 - What is it about that place that makes you recommend it?
 - If I told you that child was having a difficult time feeling comfortable in their current placement, what would you recommend to that child?
 - What would you recommend to the adults in that child's life?

- What would you say were the factors leading to the difficulty in the relationship?
- Looking back on yourself when you went into care, what advice would you give yourself now?
 - What advice would you give your foster parents?
- Do you have any advice for any of the other adults in your life at that time?
- What advice would you give the foster care system to help improve the environment for the children?

CHAPTER FOUR

RESULTS

This research asked adults to describe their experience in foster care in terms of trust. First there will be an overview of the categories that surfaced in the interviews followed by a discussion of how these categories relate. Next there will be discussion of these categories in more detail. Four major categories surfaced as being important to the development of trust in these former foster children. The theoretical relationship among these four categories provides a glimpse at one possible model of how these adults as children built trusting relationships while in a foster home environment. (See Figure 1)

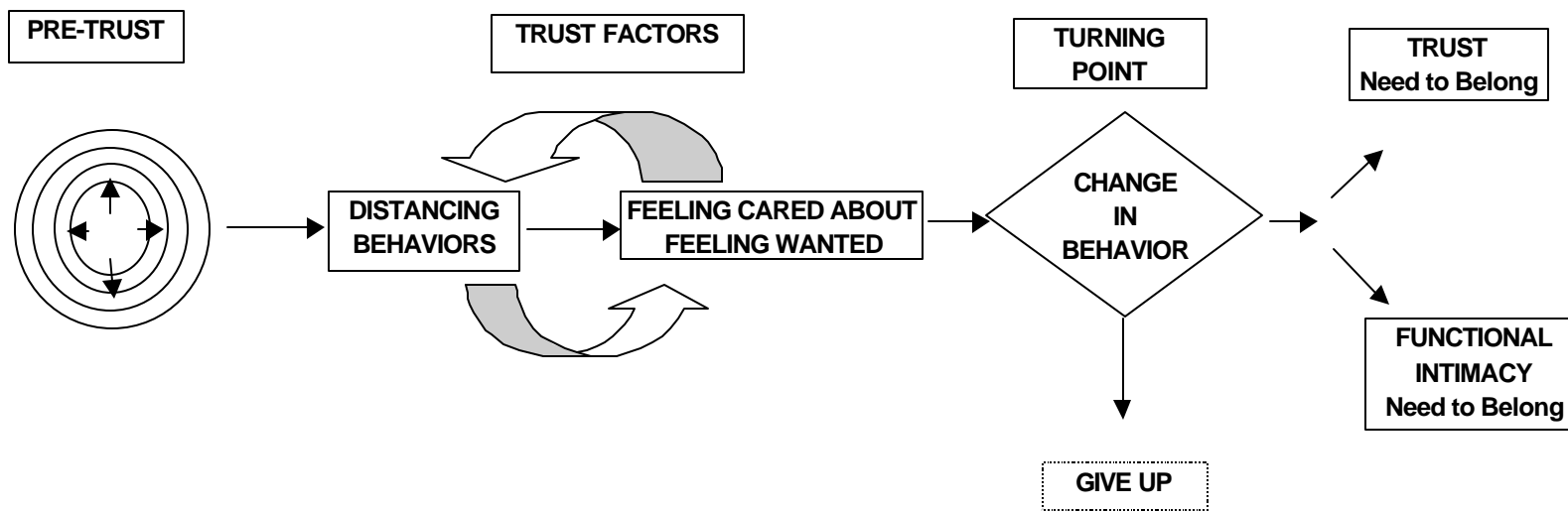
As children they were removed from their home where trust either was or was not experienced. Depending on the way in which they were removed and depending on their home environment prior to being removed, it is possible as a child they entered the foster home setting with **barriers to trusting** the strange adults with whom they now have to live. One participant, for example, gave the following advice to foster parents encountering a new foster child.

P: They have to be willing to know they are going to have a hard time for a little while. Because a child who has been abused and comes into a home is so scared of everything, that they can't even accept someone being nice. (See Figure 2)

If nothing happened to break down these barriers, as children they stayed locked inside themselves; afraid to share their thoughts and feelings, thinking the world either doesn't care or the world is a frightful, hurtful place not to be trusted. Although as a child they are scared they are constantly gathering data looking for that time when they can

FIGURE 1

TRUST MODEL



BARRIERS TO TRUSTING

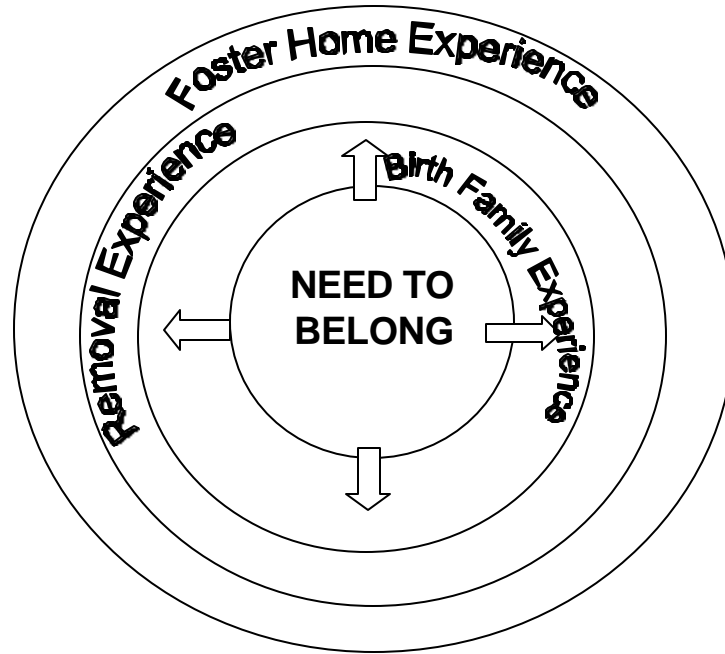


FIGURE 2

emerge from their shell. There is a need or drive to trust that does not go away. Two participants made this explicit in their interview.

P: 'Cause you're always looking for somebody to trust....I think I was willing. Like I said, there was a need in me to want to trust.

They were waiting to have an adult **care for** and **nurture** them in a way that made them feel valued, special and important. Despite the behaviors they might have exhibited, these foster children wanted an adult to see beyond their defensive behaviors and to interact with them in a way that made them feel good about themselves.

P: What did she do, umm. I mean she was always there when I cried. She would come in, hold me. When I was just having a rough time, she would just let me know that it's okay. That nobody is going to hurt me.

This caring adult had to persist in her positive behaviors until such time as these children were able to believe that these behaviors are genuine and that the adult can be trusted with the child's feelings, thoughts, and opinions.

P: She didn't give up, and I remember I was pretty stubborn and it was a long time before I felt safe with her. (See Figure 3).

Sustained experience of caring behaviors contributed to the child letting down their barriers to trust. This time of transition is called a **turning point**. The foster child was now willing to trust the adult, and this change in attitude was evidenced by a change in the child's behavior. The level of trust achieved by these former foster children depended on the intensity, duration and consistency of experienced caring behaviors exhibited by the adult coupled

CARING BEHAVIORS

CREATING SAFETY	DOING THINGS	TAKE AN INTEREST
Say I'll be safe Say I'm protected Love between foster parents No physical, verbal or sexual abuse Consistent actions Congruent words and actions Care for me no matter what It's a feeling	Food is readily available Hold my hand Read stories Take for walks Discipline Advocate	Ask questions Inquire about my thoughts, feelings and opinions Listen to me Validate me Talk to me Give me guidance Patience

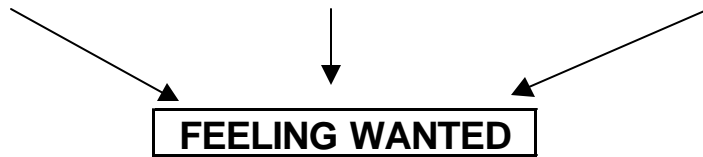


FIGURE 3

with the level of mistrust learned in the biological home. The data led the researcher to believe the child emerged from the foster home with a certain level of trust and sought intimate relationships with her peers in an effort to continue to grow. Thus, the behaviors exhibited by the caring individual had to persist until there was a shift. Regardless of what the child said or did, the adult had to maintain a caring environment until this stage was reached.

P: It wasn't anything that she really did, it was just a feeling that you knew that, I guess I would say that no matter what I did or said that she would always be there for me. That she would always protect me. She wouldn't let anybody hurt me. When you are constantly having something reaffirmed all the time, it becomes something that is okay. And when you see it and you feel it, then it's like okay. You have no choice but to start trusting. Something inside you breaks down.

P: Encourage them. Spend time with them. Make them appreciate and feel good about who they are. And like every part of themselves, because in liking themselves they can accept others too.

P: I felt comforted, and that's what I needed. It's almost like a sigh of relief, "Oh my God, someone's comforting me and not saying that I'm this bad child," and that's what I needed.

A turning point can be a single incident when a shift is noticed, or it can occur over time culminating in a noticeable shift in behavior. This was a time when all the memories of painful experiences were retained and could be recalled, however the child

was willing to drop the need to keep themselves protected from the environment and chose to interact with others on the basis of strong self-esteem, confidence in being themselves, and a growing ability to express their thoughts and feelings in words instead of behaviors. (See Figure 4) The turning point crystallized the foster child's experience of feeling cared about in this particular foster home. If the individual did not reach this stage as a child, they entered adulthood afraid to be themselves, still trapped inside. They seem to choose to either remain inside, with the belief that everyone and everything external has the power to inflict pain and they must protect themselves from such, or they choose to continue to want to connect and seek to do so through intimate adult relationships.

This drive for connection is referred to here as **a need to belong**. These foster children needed to have a concrete demonstration of the family's commitment to them. For these participants that translated into being adopted. Even those adults who have a good strong connection with their foster parents, have a desire to legally belong to that family.

P: Even when you are adopted, it's like there's somebody, another part of me. But it's even worse when you haven't any real roots or grounding....It would just be a perfect ending to that chapter in my life....so we had that discussion not too long ago and she said, "Well do you think you still need that validation?" I said, "Well, it would make me feel like I'm here your daughter because you say so. Legally, I'd be yours and you'd be totally responsible." She was like, "I been doing that for awhile [laughter], for all these years." She said, "It's your decision. You're a young adult."

TURNING POINT

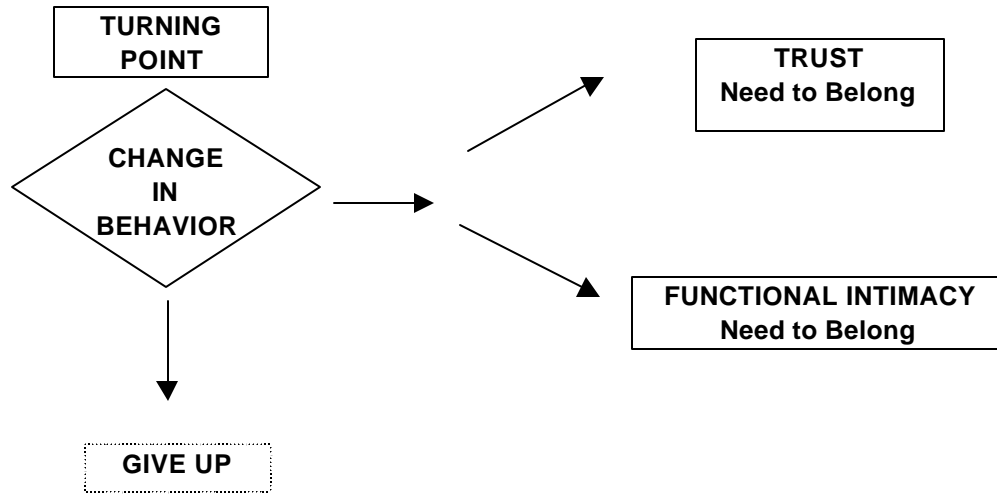


FIGURE 4

This feeling of belonging solidified the child's desire to be connected to something and someone. If they were able to obtain this connection while at home they entered the world with an experience of trust and with the knowledge of how to have trusting relationships as an adult. If the child or young adult emerged from childhood without the experience of trusting a caring adult, they seem to have been limited in their ability to form strong connections as an adult. This limitation is referred to here as functional intimacy.

P: I don't run from everything in life, it's just feelings. It's just hard. Now I can relate to children real easy. I adore my children....It's just real hard to be close to somebody my own level....I've lived alone for almost thirty years. I mean I have my children, but I have had no companion for over thirty years. (See Figure 5, same as Figure 1)

While the data did not support a **give up** category, it is hypothesized that not every child would be able to experience a trusting relationship with an adult. Children who have not seen family interactions on television or at their friends house, may not know that such a relationship even exists. For these children, it may be easier to give up on belonging in a family or feeling connected to an adult than exposing one's feelings to possible further rejections by the adults in their life.

Barriers to Trust

Factors identified as inhibiting or interfering with the development of trust are labeled barriers to trust. Barriers to trust develop from a variety of experiences. The interaction pattern found in these children's biological home contributed to the child not

trusting adults at all and is termed **birth family experience**. The way these children were removed from their home also contributed to creating a barrier to trust and is termed a **removal experience**. Finally, the **foster home experience** can contribute to barriers to trust. The way in which foster parents responded to the foster child being in their home seemed to either make the child feel comfortable and able to trust these adults or seemed

TRUST MODEL

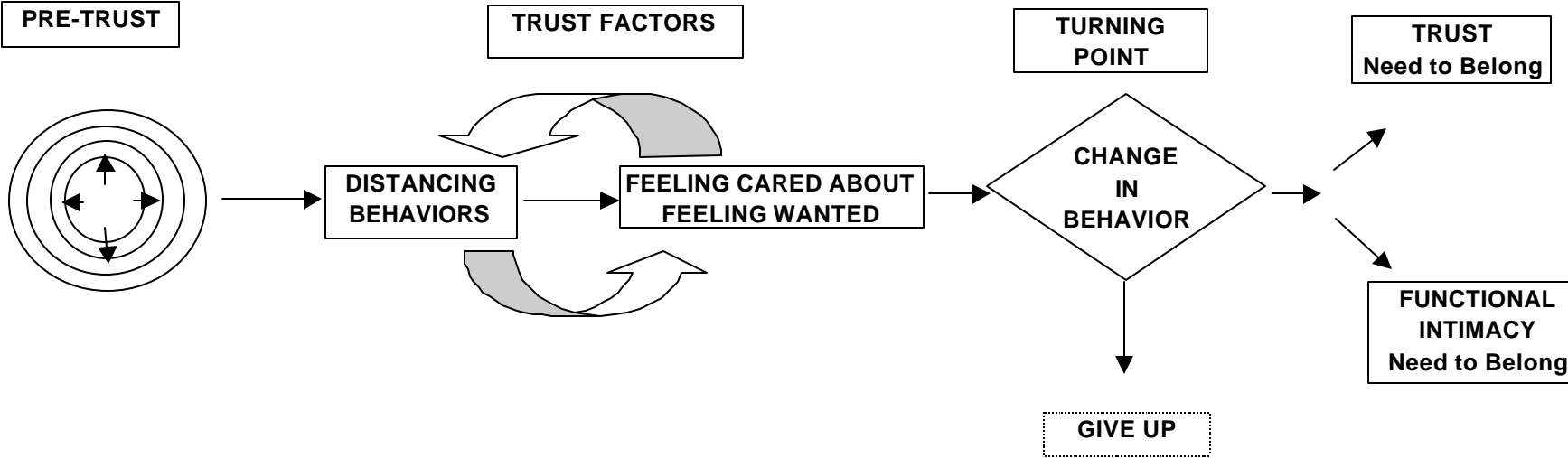


FIGURE 5

to contribute to the child remaining isolated from the family, fearful of trusting these new adults in their lives.

Birth Family Experience

These children entering the home of strangers, did not know how long they would be there, and so attempted to cope. These coping behaviors were based on what the child learned in the birth homes. If the child came from an abusive home, they may have experiences that told them adults were to be feared and not trusted and they developed coping mechanisms to ensure their survival in such an environment. These coping behaviors interfered with developing trusting relationships when they were moved to a less threatening environment. Some examples of coping behaviors that interfered with developing trust were vomiting, yelling, screaming, crying, and sleeplessness.

P: Well, actually, I felt sorry for the first family that had me. They were not nice people. They weren't. And they had three kids there that were also foster children, that were very cruel, but I threw up all the time, and I cried all the time...I threw up all the time. I ended up back in the hospital.

Sometimes even less overt behaviors interfered with the child establishing trust in their new environment. Three participants spoke about being silent. They kept their thoughts and feelings to themselves.

R: What advice would you give a foster child about building trusting relationships. Seeing what you went through?

P: To talk. To express yourself to them in the best way that you can. Because I wouldn't. See some kids do express themselves in ways that I'm sure the foster parent is not ready for.

R: What do you mean by that?

P: Because some children act out more, for instance, my sisters became very rebellious wherein, I was just withdrawn. I just wouldn't say anything. And I would go along with the way things went. I just whatever, whatever you said do, I just did... I just wouldn't, I just really wouldn't talk to anyone and I think if the child will at least express themselves. Tell them how you feel. You have to be free. Because you know that stress, that'll kill you. I remember because I would hold things in, no one would understand why I would break out, so bad. Any little thing. I spent more time in a dermatologist office because things would, I would just break out all the time. And finally, a doctor, again a doctor that actually was trying to find out information about me and cause me to talk,. And he said, "it's stress. This is what's causing you to constantly come to my office." You know I've had hives. I've had bumps. You know, rashes, and stuff. And then my hair would fall out all of the time. Just clunks of hair. And so it was stress.

One participant discussed testing the limits to see if anyone cared enough to stay in her² life.

R: What do you think, given your experience...were there any other trusting relationships that you had with adults coming up?

P: I mean uh, my therapist in boarding school. I trusted her, probably the most out of anybody.

² The female impersonal pronouns are used to discuss the participants. There was only one male, and if the proper pronouns were used, it would identify that individual.

R: What about that relationship made it a trusting one? What about the interaction made you trust her? What did she do to make you feel you could trust her?

P: I don't know. I always tested the trust thing, or tested the limits. Or tested whether she was going to still like me if I did this or that and she always

R: Give me an example, what did you do to test?

P: Um, I'm just thinking back to our sessions you know, I would, I don't really remember exactly, but maybe not talk through the whole session or something (laughter).

R: Oh, okay.

P: It took me a long time. I think I really remembered many, many months to trust her and finally talk and

R: So let's say one of the ways that you tested her was not to talk.

P: To see if she was still going to be there, or not. Always, I guess it always goes back to the bad kid, to see if she was going to stay at the other end and pull through.

One participant spoke about how silence helped her maintain hope that she would see her mother again. If she just held on a little longer, this experience of being in foster care would soon end. This participant had unresolved grief over being removed from her home. This grief served as a barrier the entire time she was in foster care. Despite the negative home environment, some of these children were attached to their birth homes. Given this attachment, the child experienced grief around leaving that home.

P: I could have at least expressed myself. And I was non-verbal. I just wouldn't talk to anyone. So I wouldn't let anyone know, well this is how I'm feeling. So instead I end up holding all that in. Things could have worked out a lot better, if I would have just been more verbal...my mother ended up dying, which meant I was never going to go back home. Probably at that point, nothing could have been worse, because at least there was always that hope that, I'm not going to stay here anyway. I'm going to go back home and I thought, don't worry about it, it's going to be over, and you're going to be able to go back home. But unfortunately that never happened. So no one really could have broken the ice with me.

Several participants discussed the role of grief and how it prevented them from being open to trusting in their foster homes. Grief seemed to be a part of the process of being removed from one's birth home, however, the children did not feel that they received permission to grieve. These two participants talked about the importance of grief in their experience.

P: All children go through a grieving period though. I don't care how good you [foster parents] are to them. When they come into your home they are grieving for their mother or dad or whoever.

P: That's another thing I will tell a foster parent, allow the child to grieve. Allow them to grieve because that's the only way they are going to be free... And allow me to grieve. Because I was grieving when I got there because I didn't know why I was being taken away.

One basic birth family barrier is the fact that given these children's birth homes they simply may not know how to trust. This person talked about never having had the experience of a trusting relationship and not knowing what it meant to have a trusting relationship.

P: I guess not knowing how to trust. I mean you come from a place where you don't even trust the people you live with, it's hard. That is a barrier. Getting over the fact that you don't know how to trust. So learning how to trust somebody is a barrier. It's like you know, if you go into a foster home not knowing how to trust and there's nobody there to help you understand that this is how you trust, that's a big barrier.

R: You don't know, you don't know.

P: Right. Go on that, just trust me. That's just like somebody says love. And I don't know how to love. I'll love you the way that I see love.

R: Right. The abusive way.

P: Right and of things that are going on in their lives are done this way. This is how I see love. This is how I interpret love. So I'm going to give you the love that I know.

R: So that means acting out, and hitting and destroying property 'cause that's what they saw?

P: Yeah, and that comes with trust. "I don't know how to trust, but I'll show you what I think trust is. And it's not trust.

Removal Experience

The way in which these children were removed from their homes and placed in protective custody either set the tone for a trusting relationship in that new home or became a removal experience which contributed to a barrier to trust. Five of the participants spoke about being taken from home with no explanation as to why or how long they would be gone. One person was removed as an infant. As she got older she was told why she had originally been removed. The other participant was given up by her parents when she was just an infant. This person never knew why her parents left her and was told she had been abandoned on the steps of the Child Welfare Office. Six participants talked about the distress of being removed from their birth homes, given no explanation, and taken to the homes of strangers.

P:I can remember it as clearly as if it happened just yesterday. And so can my brother and sister, because we were not told where we were being taken. We were told we would see my mother the next day.

More than a year passed before this participant saw her mother again. Her mother was allowed to call once, only the child did not believe it was her mother, for she had no basis to trust the social worker who had not previously been honest with her. Without knowing the foster parents and without answers to their questions, these participants feared the new adults in their life and had no reason to trust or believe what they were being told.

P:They could have talked to me and said look, "Your mom is in the hospital and she's going to be okay. You know this is a temporary thing." No one told us anything. They just picked us up in the car and took us. So we didn't know

whether, I didn't know whether that was going to be the rest of my life or what it was going to be.

R: Now did they ever give you any information?

P: Never, ever.

R: The whole time you were away from the home you didn't know if it was going to be one more day or years?

P: I never knew until the day a social worker came about ten o'clock in the morning and told us to get our things together, we were going home. Of course, we didn't believe her so we were hysterical leaving this home. We didn't know where they were taking us, because they told us the last time we were only going for a ride and that we were going to see my mom the next day. So nobody believed them.

All of these participants expressed the impact of not being told any information around their removal from home. They didn't know they were being removed, they didn't know how long they would be away from home and they didn't know when or if they would return home. The lack of information played a significant role in creating a barrier to trust.

P: The hardest part was that no one would explain anything to me. And tell me what was going on. What was happening. How come I couldn't live with my mother again? Where is she? Is she okay? And who are these people? Because I didn't know....

P: She uh, we were somewhere, I can't remember where, but my mom told us to meet her somewhere at this place, and we met her there. And we did not know

what it was about. And she was there with a lawyer. That's when she told us we were going to become wards of the state.

R: ...What keeps children from trusting? Children in foster care?

P: I think what happens, what keeps them from not trusting is, it depends on the experience they came from. Because see, I, initially when I went to live with my [foster mom], I didn't know why I was being taken from my mother. So, it only made me think, "Oh, she doesn't want me. What is going on? Why are these people doing this to me?" Since no one initially told me why, it made me, in my mind, just have to think, this is what's going on, this is what's going on, so of course, after awhile you start thinking the worst things. So it depends on, I think the situation you came from. I don't think the barrier comes in the foster care. I think the barrier, the trust was already broken before hand.

Foster Home Experience

These children were not the only ones whose behaviors constituted a barrier to trust; foster parents also acted in ways that inhibited the child from trusting in their new environment. Each participant described how conditions in the foster parent's home, or how the foster parents handled stress, prevented them from feeling that they could trust anyone there. If a foster parent's response to their acting out behaviors was to yell and scream at them, the participants as children did not feel safe and were unable to feel that the home was one in which they could relax and begin to trust. One participant spoke about becoming more withdrawn every time the foster parent would yell.

R: Oh my goodness. Now how did they handle it? When you were throwing up all the time, and they had other foster children there?

P: They got mad.

R: At you?

P: Yeah, they got mad at me. And they'd yell at me at the table and everything. They were so disturbing.

R: When they would yell at you, can you remember how you would feel or what you were thinking at the time?

P: I just wanted to die. I wanted my mother.

Five participants spoke about homes they had been in where they felt the foster parents blamed them for strife in the home. These five also described having their coping behavior seen as an indication that they were at fault for the behaviors that were exhibited. Each of the five spoke about how it was disconcerting to be blamed and yelled at for things like vomiting, sleeplessness, uncontrollable crying, or unexplained rashes on their body. These were all things they had no control over.

P: ...And it was like I was just a bother. It was something to do. And she just couldn't wait to get me out of her house. At the time you can imagine there was a lot of emotional problems going on with me, so I wasn't adjusting well. She couldn't handle that. She was like, "She has too many problems, I can't handle this." It was just a lot of stuff.

Crying was a coping behavior several participants discussed using as a way of helping them deal with the stress. The foster parent's way of handling the crying either made the child feel wanted or it contributed to a barrier preventing the child from feeling

like they could trust the adult in the home. The way in which this foster parent handled the child's crying contributed to a barrier to trust. The behavior alone was challenging, but the parent's response kept the child at a distance.

P: No, it was just basically I cried a lot. I didn't talk. I really didn't talk. I hardly ate. So it was a little much for her. Too much for her.

R: How would she respond when you would cry or when you

P: She would just let me cry for or just the typical, "You better stop crying or I'll give you something to cry for." Or, "Go somewhere." Or she would send me to my room to just sit. That is basically where I spent my time.

The way the foster parent handled the crying either helped the foster child adjust to the new home or kept them wanting to return to their birth home.

R: What do you wish she had done instead, when you were crying? Do you have any idea what you wanted then?

P: I knew I wanted to go home. I guess I wish she would have understood.

R: How could she have shown she understood?

P: Realize I was ... in a lot of pain. And it wasn't because, not necessarily that I was trying to be difficult. It was just that I was in a whole lot of pain. And I just wish she had understood that. I mean she knew some of the history of why I was there. So, knowing, that, I wish she had been more sensitive to the fact that here is a six year old child, that doesn't know very much. And the things that she's gone through, I think she could have been a little more sensitive. I felt like I was a burden. And that's how she treated me.

These children built walls of protection around themselves to help them cope with a foster parent's negative reaction to their behaviors. These walls made the child that much more difficult to reach, and made it harder for that child to trust the adult.

R: What can a foster parent do to communicate that [the child is actually wanted in the home]?

P: Probably just, when they first come there, maybe just hold them or tell them that they understand what kind of problems they have, and that they will listen to them if you want to tell them something, and they won't get angry if you cry. People get very angry if a child cries.

R: Yeah, they do. As a child when you would cry or you would vomit, what did that do for you if they got angry when you would go through these emotions?

P: Just put me deeper in a shell. Just make me want to run even more. I'm still running. At my age, I'm still running.

If there was stress in the home due to marital strife, or economic difficulties, the child felt the tension and feared letting their guard down. One participant stated that the home simply did not feel safe. Even when the yelling was not necessarily directed at the foster child, it still affected her comfort level.

P: I just remember screaming all the time. Just her fussing and I laugh because now it's funny to me, but at the time all that is pretty frightening when you are small and don't know what is going on.... So I'm sure that added a lot of stress....

R: Now with...all that yelling she was doing at this time, did that effect your comfort level in that home?

P: Yeah, of course it would.

R: In what way?

P: Maybe because it made me more withdrawn. Like I said, I just didn't want to bring any arguing on, you know. And I think that was just, not that it made her a bad person, it was just that was the only way that she knew how to express herself. But it just made me more withdrawn at the time.

When these children were taken away from homes they recognized to be abusive, they were hoping for something better. Sometimes, the foster parent's behavior seemed to repeat the behaviors found in the child's birth home.

P: Well coming from the situation I was coming from, I wish she had shown me a different side of an adult. Of a loving adult. For instance, my parents were abusive, verbally and physically. They had taken me away from that situation and put me in a situation where there was someone who was still verbally abusive. So, I think one thing I would say, show me something different than what I've already experienced. And that's not what I got. It was like jumping out of the fire, into the frying pan. It was no better. If not, it was just a little bit...It was worse! Because I thought this was going to be a better situation.

Feeling Cared About

There were some behaviors identified as being helpful to the child as they sought to develop trusting relationships with their adult caregiver. These helpful behaviors were viewed as evidence to the child that they were cared about. Feeling cared about was a significant factor in the participant's ability to feeling comfortable enough to trust at least one adult. There were three factors to feeling cared about, **creating safety, doing things** with and/or for the child and **taking an interest** in the child. When a participant as a

child perceived that they were valued as unique individuals and not just as a role, (a foster child) or a commodity, (a paycheck) they felt cared about.

Creating Safety

For most of the participants who were coming from abusive and neglectful homes, the most important first step to building a trusting relationship was for them to feel safe in their new environment. Foster parents could communicate this safety through words, actually saying that the child would be safe in their home, or through actions. One foster family's action that communicated safety to this particular participant was seeing the foster parents' love for one another. This participant also stated that when she had a sense that they would not be physically, verbally or sexually violated in this foster home it allowed her to trust this foster family. When asked what she would tell this family based on her experience in their home, the participant replied:

P: Probably keep caring and letting the kids that come into their home feel like they are needed and that they are safe there. Safe is a big thing too. That no one will hurt them there. I think that was one of the big things, when I came into that second foster home that I knew my father or no one else would hurt me.

R: And what do you think it was about that home that gave you that feeling of safety?

P: The closeness between the mom and dad.

R: Tell me a little bit more about that. That's the first time I've heard that.

P: It was the closeness.... When the dad came home from work he was so glad to see his wife. They had no children of their own, he was so glad to see his wife,

that I felt secure. 'Cause my mom and dad fought all the time. I think if the husband and wife are close to each other, the kids will feel the closeness.

R: So you would tell those second foster parents, keep on loving one another. The love you have for each other, makes us the children who come here, feel safe.

P: Right. The kids feel like I did, you're safe there. They are not going to go away. They're not going to fight. Not that they're going to get along with each other 100%, but there's a difference between having a disagreement and hating each other.

Safety was also communicated through consistent and congruent words and actions. Five of the participants spoke about experiences in birth homes as well as foster homes in which what they were told was not congruent with what they saw. When they were finally in a home in which the foster parent's words were aligned with the foster parent's actions, this communicated safety and contributed to the child feeling they could trust their experience in this home.

R: ... can you tell me what it was about them telling you something that made you trust them versus when the social worker told you and you didn't trust?

P: I think it was not what they said, it was what I saw. I saw them as being honest open people.

R: So you saw their actions in alignment with their words?

P: Yeah. Kids, words don't mean anything to them. What you do means everything.

For another participant, consistent and congruent behavior was experienced as a feeling. Having her foster mother consistently say that she would be safe and protected

there, and then the child having the experience of being safe and protected communicated to the child that she could trust her foster mother.

P: It wasn't anything that she really did, it was just a feeling that you knew that, I guess I would say that no matter what I did or said that she would always be there for me. That she would always protect me. She wouldn't let anybody hurt me. When you are constantly having something reaffirmed all the time, it becomes something that is okay. And when you see it and you feel it, then it's like okay. You have no choice but to start trusting. Something inside you breaks down.

This participant thought consistency was also important, but she said the child does things to see if the foster parents will be consistent and continue to care for them no matter what behaviors they exhibit.

P: Like I said, they're going to test, test, test, and so I don't know, on Monday they break curfew. On Tuesday they do drugs, all these different days, if you, or whenever they come back home, the foster home or whatever, if you always are the same way, say to them, "We need to work on this." I think it really would have been beneficial if my mom had just sat me down for ten minutes. No distractions, no TV, just sat me down and said, "Okay, how are we going to work on this? You broke curfew." You know, just talk it through.

One participant had difficulty specifying what the foster parents had done to communicate safety. This person said it was just something she felt when she entered the home of these foster parents.

P: Put yourself in that child's place, for just a minute. Just imagine what it's like coming into a situation that you don't know nobody and just imagine that place that you come from. Just imagine it. And if you can just imagine it, then think about what you would feel whether or not you could trust anybody. Example being, seeing how she's been abused. Just imagine how you would feel and whether you would trust. And what it is that you can do to make her feel comfortable enough to trust you. And I think I would say, be really open to letting her know that it's okay, that's it's safe. And that you as the adult here won't let anything else happen to her. I don't know if there's something you can really say to a child to make them trust you. It's just physically letting them know, it's not touching somebody, it's just something about the individual that you know that you can trust them. For it's the way they live their life. It's hard for me.

Doing Things

While safety is the foundation, a second aspect of caring for these participants was labeled "Doing Things". When they as children felt safe they began to open to receiving nurturing in a demonstrative way. The caring adult's demonstrative behaviors communicated the fact that they value the child enough to do things with and for them.

The participants talked about several things that were done for them that made them feel nurtured and cared about. When they were nurtured, they felt cared about. For one participant a nurturing behavior was being fed and having food readily available. For another, nurturing was having someone hold her hand when she was experiencing a bad memory or having a hard emotional time.

R: What did you want, if you can think back to that time, what did you want your foster mom or foster parents to do during that time when you were vomiting and you were missing your mom?

P: I think just care. Hold my hand. Say I understand or I care. Anything.

R: Okay. Alright. So they could show that they cared by holding your hand or even saying that they understood?

P: Right. My mother always held my hand. So if someone had held my hand...

Later in the interview the participant was able to describe specific caring actions exhibited by the foster parents.

P:They were very caring people. They read stories. They took us for walks. I didn't want to leave them when it was time to go home. Neither did my sister, because my family, my dad being an alcoholic so bad, what he did was so disruptive, that this was a stable home.

In the interviews of three people the importance of discipline is discussed as a caring action the child wanted from the foster parent. While some parents may be reluctant to discipline their children, this participant viewed limit setting as a caring behavior.

P: I remember when I got to the juvenile prison I called my mom, because they said I could call somebody, and I called her and I was just crying and pleading, pleading with her and saying to her, "Mom, I'm not a bad kid. I just want to be loved." It's kind of hard to explain. I kept feeling so much like I wanted discipline. And she just, because caring, when somebody cares about you, people that are, disciplining you really do care, because it takes a lot to do that.

One participant stated that every foster child needs a foster parent who will be an advocate for that child. This former foster child recalls many of the things their foster parent went through to ensure that she received the best treatment.

P: It was like, it took a long time because of all the problems I was having so when she got me into therapy. And she got me into a special school for kids where, I really don't have a learning disability, but because of all the emotional problems that I had, she got me into this school for that. She was just really a big advocate for me. She was all about making sure that I was okay, and that I got everything that I needed. And that, I don't know that I was searching for it, but it's something that every little kid should have. Someone who is like an advocate for them, who is going to go to bat for them. And she went to bat. I mean it's just so amazing. Every time I think about it, she is what I think every foster parent should be. I mean she went to bat. She did things that most parents wouldn't even have through.

Taking an Interest

Another factor that contributed to the child feeling cared about was having the foster parent **take an interest** in the child. Participants discussed the importance of someone asking them questions, talking to them, listening to them and validating their opinions and perspectives. In order for there to be this kind of give and take in the relationship, the child had to be open to receiving the caring the foster parent was giving. A foster parent could demonstrate caring but it didn't increase trust if the child wasn't ready to receive it. This participant talks about being willing to trust.

P: I think I was willing. Like I said, there was a need in me to want to trust. And I wanted to be able to talk about things that were going on and I could feel it, and I was afraid....

Several participants talked about the importance of having someone ask them questions as a way of demonstrating that the adult cared about the child.

R: What was it he did that got you to talk to him?

P: Honestly? He just asked (laughs). He just asked me questions. See,...they wouldn't ask me anything. They wouldn't try and find out, you know, "how you feel?" No one would ever ask me any questions. So that was another reason why I didn't talk. Because they didn't ask me anything.

R: So it sounds like you wish they would have asked. You didn't tell them, but then they didn't ask either.

P: Exactly, exactly. (laughs) I think because I didn't say or do anything bad, they figured, well okay, everything must be okay with me. But the foster parents need to ask, and the child needs to let it out.

Several participants talked about wanting the adults in their lives to take an interest in them and to ask questions and seek their opinion. One participant talks about caring adults outside of the home for whom she babysat.

P: You know what's so funny is because for awhile, I didn't do anything special with this family, but babysit, you know. But the thing was, they talked to me. And they were very straight forward, and they were honest. And I just learned to trust them. But mainly because they talked to me. They asked me questions. They tried to find out what made me click. That type of thing. Where my [foster mom] I can

see her trying to do things on the outside, as far as like, we're going places together, we're doing things together, but she never would ask me, "How you feel? What's going on? What do you like? What don't you like?" She never. She would never ask me those things. I think she didn't want to know the real answer. She knew I didn't want... You know I think she didn't want to know the truth. She never, and I guess she just assumed that everything really was okay, but it really wasn't. Wherein this family, they just began to talk to me. They just began to ask questions and they saw, they began to, "Oh, you do that so well. Oh wouldn't you like to do that?" They would just encourage it. And they were honest with me. For instance, I remember I must have been about 12, or something, because I had, I used to babysit, so that means I had my own money, this is another thing, that I always loved makeup. I have so much makeup in my house, it is unbelievable, you'd think my name was Mary Kay (laughs). But I love makeup. During that time 10, 12, 11 years old don't need to be wearing a face of makeup. I would go and put makeup on and for instance, the husband, he would tell me, "... you know I'm not going to tell you what you should do with your own money. But personally, I think you're too young to wear that makeup. And on top of that, it's too much on your face. As a young lady, your age, you should not wear makeup right now. And you do not realize that is going to ruin your skin too early in life." You know very straight forward. And it made me really appreciate them, because I wanted someone to be honest and to tell me the truth. Just to tell me things period. That is what made me have a closer bond to them than to my [foster mom].

This participant talks about the patience the foster parent exhibited whenever she spoke to the child.

P: When I first came to this foster house, I was just quiet all the time, never expressed my feeling or opinions. She kind of slowly dragged it out. She seemed like the kind of person I could talk to. Part of being able to build it was just being able to talk to her.

Sometimes the caring adult in the child's life was a professional, for instance, their social worker, as was the case with this person.

R: ... Do you recall a trusting relationship you had with an adult while you were in foster care?

P: Yup. It was with my, I don't want to call her my CPS worker. ... What she basically did was she was the intermediary between me and my mom and my foster family. I could go and tell this woman anything. You know it seemed like she always was behind me. There have been many times when she went up to bat for me with my foster family. She was just always there. I didn't have to worry about anything. She gave me culture. She took me to plays. She took me out, and we just went out. And we would just go and have a picnic and it was okay. We talked about things. At that time sex was one of the big things that was bothering me and that I wasn't doing it and everyone else was. And I could go and talk to her about it and not worry about brimstone coming down on me....

An overarching theme expressed by six participants had to do with **feeling wanted** as a part of feeling cared about. Feeling wanted is an intangible quality that seemed to encompass all three of the feeling cared about qualities, establishing safety,

nurturing, and taking an interest in the child. Feeling wanted contributed to the child being able to trust their foster home environment. This former foster child sums up what was also said by the others.

P: You felt like they wanted you there. That they liked you.

R: Can you think of any one incident or particular experience you had that made you think, “Ah, they want me here.”

P: Well, even the first day that I came there, they told me that they understood that my throwing up and everything was not something I was doing deliberately. It was something I couldn't help doing. And they really wanted me there. And they chose me to come there because that was something they wanted. I felt like, you know someone wanted me.

The Turning Point

All seven participants discussed a time when they began to feel different in the foster home, a time when they felt they could either trust the foster parent or trust some other adult who was consistently present in their lives. As a child they felt there was at least one adult that viewed them with positive regard. They began to feel they had value and were seen for who they were. For some, this change in how they felt was evidenced in how they responded in a seemingly insignificant incident. Things a foster parent sees as a normal day-to-day act, had tremendous significance for several of these foster children. For others, the change was gradual but culminated in one interaction. One participant spoke about a significant change in how she felt from the moment she first entered the foster home.

R: ...Do you remember what it was that you did to foster trust and comfort in that relationship with that mom?

P: No, I don't. The only thing I know is I almost immediately stopped throwing up, stopped crying. That I was able to eat again...and sleep. I'd sleep a couple of hours a night. I was up all the time. I started very bad nightmares then. When I first got there and they would wake me up.

Two people talked about relaxing and being eager to see what it felt like to be in a home where they could have things to themselves like their own bed and bedroom.

P: She took me right when I was 11. And the beauty was it was the first time I had my own room.

R: Wow.

P: My own bed. And I never forget she was cooking a hamburger. Like I say, I was sitting there looking at this big hamburger on a bun, and was scared to touch it because I was so used to, I never had nothing, had a whole of nothing. And I was just looking at it. She finally told me, "That's for you."

R: That had to mean a lot.

P: ...Because, it was the first, she was the first person to give me the opportunity to have a whole hamburger. As I'm older now, the feeling ain't so much about the hamburger, it was about me experiencing a new experience that I never had. And so now I can see the power of it. Now that I'm older. 'Cause maybe then, you know when I just grabbed the hamburger and was happy eating it.

R: After she said that.

P: Yeah.

R: What did it say about you or about her, about that home when you saw that she was willing to give you a whole of something?

P: Well, it made me feel that I finally gotten somewhere. I belong. You know.

Six of the seven participants discussed experiencing caring behaviors consistently over a period of time in a nurturing environment, as helping them bring about changes.

R: Can you think of maybe the first time you shared something with her and what it was about that time?

P: Yes. It was probably around Christmas time and she was decorating the Christmas trees. She had so many. And so it was like you could tell. She was really lighthearted.

R: What was it about decorating the trees that made you think she was lighthearted?

P: Christmas, you know how Christmas is a time for getting together, warm. And it was like she had so many ornaments. She had an ornament for every year for every child.

R: So what did that say to you that she had that many ornaments by child by year?

P: It was like for each child each year, meaning like she cared. It was, she was there, warm. So I just told her, just gave her my whole lifeline.

As a child, this participant remembers wanting to have someone she could trust. When she found that adult she could open up to and communicate with, someone she felt really cared about her, she said it felt like something inside of her broke down. This breaking down possibly could have been the barrier or resistance to trusting a caring adult.

P: Yeah. 'Cause you're always looking for somebody to trust. Whether you will or not. And when you have someone sitting there saying those things, doing those things, and you have that need to want to trust in somebody, then they all come together, then there's a breakdown. It's like okay.

Another participant described her turning point experience like this:

P: ...I was afraid if I told somebody, for me it was like, okay, my problem where trust came in, just talked about stuff because when I told about some of the things that were going on it was like, "Oh, that's not true. You made that up. That's a story." And she was like when I said one thing, I don't know what I said to her. It wasn't like she said that's not true or you made that up, or making me feel like you're not telling the truth. It was like she was listening. You stop, and you're talking and you stop and you realize someone is listening to you, and they're not telling you to shut up and they're not telling you, you are a liar or you made that up. It's like she really believes me. And that comes in and that counts too, for I think that's really powerful. And you think oh, maybe I can trust her with other stuff. I mean she won't doubt you or make you feel like you're not telling the truth. That's showing that you can trust me.

More than one participant discussed wanting someone to see she was just a child in pain looking for someone to help her. When a caring adult can made the child feel that no matter what they as a child did, they would be loved, cared for and valued, then the child was able to bring about positive changes in their behavior. This participant talks about the importance of not being seen as a bad child.

P: ...just try and not see them as this bad kid, but to try and see the good in the kid. 'Cause it is there even though it may seem so hidden. It is there. And to realize all these kids want is to be loved. And the reason that they are doing this is because, the reason that they are acting out is because they want attention. They didn't get attention from their mom and dad and this is their way of saying, give me attention, and fix the family... and to not give up on them. Because they are always going to test. Test, test, test, always. To not give up on them,, even if they did drugs, or broke a rule, or whatever. Keep working with them. I think consistency is big. Because consistency will build trust. To think of them as just little kids who are not trusting. And to try and break through that and to gain some trust and respect because most likely they are acting out and they don't have a whole lot of respect for authority. So to build that. But then I think you build that by showing an interest in them. Because it's almost like a game...A challenge to see if, "How much I can do and you're still going to love me?" Kind of game or challenge, or whatever. But they really, I really believe in my heart that they don't really want to be that way.

Behaviors like vomiting, screaming, silence, all seemed to disappear when the child felt like they were being seen for who they were. One participant was able to articulate that being heard and validated for her thoughts and feelings is what she wanted. She stated that it would have made a significant difference in the way she behaved both in and outside of that home. One participant stated that when she felt valued by the adults in her life, it contributed to an increase in her self-esteem. This participant said it allowed her to feel free to be herself. This feeling of being free to be herself was a turning

point for this individual because prior to feeling good about herself, she remained silent, and withdrawn. Once she developed a positive sense of self, she was able to express her thoughts, feelings and opinions. She had this advice for foster parents who want to work on developing a trusting relationship with a foster child.

P: Talk to her. Try to find out, so they can help set her free. So they can dig down inside so that she can be free from unnecessary issues. Maybe she's thinking one way and the reality is it's totally different. And the other thing, you know what I find that is so important is to, once you can get them to feel more comfortable, well not once but along with getting them to feel more comfortable, is to making them feel good about themselves. To build their self-esteem right away.

R: And what do you do as a foster parent to build their self-esteem?

P: Encourage them. Spend time with them. Make them appreciate and feel good about who they are. And like every part of themselves, because in liking themselves they can accept others too. And say if they come from, my background before going into foster care is different from a lot of other people. I mean some parents may have been drug abusers, things of that nature. So mine is different, but I still came into foster care regardless. And I still had my own issues to deal with, but I needed to feel good about myself. Even worst case type of parent, whatever that may be, it makes the child, when they feel good about themselves, they can actually still feel good about their parent, regardless of what they've done, but to the point of wanting to help the parent in a sense.

Every participant spoke about this as the turning point the child hopes for. They said the child wants to feel like they fit or belong some place. When the barriers were

removed, the child was open to expressing and receiving caring which led them to feeling wanted, like they belonged. This receptivity to receiving caring was demonstrated through a change in the child's behaviors. Behaviors that previously served to keep adults at a distance are no longer operative. Once these behaviors were transformed, the child was able to interact with a caring adult in a more positive manner, which in turn contributed to the adult providing even more positive feedback for the child. This turning point was not always brought about by the foster parents. Four participants experienced a turning point as a result of the foster parent's behavior. Two participants experienced a turning point as a result of caring adults outside of the home. In one instance, the caring adults were a neighbor and a doctor, and in the other instance the adults were therapists and counselors.

Wanting to Belong

In this study, feeling cared about and experiencing a turning point did not solve all the foster child's intimacy problems. Without exception, every participant spoke about wanting to feel like they **belonged in the family**. The participants spoke about wanting a public or legal acknowledgement that they were family members. They recounted experiences of being told they were a member of the family yet when there was an extended family member's funeral, the foster child was not included in the plans. Five of the seven participants used a funeral as an example of being told they were a part of the family, yet there being circumstances in which they were excluded while other biological family members were included.

P: I don't know. I can't say that I do remember being comfortable. You know, you don't get invited to family things like the grandfather dies, you don't get

invited to that. Or you feel funny when you call somebody mom or dad when you're at a family member's house. You know there's no comfortability state, unless you're at home sitting watching TV. There's no comfortability state. You know, my foster dad would call me out in the grocery store. Like this is my little black baby.

P: And the reason I started putting that together is because I said, she ain't love me. She ain't give me her name. And then when I read in the obituary when someone in her family died, it wouldn't be momma and her two sons or son. It would be foster child. I used to hate that. I used to think, I ain't really her son because, when they her family and all of them. It wasn't none of you part of the family. It won't none of that.

Even the participant who returned home did not feel like she belonged in her birth home. This participant spoke about feeling wanted, at peace, being in a stable environment with caring, nurturing adults when in the foster home. This type of environment did not greet her when she returned home. She didn't feel like she belonged in the foster home, because she knew it was temporary, yet she didn't feel like she belonged in her birth family because there was tension and it did not feel like a stable place to be. Feeling like she belonged somewhere was an important aspect, which was missing from this participant's childhood.

P: Right. But you know, I never fit back in with my mom and dad. That time away was not a good thing. I never felt like I belonged anywhere after that.

R: You never felt like you belonged anywhere after that?

P: No. I never felt like I belonged to my family anymore. Well some of it was my dad went to jail because of me.... At that time I blamed myself. But, it wasn't my fault. I was three years old when my dad started that.

R: Yes, yes. Not your fault at all.

P: It was his fault. Even at age 11, he raped me. It was his fault. At that time I blamed myself, because my mother was angry and everything....

R: So even as comfortable as you were there, there was still that longing for

P: Right. I still wanted to be where my mother was. 'Cause the second home I was in was a much better home than the home I came from, or the home I went back to. More stability. More everything. But it's still not yours. I don't care what you're born into, that's what you want.

Legal adoption can give some foster children a feeling of belonging, at least in part. Of the six participants who did not return home, five emphasized the importance of being adopted. Adoption seemed to be the symbol that they had roots and belonged somewhere.

P: Yeah. I would really, you said foster? I would really, really tell them to take into consideration adoption. And if not, if not, because fosters are great, they just don't want to do the name thing. You know you can't identify with that, but it's good to have foster homes. Don't get me wrong. But man, try to find it in your heart to be (long pause) try to treat that foster kid like it's yours, you know? Don't, don't give that kid 'cause it's your sister's kid two pieces of bread and give the foster one. And don't not let him go because he's the foster kid. Or don't buy him the cheap tennis, because you know, you didn't get his check, you know?

No matter how much the foster parent sacrificed, if they didn't take the final step to adopt the child, the child felt something was missing. This person recounts many of the sacrifices their foster mother made for her, but it still wasn't enough to make her feel like she had a forever home.

P: Yeah. So she quit that job. Well, she didn't quit it, she just got stationed here. She talks about how she used to love to travel. She just really loved her job. It's just amazing that she made that sacrifice. The other thing is like, the problems that I had, and probably still continue to have, it's like when you are a foster kid and you are in the system for the majority of your life until you age out, you have a sense of not belonging. Even in a situation where somebody loves you very much. You still feel like you don't belong. I feel like I stay on the fence. And I know I don't want to ever have very much to do with my own parents because of the things that they've done and continue to do, but it's like you don't belong to anybody. It's like you are this individual without any true roots. I think about it like you know, my parents don't want me, but here's a person who loves me and wants to take care of me, but I feel like I have no legal rights to her. She has no legal rights to me. She never adopted me. At the time my parents made such a big deal out of it. And then you could get more help if you didn't adopt. It's really hard, but I'm at a point now where I'm older. But you still have that sense of not belonging to anybody.

P: My [foster] home, especially as the years have gone on, was a very comfortable home anyway. But it never made it, I was never very comfortable

because I just, it wasn't my immediate family. I just, and not because she didn't try to make me feel a part of her family, but that was just me personally. I just never felt a part because it wasn't my immediate family.

Summary

Based on the interviews of these seven participants, there seems to be a relationship between four major themes that contributes to a foster child's developing sense of trust in a foster home. These four major themes are Barriers to Trust, Feeling Cared About, Experiencing a Turning Point, and Wanting to Belong.

When the child entered the foster home there were three types of barriers to trust that inhibited the child's positive behaviors. These are birth family experiences, removal experiences, and foster family experiences. A caring adult in the child's life played a significant role in being able to break through these barriers to reach the child. When the child felt valued and was able to receive the positive regard that was coming their way, something in them shifted and their negative behaviors and defenses were released. The child was then able to feel good about themselves and exhibited this change in attitude by behaving in a more positive manner. However, once the child's behaviors changed for the better, there was still an issue of concern for the child. These children growing up in foster care had a need to belong to a family that they felt would always be there for them, no matter what.

CHAPTER FIVE

CONCLUSION & DISCUSSION

The goal of this study was to determine what, if anything, was done to foster trust in the relationship between a foster child and their adult caregiver. Seven adults who had spent at least one year of their childhood being raised outside of their birth home were interviewed about their experience. Six of those interviewed were foster children. One interviewee was raised in a group home environment. Their retrospective view on their experience provided insight into the world of a foster child.

Through the participants' willingness to share their experience, I learned some of what they as children looked for in deciding if the home they had been placed in was one in which the adults could be trusted. To begin with, for these former foster children and their foster families, building a trusting relationship was an uphill struggle. Given their childhood experience in the birth home and the manner in which they were removed from that birth home, these participants as children entered the foster home with a perspective that the adults there were not to be trusted, simply because they were adults.

A child learns an attachment style based on the interactions with her adult caregivers. It may take a long period of considerably different experiences before it will have an impact on the child's developing style of connecting to the adults in her life. If the adults in her life thus far have not been trustworthy, they have no reason to believe these new adults will be trustworthy. "Attachment theory suggest that these are young people who have internalized a view of the world as a hostile, rejecting place and that these behaviors are evidence of alienation from others. The behaviors also have the effect of alienating others and reinforcing the worldview" (Penzerro & Lein, 1995, p.

363). The worldview that their environment is a hostile place. Until such time as the child begins to trust at least one adult, the adults in her life must exhibit specific, consistent, caring behaviors that this particular child can receive before there will be a shift in the child's perspective about trusting adults.

This pool of former foster children spoke about the significance of caring behaviors. Caring behaviors that contributed to trust building included, being made to feel safe in the foster home, having someone demonstrate caring by reading to them, holding their hand when they were emotionally upset, or taking them for walks, these were all trust building behaviors. If the foster parent was consistently interacting with the children in a positive manner and said and did things that conveyed a congruent message that the child was important to the foster parents, then the child began to believe they had value to that particular adult.

The caring adult also had to demonstrate the child's importance by seeking their thoughts and opinions. If the foster parent took an interest in the child, this signaled the child's importance to the family and contributed to building a foundation for a trusting relationship. Once the child felt valued by at least one adult in her life, she began to feel more positive about herself. This positive self-regard translated into the child's willingness to share her thoughts and feelings with the caring adult. The participants spoke about a bond or connection that was established between themselves as foster children and the adult. This caring adult in the foster child's life did not always have to be the foster parent. As long as there was at least one caring adult for the child to forge a trusting relationship with, it did not matter if the child lived with them.

Of the six people who did not return to their birth homes, none were adopted. In the cases where the caring adult was the foster parent, there was a clear desire to view this relationship as a permanent one. All seven participants spoke about wanting to feel like they belonged in a family. No matter how long they had lived with this need to belong, it did not seem to go away. For these foster children there was a strong desire to feel like they belonged somewhere, forever.

What is interesting to me is that the data gathered in this small study supports what the attachment theorists are finding. “Like Winnicott, Heinz Kohut, one of the foremost explicators of narcissistic disturbances, believed that infants need deep and consistent appreciation. Babies crave having their performance validated, they need to be seen and loved for who they truly are, and they need to be given an ongoing sense of belonging” (Karen, 1994, p.390).

The results also supported the research by Triseliotis (1984) on identity formation and the importance of belonging. These were two significant themes contained in the interviews of these former foster children. The need for information was important to several participants. They felt that if they had been kept informed about the changes that were occurring in their lives perhaps it would have reduced their level of anxiety. Johnson et al., (1995) found the same to be true in their study. Children want to know in advance if their living arrangements are going to change.

Implications for Other Professionals

The information gained from this study could prove useful to professionals working with children in foster care. The information could be used to educate foster care workers and foster families on alternative behaviors and approaches that can be used to

reach children in care. For instance, as a foster care professional, if I hear of a youngster in care who is exceptionally compliant, quiet and withdrawn, instead of viewing this as a sign of healthy adjustment to that home, I might see this behavior as an indication that the child does not feel comfortable sharing their thoughts and feelings in that home. I might instruct the foster parents to gently ask the child how they are doing to determine if indeed everything internally is as it appears externally. Additionally, the foster care worker can inquire about the child's interests and determine if those interests or activities can be supported while in the foster care placement.

This material can also be used for training foster parents. In addition to training on ways to implement a behavioral management plan for children who need structure and limit setting, this material addresses the child's emotional needs as well. Foster parents would be instructed on how to communicate caring in a manner a child can hear. While the list of caring behaviors contained within this material is by no means exhaustive, it could serve as an excellent conversation starter for brainstorming other nurturing, demonstrative behaviors that might help a child feel respected and cared for while in a foster home.

I believe the lessons learned as a result of this study could help build trusting relationships between foster child and foster parent. The voices of this group of former foster children tell us of the importance of their feeling like someone cares about what they think and how they feel. They want to feel valued in their foster home. The child wants to feel good about the people around them and this in turn translates into feeling good about themselves. When they feel good about themselves they are able to interact with the world in a positive manner. Behaviors that had previously served to keep adults

at a distance are transformed into more positive attention getting behaviors. Instead of crying, screaming and vomiting, a child might sit down and talk to their foster parent about the things that are disturbing to them. Being able to communicate one's thoughts and feelings in words instead of behaviors is just one of the life skills parents hope to teach their children. A part of being able to share one's thoughts and feeling with another is the ability to trust someone outside of yourself. I believe this study has contributed to the body of knowledge that would serve to inform foster parents on ways in which to build trusting relationships with their foster children.

I have used the information from this study in the placement of three children in foster homes. When one child was distressed and cried for her mommy, I sat down and listened to her, validated her need to cry and express her sorrow, and then I asked if I could comfort her in any way. The child just looked at me. I then asked if it would help if I held her hand. She nodded her head, and continued to cry. I held her hand and just sat with her while she cried. After awhile I asked her what things from home were comforting to think about. She immediately started talking about her favorite doll she had gotten for Christmas, and pictures of mommy and daddy, and a cuddly teddy. Unsure whether or not these comforting objects could be obtained I simply made a list of what things she thought about and indicated that I would ask if we could get them. She was delighted and excited about the possibility of having some of her things in this unfamiliar setting that she began talking about home. Talking about home and her parents was something she felt she needed permission to do. After awhile she announced she was tired and felt ready to go to sleep. I left feeling positive about the interaction. The things I thought to do and say were directly attributed to the voices of those interviewed here as a

part of this study. With this particular sibling group, I continue to use what I have learned from this study. The information learned from this study can assist family therapists in their work with foster families by providing the child's view of what needs to happen in order to reach them. From a therapeutic point of view, I think it is critical to focus on the issue of continuing to value the child's opinions and to keep asking, regardless of the child's initial response. One participant was rather clear that it took them months of listening to the therapist gently and consistently ask them to share their thoughts and feelings before they had the courage to trust the therapist enough to open up and tell them exactly what was going on inside. This participant continually tested the "trust thing". In one instance they ran away from her therapist at a ball game. Expecting to be judged at the next therapeutic session they were surprised when the therapist announced disappointment and simply stated, "Well, we have some stuff to work on." This participant also tested the "trust thing" in therapy by not talking. It took them months to finally trust that this therapist was going to be there for them, no matter what. "To see if she was still going to be there, and not...to see if she was going to stay at the other end and pull through."

Extending the Model

According to the model that is hypothesized here, (See Chapter 4, Figures 1 and 5) the attachment style or level of trust achieved in the home accompanies the young adult as they enter the world. While this hypothesis is not supported by the data, for it was not a part of the investigation, it seems that if a child was able to trust at least one caring adult while they were growing up, then they have a foundation on which to build

and form new relationships as an adult. These new relationships can be those formed with co-workers, supervisors, neighbors, classmates, and intimate friends.

Within the field of attachment there have been studies looking at the role one's childhood attachment style contributes to one's adult attachment style. Based on the work of Bowlby and Ainsworth, Roger Kobak (Karen, 1994) studied teenagers and attachment. "This study suggests that young adults continue to be aided by the secure base they have had at home. It gives them the strength to do the adult equivalent of exploration – take risks, face challenges, be open to the new. In all likelihood, it also puts them in a better position to find a new attachment figure – and thus a new secure base – and to serve that role themselves....The lack of a secure base would seem to leave one struggling with a profound and painful loneliness" (Karen, 1994, p. 384).

Kobak's study lends me to believe there is a direct correlation between the attachment style one is launched with and subsequent adult relationships. However, research by two social psychologists, Cindy Hazan and Phillip Shaver of the University of Denver, determined that there is no direct correlation between the two styles of attachment (Karen, 1994). They published a self-report "love quiz" to study attachment in intimate adult relationships. The study also asked about childhood relationships to see if the respondent's view of their attachment style changed from childhood to adulthood. People tend to minimize certain aspects of their personality and also tend to focus on the positive. So it is possible that the self-report is not an accurate measure of one's attachment style in a relationship. No direct correlation was found between these two attachment styles. "It could, as Klaus Grossman suggests, represent an integration of past experience with all attachment figures, as well as the tendency to revert to the style

learned with the primary caregiver when under stress” (Karen, 1994, p. 389). The impact of one’s learned childhood attachment style and the integration of that with adult experience can prove useful to therapists working with individuals and couples on relationship issues. The research seems to suggest that any unresolved attachment issues can possibly be repaired in adult relationships.

Further Research

This research looked at only the foster child’s perspective. The findings would be greatly enhanced if both sides of the equation could be interviewed. Interviewing foster parents and their foster children would provide feedback on not only what the child or parent thought was going on but also on how these actions were interpreted by the other.

Additionally, it would be useful to interview children who are currently in foster care to see if the behaviors and issues they raise are similar to those provided in a retrospective view. Comparing the trust building perspective of adults who have never experienced being raised outside of their birth home to those of children reared in foster care or group home settings would provide a basis for further understanding the foster child’s unique perspective.

Limitations

The clinical implications of this study are limited by there not being follow-up interviews, the small sample size, lack of balanced gender representation and retrospective data collection. A follow-up interview after the initial round of interviewing all participants would have allowed the researcher to ask earlier respondents about themes that surfaced in later interviews. This would have provided knowledge on whether or not these later themes related to everyone or just a few.

While the sample size was small, the trade-off is that it allowed the method of study to be more in-depth. With a small sample size there is time to conduct a one on one interview in an effort to gather data. The interaction itself, between interviewer and interviewee also provides data for the study. The reaction of the researcher to the participant's response informs the study about the emotional content of what is being shared.

There were only seven people interviewed about their foster care experience. Of these seven, six were female and one was male. While all of the participants could not be termed "successful" former foster children, all of the participants are currently employed, have established families of choice, and are able to articulate their ideas in a coherent fashion. It was difficult reaching the population of adults who had previous experience as a foster child. Personal contacts and referrals were used to reach this special population. Therefore the pool of potential participants was limited by the researcher's network. Additionally, the study did not provide for interviews of adults who did not experience foster care as a child to determine what adult caregiver behaviors they found to be useful in building trusting relationships with those adults.

Another limitation is the fact that the respondents provided a retrospective view of their fostering experience. In retrospect one may not accurately recall the events and one's response to the events. "...studies of his kind offer data filtered by time and memory" (Johnson, Ruff, Yoken & Voss, 1995, p. 2). However, a retrospective view can also provide one with an objectivity about the experience. The intensity of the emotions and the need to preserve loyalties are no longer a consideration. While the time spent in foster care has expired, for at least one participant the issues raised by their fostering

experience are still being addressed between them and their foster care provider. This participant left that home almost seventeen years ago.

Summary

The goal of this paper was to address the issue of increasing numbers of children in care and decreasing numbers of serve them. Given all the complex issues surrounding this dynamic, the one I chose to focus on was what if anything can the foster parent do to address the child's behaviors that serve to keep them isolated from one another. The specifics addressed by the participants directly translates into attitudes and actions a foster parent can exhibit that will help foster a healthy, trustworthy connection between the foster child and foster parent.

The results of this research leaving me feeling hopeful about the future for children in foster care. With the identification of skills that can be taught to foster parents to help them help the "special needs" child perhaps there will be an increase in their satisfaction with serving this population. If the adult caregiver receives positive feedback that the service they offer these children is helpful, perhaps they will be more likely to persist in serving the child. This persistence might possibly contribute to a decrease in the foster placement disruption rate. A decrease in the disruption rate would aid the child in their attachment relationships and would also aid the foster parent with their satisfaction level. When everyone in the family is feeling that their needs are met, the foster family has a chance for changing the trust dynamics. Instead of barriers to trusting relationships remaining intact, and family members feeling alienated, barriers can now be broken down with family members being open to developing trusting, lasting relationships. Quite

possibly, building trusting relationships might be the way of providing a chance for change in the life of a troubled foster child.

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Appendix A

Letter to Foster Care Professionals

January 17, 2000

Dear Foster Care Professional;

Thank you for considering supporting this study. This study is designed to look at the role of trust in a child's experience in a foster home. Youngsters entering foster care today can present coping behaviors that make them difficult to parent. All too often these children are said not to fit well into families due to their conflictual behaviors designed to keep adults at a distance. Many times these children are moved from one home to another in an effort to find just the right fit. Each successive move impacts the child's self-esteem and further jeopardizes the likelihood that they will enter into a trusting relationship with an adult. This presents a challenge for the foster parent that has such a child in their home.

Foster parents become frustrated because their efforts are met with such consistent resistance. Over time, this frustration can overwhelm the caregivers to the point of stating that they are no longer able to care for the child in their home. Not only does this distress the child but it also distresses the caregiver(s) for they may feel defeated in their efforts to be helpful. Foster parents tend to be individuals who have a genuine interest in making a difference in the lives of the children they care for. When a foster parent's efforts are felt not to be productive, there is a tendency to blame oneself for the failure. So not only does the child end up feeling responsible for disrupting the placement but the foster parent feels responsible as well. Hopefully, from the information gained as a result of this study, foster parents and social workers will be able to determine what things can be done to build trust and foster successful placements.

In support of this project, I am requesting that you forward the enclosed informational letter of introduction, questionnaire, and informed consent, to any young adult you may know of who has had experience in of foster care. If they are interested in participating in this study there are instructions included which direct them to complete the forms and return them in the stamped envelope addressed to the researcher.

All participants will be given an opportunity to review the findings of this study, void of any identifying information, so that they may know how their responses and perspectives compared to those of other young adults with similar experiences.

If you have any questions or concerns please do not hesitate to call. I will return your phone call as soon as possible. Thank you for considering support of this project.

Michele Coleman
Virginia Tech Master's Candidate
(703) 912-3967

Appendix B

Letter to Potential Participants

January 17, 2000

Dear Former Foster Care Recipient;

Thank you for your interest in participating in this study. This study seeks the view of the former foster person in determining what behaviors, and relationships helped them feel comfortable and nurtured. I will be looking at what things the adult care providers did or could have done to create an environment in which you felt you could relax. Hopefully, from the information gained as a result of this project, foster parents and social workers will be able to determine what things can be done to foster a nurturing environment in which other youngsters in foster care can feel comfortable enough to begin to relax and grow.

The information you share with me will be confidential. Your personal responses will be combined with the experiences of other young adults, like yourself, and used to inform foster care professionals and providers about some general ideas of what can be done to improve the foster care home. A general summary of the findings, without any information that can identify who made the statements, will be given to all participants so that you may know how what you said compared with the experiences of others who have also just recently left the foster care system.

Attached is a background questionnaire and a consent form that will allow me to contact you by phone. If you are still interested in participating, please complete, sign and return the forms in the enclosed self-addressed stamped envelope. By signing and returning the forms, you are not required to participate in this study. The researcher will contact you by phone to answer any questions you may have regarding the study and to schedule a convenient time and place for an interview.

If you have any questions before you sign and return the attached questionnaire and release form, please do not hesitate to call me at any time. If I am not immediately available, I will return your call as soon as possible.

Thank you again for your time and interest.

Michele Coleman
Virginia Tech Master's Candidate
(703) 912-3967

Appendix C

Participant's Informed Consent

Title of the Study:

A Young Adult's View of What Contributed to a Sense of Comfort and Enhanced an Environment of Change During Their Time in Foster Care: A Qualitative Study

Investigator:

This study is being conducted by Michele Coleman, candidate for a master's degree in Marriage and Family Therapy at the Virginia Polytechnic Institute and State University. Michele can be reached at (703) 912-3967. Faculty advisor, Dr. Eric McCollum, can be reached at (703) 538-8463.

I. Study Purpose

- The purpose of this study is to see if there are things that can be done for a foster child to increase their sense of comfort and of feeling nurtured. The study will look at this from the view of someone who was formerly in foster care.

II. What Will I Have to Do?

- Fill out the Background Questionnaire and Informed Consent and mail them to the interviewer in the envelope provided
- Participate in an interview and answer questions about your foster care experience. The interviewer will focus the questions around experiences you had or did not have with adult caregivers that fostered a sense of comfort and contributed to a sense of living in a nurturing environment.
- The interview will take about two hours.
- The interview will be tape-recorded and typed for analysis.
- You will be contacted to see if you would like to review a summary of the findings.

III. Benefits of this project

- You will be helping the researcher and foster care professionals and providers learn what behaviors, attitudes or experiences create an environment in which a young person feels safe, heard, and nurtured.
- Hopefully this information will provide valuable feedback to those involved in foster care with ways in which they can be more helpful to youngsters who are still in foster care.

IV. Is It Private?

- The information you share will be treated as completely confidential. Your responses to these questions will not be shared with any previous foster care providers or social workers.
- Only the researcher/interviewer and her faculty advisors will have access to the information you share.

- Your name will be removed from all forms and data collected and will be replaced with a fictitious name to be used throughout the study and in the final report. The list that contains a cross-reference of real names with fictitious names will be kept under lock and key.
- Your name will not be used in any documents produced as a result of this study. Every effort will be made to change information that might allow someone else to identify you. Only the researcher and her faculty advisors will have access to the raw data collected.
- At the completion of this project, all raw data that was collected will be destroyed.
- If you share information that leads the researcher to believe you are in danger of doing harm to yourself or someone else, the researcher must take steps to protect you or others.
- If you reveal information that leads the researcher to think that a child or dependent adult is in danger of being abused, the researcher has the responsibility to report this information to the appropriate persons and will do so.

V. Risks

- You may on occasion find it uncomfortable to discuss certain parts of your fostering experience. You will not be asked to discuss any issue that causes great discomfort and which you are not willing to discuss.
- You may decline to answer any question. The interview will be terminated at any point at which you are no longer comfortable proceeding.

VI. Compensation

- When the project is complete, you will be sent a summary of the studies' findings.

VII. Freedom to Withdraw

- If at any time you change your mind about participating in this study, you are encouraged to withdraw your consent and to cancel your participation.

VIII. Approval of Research

- This research project has been approved, as required, for projects involving human subjects by the Institutional Review Board of Virginia Polytechnic Institute and State University and by the Department of Human Development.

IX. Participant's Agreement and Responsibilities

- I have read and understand what my participation in this study consists of. I know of no reason that I cannot participate in this study. I have had all my questions answered and hereby give my voluntary consent for participation in this project.
- If I participate, I may withdraw at any time without penalty. I agree to abide by the rules of this project.
- Should I have questions about this research I will contact:

Michele Coleman (703) 912-3967 Researcher/Interviewer

Dr. Eric McCollum (703) 538-8463 Faculty Advisor

Dr. H. T. Hurd (540) 231-5281 Chair of the Virginia Tech IRB

Participant's Signature

Date

Appendix D
Background Questionnaire

Name: _____

Address: _____

Phone number: _____

Best times to call: _____

Age: _____

Sex: _____

Number of years in foster care: _____

Number of home placements while in foster care: _____

Available interview days and times: _____

Places convenient for you to be interviewed: _____

Appendix E

Background on the Researcher

Michele Coleman was born in Pittsburgh, Pennsylvania on February 16, 1954. She is the eldest of two children.

Michele attended Wesleyan University, located in Middletown, Connecticut, where she graduated with a Bachelors Degree in Psychology in 1976. In 1996, Michele began her graduate studies in Marriage and Family Therapy at Virginia Polytechnic Institute and State University. She has experience both as a foster child, and as a foster parent.

Currently, Michele is a Foster Care Worker for a non-profit agency in Northern Virginia, and is working on a proposal to set up a Therapeutic Foster Care Center for children with attachment disorders. She and her daughter reside in Burke, Virginia.