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Infants and Toddlers in Foster Care

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Abstract

Young children involved in the child welfare system are susceptible to behavioral and physiological dysregulation. These children need nurturing care to develop organized attachments to caregivers; they need synchronous care to support their physiological and behavioral regulation; and they need stable caregivers who can commit to them, supporting their sense of self and behavioral regulation. Without intervention at the level of the parent and the system, most children involved with the child welfare system are unlikely to have these needs met. We present two models of intervention designed to enhance parents' synchrony and nurturance, and highlight aspects of the system that can enhance the stability and commitment of caregivers.

Infants and Toddlers in the Child Welfare System

Every year, many children and families are involved with the child welfare system. In 2011, more than 650,000 children were identified as victims of child abuse and neglect, almost half (47%) of them age 5 or younger (U.S. Department of Health and Human Services, 2011). Infants and young children involved in the child welfare system typically have experienced maltreatment as well as disruptions in their relationships with primary caregivers at a point in development when parents serve a critical role in helping children regulate their physiology, behavior, and emotions (Hertsgard, Gunnar, Erickson, & Nachmias, 1995; Hofer, 1994, 2006). Perturbations in the caregiving system are especially challenging for the youngest children. Children adapt in a variety of ways to such challenges, some with problematic long-term consequences. Therefore, intervention strategies are needed that enhance parents' capacity for providing synchronous, nurturing care, and that promote stable relationships.

The primary role of the child welfare system is to protect young children. Following occurrences of neglect or abuse, young children may be placed with foster or kinship parents. Although reunification with the biological parent is the goal for most children, the child welfare system may work toward establishing a permanent out-of-home placement (i.e., adoption) when reunification is impossible. For intervention strategies to meet the unique needs of these vulnerable children, it is critical to identify key caregiving variables that influence children's early development.

Key Caregiving Variables for Vulnerable Children

In the first several years of life, children depend especially on caregivers for help regulating their physiology, attention, behavior, and emotions. Early in development, parents serve as coregulators, with children gradually taking over these regulatory functions themselves (Hofer, 2006). This process is facilitated by the experience of stable, enduring relationships with committed parents who behave in synchronous and nurturing ways (Blandon, Calkins, & Keane, 2010; Carlson, 1998; Dennis, 2006; Dozier & Lindhiem, 2006). Four dimensions—synchrony, nurturance, stability of care, and commitment—are key to defining the quality of caregiving.

Synchrony—First, children whose parents behave in more synchronous ways, that is, parents who follow children's lead in interactions, develop stronger self-regulatory capabilities than children whose parents are less synchronous (e.g., Raver, 1996; Rocissano, Slade, & Lynch, 1987). In one study, children were more likely to control their behavior when their parents were synchronous in their interactions than when they were not (Rocissano et al., 1987). When caregivers are intrusive or neglecting, children miss the opportunity for interactions that build a sense of control over the environment and over their own ability to regulate. Children in the child welfare system are especially unlikely to have caregivers who behave in synchronous ways. This, combined with other adverse experiences, places these children at risk for problems regulating physiology and behavior (e.g., Bernard, Butzin-Dozier, Rittenhouse, & Dozier, 2010; Fisher, Stoolmiller, Gunnar, & Burraston, 2007). Compared to children from low-risk environments, children of neglecting parents show a more blunted diurnal pattern of cortisol production (Bernard et al., 2010; Bruce, Fisher, Pears, & Levine, 2009) and are more vulnerable to behavioral dysregulation (e.g., Pears & Fisher, 2005).

Nurturance—Second, when parents respond in nurturing ways to their distressed children, the children develop expectations that they can depend on them and are thus likely to develop secure, organized attachments (Ainsworth, Blehar, Waters, & Wall, 1978; Carlson, 1998). Children whose parents are emotionally unavailable when they are distressed, or are frightening (at any time, regardless of whether children are distressed), often develop disorganized attachments to their parents (Lyons-Ruth, Bronfman, & Parson, 1999; Schuengel, Bakermans-Kranenburg, & van IJzendoorn, 1999). Children in the child welfare system are at much greater risk for developing disorganized attachments than children not in the system (Carlson, Cicchetti, Barnett, & Braunwald, 1989; Cyr, Euser, Bakermans-Kranenburg, & van IJzendoorn, 2010). Disorganized attachments are associated with a host of problematic outcomes, most especially an increased risk for behavioral dysregulation as seen in externalizing problems (Fearon, Bakermans-Kranenburg, van IJzendoorn, Lapsey, & Roisman, 2010; Madigan, Moran, Schuengel, Pederson, & Otten, 2007).

Although nurturing care tends to be driven primarily by caregivers' qualities (van IJzendoorn, 1995), children who have experienced early adversity often behave in ways that fail to elicit nurturing care from caregivers (Stovall-McClough & Dozier, 2004). Children who experience disruptions in care after about a year of age are especially likely to turn away from caregivers rather than seek them when distressed. Children's behaviors elicit complementary behaviors from caregivers (e.g., children who avoid caregivers elicit rejecting behavior by caregivers).

Synchrony and nurturance are considered separate dimensions of parenting that predict key child outcomes in different ways. Many studies consider these two dimensions together as *sensitivity* more broadly, but recent work has separated synchronous behavior that follows a child's lead (also termed *autonomy support*) from nurturance to children's distress

(Whipple, Bernier, & Mageau, 2011). Although synchrony and nurturance are variable even among low-risk parents, both are important for children involved in the child welfare system.

Stability of care—Third, most children live with their birth parents throughout childhood, with occasional visits to close family members and friends. Thus, for most children, stability of care can be taken for granted. However, for many children in the child welfare system, relationships with primary caregivers are disrupted, sometimes multiple times (Casanueva et al., 2012). Among other problems, children who experience more disruptions in care can show deficits in executive functioning, such as in their ability to inhibit behavior (Lewis, Dozier, Ackerman, & Sepulveda-Kozakowski, 2007).

Commitment—Most children are raised by birth or adoptive parents who are fully committed to raising them throughout childhood, so solid caregiver commitment can typically be assumed among biologically intact parent-child dyads. However, foster parents vary in their commitment to the children in their care. To assess commitment, parents who took part in the This is My Baby interview (Bates & Dozier, 1998) were asked basic questions such as “How much would you like to raise this child?” Commitment was greater among foster parents who had fostered fewer children in the past (Dozier & Lindhiem, 2006). At a behavioral level, more committed foster parents showed more delight in their children than less committed foster parents (Bernard & Dozier, 2011). Commitment matters because humans are an altricial species (i.e., depend on a parent at birth), and infants *expect* to have a committed caregiver. From an evolutionary perspective, human infants probably would not have survived without committed caregivers. When children do not have caregivers who are committed to them, they are at increased risk for negative self-perceptions and problem behaviors (Ackerman & Dozier, 2005; Lindhiem & Dozier, 2007). While synchrony and nurturance are variable even among low-risk parents, stability and commitment represent constructs that are unique to high-risk caregiving.

A Developmentally Informed System of Care

Synchrony, nurturance, stability of care, and commitment have been identified as factors key to optimal development in the first years of life. Without intervention at the parent and systems levels, the caregiving that children in the child welfare system receive is not likely to be optimal. By organizing prevention programs with birth parents and foster parents, and making changes at the systems level, however, we can enhance the likelihood that children receive nurturing, synchronous care; decrease the number of disruptions; and increase the commitment of caregivers. Several attachment-based intervention programs have targeted high-risk infants and toddlers who have been maltreated or received inadequate care (Bakermans-Kranenburg, Juffer, & van IJzendoorn, 1998; Cicchetti, Rogosch, & Toth, 2006; Hoffman, Marvin, Cooper, & Powell, 2006; Lieberman & van Horn, 2009). In the following section, we describe and distinguish two such prevention programs: The first targets parents’ nurturance and synchrony, and the second targets nurturance and synchrony as well as system-level variables that can enhance stability and commitment. We then describe considerations for enhancing the child welfare system to provide a developmentally sensitive approach for vulnerable children.

Attachment and Biobehavioral Catch-up—Attachment and Biobehavioral Catch-up (ABC) was developed specifically to enhance caregivers’ synchrony and nurturance, and to reduce caregivers’ frightening, intrusive, or threatening behavior (Bernard et al., 2012). Carried out in families’ homes over 10 sessions, the program has been adapted for use with both foster and birth parents. Notably, the ABC intervention includes characteristics that have distinguished effective interventions in meta-analyses: It is relatively brief, guided by a

manual, and focuses on changing parents' behaviors rather than changing the way parents think about their own attachment experiences (Bakermans-Kranenburg, van IJzendoorn, & Juffer, 2003, 2005).

The intervention targets parents' synchrony in several ways. With support and encouragement from a coach, parents practice following their child's lead during specific activities (e.g., building with blocks). Through video feedback, parents review clips in which they effectively followed their children's lead. Coaches also present research on the importance of following the child's lead in terms that are familiar to parents. The most important aspect of the training is the in-the-moment comments about parents' synchronous behaviors *as they occur* during the session. Coaches make as many as 100 in-the-moment comments in a 60-minute session. For example, if a child held up a toy and said, "ba ba" and the parent responded with "ba ba," the parent coach might say, "he said 'ba ba' and you said 'ba ba' right back. That's such a good example of following his lead. That lets him know he has an effect on the world." The frequency of in-the-moment comments was associated with parents' synchrony in subsequent sessions and in post-intervention assessments (Meade & Dozier, 2012).

Nurturance is targeted in analogous ways. Parents are taught that some children, especially those who have experienced early adversity, behave in ways that fail to elicit nurturing care (Stovall-McClough & Dozier, 2004). To highlight this, parents view videos of unfamiliar children—some of whom show their distress directly and some of whom do not—to learn that children need their parents whether or not they signal this need clearly. As with synchrony, the most powerful part of the intervention is the in-the-moment comments that support parents in providing nurturing care. For example, when a child bumped his head on the coffee table and cried, and the parent said, "Are you ok?" the parent coach said, "That's such a great example of your being there for him when he needed you. He hit his head and you looked concerned and asked if he was ok. You didn't say, 'don't cry, that didn't hurt,' or any of those other things. That's so important for him being able to come to you."

In randomized clinical trials with both foster and birth parents referred by the child welfare system, the ABC intervention enhanced parents' synchronous behaviors (Bick & Dozier, in press), and child attachment, cortisol production, and executive functioning (Bernard et al., 2012; Dozier et al., 2009). Children living with their birth parents who were randomly assigned to the ABC intervention showed lower rates of disorganized attachment than children assigned to a control intervention, 32% vs. 57%, respectively, a medium effect size, $d = .52$ (Bernard et al., 2012). Children whose birth parents participated in the ABC intervention also had more normative cortisol production than those whose parents took part in the control intervention (Bernard et al., in preparation). Similar effects of normalized cortisol production were seen among infants in foster care (Dozier et al., 2006). Foster children in the ABC group also showed more advanced executive functioning on the Dimensional Change Card Sort than children in the treatment control group (Lewis-Morrarty, Dozier, Bernard, Terraciano, & Moore, 2012)—when asked to sort cards according to a particular dimension, all children performed well; after being asked to change the dimensions by which they were sorting, children from the ABC intervention group outperformed children in the control group. Being able to switch dimensions is associated with other executive functions, such as planning and inhibitory control.

These effects are exciting in providing support for this relatively brief intervention with both foster and birth parents. Through ongoing research, we are examining how changes in targeted parenting behaviors (e.g., synchrony, nurturance) differentially predict changes in outcomes, as well as which aspects of the intervention process (e.g., in-the-moment commenting) lead to observed changes.

New Orleans Intervention—While the ABC program targets synchrony and nurturance, the New Orleans Intervention is a comprehensive program targeting synchrony, nurturance, stability, and commitment within a large systems framework. The New Orleans Intervention (Zeanah et al., 2001) is an ongoing community-based program designed to provide integrated mental health services to young children in foster care. A distinctive feature of the program is the careful integration of all intervention efforts into a coordinated approach to care, enhancing the quality of information provided to the courts and to child protective services. A team of mental health professionals works collaboratively with child protective services, advocating for child-centered decision making. Because all caregiving relationships matter for young children, this program intervenes with biological parents, foster parents, and child care providers as needed, as well as in court and with representatives from child protective services.

Families who participated in the New Orleans Intervention had significantly less subsequent foster care placement (Zeanah et al., 2001). Relative risk reduction for the intervention group ranged from 68% (all mothers) to 53% (only mothers who were reunited with their children) with regard to the same child returning to foster care in a subsequent incident of maltreatment. Relative risk reduction for the intervention group ranged from 63% (all mothers) to 75% (only mothers whose rights were terminated on the index child) with regard to another child subsequently being maltreated and placed in care. In a followup evaluation when the children were 7, rates of problem behaviors for children who had taken part in the intervention were similar to those of children who had not been maltreated (Robinson et al., 2012).

Enhancing the foster care system—In addition to targeted intervention programs that aim to enhance key parenting variables, the child welfare system can provide a developmentally sensitive approach to caring for children when they are placed in out-of-home care. Foster care for children younger than about 5 should be considered as an intervention that is fundamentally different than for older children (Zeanah, Dozier, & Shaffer, 2011). When dealing with foster families of young children, critical issues involve intentionally helping foster parents develop parenting behaviors that support how children form organized attachments and develop adequate regulatory capabilities, recruiting foster parents who can commit to the care of young children and their birth families, and making placement decisions in which children's developmental needs are primary. Because the child welfare system typically aims to reunite children with their birth parents, working to enhance the skills of birth parents is also critical.

Given this goal, the most desirable foster parents to recruit may be those who can commit to the child yet remain supportive of the child's relationship with birth parents. Indeed, foster parents who value the birth parent's attempts to reunite with the child and encourage visitation with the child will be best able to provide needed support to the child. We acknowledge the inherent contradiction in this, both for the foster parent and for the child: Foster caregivers need to commit to the child as if he or she were their own child, yet support efforts that would result in the child leaving their home. Very young children experience whoever cares for them as a parent and are ill equipped to deal with changes in caregivers.

Foster parents who can be physically present to support the child when visiting birth parents will make the child more comfortable and more willing to explore and re-engage with the birth parent, according to anecdotal reports. This approach requires much preparation and buy-in from adults, some of whom are reluctant. Foster parents can also help young children move back into the full-time care of their parents. Abrupt transitions can be traumatic for young children (Blakey et al., 2012) and are impossible for very young children to

understand or place in perspective. Carefully planned and gradual transitions back to biological parents after fostering were shown to diminish distress in the now-classic study by James and Joyce Robertson in the mid-20th century (Robertson & Bowlby, 1952; Robertson & Robertson, 1971). If foster parents believe they can remain involved with their foster children (e.g., as a foster aunt, godmother, etc.), they will probably be willing to commit more and thus provide important support over time to the birth mother and the child (Lewis et al., 2007).

Looking Ahead

Synchrony, nurturance, stability of care, and commitment are key to positive outcomes for infants and toddlers in the child welfare system. Targeted approaches to intervention can enhance caregivers' behaviors and children's outcomes. Children in the ABC intervention had less disorganized attachment and normalized biological and behavioral regulation, among other outcomes; children in the New Orleans model of foster care experienced reduced recidivism. These interventions are remarkable in showing that they can protect children at a critical time during development. Research should examine what factors support or interfere with the success of interventions to refine and tailor them to meet the needs of the most vulnerable children. Such studies offer exciting opportunities to advance developmental science by informing our basic understanding of pathways toward risk and resilience following early adversity.

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