ATTACHMENT EXPERIENCES OF GRANDPARENT KINSHIP CAREGIVERS AND NONKINSHIP FOSTER PARENTS WITH PRESCHOOL-AGED CHILDREN IN THEIR CARE

by

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ABSTRACT

This study explored the attachment relationships of grandparent kinship caregivers and nonkinship foster parents with preschool-aged children in their care. Research suggests that attachment is crucial in early childhood relationships and can impact relationships throughout the lifespan. Children in kinship care or nonkinship foster care are removed for abuse, neglect, dependency, and other traumatic life experiences, which can affect their ability to form positive attachment relationships. The goal was to understand attachment relationships in the grandparent kinship caregiver and nonkinship foster care milieu. Qualitative research methods were utilized. There were 8 grandparent kinship caregiver participants and 8 nonkinship foster parent participants. The themes that emerged were: 1) importance of family; 2) attachment, trauma, and traumatic grief and loss; 3) challenges; 4) roles; and 5) family relationship styles. Each theme contained subthemes. All participants reported challenges and the majority reported positive attachment relationships. This was the first qualitative study to explore attachment experiences of grandparent kinship caregivers and nonkinship foster parents with preschool-aged children in their care. The findings from this study can be used to inform mental health professionals, the child welfare system, grandparent kinship caregivers, nonkinship foster families, and serve as a guide to future research.

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CHAPTER I

INTRODUCTION

The number of children entering foster care in the United States has dramatically increased over the past 10 years. The Adoption and Foster Care Analysis and Reporting System (AFCARS) reported approximately 289,415 children in the United States residing in foster care at the end of Fiscal Year (FY) 2003 (Children's Bureau, 2012a). By the end of the FY 2011, that number rose to 400,500 (Children's Bureau, 2012a). The number of children entering foster care is disturbing as it indicates an increase in the number of children being removed from their homes. There are various reasons child welfare workers remove children from their homes, including abuse, neglect, dependency, abandonment, and family problems such as parental incarceration, substance abuse, or death (American Academy of Child & Adolescent Psychiatry [AACAP], 2005; Division of Child and Family Services [DCFS], 2013. The Child Maltreatment Report 2011, based on data from the National Child Abuse and Neglect Data System (NCANDS) reports that 3.4 million referrals were made to Child Protective Services (CPS) for alleged child maltreatment for approximately 6.2 million children (1.82 children per referral), and 681,000 of these referrals were substantiated for child maltreatment (Children's Bureau, 2012b). Children entering foster care are maltreated, vulnerable, and at risk and deserve to have their needs addressed by mental health professionals, the child welfare system, and researchers.

Over the last decade, Utah has seen an increase in children entering the foster care system. At the end of FY 2003, there were 1,928 children in foster care as compared to 2,701 at the end of FY 2012 (Children's Bureau, 2012a). This increase is attributed to the number of children who are identified as abused, neglected, or dependent (J. Armstrong & B. Madsen, personal communication, January 8, 2013). Trainers Armstrong and Madsen from the DCFS Salt Lake Valley Region report that in 2010, CPS received 13,372 hotline calls for suspected child abuse of which 8,502 became opened cases and resulted in 3,241 abuse cases being verified (personal communication, January 8, 2013). In some cases, these children can remain in their homes and in other cases children need to be removed for their protection. DCFS seeks kinship placements or nonkinship foster care placements to provide temporary or permanent homes for children who are removed.

With the growing numbers of children being removed, the foster care system is challenged with finding foster families. The Utah Foster Care Foundation (UFCF, 2012) states there are upwards of 2,600 children in foster care at any given time and fewer than 1,400 licensed foster/adoption families. Approximately half of the foster care cases in Utah have substance abuse as a contributing factor (UFCF, 2012). Due to abuse and/or neglect, children in foster care are not only vulnerable, but often have special needs because of their adverse life events (UFCF, 2012). There is an urgent need for out-of-home placements to serve these displaced children.

Policy guidelines have changed over the past 30 years to address the needs of children in foster care. The federal foster care policy was created by virtue of The Adoption Assistance and Child Welfare Act of 1980 (AACWA). According to Geen

(2004), the child welfare system primarily utilized nonkinship placements over formal kinship placements to fulfill the permanency goal. The Adoption and Safe Families Act of 1997 (ASFA) reversed AACWA policy and endorsed that kinship placements should be considered before nonkinship placements (Christenson & McMurtry, 2007). The most recent policy known as the Foster Connection to Success and Increasing Adoptions Act of 2008 is considered to be "the most significant reform for the foster care system in over a decade" (Pew Commission on Children in Foster Care, 2008, p. 1). The act increased the child welfare system's accountability and mandated that relatives be notified within 30 days of a child's removal and amended part B and E of Title IV of the Social Security Act, making foster care and adoption accessible for relative caregivers and tribal nations.

While any relative may be considered for a kinship placement, the most common placement is with grandparents. The most notable increase over the past decade is the number of children living in grandparent-headed households (Goyer, 2010). The most frequent kinship placements are women, with 30% of these placements with aunts and more than 50% being with grandmothers (Scannapieco, 1999).

The American Association for Retired Persons (AARP) reports that the number of children under the age of 18 living in grandparent-headed households in the United States 10 years ago was 4.5 million; in 2010, that number rose to 4.9 million children (Goyer, 2010). According to the Census Bureau, 42% of these children are between the ages of 12 and 17, 34% are between the ages of 6 to 11, and 24% are under the age of 6 (as cited in Generations United, 2009). Many of these grandparents face financial, health, housing, and work challenges that indicate a need for support, resources, and services (Goyer, 2010).

Consistent with national statistics, Utah has experienced an increase in relative placements for children in need. According to the 2010 Census, there were 70,520 children under the age of 18 living in grandparent or other relative-headed households in comparison to 42,000 in 2000 (as cited in GrandFacts Utah, 2011). Jacci Graham, Director of the Grandfamilies Program of The Children's Society in Utah, reports that in one county alone, there are 7,800 children living with grandparents or in other relative placements (Bennion, 2013). According to Graham, the most common out-of-home placement for children in Utah is with grandparents (personal communication, October 18, 2010).

The Grandfamilies Program addresses the needs of grandparents who are raising their grandchildren in informal or formal placements. Informal implies that the arrangement has occurred without the involvement of a child welfare agency while formal indicates that the kin acted as state-approved foster parents for children in the state's custody (Geen, 2004). When responsibility for grandchildren is assumed, a grandparent may choose to become a guardian, foster parent, or adoptive parent.

As outlined by the Convention on the Rights of the Child in 1989, a child's basic rights include freedom from abuse, neglect, and violence (United Nations Human Rights, 1990). The mission of DCFS is to "protect children at risk of abuse, neglect, or dependency," which is achieved by "working with families to provide safety, nurturing, and permanence" through a partnership with the community (J. Armstrong & B. Madsen, personal communication, January 8, 2013). This community partnership includes relationships with kinship caregivers and nonkinship foster care families as resources for safe homes. Pardeck (2006) defined foster care as "any living arrangement in which

children live with people who act as substitute parents" (p. 7). Whether these substitute parents are grandparent kinship caregivers or nonkinship foster parents, there is an enormous need to assist these families in their efforts as they raise our nation's children.

Problem Statement

The goal for children who have been removed from their homes is to achieve permanency through reunification with their biological parent(s) or with their substitute caregivers (Adoption Assistance and Child Welfare Act, 1980). Armstrong states, "permanency equals relationships," which may apply to a foster child's relationship with the biological parent(s) or an alternative caregiver (personal communication, January 8, 2013). Children exposed to maltreatment or inconsistent and inadequate parenting often struggle with forming relationships, which in turn can affect the stability of permanency of the placement (Jones Harden, 2004). However, we know very little about the relationships grandparent kinship caregivers and nonkinship foster parents have with preschool-aged children in their care.

When considering relationships with young children and their caregivers, the work of John Bowlby is influential. Bowlby developed attachment theory and described attachment as an "affectional tie with some other differentiated individual who is perceived as stronger and wiser" (Bowlby, 1977, p. 201). He argued that developing an important relationship with a primary caregiver is a child's major drive (Bowlby, 1982). While attachment relationships begin to develop in the infancy stage, they are considered equally important as a life-span task (Cicchetti, Cummings, Greenberg, & Marvin, 1990). This study focuses on attachment relationships in the preschool-aged stage.

There is a paucity of research that explores attachment relationships of grandparent kinship caregivers and nonkinship foster parents with preschool-aged children in their care. This is an especially vulnerable population because children entering preschool face new stressors that provoke attachment behaviors in different ways (Cicchetti et al., 1990). Preschool-aged foster children not only face the challenge of entering a preschool setting, but they bring with them a history of disrupted attachments and traumatic life events. Maladaptive attachment patterns are the primary cause for emotional and behavioral problems in early childhood settings (Goldsmith, 2007).

It is imperative that we increase our understanding of the attachment relationships of grandparent kinship caregivers and nonkinship foster parents with preschool-aged children in their care so that we may better serve this population. This study explores and compares the similarities and the differences of grandparent kinship caregivers and nonkinship foster parents who are raising preschool-aged children in their care.

Purpose of the Study and Research Question

The purpose of this study was to explore attachment experiences of grandparent kinship caregivers and nonkinship foster parents with preschool-aged children in their care. Qualitative research should describe, understand, and clarify the human experience (Polkinghorne, 2005). The research question was:

What are the attachment experiences of grandparent kinship caregivers and nonkinship foster parents with preschool-aged children in their care?

Research Approach

I selected qualitative research methods, as they were best suited for my goal of developing a deeper understanding of attachment experiences in this population. The purpose of this study was not to quantify attachment behaviors, but to go beyond the measurable and mine for the essence of the relationship. Attachment is based on the quality of the relationship in terms of level of insight to a child's needs, the responsiveness to a child's cues, and the experiential reciprocity in the child/caregiver bond.

I conducted 16 in-depth face-to-face interviews with 14 individuals and 2 couples; 14 face-to-face follow-up interviews with 12 individuals and 2 couples; and 2 focus groups with 5 individuals participating in one group and 2 individuals and 2 couples participating in another group. A couple was counted as 1 participant. The initial interviews and focus groups were audiotaped. The follow-up interviews were utilized as a member-checking strategy to increase validity of the findings and were not audiotaped. During the follow up interviews, I took handwritten notes to collaboratively correct the transcripts with the participants' direct input and process the content. I used interpretive, phenomenological methods to analyze the data.

This research approach gave me the opportunity to conduct the first qualitative study that explored attachment experiences of grandparent kinship caregiver and nonkinship foster parents with preschool-aged children in their care. Qualitative methods allowed me to understand the complexities of attachment relationships and how they developed or failed to develop over time. I was able to analyze valuable information

regarding the similarities and differences within and between groups through a series of emerging themes and subthemes.

Research Perspective

The topic of this study evolved from my work at The Children's Center, a private nonprofit agency with two locations providing mental health services to young children and their families. The agency provides the only therapeutic preschool program in Utah and the largest of its kind in the United States. For over 50 years, The Children's Center has served families guided by their expertise in attachment theory and emphasis on relationships. Over the last 4 years, the agency has partnered with trauma experts and the National Childhood Traumatic Stress Network (NCTSN) to become a nationally recognized trauma-informed center.

Over the years as a practicum student, clinician, clinical director, and director at one of the locations of The Children's Center, I had the opportunity to work with many preschool-aged children who were living with grandparent kinship caregivers and nonkinship foster families. I observed many common problems in children who have been removed from their families such as attachment difficulties, separation anxiety, traumatic symptoms, and traumatic grief and loss. While the caregivers cited behaviors as the reason for seeking treatment, most often the family needed support in building secure attachment relationships.

During my internship at the center, there was an informal group for grandparents who were raising their preschool-aged grandchildren. Through this process, I learned more about grandparents and their challenges, hardships, and joys of raising their children's children. Three other interns from the University of Utah College of Social

Work and I proposed a grant to fund an 8-week psychoeducational group entitled “Here We Go Again.” My interest grew as I thought about the relationships grandparent kinship caregivers and nonkinship foster parents have with their preschool-aged children and grandchildren.

To fulfill a research assignment during my doctoral curriculum, I conducted a pilot study in 2006 with these families in mind. The study was called Two Hearts: A Qualitative Study of Kinship and Non-kinship Foster Care Parents. In this study, I posed a research question regarding the attachment experiences of grandparent kinship caregivers and nonkinship foster parents. Results of the pilot study are discussed in Chapter III Methodology.

With the increasing number of children living in grandparent kinship and nonkinship foster families who were seeking treatment at the center, I realized there was an increasing need to study this population. For my dissertation research, I selected to study grandparent kinship caregivers and nonkinship foster parents who are raising preschool-aged children. I brought to this research my clinical expertise of attachment, trauma, and traumatic grief and loss, my experience of working with the child welfare and foster care systems, and my desire to help the young children who have been removed from their biological parents and the families who are raising them.

Research Significance

I hope that the findings will 1) provide increased understanding of attachment relationships in the grandparent kinship and nonkinship foster parent milieu; 2) guide mental health professionals in providing most appropriate services for children and their

families; 3) inform the child welfare system in decision making for placements, services, and support; and 4) contribute to the literature base and promote further research.

Understand Attachment Relationships

I believe the findings will increase our knowledge of attachment relationships of both grandparent kinship caregivers and nonkinship foster parents who have preschool-aged children in their care and facilitate better understanding of the nuances of their relationships. With increased knowledge, these families might gain a better understanding of their attachment relationships and view problems in a different manner, realize they are not alone, and know that their challenges are common in this population. As a result of this knowledge, I hope these families feel empowered to seek the type of services needed to improve their relationships, which in turn may decrease failed or disrupted placements.

Guide Mental Health Professionals

I believe the findings will provide mental health professionals with increased awareness of the importance of attachment, trauma, and traumatic grief and loss as they are often the etiology of maladaptive behaviors in preschool-aged children. With this knowledge, professionals could provide the most efficacious treatment to build secure attachment relationships. Children in kinship care and nonkinship foster care are referred to mental health professionals with complex issues, and treatment needs to be tailored to best facilitate positive outcomes.

Inform the Child Welfare System

I believe the findings will provide the child welfare system with the tools and the context to better understand attachment relationships, trauma, and traumatic grief and loss so that this knowledge might inform their decisions for placements, services, and support. While professionals are beginning to understand these important issues for children in foster care, this research will hopefully shed more light on how they deeply affect preschool-aged children and their caregivers.

Contribute to Literature Base

I believe the findings will contribute to what currently is a nonexistent literature base on this topic. The attachment relationships of grandparent kinship caregivers and nonkinship foster parents with preschool-aged children in their care have not been studied. It is my hope that the findings may provide the groundwork and promote interest from other researchers to explore this important area.

Summary

This is the first known qualitative study to explore attachment experiences for grandparent kinship caregivers and nonkinship foster parents with preschool-aged children in their care. One qualitative study conducted by Backhouse and Graham in 2012 focused on the experiences of raising grandchildren, but did not investigate the meaning of their attachment relationships. With the increasing number of children entering grandparent kinship homes and nonkinship foster homes, I think this topic is vital to the placement outcomes of so many preschool-aged children. My hope is that by increasing our understanding of attachment experiences, we will be able to better help

this vulnerable population in making more positive attachments, reducing trauma, and attenuating the risk of lifelong emotional, behavioral, and physical problems.

Overview of Chapters

The following chapters include a review of the literature, an outline of the methodology, presentation of the findings, and discussion.

Chapter II is the literature review. I provide an overview of the chapter. The chapter begins with literature about children in foster care. I present research regarding the number of children in foster care, both nationally and in the state of Utah, reasons these children are removed from their biological parents, their traumatic life events and need for mental health service, their educational needs, and why this population is vulnerable and at risk. I continue with research that focuses on kinship caregivers and nonkinship caregivers which includes comparative research of the two groups. This is followed with research about attachment theory and its importance for preschool-aged children and internal working models. I then present research regarding reactions, reactive attachment disorder, and attachment disorders and how these affect building relationships with children in foster care. I conclude Chapter II with thoughts about kinship caregivers and nonkinship foster parents followed by a summary of the chapter.

Chapter III is the methodology. I provide an overview of the chapter. This chapter begins with an outline of the rationale for qualitative research, paradigm, research design, research participants, sampling procedures, inclusion criteria, recruitment, informed consent, and data collection procedures. This chapter continues with an explanation of the data analysis and interpretation, organization of the data, immersion, how categories, themes and patterns were generated, how data were coded, the search for

disconfirming evidence, and how the results were written. The last sections of this chapter include researcher as an instrument, trustworthiness, researcher bias, study limitations, and dissemination of results. I conclude the chapter with a summary.

Chapter IV is the findings. I provide an overview of the chapter. This chapter begins with a presentation of the five themes, which are 1) importance of family; 2) attachment, trauma, and traumatic grief and loss; 3) challenges; 4) roles; and 5) family relationship styles. Each of the five themes includes subthemes. I first present the nonkinship foster parent responses followed by the grandparent kinship responses. Summaries are provided at the end of each theme. I then present the findings from the focus groups. I conclude the chapter with a summary of the findings.

Chapter V is the discussion. I provide an overview of the chapter. This chapter provides a narrative of the five themes and how they relate to attachment relationships. I present the findings and how they are situated in the context of current literature followed by a summary. I present the limitations of the research and the implications for caregivers, practice, policy, and research. I share my thoughts and gratitude to the participants as my conclusion.

CHAPTER II

REVIEW OF THE LITERATURE

Overview

The purpose of this qualitative study was to explore the attachment experiences of grandparent kinship caregivers and nonkinship foster parents with preschool-age children in their care. As a foundation to the research, several comprehensive literature reviews were conducted. Literature from 1990 through 2013 was the focus to provide a knowledge base of attachment, foster care, and kinship care. Seminal works of attachment theorists and researchers were included as they are integral to current knowledge and research.

The sections reviewed in the literature were 1) children in foster care; 2) kinship caregivers and nonkinship foster parents; 3) attachment theory and preschool-aged children; 4) internal working models; 5) reactions, reactive attachment disorder, and attachment disorders; 6) building attachment relationships with children in foster care; and 7) attachment perceptions of the caregivers.

Children in Foster Care

It was important to review literature that pertains to children in foster care to gain a better understanding of the target population in this study. I reviewed literature regarding the number of children in kinship and foster care, the reasons for their removal,

stability of placements, traumatic life events, mental health concerns, educational experiences, and stigmatization of children in foster care.

It is estimated that currently, there are half a million children residing in foster care (Pew Commission on Children in Foster Care, 2008) and approximately 4.9 million children residing in kinship placements in our nation (Goyer, 2010). In Utah, there are approximately 2,700 children in foster care and another 70,500 in kinship care (GrandFacts Utah, 2011). These children are in need of out-of-home placements for a variety of reasons, including abuse, neglect, dependency, exposure to violence in the home, parental substance abuse, and mental illness.

The Child Maltreatment 2011 report states that the most common types of maltreatment for children are neglect, physical abuse, and sexual abuse based on substantiated cases (Children's Bureau, 2012b). More than 75% of children suffered from neglect; more than 15% suffered from physical abuse; and less than 10% of children suffered from sexual abuse (Children's Bureau, 2012b, p. 9). The Child Abuse and Treatment Act (CAPTA), as amended by the CAPTA Reauthorization Act of 2010 defines child abuse and neglect as:

> Any recent act or failure to act on the part of a parent or caretaker which results in death, serious physical or emotional harm, sexual abuse or exploitation; or an act or failure to act, which presents an imminent risk of serious harm. (as cited in Children's Bureau, 2011b, p. 15)

The Child Maltreatment 2011 report notes that there has been an increase in referrals for child maltreatment since 2007, which translates into more children in need of services in the home or children in need of out of home placements (Children's Bureau, 2012b). The report also states that one of our nation's most serious concerns is child abuse and

neglect; the safety, permanency, and well-being of these children need to be addressed (Children's Bureau, 2012b).

The goal for safety, well-being, and permanency is mandated by ASFA (1997). This goal includes the responsibility to seek stable, consistent, and permanent homes environments for children who have been identified as maltreated and removed from their homes. There are risks associated with maltreatment and these risks are exacerbated by the instability of the foster care milieu (Jones Harden, 2004). Instability refers to the frequent disruptions or the number of times a child changes foster homes. Based on national statistics, 24.3% children experience two placements; 13.1% experience three placements; and 25.3% experience four or more placements (Fostering Connections, 2010). In Utah, the prevalence of multiple placements is higher, with 25.6% of children experiencing two placements, 14.2% of children experiencing three placements, and 29.9% of children experiencing four or more placements (Fostering Connections, 2010). Foster children who experience more placements are more likely to display clingy behaviors, oppositional behaviors, and crying (Gean, Gillmore, & Dowler, 1985). The emotional and behavioral issues commonly exhibited by foster children are closely tied to disruptions in foster care placements (Oosterman, Schuengel, Slot, Bullens, & Doreleijers, 2007).

Some findings in literature suggests that children who have been exposed to traumatic life events are at greater risk for numerous negative outcomes for health, mental health, education, and social-emotional functioning. The most comprehensive study that focuses on the effects of childhood traumatic events on adult physical health, emotional health, and mortality in the United States is The Adverse Childhood

Experiences (ACE) Study (Center for Disease Control and Preventions [CDC], 2013). The study was conducted by Felitti and Anda between the years 1995–1997, and over 17,000 people participated at the Department of Preventive Medicine at Kaiser Permanent (CDC, 2013). An adverse childhood experience includes childhood abuse, neglect, traumatic stressors, and family dysfunction (CDC, 2013). Felitti explored the association between childhood maltreatment and health in later life and found there is a "conversion of traumatic emotional experiences in childhood into organic disease later in life" (Felitti, 2002, p. 2). Results indicate that the more ACEs an individual experiences, the higher their risk is for health problems, mental health issues, and social concerns. Felitti's research dramatically highlights that abuse, neglect, violence in the home, parental substance abuse, mental illness, and/or incarceration that children experience in their lives may place them at risk for negative outcomes throughout their lifetime (CDC, 2013).

Children in foster care need more mental health services than children in the general population (Grayson, 2012). In a study funded by The National Institute of Mental Health (NIMH), results indicate that 47.9% of children in foster care were diagnosed with significant emotional and behavioral problems (Burns et al., 2004) and children entering foster care exhibit behavioral and social competence problems that result in nearly one-half to two-thirds needing mental health services (Landsverk, Burns, Stambaugh, & Rolls Reutz, 2006). Traumatic life events are common for children in foster care and may include the reason for their removal, separation trauma from their families, and numerous placements (Racusin, Maerlender, Sengupta, Isquith, & Straus, 2005). Hieger (2012) states that over 21% of foster alumni suffer from Posttraumatic

Stress Disorder (PTSD), which is a higher rate than United States veterans of war (Pecora et al., 2005). Landsverk et al. (2006) observed that developmental problems are evident in children under the age of 7 who are entering the foster care system.

The educational experiences for children in foster care have significant challenges that can create negative outcomes. Bruskas (2008) asserts that "poor educational outcomes of children in foster care increase their vulnerability and impact their future" (p. 71), and Zetlin and Weinberg (2004) agree that this already vulnerable population is at risk to become more educationally vulnerable. In a review of literature, The Vera Institute of Justice (VIJ, 2012) found that children in foster care have poorer attendance rates, are less likely to perform at grade level and attend college, are more likely to have behavior and discipline problems, and are more likely to be assigned to special education classes.

There are many factors contributing to these outcomes such as low expectations by teachers, foster parents, and caseworkers; lack of educational advocates for the children; the stigma of being in foster care, which decreases socialization in school; lack of emphasis on education; and the priorities of the child welfare system, which may focus on the safety of the children, finding appropriate homes, and transferring children when placements are not working (VIJ, 2012). Academically, children perform better, are more successful on achievement tasks, and are less likely to repeat a grade or drop out of school when they have stability in their relationships with consistent caregivers (Hickson & Clayton, 1995).

Foster children are often stigmatized by their life events. This situation can be exacerbated by their residing in foster care families. Bruskas (2008) described foster

children as a population that suffers from oppression, domination, and cultural imperialism based on criteria in Young's (1999) *Five Faces of Oppression.* The dominant population makes these children feel invisible when they are removed from the biological parents, become children without families, and do not have the opportunity to socialize with other children in foster care (Bruskas, 2008). Many foster children believe that they are abnormal or inferior, experience feelings of shame, and often do not share with others their status as foster children (Courtney, Piliavin, Grogan & Nesmith, 2001; Kools, 1997). Shame is often a reason children do not seek relationships in the school setting and may isolate themselves to avoid embarrassment, bullying, or teasing (VIJ, 2012). Without social interactions, foster children are at greater risk for low self-esteem, poor peer skills, and feelings of incompetence (Bruskas, 2008).

Kinship Caregivers and Nonkinship Foster Parents

It was important to review the literature that pertains to kinship caregivers and nonkinship foster parents as they were the participants in the study. For many years, nonkinship foster parents were the first choice for out of home placements for removed children, but this has changed in the last two decades (Geen, 2004). With kinship caregivers pursued before nonkinship placements, it was integral to know the differences and similarities found in literature. I reviewed demographics, benefits and risks for each placement, challenges, and outcomes for the children.

Kinship caregivers tend to be older, single, in poorer health, have lower incomes, and are less educated than nonkinship foster parents (Geen, 2004). Kinship caregivers are more likely to be female, with 50% being grandmothers and 30% being aunts (Scannapieco, 1999). It is estimated that 48% of kinship caregivers work outside the

home and 50% own their own home. The percentage of nonkinship homeowners is higher (Scannapieco, 1999). Recent statistics indicate that the majority of grandparent kinship caregivers are White and Non-Hispanic; 46% of grandparent kinship caregivers are married and have a spouse present; 32% of grandparent kinship caregivers live below the poverty level; 14% of the children in care have a disability; 45% of grandparent kinship caregivers own their own homes; and 30% have less than a high school education (Generations United, 2009). Kinship caregivers receive less supervision, services, and support as compared to nonkinship foster parents.

There has been research that specifically focused on kinship placements. Hegar (1999) cited that the advantages of kinship placements are: (a) continuity of family identity; (b) access to relatives besides the kinship caregiver; (c) continuity of the child's ethnic, religious, and racial community; and (d) a pre-established relationship with the caregiver that provides familiarity of the child. The Center for Law and Social Policy (CLASP) reviewed literature and compiled a current list of the benefits of kinship care (Conway & Hutson, 2007). The authors found that (a) children in kinship care experience greater stability; (b) children in kinship care report more positive perceptions of their placements and have fewer behavioral problems; (c) kinship care respects cultural traditions and may reduce racial disparities in a variety of outcomes; (d) kinship caregivers provide stability to children and youth with incarcerated parents; (e) myths still remain in spite of numerous benefits associated with kinship care; and (f) old fears about the risk of placing children with kin are not true.

Grandparent kinship caregivers have their own set of challenges. In a review of empirical kinship studies, kinship caregivers are more likely to be older, have lower

education, live in poverty, and are at risk of poorer health than nonkinship foster caregiver (Hong, Algood, Chiu, & Lee (2011). Kinship caregivers often receive minimal or no support before taking children into their homes, have limited resources, and do not understand the child welfare system (Geen, 2004). Kinship caregivers frequently experience financial stress, ambiguous roles, new daily lifestyles, and new challenges as primary caregivers (Hayslip & Kaminski, 2008). Grandparents who assume care of their grandchildren have to manage and coordinate the legal, medical, educational, and social service needs of their grandchildren (Kelley, Yorker, Whitley, & Sipe, 2001).

In the aforementioned qualitative study, researchers in Australia asked the questions "can you tell me how the grandchildren came into your care" and "can you tell me about your experiences raising your grandchildren" (Backhouse & Graham, 2012). The grandparents in this study discussed grandchildren between the ages of 1 and 17 years old (Backhouse & Graham, 2012). The grandparents reported that they experienced disappointment and frustration, felt used by the government, believed they were less appreciated than foster parents, but overall were committed to care for their grandchildren (Backhouse & Graham, 2012).

Some authors are concerned that grandchildren could be at risk in a grandparent kinship placement due to intergenerational abuse, neglect, and substance abuse (Gennaro, York & Dunphy, 1998) and poor parenting across generations (Hunt, 2003). This fear ties into the myth that "the apple doesn't fall far from the tree" or that their inappropriate parenting was learned from their own parents (Geen, 2004). One study found that nonkinship foster parents were twice as likely to have a confirmed report of maltreatment compared to licensed kinship foster parents (Zuravin, Benedict, & Somerfield, 1993), and

another study found that children in kinship foster care were at a lower risk for maltreatment when compared to nonkinship foster care or specialized care (A Child Welfare Research Agenda for the State of Illinois, 1998).

Another concern is that grandparent kinship caregivers may not follow the guidelines regarding visitations as closely as nonkinship foster parents (Geen, 2004). This problem was identified by child welfare workers who said they could not prevent kin from allowing unsupervised contact with the biological parents (Geen, 2004). It was suggested that increased education regarding the risks of unsupervised visits, increased supervision by child welfare, and more support to kinship placements may decrease the problem (Geen, 2004).

While there may be hardships and challenges that kinship caregivers endure, they seem to be consistently willing to take care of their grandchildren in need. Following her literature review, Connolly (2003) stated that kinship caregivers were found to be strongly in favor of kinship care, citing their deep affection for the child and support for the parent, the belief that the best place for the child is with the family, and a strong interest in preventing the child from entering stranger care.

In a Campbell Systematic Review, Winokur, Holtan, and Valentine (2009) reviewed 62 quasi-experimental studies and concluded that children in kinship foster care have better outcomes for behavioral development, mental health functioning, and placement stability as compared to children in nonkinship placements. This study found no difference on reunification rates between the two groups; however more kinship foster caregivers were more likely to have guardianship while more nonkinship foster caregivers adopted the children in their care (Winokur et al., 2009). The authors also

noted that nonkinship caregivers were more likely to access mental health services. Winokur et al. (2009) suggested that a natural outgrowth of their review would be qualitative research "that explores the underlying dynamics of kinship care along with factors associated with positive outcomes" (p. 38).

Cuddeback (2004) published a systematic review of quantitative research on kinship care based on over 100 empirical studies. The author found that qualitative research "contributed in many ways to our depth of understanding of kinship foster care and has been useful in guiding and informing quantitative research" (Cuddeback, 2004, p. 624). At the time, this review included much of what was known about kinship care in terms of demographics, families of origin, familial psychosocial characteristics, child functioning, placement stability, reunification, training, services, and support. The lack of research on informal kinship placement was cited as a gap in our knowledge base (Cuddeback, 2004). It was concluded that "kinship care is a complicated issue and presents many challenges to social work practitioners, policy-makers, and researchers" (Cuddeback, 2004, p. 634).

Attachment Theory and Preschool-Aged Children

It was important to review the literature that pertains to attachment theory and preschool-aged children to elucidate the theoretical framework of this study and its relevance in this specific age group. Young children's social and emotional functioning is affected by the relationships with their primary caregivers (Troutman, 2011). This is a concern because children under the age of 5 years are twice more likely to be placed in foster care homes and spend a longer amount of time in foster care than older children (Goerge & Wulczyn, 1998). I reviewed attachment theory, the four phases of attachment,

the significance of preschool years and attachment, and why the preschool years are significant in a child's education.

Bowlby's developmental theory suggested that an important relationship with a primary caregiver is a child's major drive (Bowlby, 1982), and the quality of this relationship provides the child with emotional security. The attachment process has social, emotional, cognitive, and behavioral components (Goldberg, 2000). As a property of social relationships, attachment is an "affectional tie with some other differentiated individual who is perceived as stronger and wiser" (Bowlby, 1977, p. 201).

Bowlby (1969) defined attachment as a "lasting psychological connectedness between human beings" (p. 194). While we know that the ontogeny of attachment behavior is in the first 12–15 months of a child's life, attachment is also critical in the preschool years as children expand their social and physical world (Marvin & Britner, 1999). There are three accepted developmental phases for infants (Goldberg, 2000). The initial phase is during the first few weeks of life in which an infant does not discriminate or signal specific caregivers. The second phase is during the 6- to 7-month period during which the infant's preferences develop. This is followed by the third phase during which there is a "clear emergence and consolidation of a special relationship" (Goldberg, 2000, p. 16). Ainsworth (1973) described these phases as preattachment, attachment in the making, and clear-cut attachment. The fourth phase of attachment development is goal-corrected partnership that develops in the preschool years (Goldberg, 2000). Goal-corrected partnership refers to the child's ability to change attachment behaviors from a primary caregiver-driven function to a more reciprocal interaction (Bowlby, 1969/1982).

The preschool years are significant in a child's life because there is an increase of linguistic, cognitive, and motor skills, which results in more control and increased autonomy (Goldberg, 2000). The preschooler practices new skills, developmental tasks, and physical-social environments (Cicchetti et al., 1990). As previously mentioned, there are new stressors in the lives of preschoolers that elicit attachment behavior in different ways (Cicchetti et al., 1990). During this time, children realize that their attachment figures have their own goals and needs and therefore, children must negotiate this new context to get their needs met (Goldberg, 2000). Children also learn that they are able to verbally express themselves, understand explanations about separations from their parents, and learn social rules (Goldberg, 2000). Children have increased ability to rely on "representational thought in organizing the attachment system" (Goldberg, 2000, p. 35).

Success in preschool is important for children for many reasons. From the National Institute for Early Education Research, Barnett and Hustedt (2003) proposed that preschool may be the most important grade in that it can produce substantial gains in children's learning, development, and future success. Preschool also strengthens socialization skills, teaches children how to compromise, be respectful of others, problem solve, gain sense of self, explore, play with peers, and build confidence (Kanter, 2007). Children in foster care may be challenged in the preschool setting due to maltreatment, which has adverse effects on brain development, cognitive and language skills, physical health, and social and emotional functioning (Cicchetti & Toth, 1997).

Internal Working Models

It was important to review literature that pertains to internal working models as it is a component of attachment theory and may explain the difficulties foster children have in building relationships. I reviewed literature on the basic concept of internal working models, the four types of attachment patterns, categorizations of internal working models, and the relevance of internal working models with preschool-aged children.

Bowlby (1973) postulated that internal working models are mental representations of an individual's self and attachment figure relationships that are developed through interpersonal interaction experiences. Internal working models include "expectations of the accessibility and responsiveness of attachment figures" (Bowlby, 1973, p. 238). Internal working models are mostly shaped in a child by the age of 5 years, but can change thereafter depending on the caregiving experience (Bowlby, 1988).

There are four types of attachment patterns known as secure, insecure/ambivalent, insecure/avoidant, and disorganized/disoriented (Ainsworth, Blehar, Waters, & Wall, 1978; Main & Solomon, 1990). The secure children's internal working model of self is the belief that they are able to get needs met, have an available caregiver, and are worthy of affection and love (Bowlby, 1998). Whelan (2003) indicated that the three insecure attachment patterns have the following associated internal working models. The insecure/ambivalent children's internal working model of self is the belief that they are unable to communicate to get their needs met consistently by the attachment figure (Whelan, 2003). The insecure/avoidant children's internal working model of self is the belief that they are isolated and discounted by the attachment figure (Whelan, 2003). The disorganized/disoriented children's internal working model is the belief that they have no

control over the response thy will receive from the attachment figure (Whelan, 2003). These internal working models are then generalized by children to all other relationships in their environment, creating adaptive or maladaptive pathologies (Bowlby, 1998).

Internal working models were categorized by Crittenden (1990) as open or closed and as working or nonworking. Open internal working models allow for new interpretations of events based on relationship interactions while the closed internal working model applies the same model to all data with expectations for the same outcomes (Crittenden, 1990). A working internal model allows for "cognitive manipulation of possible responses of the self in relation to others," while the nonworking internal working model does not allow for "the person to consider him or herself as having several responses to others in the context of a relationship" (Crittenden, 1990, p. 27). A child with a closed nonworking internal working model pattern will continue to repeat negative interactions (Whelan, 2003). Crittenden's concept of internal working models explains why some children are able to change their schemas in a new home environment and others are unable to do so (Whelan, 2003). Internal working models of foster children are developed by the quality of care received from earlier primary caregivers, so they often become "warily self-reliant" due to maltreatment and disruptions (Schofield & Beek, 2005, p. 5). For these children, it is difficult to cognitively process or adapt to even the most positive environments.

Attachment relations beyond infancy are facilitated by internal (mental) working models based on the experiences the young individuals had with their primary attachment figures (Bretherton & Munholland, 1999). This is important for children entering the preschool years because if they have experienced responsive and sensitive caregivers,

they will have positive working models and will be able to feel secure when physically separated from their attachment figures (Bretherton & Munholland, 1999). If children have not experienced reliable and available caregivers, they are more likely to have negative working models and will fear the environment, be unable to explore, display negativity and exhibit aggression toward others (Bretherton, 2005).

Attachment Reactions, Reactive Attachment Disorder, and Attachment Disorders

It was important to review literature that pertains to attachment reactions, reactive attachment disorder, and attachment disorders because they may have significant impact on the ability of foster children to build attachment relationships. I reviewed the four stages that children commonly experience with their removal, the vulnerability of preschool-aged children being diagnosed with reactive attachment disorder, classification of attachment disorders, importance of a secure attachment, and therapeutic treatment.

With the overwhelming rise in both kinship and nonkinship foster placements, child welfare professionals must address the physical safety and mental health issues of the children. Foster children experience numerous problems associated with their removal and need sensitive support to attenuate negative effects. There are four common stages experienced by children who have been removed from their homes and described as shock, protest, despair, and adjustment (Pardeck & Pardeck, 1998). Shock is the initial response children experience when they are separated from their parents. The protest stage is characterized by anger as children often act out hoping to be sent home. The despair stage is characterized by sadness, depression, and/or regression. Children in the despair stage often seek comfort from their foster parents, but then reject them. The

adjustment stage is a time during which children may accept their reality but may emotionally never overcome the separation from the biological parents.

It was found that 24% of foster children are between the ages of 1 and 5 years old (Stukes Chipungu & Bent-Goodley, 2004) and that an increasing number of infants and children under the age of 5 are entering foster care based on the AFCARS Report in 2001. Preschool-aged children are at risk for Reactive Attachment Disorder (RAD), a psychiatric disorder defined in the Diagnostic and Statistical Manual of Mental Health Disorders (DSM-IV-TR, 2000). The essential feature of RAD is "markedly disturbed and developmentally inappropriate social relatedness in most contexts that begins before age 5 years and is associated with pathological care" (DSM-IV, 2000, p. 127).

The two subtypes associated with this disorder are Inhibited Type and Disinhibited Type. The Inhibited Type is characterized by the child's "persistent failure to initiate and to respond to most social interactions in a developmentally appropriate way" (DSM-IV, 2000, p. 128). The Disinhibited Type is characterized by the child's "indiscriminate sociability or lack of selectivity in the choice of attachment figures" (DSM-IV, 2000. p. 128). The etiology of the disturbed social relatedness is presumed to be pathological care, which may include a disregard of the "child's emotional needs for comfort, stimulation, and affection, persistent disregard of the child's basic physical needs, or repeated changes in primary caregiver that prevents formation of stable attachments (e.g., frequent changes in foster care)" (DSM-IV, 2000, p. 128).

Some children who have been abused and neglected do not meet the criteria for RAD, but still exhibit attachment problems (Cicchetti, 1989). Zeanah and Boris (2000) developed an alternative classification of attachment disorders, which include Disorders

of Nonattachment, Secure Base Distortions, and Disrupted Attachment Disorder. The criteria for Disorder of Nonattachment are met when the child has no preferred adult caregiver and exhibits either inhibited or disinhibited patterns of attachment (Zeanah & Boris, 2000). The criteria for Secure Base Distortions are based on the child who has preferred familiar caregivers, but cannot use the adult for safety while exploring the environment (Zeanah & Boris, 2000). Disrupted Attachment Disorder is the result of an abrupt separation or loss of familiar caregiver with whom the child has an attachment (Zeanah & Boris, 2000).

A child's psychological and developmental health is based on a secure attachment to a sensitive, responsive, and reliable caregiver (Cassidy & Shaver, 1999). Through her research in 1963, Ainsworth demonstrated that there are various differences in attachment behaviors, which correlate to infant-parent interactions during the first year of life. Bowlby (1979) stated "Whilst especially evident during early childhood, attachment behavior is held to characterize human beings from the cradle to the grave" (p. 129). Attachment plays a key role in future relationships and psychopathology because the initial parent-child bond creates the working model for every subsequent meaningful relationship (Cicchetti, Toth, & Lynch, 1995).

There is evidence that suggests a child's early experiences can be overcome with therapeutic interventions, emotional stability, and security (Clarke & Clarke, 1999; Messer, 1999). Children who are removed from their biological homes commonly experience anger, anxiety, depression, low self-esteem, behavioral problems, post-traumatic stress disorder, and developmental delays (Gauthier, Fortin & Jeliu, 2004; Pearce & Pezzot-Pearce, 2001). It is important to consider interventions for foster

children that will facilitate a healthy, stable, and securely attached relationship with either kinship or nonkinship foster parents in the hope of decreasing disruptions. Two evidence-based treatments, Trauma Focused-Cognitive Behavioral Therapy (TF-CBT) and Child-Parent Psychotherapy (CPP) were indicated to be equally effective with children in foster care (Hieger, 2012).

Building Attachment Relationships with Children in Foster Care

It was important to review literature that pertains to building relationships with foster children as it is often challenging for child and caregiver. I reviewed literature regarding the challenges of building relationships, children at risk for placement disruptions, and why secure attachments are crucial to children's development.

Children in foster care have difficulty building attachment relationships. It was suggested that the distrust in foster children may be so deep that even discrepant information is not enough to trigger the mind to adapt to the new reality (Crittenden, 1995). Foster children's representation of reality is often reversed, making good seem bad and true seem false (Crittenden, 1995). With good care being perceived as a threat or deception, these children reject and alienate their foster caregivers (Crittenden, 1995). Maltreated children lack trust, have a need to control people around them, and are compelled to control their environment, which are major challenges for foster parents (Schofield & Beek, 2005). Paradoxically, as children begin to feel more comfortable with the stability of care, they inadvertently resist these new experiences and fight creating a new schema. Children from homes in which they were maltreated generalize

their history to the foster home. This can make it difficult to process a different reality, and good care can evoke even more fear and resentment (Schofield & Beek, 2005).

The development of a secure attachment is greatly impeded by child abuse and chronic neglect, referred to as trauma of absence and multiple placements, which can create a compromised ability in foster children to form attachments even with families who are committed and loving (Crittenden & Ainsworth, 1989; Hughes 1999). Secure attachment is central in early psychological development as it assists the child to regulate emotions, control behavior, and establish a sense of self (Schore, 1994). Children who have not experienced secure attachments are likely to develop symptoms such as "little empathy for others, limited awareness of the consequences of his behavior, little guilt and remorse, difficulty expressing thoughts and feelings, and poor discrimination among relationships" (Hughes, 1999, p. 549). In addition, other symptoms include poor regulation of bodily functions, emotions, and behavior, as well as profound shame (Hughes, 1999).

Foster parents report that building relationships with their foster children can be so difficult that the children are at risk for placement disruptions. The children's mistrust originates from external circumstances, which are then internalized as a belief that they are undeserving of love (Bowlby, 1998). While it may be challenging, foster/adoptive parents who create a secure attachment for the first time in a child's life facilitate a psychological birth (Hughes, 1999). Conceptually, this is similar to a corrective experience that facilitates a new and more positive experience (Hughes, 1999). Internalized beliefs can be challenged and set a new course to healthier attachments and development of a more positive sense of self (Bowlby, 1998).

Attachment is fundamental to a child's growth because it promotes the development of either adaptive or maladaptive psychological development. Securely attached children can proceed to the developmental tasks that are part of the growth process (Greenspan & Lieberman, 1988). In a review of longitudinal studies, securely attached children have more positive developmental outcomes (Cassidy & Shaver, 1999). Early attachment relationships have a significant role because original parent/child relationships provide the working model for all future meaningful relationships and psychopathology (Cicchetti et al., 1995).

Attachment Perceptions of the Caregivers

It was important to review the literature that pertains to the perceptions of grandparent kinship caregivers and nonkinship foster parents because the research asked for their experiences with the children in their care. I reviewed literature regarding the reciprocal nature of attachment relationships, difficult behaviors that may impede caregiver responses, and a model that highlights the dyadic nature of attachment relationships.

Attachment is a dyadic relationship and a reciprocal process (Poehlmann, 2003). How a caregiver perceives the child's behaviors and emotions has an effect on attachment relationships and this can be more challenging with foster children. Dozier, Albus, Fisher, and Sepulveda (2002) cited that children in foster care are often unable to elicit nurturance from new caregivers and incapable of regulating their behaviors, emotions, and neuroendocrine system, and caregivers find themselves confused about how to provide nurturance to distressed children. All children in out of home placements experience stress, even though their behavioral and emotional symptoms vary

(Lieberman, 2003). Foster children may exhibit emotional distance, inability to be comforted, lack of appreciation or preference for the caregiver, mood shifts, indiscriminate sociability, defiance, noncompliance, and aggression (Lieberman, 2003). In turn, the caregivers may not experience an emotional satisfying reciprocity and experience feelings of hopelessness (Lieberman, 2003).

The Circle of Security: Secure Base and Haven of Safety is an attachment-based intervention that highlights the dyadic nature of attachment (Marvin, Cooper, Hoffman, and Powell, 2002). In this model, the caregivers increase their sensitivity and appropriate responsiveness to the child's signals; increase their ability to reflect on their own and the child's behaviors, feelings, and thoughts; and reflect on their own experiences and history that affect their current caregiving techniques. This well-known model was created to improve attachment relationships and has been especially successful with preschool-aged children and their caregivers.

Summary of the Literature

Currently, there is no qualitative research that focuses on the attachment experiences of grandparent kinship caregivers and nonkinship foster parents with preschool-aged children in their care. Grandparent kinship caregiver qualitative research is limited and primarily focuses on demographics, perceptions, and challenges. One qualitative study in Australia focused on the experiences of being a kinship caregiver, but not the attachment relationships (Backhouse & Graham, 2012). There are no studies that focus on attachment experiences from the nonkinship foster caregivers. It was my aim to increase our knowledge of attachment experiences and fill the void in current literature. To accomplish this, I posed the question:

What are the attachment experiences of grandparent kinship caregivers and nonkinship foster parents with preschool-aged children in their care?

CHAPTER III

METHODOLOGY

Overview

The purpose of this study was to explore the attachment experiences of grandparent kinship caregivers and nonkinship foster parents with preschool-aged children in their care. My goal was to gain insight into the world of grandparent kinship caregivers and nonkinship foster parents who are raising preschool-aged children and learn more about their attachment relationships. I wanted to understand the similarities and differences within and between the groups. To do this, I posed the research question: What are the attachment experiences of grandparent kinship caregivers and nonkinship foster parents with preschool-aged children in their care?

In this chapter, I describe the methodology of the research which includes (a) rationale for qualitative research, (b) paradigm, (c) research design, (d) research participants, (e) sampling procedures, (f) inclusion criteria, (g) recruitment, (h) informed consent, (i) data collection, (j) data analysis and interpretation, (k) researcher as instrument, (l) pilot study, (m) trustworthiness, (n) study limitations, and (o) dissemination of findings. I provide a summary as the conclusion to this chapter.

Rationale for Qualitative Research

No other study has explored attachment experiences of grandparent kinship caregivers and nonkinship foster parents with preschool-aged children in their care.

Because this topic has not been studied before, my goal was to interview the participants and develop a context from which to understand the attachment experiences in this population. Qualitative research has unique strengths for exploratory and descriptive research and is best suited when studying individual lived experiences (Marshall & Rossman, 1999).

Qualitative researchers study things in their natural settings and attempt to interpret a phenomenon through the meanings that people bring to them (Denzin & Lincoln, 2005). The phenomena examined in this study were the attachment experiences and their meanings that emerged through participants' narratives. This study was conducted in the environments in which the grandparent kinship caregivers and nonkinship foster parents lived and the raised preschool-aged children in their care. Quantitative research methods were not appropriate for this study as quantitative researchers rarely "capture their subjects' perspectives because they rely on remote, inferential empirical methods and materials" (Denzin & Lincoln, 2005, p. 12). The definitive choice to explore attachment experiences of grandparent kinship caregivers and nonkinship foster parents with preschool-aged children in their care was a qualitative research approach.

Paradigm

There are certain assumptions that researchers make regarding how and what they will learn during their inquiry (Creswell, 2003). My approach for understanding attachment experiences in this study was interpretivist and phenomenological. With an interpretive approach, meanings emerge from the research process, which is generally through interviewing and observations. Denzin and Lincoln (2005) describes the

researcher in this approach as a "bricoleur," or one who assembles the pieces to create the whole "bricolage," which is an emergent construction of the researcher's understanding of experiences and their meanings. In this manner, the approach contextualizes and textualizes the data from the participants' experiences and interprets the data through the researcher's open lens of experience.

Phenomenology is the study of lived experiences through which we develop a worldview by understanding these experiences (Marshall & Rossman, 1999). Phenomenology was developed by the German philosopher Edmund Husserl (1859–1938) over a century ago (Embree, 1997). Husserl believed that to know the world and ourselves, we must first examine human consciousness. He approached the phenomena of consciousness by suspending presuppositions and allowing the phenomena to be "captured in the giveness" (Viney & King, 1998, p. 408).

The goal of phenomenology is to discover the essential, invariant structure or underlying meaning of the participants' experiences. This "essence" is what Husserl called "evidenz," which is "awareness of a matter itself as disclosed in the most clear, distinct, and adequate way for something of its kind" (Embree, 1997, p. 1). The researcher sets aside scientific and "naïve" prejudgments or suppositions. The researcher also recognizes "the role of descriptions in universal, a priori, or 'eidetic' terms as prior to explanation of causes, purposes, or grounds" (Embree, 1997, p. 2). The "lived experience" of the participants is a unique experience of the world and the phenomena.

Research Design

This study had four research phases. During the first phase, I conducted 16 in-depth face-to-face interviews with 14 individuals and 2 couples. A couple was counted

as 1 participant. During the second phase, all audiotaped initial interviews were transcribed by professional transcribers. The transcripts were then mailed or emailed to the participants for their review and feedback. During the third phase, I conducted 14 face-to-face follow-up interviews with 12 individuals and 2 couples. The follow-up interviews were not audiotaped. The follow-up interviews were utilized as a member-checking strategy, and my goal was to review the transcripts in a collaborative manner with each participant. I chose not to audiotape the interviews so that I could create a less formal session. During the fourth phase, I conducted two focus groups with 5 individuals participating in one group and 2 individuals and 2 couples participating in another group. One focus group was held for the grandparent kinship caregivers and one focus was held for the nonkinship foster parent. The focus groups were audiotaped.

Research Participants

For qualitative research, the number of participants is generally small (Polkinghorne, 2005). It was my goal to interview 16 participants, 8 of whom were grandparent kinship caregivers and 8 of whom were nonkinship foster parents who had preschool-aged children in their care. The study included 8 participants in each group; however, in the grandparent kinship caregiver group, there were 2 couples who participated during the interview. Since the couples were not interviewed separately, I considered couples as 1 participant. Of the 8 participants in the grandparent kinship caregiver group, 6 identified as married and 2 identified as divorced. In the nonkinship foster parent group, 8 nonkinship foster mothers participated in the interviews and all identified as married. The participants were Utah residents and lived along the Wasatch

Front in Utah. Their age range, mean age, age of child in their care, length of time in care, and follow-up status of the child in their care are found in Table 1.

In the grandparent kinship caregiver group, 7 children remained in these placements at the time of the follow-up interviews. One set of siblings was returned to their biological parents and the grandparent still had contact. In the nonkinship foster parent group, 3 children remained in these placements at the time of the follow-up interviews and were adopted by the families. One of the 3 adopted children was later removed due to attachment issues. Of the children who were no longer in these placements, 2 children were reunited with their biological parents, 1 child was reunified with the biological parent and removed again, and 2 children were disrupted from their placements and adopted by other families.

Table 1

Demographics of the Participants

	Nonkinship Foster Parents	**Grandparent Kinship Caregivers**
Female Caregiver Age	*M*=39.0 years Range 28 – 46 years *n*=8	*M* =54.5 years Range 38 – 66 years *n* =8
Male Caregiver Age	*M* =39.0 years Range 26 – 48 years *n* =8	*M* =58.8 years Range 43 – 70 years *n* =6
Age of Child in Care	*M* =3.75 years Range 2 – 5 years	*M* =3.75 years Range 2 – 5 years
Length of time in care	*M* =12 months Range 5 – 38 months	*M* =20 months Range 3 - 60 months
DCFS involvement	100% *n* =8	62.5% *n* =5
Number of children remaining in participant's care at follow-up	*n* =3	*n* =7

Sampling Procedures

The sampling procedures I used in this study were purposive and criterion-based. The idea of qualitative research is to purposefully select the sites and participants that will enhance the researcher's understanding of the problem and question (Creswell, 2003). I carefully defined what criteria the participants were required to meet as outlined in the following section. Additionally, the snowball sampling procedure was utilized as participants shared the names of other people who might be interested.

Inclusion Criteria

The inclusion criteria were that any grandparent kinship caregiver or nonkinship foster parent was eligible to participate in this study if they were raising a preschool-aged child between the ages of 2½ and 5 years old and who was not yet in kindergarten. The child had to be in their care for a minimum of 4 months. The grandparent kinship caregivers were required to be licensed foster parents in the state of Utah or have custodial or guardianship rights. The nonkinship foster parents were required to be licensed foster parents in the state of Utah.

The participants had to agree to be available for the first 90-minute face-to-face interview in their home or other designated location and for a second 60-minute face-to-face follow-up interview in their home or other designated location. The participants had to agree to review their transcripts and make any changes they thought necessary. The participants were also asked to participate in a focus group. Monetary compensation was given at the end of each face-to-face meeting ($20.00 for the initial interview; $10.00 for the follow-up interview, and $20.00 for focus group participation).

Recruitment

Participants were recruited through the following five methods. The first invitation to participate in this study was sent out in The Foster Care Foundation of Utah's Foster Roster. This newsletter was electronically mailed (e-mail) to all licensed foster and or adoptive parents as well as kinship foster parents. The second invitation to participate in this study was mailed by the Department of Human Services (DHS) from a list generated by the DCFS of all foster parents, both kinship and nonkinship. The third invitation to participate in this study was by presentations I made at the Grandfamilies classes. I left flyers with Grandfamilies staff members to display during future classes. The fourth invitation to participate in this study was by flyers displayed at The Children's Center at the downtown location. The fifth invitation was through a snowballing sampling procedure in which participants referred interested parties to contact me.

As potential participants contacted me by telephone or email, I called them and introduced myself, reviewed the criteria, briefly explained the study, discussed the requirements for their participation and the informed consent form, and outlined the monetary compensation. I informed them that at any time they had the option to withdraw from the study. I thanked them for their interest and offered them the opportunity to think about their participation. All interested people who met the criteria accepted to participate during the initial telephone contact.

Informed Consent

This study was approved by the University of Utah Institutional Review Board (IRB) on June 10, 2009. I coordinated all research documents with the University of Utah Institutional Review Board and the Utah State Department of Human Services

(DHS). Foster parents are considered independent contractors who provide services to children in custody of the State of Utah. The participants would be discussing these children in the study and therefore, I was required to submit a research proposal, a signed research agreement, and included an introduction to the informed consent regarding the confidentiality of foster children in the participants care. The Consent Document for Humanities or Social/Behavioral Science Research (Appendix A) was approved by both agencies and presented to each participant.

Data Collection

Qualitative studies often combine several data collection methods in the research process and these choices should be linked to the conceptual framework, research questions, overall strategy, and primary decisions about roles (Marshall & Rossman, 1999). This process is referred to as multiple data sources or triangulation, which Creswell (2003) defined as "different data sources of information by examining evidence from the sources using it to build a coherent justification for themes" (p. 196). Triangulation increases the validity of the findings by checking the accuracy through multiple sources (Creswell, 2003). This study used in-depth face-to-face interviews, member-checking, face-to-face follow-up interviews, focus groups, and field notes as the primary sources for data.

Phase I: Individual Interviews

After the initial call confirming their eligibility and interest, I arranged to meet the participants. Fifteen participants requested that we meet in their homes and 1 participant requested that we meet in my office. It is considered important in ethnographic interviewing to gain trust and establish a rapport with participants (Spradley, 1979).

Before each interview, I made the participants feel comfortable by engaging them in brief conversations. I thanked the participants for agreeing to be in the study, reiterated the purpose of the study, asked them to read and sign the consent form (see Appendix A), and answered any questions.

During many of the interviews, I was assisted by a research associate who audiotaped the interviews on my personal laptop computer. This enabled me to give my full attention to the participants without technical distractions. The research associate was trained in research procedures, ethics, and confidentiality. I began the interview process and used the specific questions (see Appendix B), and I followed up with additional probe questions as needed. The in-depth face-to-face interviews ranged in length from 90 minutes to 2½ hours. I conducted a total of 16 in-depth face-to-face interviews, and each was audiotaped. I took notes during all of the interviews.

Phase II: Transcription

During the second phase, all audiotaped initial interviews were transcribed. The transcriptions were completed by transcribers familiar with research ethics and confidentiality. I reviewed the transcripts and listened to the audiotapes of the initial interviews to check for accuracy. Next, I contacted the participants and mailed or emailed their transcripts with a brief explanation. The decision regarding how the participants received their transcripts was based on their request. I requested that each participant read and make notes before the face-to-face follow-up interview.

Phase III: Member Checking/Follow-Up Interviews

I contacted each participant to begin the member checking process. I mailed or e-mailed the participants their transcribed interviews and requested that they correct any

errors, make sure they communicated what they wanted to say, and make additional statements or clarifications. I scheduled 1-hour face-to-face follow-up interviews with the participants. The goal of member checking was to insure that the participants said what they meant to say and were given the opportunity to make any changes.

The follow-up interviews were scheduled approximately 6 to 9 months after the initial face-to-face interviews. For the follow-up interviews, 15 participants requested that we meet in their homes, and 1 participant requested that we meet in my office. During these interviews, I responded to any changes they asked me to make as well as clarification to my questions. In the audiotaping and transcription process, some responses were inaudible and therefore left gaps in the transcripts. The participants and I filled in the gaps. There were no significant changes in the content; however, some participants asked me to remove repetitive "you knows," "ums," and "likes."

Phase IV: Focus Groups

Focus group research can take interpretive memory and expression beyond the individual memory, can induce social interactions, and can generate multiple meanings and perspectives (Denzin & Lincoln, 2005). The focus groups were important because the participants had a forum to process their individual interviews and relate to other participants in their group. In addition, varying accounts were reconciled by cross-referencing and adding to the multiple meaning of the participants' experiences.

The focus groups were held in the conference room at The Children's Center. There was a morning group for nonkinship foster parents and an afternoon group for grandparent kinship caregivers. In the nonkinship foster parent focus group, there were 5 participants (all individuals) and in the grandparent kinship caregiver focus group, there

were 6 participants (two individuals and two couples). Participants gave their consent to be videotaped, but there was a technical malfunction, and the groups were audiotaped instead. I explored the common themes and opened up discussion for dissimilar responses. Following the focus groups, I listened to the audiotapes and made notes on the content of the groups. Each group was approximately 2 hours in length.

The focus groups were structured to be a collaborative interaction that was guided by the participants. However, I did have several questions that I posed to the groups. For the nonkinship foster parents, I asked 1) if they do foster care for the money; 2) if the goal is adoption, does this affect their attitude toward visitation; 3) do they hold back building attachments when they know the children will eventually leave their care; and 4) should children be placed with kin. For the grandparent kinship caregivers, I asked if they could share feelings about 1) their own children, 2) their challenges with the system, 3) their role changes, and 4) to please share their thoughts about "the apple doesn't fall far from the tree" myth.

Field Notes

Field notes are descriptions of what was observed and should be detailed and nonjudgmental (Marshall and Rossman, 1999). Lofland (1971) suggested researchers a) take notes regularly and promptly, b) write down everything no matter how unimportant it might seem at the time, c) try to be as inconspicuous as possible in note taking, and d) analyze notes frequently. I made field notes, or analytic memos, which were analyzed by ongoing interpretation conducted throughout the length of the study. These field notes were helpful in tracking how my initial reaction, perceptions, and thoughts evolved. The expansion of my preliminary analysis was documented during the entire research process.

Data Analysis and Interpretation

The description of the analysis process is to bring "order, structure, and interpretation to the mass of collected data" (Marshall & Rossman, 1999, p. 150). I originally planned to analyze the data using the phenomenological approach as set forth by Moustakas (1994). However, as I began to immerse myself in the data I discovered that it was better served by the analytic procedures outlined by Marshall and Rossman (1999). The procedures are organizing the data, generating categories, themes, and patterns, coding the data, testing the emergent understandings, searching for alternative explanations, and writing the report (Marshall & Rossman, 1999).

Organization of the Data

I had three typed sets of data at the conclusion of the research phases. The first set of data was the audiotaped recordings of the initial face-to-face interviews and the focus groups. The second set of data was the typed transcriptions of the initial face-to-face interviews. The third set of data was the handwritten field notes. Throughout the process, I stored all of the above in a locked file cabinet in my home office.

Immersion

Immersion was not included as a procedure in Marshall and Rossman's 1999 *Designing Qualitative Research,* but it was added in their 4th Edition in 2006. Immersion is integral for qualitative analysis and I include it as one of my procedures. Sufficient immersion in the data was based on the length of time I spent with the participants and their responses. I spent many hours with the participants throughout the project. I came to know them intimately as they shared their very personal thoughts, feelings, and stories. When the interviews and focus group were completed, I spent hours analyzing the data.

The quality of the results was based on the experiences that these participants shared and their willingness to have their voices heard. The sense of immersion was evident when I felt the data were thoroughly shared, recorded, processed, and written up to reveal the rich accounts of the participants.

Generating Categories, Themes, and Patterns

I listened to the interviews before the actual transcription process and read my notes from each interview. When the transcripts were completed, I read through them many times. The transcripts included the 20 questions followed by the participant responses. By this time, I developed a sense of what themes were emerging. Participant responses were lengthy, in depth, and filled with emotional content. I highlighted responses that were related to attachment relationships, trauma and traumatic grief and loss, and other pertinent or interesting responses. I highlighted similar responses, and I highlighted different responses.

I made a list of all 20 questions and placed all the responses under the specific questions grouped by grandparent kinship caregiver or nonkinship foster parent. The responses for both groups were kept separate and this provided me the opportunity to compare within each group as well as between groups. I then made a list of all participants and created individual participant profiles, which turned into biographical sketches for each participant that described the lives with the preschool-aged children in their care and of their own lives. It was through this process that numerous themes and subthemes emerged.

Given the vastness of the data, it seemed overwhelming to reduce the themes to a manageable number. I was advised to refocus on the original research question instead of

the specific interview questions (C. Gringeri, personal communication, August 18, 2012). The final step was to name the themes and subthemes that revolved around the key concept of attachment relationships.

Coding the Data

I reviewed the transcripts once again with the five themes in mind. I extracted specific statements from the interviews to support each of the themes and began organizing them under each theme. Each group was designated by a different color and each theme was designated by another color.

Search for Disconfirming Evidence

Cross case comparative analysis is a method to designate similar instances and disconfirm examples of cases (Yeh & Inman, 2007). In phenomenology, this is referred to as intersubject analyses, and the purpose is to conduct a thematic analysis across the cases (Yeh & Inman, 2007). I utilized this method as I coded a single case and then compared it to other cases or transcripts. This process was helpful when looking at the similarities and differences among and between the two groups.

Writing the Report

The writing model is a way to present the collected data gathered through in-depth interviews and participant observations through the participants' point of view and lived experiences (Marshall & Rossman, 1999). As I approached the writing, I was confident that I had the foundation to describe the participants lived experiences. I wrote numerous drafts until I was certain that I was genuinely communicating the participants'

attachment experiences. The results of this study were written as thematic narrative and provided rich examples of the themes and subthemes through transcript passages.

Researcher as Instrument

In the fundamentals of qualitative research, the researcher is uniquely considered an instrument in the research process. The researcher is involved in an intensive and sustained interactive relationship with the participant and this association allows the researcher to interpret the findings (Creswell, 2003). The researcher uses self-awareness in acknowledging, expressing, and understanding how personal particular biases, values, interests, and personal characteristics may influence the research, and this is known as reflexivity. The personal self cannot be separated from the researcher self (Creswell, 2003).

I am the researcher of this qualitative study and I am a Licensed Clinical Social Worker. I provide mental health services to young children, many of whom are living in grandparent kinship placements and nonkinship foster families. There is a considerable overlap in the interviewing skills that counselors and researchers are trained in, as well as different aims for these professions (Polkinghorne, 2005). It is important for counselors who are doing research to be clear and clarify to the participants the goal in the process (Polkinghorne, 2005). During the research, I made a conscious effort to maintain a professional researcher stance and only employ therapeutic skills as a method for engagement, not therapy.

Researchers should clarify the bias they may bring to the study (Creswell, 2003). It is important in qualitative research for the researcher to acknowledge biases before as well as throughout the research process. My research interest is based on my clinical

experience and desire to help grandparent kinship caregivers and nonkinship foster parents with preschool-aged children in their care. I am cognizant of the abuse, neglect, and traumatic life events that many children suffer while in the care of their biological parents. I provide mental health treatment to attenuate the significant referral concerns for these children in out of home placements. My bias is that I strongly believe that the best interest of the child supersedes any other parties' interest. I am an advocate for the child to live in a safe, nurturing, and healthy environment be it in a grandparent kinship caregiver home or a nonkinship foster family. I believe the needs of the child are the priority in these cases.

Pilot Study

During my doctoral curriculum, in 2006 I designed a study, developed an interview protocol, interviewed participants, analyzed data, and presented the results. I based my research on attachment theory because it was an important perspective in my work with children and their families. The study was entitled Two Hearts: A Qualitative Study of Kinship and Non-Kinship Foster Care Parents. Two grandparent kinship caregivers and two nonkinship foster parents participated in the study. There were several interesting observations that emerged from the data, which helped guide my dissertation research.

In both groups, participants reported that parental drug abuse was the reason that the children in their care were removed. By the grandparent kinship caregiver reports, the child/parent dyads were characterized as mostly positive until their children became involved in methamphetamine. This challenged the assumption that grandparent kinship

placements may be inappropriate due to intergenerational transmission of negative attachment patterns and/or other adverse childhood experiences.

Grandparent kinship caregivers reported more positive perceptions of the grandchildren in their care. They also reported more secure attachment characteristics; a shared perception that their roles were to provide safety, nurturing, and healing; experienced role conflict; and had feelings of anger towards their adult children's choices.

Nonkinship foster parents reported less positive perceptions of the children in their care. They also reported less secure attachment characteristics; a shared perception that their roles were to be a disciplinarian, teacher, and to correct behaviors; had mixed feelings toward the biological parents; and were embarrassed when their foster children misbehaved in public.

Trustworthiness

The four constructs in qualitative research to establish trustworthiness are credibility, transferability, dependability, and confirmability (Denzin & Lincoln, 1994).

Credibility refers to the truth of the findings and the lived through experiences of the participants (Leininger, 1994). There are strategies in qualitative research that check the accuracy of the findings (Creswell, 2003). I used triangulation, member-checking, peer debriefing, and negative or discrepant information. I used triangulation, which is the process of incorporating various sources of information such as interviews, videotapes, and field notes. I used member-checking to verify the accuracy of the participants' meanings to facilitate appropriate additions or edits to the material. Negative or discrepant information was investigated during the cross analysis of themes because

"contrary information of an account adds to the credibility for the reader" (Creswell, 2003, p. 196).

Transferability refers to whether particular findings can be transferred to another similar context or situation (Leininger, 1994). This should not be confused with generalizability, which was not the purpose of this study. The intent of this study was to add to the body of knowledge regarding attachment theory, offer rich descriptions of grandparent kinship caregivers and nonkinship foster parents, and explore the greater meaning of the world of grandparent kinship caregivers and nonkinship foster parents. Thick descriptions enhanced the transferability of this research. This writing technique transports readers to the setting and brings a feeling of shared experiences with the participants (Creswell, 2003). The grandparent kinship caregivers and nonkinship foster care parents shared many stories about their attachment relationships. This was the first qualitative study to explore the attachment experiences of grandparent kinship caregivers and nonkinship foster parents. Additional research in this area may support the transferability of the findings.

Dependability refers to stability of the findings over time and the cogent relationship between the data to the findings and interpretations (Denzin & Lincoln, 1994). Dependability is achieved by an audit trail, which documents the chronology of the research activities, processes, data collection, analysis, emerging themes, models, and analytic memos (Morrow, 2005). I created an audit trail by documenting all activities, procedures, notes, and analyses from the beginning of my research.

Confirmability refers to repeated direct participatory and documented evidence from the participants to ensure the observer is gaining the correct information (Leininger,

1994). I probed and verified feedback as I conducted the initial interviews, the follow-up interviews, and focus groups. I asked the participants to verify the accuracy after the transcription phase and make any necessary changes. I suppressed any preconceived thoughts or judgments that might influence my interpretation of the data.

Study Limitations

The first limitation is that the sample is inherently dissimilar in many ways as grandparent kinship placements are different than nonkinship foster care families. Grandparents have existing relationships with their grandchildren giving them the advantage in attachment experiences. Nonkinship foster families are at a disadvantage because they may only have hours or days before children enter their home, and these children are often traumatized and confused by the whole situation. The second limitation is that the grandparent kinship caregivers in this study all participated in the Grandfamilies Program and/or participated in therapy at a mental health facility. This might suggest that these caregivers had some basic knowledge of attachment issues such as RAD, trauma, and traumatic grief and loss. However, nonkinship foster parents had more systematic resources such as trainings, financial support, and access to medical and mental health services provided by the state. Foster families generally have their own support system, respite care, and the opportunity to receive help in times of crisis.

Dissemination of Findings

This study has four areas of dissemination. I will first disseminate the final written dissertation to the University of Utah Marriott Library and other national dissertation databases. The second area is the opportunity to write papers based on the results and hopefully inspire other researchers to conduct additional research. The third

area involves potential educational presentations at conferences and seminars for DCFS, mental health providers, and grandparent kinship caregivers and nonkinship foster parents. The fourth area is to contribute my findings to the TF-CBT foster care collaborative conducted by Judith A. Cohen, M. D, Anthony Mannarino, PhD, and Esther Deblinger, PhD and to the NCTSN in their goal to address traumatic stress in young children.

Summary

In this chapter, I described the methodology that guided the research process. With this framework in place, I moved into the actual research phase. It is important to note a significant challenge I encountered while I attempted to enlist participants. I discovered that grandparent kinship caregivers do not identify themselves as foster parents and did not respond to the original flyers. I respected these participants and changed the wording of the flyers and adapted the title of the study to reflect their preferred identities.

In Chapter IV, I present the findings from the interview, analysis, and write-up phases of the research. There were five themes that emerged and subthemes for each of these themes. The qualitative research approach facilitated the following in-depth responses and thick, rich descriptions of attachment experiences in the grandparent kinship and nonkinship foster care milieu.

CHAPTER IV

FINDINGS

Overview

The purpose of this study was to explore the attachment experiences of grandparent kinship caregivers and nonkinship foster parents with preschool-aged children in their care. Having worked as a therapist for preschool-aged foster children and their families, I believed that their unique experiences deserved further attention and understanding so the mental health field, the child welfare system, and involved families could better serve this population. The world of grandparent kinship care and nonkinship foster care is a phenomenon and their experiences are rich and varied. I conducted the analysis through an interpretive phenomenological approach to truly understand the depth and the breadth of their experiences. This chapter presents the key themes and findings from in-depth interviews, follow-up interviews, and focus groups. The five themes that emerged were: 1) importance of family; 2) attachment, trauma, and traumatic grief and loss; 3) challenges; 4) roles; and 5) family relationship styles.

The following thematic narrative provides information to support and elucidate each theme and finding. The purpose of this section is to make connections between the data, interpretation, and conclusions. To better understand the lived experiences of the participants, I use direct quotations to illustrate, deepen the meaning, and give voice to the participants. I use the spoken words of the participants to honor their valuable

contributions and allow the readers to gain further insight to the underlying meaning of the participants' experiences.

Throughout this section, I first present the responses of the nonkinship foster parents followed by the grandparent kinship caregiver responses. All nonkinship foster parents were married but only the wives participated in the interviews. Of the grandparent kinship caregivers, 2 married couples participated in the interviews and the others were divorced single women. The couples that participated in the interviews did not have separate interviews and are considered as 1 participant in the summary. Pseudonyms were used for all participants as well as for the children in their care.

Theme 1: Importance of Family

The family is considered a fundamental unit of society and the root of culture (Macionis, 2000). The importance of family was the driving force for the participants in the study. For the nonkinship participants it was about "building" a family, for the grandparent kinship caregivers it was about "maintaining" the family. This became evident as I explored the reason each participant decided to take on the role of nonkinship foster parent or grandparent kinship caregiver to a preschool-aged child. The participants' desire, motivation, and hoped for outcome with the child in their care provided insight to the attachment process within the context of family.

Nonkinship Foster Parents

In the nonkinship foster parent group, there were three reasons the participants decided to become foster parents to preschool-aged children. The majority of the participants identified their reason as being unable to have biological children. Several participants identified that they had biological children but wanted to increase their

family size. Several participants identified that they were motivated by altruism. Whether it was to build a family or help children until they could reunite with their families, the value of family was highlighted in this group's narratives.

Unable to have biological children. Four couples pursued foster care because they could not have children of their own. Their goal was to become parents and raise a family, and they viewed fostering as a conduit to adopting children. These participants were identified by DCFS as "legal risk placements," which means if the reunification process with the biological parent(s) is unsuccessful, the children would become available for adoption. A legal risk placement is also referred to as "foster to adopt." All 4 couples pursued adoption before fostering, but adoption proved to be unsuccessful. Jane explained:

> I decided to become a foster parent because…we don't have any biological children of our own. We got licensed to become adoptive parents…or approved to do adoption. We still are approved to be adoptive parents, but nothing panned out with that over 4 years. So, we decided it was the right time to look into foster parenting. We called up the lady, and she came to our house, and we made the decision to go ahead and do it.

Cara stated, "We weren't able to have kids, so we looked into foster care or adoption and we attended both [classes]." The LDS faith-based adoption class provided information about parent profiles and the increasing rate of single mothers keeping their babies. Cara described the feelings she and her husband Brice experienced:

> Also the statistics they gave us were really discouraging. They said that. They said but if you pray and you know there are children coming to you, then this is where you need to be. That's great, but we didn't feel like that was right for us.

The adoption agency told the couple that if they were not interested in adoption there was a foster class, which is also faith-based at the Utah Foster Care Foundation. They attended that class and as Cara admitted, "We felt more in tune there…it was great." It is

important to Cara that I included that it was great having classes based on her religion. She strongly felt it would be important for other religions to have faith-based foster classes.

Two couples in this group noted the favorable financial aspects of fostering to adopt as compared to private or international adoption. The approximate cost for a foster care adoption ranges from $0 to $2,500, while a licensed private agency adoption ranges from $7,000 to $40,000; an independent adoption ranges from $8,000 to $40,000, and an international adoption ranges from $7,000 to $40,000 (Children's Bureau, 2011). Kelly remarked:

> My husband and I can't have kids, and doing foster to adopt is the cheapest, fastest way to get young children adopted into your home that we have found. There's obviously other ways to adopt, but it takes a long time and costs a lot of money. So, we decided to do foster to adopt.

Leslie and her husband Paul were pursuing an international adoption for 2 children in Bulgaria before they decided to become foster parents in the hopes of adopting. Leslie commented: "When we looked into all the paperwork and things to go through we thought about all the little children here that needed families, so we decided to do foster care."

Desire to increase family size. Two couples pursued foster care because they wanted to have larger families. These foster parents had biological children but valued large families and hoped to adopt through fostering children. Both of these wives who participated in the interviews grew up in large families.

Patty was raised in a family of 13 brothers and sisters and this number included several internationally adopted children. Patty and her husband Kyle had 6 biological

children, adopted children from other countries and the United States, and fostered several other children. Patty admitted:

> That's a really long story. We wanted to adopt one or two more kids, and we had been trying to adopt for about 5 years. And we kept having failed situations. So, we decided that we would try the foster care route. About…several months after we had signed up as foster parents we got notified about one child. So, we thought we were going to adopt her and didn't, but we still wanted one or two kids. We just decided we would do that, and luckily our second placement is turning into an adoption. Our purpose was to adopt. We didn't do it just for the good intentions for helping people. Although, if we continue to do it, that's what we will be doing.

Lynne was raised in a large family of 7 and described it as a "strict religious household." Lynne said her mother stayed at home while her father worked full time. Lynne and her husband Edward have 3 biological children but wanted a larger family. Lynne recalled, "So, we decided to look into foster care as a way to expand our family either temporarily or permanently. We had the space in our home and in our hearts to welcome in more children."

Altruism. Two couples pursued foster care to fulfill their desire to give back and help children and families in need. The goal for these families was to take foster children in on a temporary basis until they were able to reunify with their biological parents or until the state made other decisions. During the interviews, both participants shared altruistic motives. These 2 participants were different as 1 has been a foster parent for over 8 years and the other participant agreed to become a foster parent because she knew the children through community ties.

Vivian and her husband Trent raised her biological children, were foster parents to many children in their homes, adopted 2 sibling foster children who were in their care, and just recently adopted 2 more sibling foster children. Vivian always wanted to be a

foster parent, but she wanted her own children to be old enough to share the experience. Vivian explained how it all came about.

> I had lost my job and said, you know what I would love to do is hang out in sweats all day; I would love to hang out with kids, and I know I can help. I know I can do something to make their lives better, and my husband said if that's what you want to do, then we will do it. So we started 8 years ago, and I love it. I miss working with grownups and being around people that form full sentences, but I love what I do, and I finally found what I was meant to do.

Susan and her husband Jordan raised 3 biological children before they became foster parents to a sibling set of 2 preschool-aged children whom they knew in their community. Susan said the children had been in their home while her daughter babysat them, but she didn't "have any particular attachment to them." When the situation arose that the children needed an out of home placement, it was Jordan's encouragement that swayed Susan's decision. Susan stated:

> They [DCFS] were trying to rush…it's interesting how things from years ago kind of play into it. Like my friend had a foster child 3 or 4 years ago. My husband kind of thought we should do something like that. We have a good stable family, and we should give back somehow. Yet, we didn't want to just go through the system and take any foster child. So this came up, it just seemed right. But on the other hand, my husband had a couple of foster kids growing up in their family that really ruined relationships in their family. He had a lot of negative things thinking about foster kids. I would have never suggested it. He's the one who said, yes we'll take them, and I said, yes we'll do that.

Susan admitted that not everyone in the family was supportive of their decision to become foster parents. Years before, Jordan's mother had been a foster parent to children in the system and warned Susan, "You're going to get your heart broken, don't do it. You're going to get your heart broken."

Grandparent Kinship Caregivers

In the grandparent kinship caregiver group, there were three reasons participants decided to become caregivers to their preschool-aged grandchildren. Several participants

were designated as kinship placements when DCFS became involved. The majority of participants took charge of their grandchildren before DCFS removed them. Several participants were already acting as primary caregivers to their grandchildren. In every case, the children were removed or taken in by their grandparents due to exposure to drugs, alcohol, neglect, and/or child endangerment. These grandparents wanted to provide their grandchildren with a safe environment and maintain family ties. The value of family was highlighted in this group's narratives.

DCFS involvement. Two couples identified that their grandchildren were removed by DCFS, and they were designated as kinship placements by the court. Both participants had different experiences of becoming a grandparent kinship caregiver placement.

Elizabeth and her husband, Dan, were at the hospital the day their grandchild was born. The situation quickly changed, as they became a kinship placement that same day.

> My daughter, Whitney, her mother was using meth, and at the time of her birth DCFS came in and told us that my daughter had used meth and they had taken custody of Carly. We as a family took custody of the 2 granddaughters, her older sister Judy and Carly. Time went by and Whitney went through classes through DCFS, and we had custody of the girls. She tried to get herself clean along with the children's father, and they couldn't get clean. They didn't want to get clean. So, then the judge didn't have a choice but to take the children away from her. At that time, my husband and I were given the opportunity to take the children. Of course we did. We told him that we would adopt them. So, we adopted both of them.

Carol did not have much contact with her grandchild, but she knew there were problems. It was not until Vanessa was 3 years old that the child was removed by DCFS from her mother for child endangerment. It was at this time that grandparents, Carol and Nathan, became a kinship placement for their grandchildren. Carol gave her reason: "To keep the family together and we're the only family they know."

Stepped in before DCFS involvement. Four participants stated that they did not want their grandchildren to go into foster care so they took action to avoid this from happening. Two of the 4 participants are divorced single grandmothers and the other 2 are married, but only 1 spouse participated in the interviews as a couple. All of the participants felt a responsibility to keep the family intact.

Julie was already acting as primary caregiver for her grandsons when she decided to seek guardianship. Julie's daughter left her son Jerry for such long periods of time that he considered his home to be with his grandmother. Julie felt she needed to "get something in writing" so she could make decisions on behalf of her grandson. Julie explained:

> Like my decision to raise you guys was I had to step up. I didn't want the state to take them. It was my responsibility, and they have always been with me off and on. Even when I lived with my mom they have always been in my life.

Nina's daughter and her husband lived down the street with their 2 children. Nina had a close relationship with her grandchildren and saw them every day. Nina was aware the couple had used illegal drugs before, but did not know they were still involved with them. One night, law enforcement raided the couple's home for producing and selling methamphetamine. Nina took her grandchildren before DCFS arrived. It was a quick decision to take them and a quick decision to keep them, as she commented: "Well, that was kind of made on the spur of the moment in the juvenile court. We walked into the court for a juvenile hearing, and the judge asked if I wanted permanency. It was decided in a heartbeat."

Joyce became licensed as a foster parent the first time her grandchild was removed from the biological parents. Joyce had a close relationship with Robin and

cared for her as a grandmother and as a foster parent. When Robin's parents got involved with drugs again, Joyce stepped in before DCFS were involved. Joyce continued:

> We fostered Robin in '07, so we have become attached to her all along. Then when the mother and father split up and DCFS got involved, I went and picked up the kids and brought them here. I said they are going to stay here until they get whatever they need. I do not want them to go to foster care…I just went and picked them up from my son. DCFS didn't have a chance to get them.

Keith's daughter and her husband were not acting in the best interest of their children. Keith and his wife Connie knew there were problems and frequently cared for their grandchildren when the parents dropped them off. Keith described how he felt before he stepped in.

> Well…my emotions were pretty mixed at first. We could have made that decision a long time ago, but we kind of denied it, or fought it a little bit, hoping that the responsible parties would be more responsible; to no avail. It turned out that what we were thinking was going to happen, happened anyway. And we probably should have moved sooner than we did.

When the couple saw that things were becoming worse for their grandchildren, they took immediate action. "We went in and swept them up because of the drinking, the fighting, and the partying in their home."

Grandchildren already in our care. Two couples already were caring for their grandchildren and were well aware there were problems with the parents of these children. The first couple is Jack and Brianne, and both participated in the interview, while Melanie participated in the interview without her spouse. These grandparents knew that the parents were involved in drugs, the law, and neglecting their grandchildren. For these grandparents, raising their grandchildren was already a reality as the children were living in their homes.

Jack and Brianne had a long history of caring for their two grandchildren. During this time, the couple tried to get Jack's son, the father of the children, parenting classes,

counseling, and other services, but as Brianne said, “his lifestyle only got worse.” Their grandchildren experienced additional trauma when their mother died of a drug overdose. The following excerpt highlighted how the couple knew it was time to take full responsibility of their grandchildren.

> Jack: There is no real decision; you just do it. It’s like the same with your own kids, what would you do for your own kids? You just do it.
>
> Brianne: Well we had them on and off for their whole lives, for years. And as their father got arrested more often, it just became apparent that it was getting worse so…it took 4 years for it to get done…to actually do anything about it.
>
> Jack: It was more waiting for the opportunity.

For Melanie, her grandchild Lisa was only 2 weeks old when her daughter Lynden left the baby for the weekend. Melanie did not mind taking care of her granddaughter, but she was suspicious that Lynden was still involved with drugs. Lynden began to leave her daughter with Melanie for longer periods of time. Lisa became part of Melanie and her husband Michael’s life and their home. Melanie explained:

> No, it wasn't my decision. It kind of was like you know I never had her mom, and I never had any kind of connection, but I had an instant connection over her [granddaughter]. Go figure. So it was kind of one of those things that I just felt like at some point I could see these things going on. So, it really wasn't unexpected. When she was 3 years old she told me my mom doesn't love me. She said I love you grandma and you love me. And I want to live with you. My mom doesn't love me. That's when she came to live with us the first time, and before that I had her.

Melanie became legal guardian of Lisa when her daughter failed to appear at a hearing for drugs and outstanding warrants.

Summary of Theme 1

In the nonkinship foster parent group, 4 participants (50%) pursued foster care with hopes of starting their families. For these participants, it appeared they were highly motivated to create attachment relationships because they wanted to adopt the children placed in their care. Two participants (25%) wanted to increase the size of their families. For these participants, large families were the norm and their desire to have more children was a factor in building their attachment relationships. The 2 participants (25%) who were motivated by altruism wanted to provide temporary homes to children who were in state's custody. Their goal was not to build their own families, but to help families in the system to rebuild their families. For these participants, building attachment relationships was a means to model appropriate caregiving, safety, and trust. For all participants, the importance of family facilitated their attachment relationships.

In the grandparent kinship caregiver group, all participants (100%) identified that they became primary caregivers because their grandchildren needed safety, security, and a stable environment. Unlike the nonkinship foster parents who had to build attachment relationships, these grandparents had pre-existing attachment relationships with their grandchildren. There was a common finding that the grandparents believed they needed to step in and rescue their grandchildren. Several mentioned that it was important to them that their grandchildren not go into the foster care system. The value of keeping the family together was evident in their narratives. The importance of kinship ties increased the attachment relationships between grandparents and their grandchildren on a daily basis.

Theme 2: Attachment, Trauma, and Traumatic Grief and Loss

In exploring attachment experiences in the nonkinship and grandparent kinship caregiver groups, specific characteristics, both positive and negative, were cited as factors that impacted their relationships with the children in their care. While age and temperament were cited by some nonkinship participants as having an effect on relationships, the predominant reasons cited were attachment, trauma, and traumatic grief and loss. The participants' first impressions of their children, descriptions of their relationships, and change in their relationships were discussed to reveal how attachment relationships developed or failed to develop over time given these characteristics and behaviors.

Nonkinship Foster Parents

In the nonkinship foster parent group, the five factors identified as having an effect on attachment relationships were age, temperament, attachment, trauma, and traumatic grief and loss. Several participants identified age and temperament as reasons their relationships were positively and negatively affected. All participants identified attachment, trauma, and traumatic grief and loss as factors in the behaviors and emotional states of their foster children. Several participants identified that behaviors were so significant that they found themselves unable to keep the children in their homes. Several participants shared their coping strategies. While all families have their struggles, building families with foster children has its own unique joys and challenges building attachment relationships.

Age. Three couples identified age as a factor in their attachment relationships. In these interviews, only the wives participated in the interviews. These participants stated

that younger children are easier to build relationships with. Their reasons included that younger children are more lovable, fun, and less traumatized.

Kelly and Matthew wanted to build their family and fostered many children to fulfill their dream. The couple fostered both younger and older children before they took preschool-aged Cameron into their care. Kelly stated, "We've had anywhere from newborns right from the hospital up to 7-year-olds." Kelly added:

> We have had other foster kids; the younger they are, the easier they are in my opinion. When we got him, we had a 1-year-old and a 3-year-old, and now we have back our foster babies, so we have 2 1-year-olds. The younger they are, the easier they attach and less traumatized they seem to be.

Patty and Kyle fostered a sibling set of 3 children with the hope of increasing their family size. The youngest of this set was Regan. Patty described how the age of this child increased her ability to form an attachment.

> Yes, she was one at the time. She was just barely a year old. She was actually pretty easy because she's a baby. So it was very, very simple to you know, you cuddle and you love them. And she was very easy. Other than that, she's just very cute and very fun to be around. She was very easy to just bring in and love and all that good stuff.

Leslie and Paul were prepared to start their family with 2 older foster children who would have been their first foster care placement. When this did not work out, Leslie was asked to take 2 babies. Leslie related her story.

> It was interesting because we were supposed to get 2 other children who were 4 and 6 and their grandparents weren't quite sure. We have the house and the bedrooms all decorated for them, and then it was a no show. We got a call that there was an emergency placement, but we were devastated from this decision, and then they said there are 2 little babies, would you take them? We asked when would they be here, and they said in 2 hours, and we were both like oh, okay. It was around 7 o'clock at night, and we were just really amazed that these two beautiful children were in foster care.

Temperament. Three participants identified temperament as a factor in their attachment relationships. For some participants, the child's temperament promoted the

relationships, and for another participant, the child's temperament initially impeded the relationship.

Susan described her foster child Adam as being an "easy-going child with only a few tantrums that were significant." Susan continued:

> Well, I'd known him before. The first day he had come to live with us, they did some transitioning a little bit. So, he would come and play at our house for a couple of times. But they are extremely…he is an extremely sweet, open child.

Lynne recalls it was easy to form a relationship the first day she met Hailey. The child was willing to accept Lynne as her new caregiver the minute they met. Lynne had some concerns over Hailey's initial behaviors.

> Well I remember her very clearly coming in because she's got this head of curly hair. And she walked…ran right into the front room with her shelter foster mom and came right up to me and said Hi mom! While that was kind of flattering for me thinking, wow, something about me is so special that she wants to call me mom, it shows a little bit of a red flag that she was transitioning so quickly from a shelter to a permanent foster placement…but adorable little girl.

Jane admitted she was reluctant to foster John the first day she and her husband met him. Jane and Chris met John and his twin sister at the Christmas Box House, a local agency that provides immediate services for children removed from their homes. The couple met the children in a small room. John played for approximately 20 seconds, ran for the door, and staff members chased him.

> My first response was ah; I don't know if I can handle that. I don't know if I have the energy to take care of somebody who likes to run like that. We just had a challenging placement before him, and I was ready for a little bit of a calm thing. But my husband responded with I love these kids; I feel something for them, let's go ahead and say yes.

Attachment, trauma, and traumatic grief and loss. All participants identified that attachment, trauma, and traumatic grief and loss affect their attachment relationships.

The participants reported behaviors that impeded building relationships with the children in their care.

Kelly confided that it was difficult to build a relationship with Cameron because of his trauma history. Kelly described their relationship as:

> Up and down. He's a great kid, but because he has had trauma in his early years, some days are good, some days are bad. I guess probably with any 3-year-old there are ups and downs, but with foster children maybe a little more than with biological children without trauma.

Kelly discussed how confusion can play a part in the attachment relationship for both the foster child and the caregiver. At this point in time, no one is sure what will happen, and this makes their situation tenuous at best. Kelly expressed her hope.

> I see it being better once we're past the foster care stage and we move on to the adoption stage. We can put that behind us because we don't know what's going to happen; he doesn't know what's going to happen in his future. So, we can't tell him anything really; so there's a lot of instability in his life. He doesn't know where he's going to live day by day. So, I see when the process ends where he either goes home or becomes adoptable, his life will be more stable. In January, we're starting family therapy to help us attach to him further because it looks like he's probably not going home.

Cara met her foster child while the child was in a temporary placement with an aunt. Cara said that Jill was very shy and reluctant to interact. Cara thought she would have several visits to form a relationship, but she found out she would be taking the children that day. Cara believed Jill was traumatized by the removal from her mother, the removal from her aunt, and from the separation from her other siblings. Cara continued: "Yes, she wouldn't even come around the corner to look at us. Well, at the time too, she was scared of everybody. She didn't know who she could trust is what we later learned." Cara emphasized Jill's traumatic grief and loss issues from being separated from her siblings.

> They've always had a lot of kids in the house, so it's really odd for them just to be on their own. They wanted to make sure they kept them together because they knew that would be an issue. All 4 siblings were together, and then they split them up into twos, so it was really hard for her. When they had to split rooms here, they both had a hard time. I had talked it up and was really excited. I had talked excitingly about you get your own room; you're such a big girl. She was so excited about it. That night was bad. She would cry and lay right next to her night light. She often still sleeps right next to her night light.

Leslie stated that Sarah had a difficult time settling into their home because she was confused. It was an emergency placement, and there were no visits before the night the girls arrived. Leslie reported Sarah wandered around looking lost. Sarah was very aggressive and had intense temper tantrums. The child was especially aggressive toward Leslie and the dog. Sarah also exhibited some odd behaviors, which included licking shoes, tires, and other nonedible objects. Leslie noted that from the beginning "Sarah attached better off with my husband than she did with me." Leslie reflected:

> I think back then she was just confused and didn't know who she was or where she belonged or what was going to happen next. I don't think she really thought that I was the one. I think she thought I was another stop over, and I think that is another reason why she wasn't attached at first. Now, I think she thinks that I am her best friend, so she has just changed so much.

Jane also discussed confusion in her narrative. She stated that children can be confused and hesitant to make attachments due to loyalty to their parents. Jane explained:

> So I think he's going through a period of confusion right now. They all do I think, even the 10-year-old. They're all going through a period of I think I like being here, I think I love you guys, but I don't know if I'm supposed to be able to love you guys. Because I'm supposed to be loving my mom.

Vivian and Trent learned about the trauma history of their foster child from their caseworker. Austin was removed for neglect, homelessness, and parental substance abuse. Austin tested positive for drugs as well. Vivian described Austin as a sad and desperate child.

> The first time that I had met him he was at his shelter home, and he was very sad. He said I want come you, I come you, I go bye-bye. We sat there for an hour the first time we met him, and he was crying. He didn't want to be there. We were watching the foster mom's kid just pound on him, taking toys and hiding stuff, and it was another foster kid, so we totally understand that that kid had issues. But poor Austin was getting the brunt of it. He was very clingy and attached to my hip, which I'm used to. You know you get used to that, but he was just a very sad little boy.

Vivian and Trent both had regrets that they did not take the children that day. However, they knew after a few more visits the children would be in their home. When the shelter home foster parent called to say she "could no longer handle the children," Vivian and Trent picked them up within 12 hours of their first meeting.

Failed placements. Two participants identified that the behaviors of the children exceeded what they could manage in their home. As much as these participants tried to make the placements work, it was decided that DCFS needed to find other homes for the children. Failed placements are also referred to as disrupted placements.

Cara identified trauma as being the cause of Jill's difficult behaviors. Jill was anxious, aggressive, defiant, and oppositional. Cara struggled with Jill at night because she was afraid of the dark, clingy, and wanted to sleep with her. Cara struggled with Jill during the day because she was defiant, hyperactive, and announced, "I want to be naughty." Although Jill received mental health services, she continued to be a challenging child.

> This one day it got so bad…I mean I've had days so bad I've just had to lock myself in my room and had to put a gate in the hall so she couldn't run crazy in the house. I locked myself in my room just to calm down because she'll spit at you, kick walls, and scream. I mean her fits can be like 2 hours long and the counselors don't know what to do to help her. It's just how she's acting out and how she's got to get out that energy.
>
> This is really terrible, but to be honest, when she started acting out it was hard not to resent her. It was hard having her here, and I thought what am I doing and why should I even do foster care. My whole family has actually been begging me to

> quit ever since she started acting out because they saw how it was affecting me. I love, we all love her. She's so adorable, but she's very smart. And people have actually commented that's the problem because she's so smart she knows how to use you…she can manipulate things. I love her to death, but because of her behaviors, it's hard to have her here.
>
> …I've never felt like that about anybody. And it makes me feel bad. When I feel that way I just want to hug her more because maybe I need to love her more. Maybe I'm not loving her enough. When I do give her more hugs and kisses, it's not as if I don't feel that way. When I was resenting her I didn't want her to touch me, and I didn't want to touch her. She was so naughty. It just made me furious.

Cara and her husband made the decision that DCFS should remove Jill and her brother from their home. Jill and her brother entered another placement and were later adopted by that family.

Cameron's behaviors became so difficult that Kelly conceded she "couldn't handle it anymore." Kelly said that Cameron was jealous, impulsive, and "pushed and irritated the babies all day long." Kelly enrolled Cameron in a preschool so she could have a break. This seemed to help build a more loving relationship between them, but this was not the case for Kelly's husband Matthew. Matthew struggled in his relationship with Cameron. Kelly explained: "My husband had problems with attaching to Cameron. He felt like he was not supposed to be in our family." Cameron was removed from Kelly and Matthew's home and placed with another family, who later adopted the child.

Matthew's feeling that Cameron was not supposed to be in their family resonates with other nonkinship foster parent narratives. Patty said that several of her adopted children "never felt like mine." These children were from an orphanage in a foreign country and Patty later learned they came with significant attachment issues. Because of the challenges with her children with attachment issues, Patty was thrilled that she had positive attachments with Regan and the siblings. Patty stated that their relationships were better because they feel like they are hers.

Coping strategies. Two participants identified the use of coping strategies. Both of these participants were identified as being in the altruistic category of foster parents.

Vivian's coping strategy involved making sure she has some time alone twice a week. Vivian confessed:

> I sit in the back of the van and watch movies on the kids' DVD player. I watch the whole thing. I usually go down to Maverick and get a drink. I love their hot dogs, and I cross-stitch and watch movies. I put my feet up on the console between the two front seats, and nobody bugs me, except my mother calling.

Susan was comforted during difficult moments by the fact she knew that Adam would be returning to his family in the near future.

> Yes, that I knew it was a temporary situation. So, at the times when you get frustrated… when they're throwing tantrums, and you think yes I can do this for a few months. I think it does help.

Grandparent Kinship Caregivers

In the grandparent kinship caregiver group, the five factors identified as having an effect on attachment relationships were family ties, family history, attachment, trauma, and traumatic grief and loss. All participants identified that they had known their grandchildren from birth and these family ties facilitated positive attachment relationships. Several participants identified that family history with their own children presented problems in their relationships. All participants identified attachment, trauma, and traumatic grief and loss as factors in the behaviors and emotional states of their grandchildren. Several participants identified that behaviors were difficult, but they were able to manage them. None of these placements failed. Several participants shared their coping strategies. While all families have their struggles, maintaining families with grandchildren has its own unique joys and challenges in furthering attachment relationships.

Family ties. All participants identified that they had attachment relationships with their grandchildren because of family ties. All grandparents had known their grandchildren since birth. The frequency and duration of their interactions varied, but all grandparents stated they had close relationships with the grandchildren before they came into their care. The following excerpts highlighted the beginning of these relationships.

> Nina: Well I was there when Eric was born, so I helped deliver him. I babysat him for the first 6 months of his life while his mother worked. His mom and dad live just down the street from me, so I saw him at least once a week; every day of his life…or every week of his life.

> Keith: Well he was a newborn; he was…the day he was born…. It's a good loving relationship. He's a very easy to get along with character. He is who he is, and he wants to please.

> Melanie: Right after birth. She came a little faster than I thought she would so we missed her birth by about 10 minutes. She was a lot faster than the other ones.

Jack and Brianne cared for Lacey and her mother in their home after Lacey was born. Jack and Brianne not only developed their relationship from the beginning, but also their concerns.

> Jack: When she was born. She was in our house the first 10 to 12 days.

> Brianne: She came home from the hospital to our house. So it was great.

> Jack: Her mother was here too.

> Brianne: Right. But it was exciting and a little scary… we could already see some of these behaviors in her parents, and it was a little scary that she might not…this might not be a good thing.

Julie explained the attachments with the grandchildren in her care.

> I have always been close with my grandkids, but it has gotten closer. Like I tell everybody, if Laura gets her stuff together, I don't know if I can handle these guys getting taken away from me. The stress is hard, but they are a part of my life. It's just a big change to all of us. For my son, it has just been me and him for so long.

Although Nina has been a part of Eric's life since birth, this is how she described her grandchild since he has been in her care.

> He runs into my arms when he gets up in the morning, but it doesn't take long before he gets frustrated with me because I don't understand 2-year-old language. He doesn't have the boundaries…he'll chase my cat, he'll kick her, he'll hiss at her…they'll have hissing contests. The cat will stay in the bedroom if the baby's up because that's the cat's safe zone; you can't go in there and bother her. It's up to me to say don't chase the cat, don't kick the cat, and don't throw the food across the kitchen. No, you can't have ice cream. Most of our interactions throughout the day are negative. So, what starts out being running into my arms, I'm glad to see you, ends up with him screaming and me wishing things were different.

Family history. All participants shared personal histories regarding attachment relationships with their own children. Their narratives provided insight to some of the challenges these participants face as they raise their grandchildren and navigate relationships with their own children. The quality of the relationships with their children varied, but all participants placed the relationships with their grandchildren as their priority.

Carol and Nathan participated in the interview together. The couple is raising Vanessa, who is the youngest child of Carol's daughter Cynthia. Vanessa has an older sister named Lindsey. Carol was allowed by Cynthia to take Lindsey out, but she was not allowed to take Vanessa. Carol knew that Vanessa was neglected, but she felt helpless.

> My daughter threatened my life if I got attached to Vanessa because she said you're not going to get attached to another baby. But then my daughters were the ones that got attached. Every time I would go over there, the baby would be in the car seat just lying there, and once in a while if the mom or someone felt like it, they would throw a bottle at the baby. When she hit about a year old she did graduate to a play pen, and so she had no attention whatsoever.

Joyce and her husband James cared for Robin in their home for a long time. Robin's parents were involved in drugs and Robin came back twice to live with her

grandparents. Joyce became a licensed foster parent after the first removal. Joyce explained her history with Robin.

> When she was born at the hospital, she was such a sweet little ball of joy. She screamed her lungs out. Then she lived with me for a while, and her mother and father lived here for a while. Friends got the mother and father to do drugs. I said not in my house or around here, and they left and they were homeless for a while. Robin lived here most of the time, and her half-sister was with her other grandmother. Then the other grandmother called me and reported abuse and DCFS took custody of the kids, so we took them because we already had Robin. They left her here, and we became licensed and kept her from the time she could walk, and she was so happy go lucky, and everyone loved Robin, and Robin was Robin. When she came this time, she has been volatile and angry at the world and very vocal.

Julie had many concerns as she contemplated full custody of her grandson Jerry. The relationship with her daughter Laura was strained because Laura blamed Julie for Laura's own problems. Julie admitted that she wasn't always the best mother. At one point in her life, Julie said she had a "meltdown" and began drinking. Laura and her sister went to live with Julie's mother and father for 6 years. Julie commented on her relationship with Laura.

> She didn't say nothing and just knew that I would take care of them. I'm the grandma, or she would say you have to watch them while I go out because you're the grandma. My mom has always watched the grandkids, so Laura would say grandma says you should watch them so I can go out. She's always trying to throw something at you to make you feel guilty. That's the way it was and then she stopped coming around. I wanted to get custody, but also wanted to get guardianship, but I was afraid if there were seven people living in this tiny apartment there could be a problem. I was afraid that someone could say that Laura's not here or try to be mean or make a call to DCFS. I always wanted to get custody, but I felt sorry for Laura and didn't want to step on her toes I guess.

Attachment, trauma, and traumatic grief and loss. All participants identified that attachment, trauma, and traumatic grief and loss affects attachment relationships. These participants did not identify that their attachment relationships were affected by these issues. However, they did acknowledge that the children's relationships with their

parents were affected by attachment, trauma, and traumatic grief and loss. These participants shared insights about traumatic life events experienced by their grandchildren and subsequent traumatic grief and loss by separations from their parents.

Melanie made the connection between her granddaughter's behaviors and her traumatic life events. Melanie said that Lisa is easily frustrated, is aggressive, and is often really mean. Lisa is receiving mental health services. Melanie reported that if Lisa's therapist does not see her every week, she is an "explosive child."

> I think some of the stuff she does I'm sure is because her mom had her locked in her room, taking off at night and getting high. That's what she used to do. The kids would wake up, and the door would be locked. Even though it was their grandparent's house, they would be locked in the room. So, she demands attention a lot; she needs a lot of attention. It's all when she wants it, she cannot wait 5 minutes. She has no patience, and she doesn't like to be told no.

Melanie admitted that "It takes a lot of energy to take care of her."

Joyce insisted that due to Robin's traumatic life events her behaviors are so significant that only a kinship placement could handle this child.

> I think if Robin had gone into a foster situation, we would have never been able to get her. With her problems she would have been bounced from home to home because not too many foster parents would have known how to deal with it or want to because of her anger. She is very volatile and beats the crap out of everyone. So, I think with so much volatility when she first came it would have just made it worse.

Nina commented on the grief and loss Eric feels from being separated from his mother. Nina shared that due to the physical proximity of their homes Eric's emotions are "stirred up on a daily basis."

> It's still difficult for him. He still wants to know where his mom is and with mom just living down the street, he can hear her truck pass the house. He struggles every day with why he can't be with mom.

Julie confirmed that being separated from his parents has affected her grandson. Jerry was abandoned for weeks at a time, and he did not know when he would see his

mother again. Julie said that over time Jerry seemed to adjust, but the traumatic grief and loss over the separations continue.

> And he would ask for his mom and be sad. He would be really sad. I would ask him do you miss your momma. He would just look down. I don't know, she told me once I don't know how it feels, and I said no I don't because I have always had my two parents. So, I don't even know how it is for my own kids not to have their dads. The last time Jerry saw his dad was on Christmas just to drop off presents.

Not only is there grief and loss over relationships with their parents and siblings, but personal items were cited as source of loss as well. Joyce highlighted this in her story about one of Robin's favorite toys.

> When DCFS picked her up they had hair follicles done on the kids. Robin tested positive for drugs and when I went to get their furniture the mother would not let them have any of their toys or anything. We had to go buy them toys and things, and it just wasn't the same. We had a chance to get a couple of their things, and it was a Barbie doll about this tall. She would talk to it and say, "I missed you so much."

Brianne learned a lot about trauma in the foster classes, but she said when you actually are living it…it can be a challenge. She explained when you really see the warning signs you feel helpless.

> You don't know what to do even when you know. You just want to fix it, and it's scary. You can't fix it, but you learn from it. That's going to help us. I definitely worry about her more….
>
> I think about her more. I'm that way and wonder how everything impacts the kids. But, she's the one I worry about the most. I think she's experienced more and aware of more trauma than any of the other kids.

Coping strategies. Three participants shared their coping strategies that help during difficult times. The strategies include making outreach to family members and to their faith.

Melanie admitted she does not talk too much about her medical condition, but she struggles with it daily. Melanie was afraid that DCFS might not let her keep her

grandchild if they knew she was so ill. Melanie turns to her sister for the support when she does not feel well.

> My biological sister just lives two houses up the other way. When we moved here, they wanted to make sure because I wasn't doing well, that there was someone to be around to help in case there were any problems. We did that, and it has worked out pretty well. She [Lisa] can go next door and play there.

Nina stated that she was not around for her own children when they were growing up and as she said, "they raised themselves." Nina reflected on her own traumatic history and how it affected her life choices. Nina admitted that she spent more time in bars with her alcoholic husband than taking care of her children. Her daughters told Nina that she raised them like her mother had raised her. Nina said she was grateful for her daughters because they helped her with Eric's difficult behaviors and with parenting skills

> And I've had a lot of help from my third daughter. She will come over sometimes in the morning after she takes her kids to school. She has kind of showed me how to be an active parent.

Julie shared that her emotional support comes from her parents. Julie said she had many "ups and downs" with the fathers of her children, but her parents were always there. Julie continued that she also turns to God for her strength.

> I talk to my parents all the time, but I don't want to worry them. Me and my dad cried together the other day. I don't want him to get sick with pressure. I mean I love these guys being here. I wouldn't want them anywhere else, and I try everything. I pray to God because without God I don't know how I would do it.
>
> I mean they always have food and clothes. If I'm behind on a bill, oh well I'm behind on a bill. I make sure they have their cable and everything. I got my taxes and I went and got clothes and shoes for all of them. I couldn't get them what they want like a Nintendo DSi.
>
> Sometimes it just hurts because I can't get them what they want. They all want bikes, and I can't get them the bikes that they want like the other kids' bikes. I just feel I'm a loser sometimes.

Summary of Theme 2

In the nonkinship foster parent group, 3 participants (37.5%) identified age as having an effect on attachment relationships. For these participants, the younger the children are, the easier they are to attach to. Three participants (37.5%) identified temperament as having an effect on attachment relationships. Two of these participants stated that their foster children were either sweet and open or willing to attach. These characteristics facilitated a positive attachment relationship. The other participant stated that their foster child appeared too energetic, which concerned her, but not her husband. All participants (100%) identified attachment, trauma, and traumatic grief and loss as having an effect on attachment relationships. For these participants, they all made the connection between the effects of attachment, trauma, and traumatic grief and loss with the difficult behaviors. For 2 nonkinship participants (25%), they were unable to manage the behaviors, and the placements failed. For nonkinship foster parents, they were highly motivated to make attachment relationships because their desired families depended on making the placements work. For the altruistic foster parents, they were highly motivated because they wanted their attachment relationships to heal the children so they could return home.

In the grandparent kinship caregiver group, 8 participants (100%) identified family ties as having an effect on attachment relationships. These participants had pre-existing attachment relationships and therefore were able to build on those when they became primary caregivers. Eight participants (100%) identified family history as having an effect on attachment relationships with their own children. Many of these participants shared heartfelt stories about what it was like parenting their own children and the status

of their current relationships. Eight participants (100%) identified attachment, trauma, and traumatic grief and loss as having an effect on the lives of their grandchildren and relationships with their biologic parents. These participants did not identify that their own relationships were affected by the related behaviors. For the grandparent kinship caregivers, they were highly motivated to continue attachment relationships.

Theme 3: Challenges

There are many challenges that nonkinship foster parents and grandparent kinship caregivers face on a daily basis. Many of these challenges are related to anyone who is raising a preschool-aged child. As I explored the participants' daily lives, there were many similarities. Participants in each group cited limited options for behavioral interventions as a challenge. The differences between the groups emerged as the nonkinship foster parents discussed their experiences regarding visitation, DCFS, and caseworkers. The grandparent kinship caregiver discussed diminished social interactions with friends, health, and boundaries with their own children. The following challenges were unique to each group and evident in the participants' narratives.

Nonkinship Foster Parents

In the nonkinship participants foster parent group, there were three situations that were identified as challenges. The majority of participants identified that visitation with biological parents was a challenge. Several participants identified their caseworkers as a challenge. One participant identified that because foster parents have certain rules regarding spanking, that it was a challenge to enforce limits or change behaviors.

Visitation. Eight participants identified visitation with biologic parents as a challenge. The majority of participants stated that the children's behaviors and anxiety

increased before and after visits. The following excerpts highlighted some of these parents' responses.

Cara reported that Jill is a challenge for her most of the time. However, Jill's difficult behaviors are increased after the visits with her mother. Cara said that she tells Jill she needs to be good if she wants to live with her mother, but Jill states she wants to live with Cara.

> She's sick of following the rules, but ever since we started the unsupervised visits too, it's been hard…. She's getting scared again, I mean it got better there for a while, and now we're kind of reverting back. Things were really good. We had a good couple of months, and then her case got started getting stirred up again.

Patty facilitated visits with Regan's birth parents for almost a year and a half. These visits continued with Regan's father even after her mother was incarcerated. Patty shared her insights to the visits.

> Regan was just over 2 when they terminated. She was conflicted you know at times. There were times when she didn't want to leave her birth mom; there were times when she didn't want to leave me. So I think that was really hard for her…those visits because I don't want to leave you, I want to see her, but I don't want to leave you, and it went both ways both times. And I think it was really hard for her.

Susan believed that Adam's deep level of understanding that this situation was only temporary helped Adam to cope. Adam frequently stated "I don't live here, I'm just staying here." Susan added that Adam is pretty good most of the time although there were a couple of times he "was just inconsolable." One time, Susan supervised Adam at a family function with his relatives and Adam was "out of control" after seeing his parents and other family members. Susan explained:

> It really went like this. When they first came they were well behaved like visitors. After a little while, you'd see some tantrums, and they would get more comfortable with asserting themselves. The worst times were after visitations.

Susan shared her thoughts regarding why visitation might present challenges for some foster parents who want to adopt the children in their care.

> I sat in foster care classes with some of those people and a lot of them wanted to adopt. I thought, gosh you wonder how that works. How does it work when they really don't want the birth family to succeed? They really want the children. We were very supportive of the birth family and of visitations. You just wonder if some families would be supportive because their ultimate motive is to keep the kids.

For Vivian, it is difficult to face the mother who caused Austin's mental retardation, speech delays, toileting issues, and his addiction at birth to methamphetamine. Vivian said as foster parents, you become protective of the children in your care. Vivian stated that she is always honest with the biological parents. Vivian shared her explanation to them:

> I am their mom, but so are you. I am the only one in the entire situation that is not working for DCFS, but for your children. My main concern is for the kids. So, you may not always like what I say, but it will always be the truth.

Austin has visits with both sets of grandparents. Vivian said his grandparents are older and cannot handle the children for long periods of time. Austin enjoys the visits, but does not comprehend that DCFS is trying to reunite him with his mother and family. Vivian said that Austin comes home to her house like nothing happened and says, "Hi, mom…I'm home."

Caseworkers. Two participants identified that caseworkers were a challenge. One participant struggled when the caseworker came for visits in the home. One participant struggled with knowing that the caseworker gave inaccurate information regarding the foster children in her care.

Jane commented that the worst times were when the caseworker would visit her in their home. Jane explained:

> Talking about how John gets hyper, it's been almost always when the caseworker came and discussed the case in front of him. Sometimes we've been talking about the case and how they might go home, how they might whatever. Anytime that happens he goes wild. I really think having known him for 6 months, it's his way of dealing with I don't know, the excitement of going home, the fear of going home. I think the just knowing that his life right now is not going to stay this way.

Cara believed that her caseworker was untruthful about the children's behavior when they first discussed placing the children in the home.

> No, when we first got them they said they're great kids, they listen, and they eat anything you make. I mean, it's funny because when I went to the aunt later and said she [Jill] doesn't listen to me, she won't eat anything, I have rotten problems…she said that's how it was at my house. And I thought. So, that's one thing I wasn't happy about that the information wasn't brought over properly. I mean, they basically lied. I don't think they did it to place them fast, but I wasn't happy about it.

Cara continued: "That's one of the things I wanted to do the research project for, is to let people know they need to be up front and to be honest about it."

Susan shared her thoughts about caseworkers and how it sometimes felt that they are pressuring the foster parents to commit to a more permanent arrangement. "DCFS is always trying to scare you. They ask if this doesn't work out, we don't want to replace these kids someplace else. Are you willing to raise them?" Susan said she really does not want to start all over again. However, her husband says if they wanted to, they could raise two more kids in a stable environment with good values. Susan pondered whether she could be a stay at home mom for 10 years longer than she was planning, but stated that she was really not sure.

Limited options. One participant noted that as a foster parent, you have limited options for behavioral interventions. Patty raised several adopted and foster children who were all diagnosed with RAD and found it frustrating because these children did not

respond to the usual consequences. One therapist told her that if these were his children he would hit them on the butt. Patty continued:

> It is so hard to be a foster parent. You are so limited in what you can do to get these kids to comply with anything. It is so hard. I understand their reasons behind it, I really do, but it leaves you with such little leverage to do anything as a parent. You can't spank them, you can't slap them, you can't you know…you can put them in time out, but if they don't care if they're in timeout, then what do you have?

Grandparent Kinship Caregivers

In the grandparent kinship caregiver group, there were three situations that were identified as challenging. Several participants identified their social networks had diminished due to their responsibilities to the grandchildren in their care. Several participants identified their health was a challenge in raising preschool-aged grandchildren. Several participants identified maintaining boundaries with their own children was a challenge.

Diminished social networks. Four participants identified their social networks have diminished because of their responsibilities to their grandchildren. Several participants discussed how their lives changed.

Nina stated she was challenged by her diminished social network. Before Nina became a grandparent kinship caregiver, she enjoyed communicating with friends, meeting friends for lunch, and staying connected with friends and family. Nina's situation has significantly changed, and she declared:

> I have no life of my own! I seriously almost can't talk on the phone with my friends because they hear him in the background, and they're not going to compete with that. If he doesn't have my attention, he'll scream and throw things; so I don't get to go out to lunch…very rarely. I've gone to lunch once in the last 5 months. I finally said you know what, someone has got to take him because I need this…I need this 2-hour break.

> I think being a grandparent and raising grandchildren is tough. I think we need just a whole lot of support. We love our grandchildren, and we want the best for them, but we're not sure we want to give up our own lives until it's happened. Then you think…I don't know if I would want to make that decision again.

Julie is not only raising her own son, but is raising 2 of her grandchildren as well. While she has family support from her parents, her social life has diminished. Julie shared her feelings about this experience, "I feel lonely sometimes like I don't have any friends and nothing, but this is my life."

Jack and Brianne admitted that they have a very busy household. The couple was raising Brianne's children before they became grandparent kinship caregivers to Jack's two grandchildren. Jack and Brianne commented on the changes in their lives. Brianne opened the discussion. "I feel like we have our game face on all the time and never let our guard down; never have a chance to relax. You're always on high alert for every little thing so there is no relaxing." Jack continued with his thoughts on this topic.

> I always have my game face on. I have to be present. She has her children and had it taken care of. So, I had a lot of free time. I have to step up my game, where she just has to expand her day. She is very good at it, but for me I have to step my game up. She's younger and I'm older. There's not much golfing going on anymore.

Jack remarked that the priorities are different now. He says that "it's not a good or bad thing." Jack added these observations:

> That is what I see, not only with some of my friends, but the generations of when my children were raised. They are not willing to sacrifice anything and give up those things they love. My friends think it's horrible that I had to give up golfing and my freedom to raise my grandkids. I'm not giving up anything I'm just adjusting things.

Elizabeth never imagined her life would change in so many ways. Elizabeth's life changed the day the family gathered at the hospital for the birth of Carly.

> So it was bittersweet because I had known what happened with my daughter and yet she was the most beautiful thing; she is just gorgeous. I have this picture of

> my husband and I and Judy and Carly…holding her. Never would I have imagined. Go get it. It's on my computer. (Carly gets the picture and hands it to Elizabeth).
>
> …Never would I have imagined that picture would be our family picture later down the road. We just thought we were grandparents holding our cute granddaughter, you know? And that's what we could imagine.

Elizabeth discussed her social networks. Elizabeth stated that she is involved in Carly's school, but does not click with the other parents. Elizabeth said "I'm the grandma, I'm as old as their mothers, and I can't sit here and shoot the bull." Elizabeth explained they have nothing in common, and she feels like an outcast on fieldtrips. As for people her own age, they have definite thoughts about Elizabeth's choice to raise her grandchildren.

> I've had these people in my neighborhood say I can't believe you are doing this. They say they wouldn't do it. And you know what? You are wrong. You would do it. You say you would not, but if the chips were down, you really would.

Health. Two participants identified health concerns as a challenge. One participant stated she was almost denied the right to become a foster parent due to her age and disability. For the other participant, she feared her health condition might be a reason DCFS would not let her continue to be the primary caregiver to her grandchild.

Joyce had to fight to prove she was physically able to raise her own grandchildren. Joyce was especially proud of this accomplishment as it was a great challenge.

> The caseworker said when we got our license and we were going to court she says because they have got us so much, do you realize what's happened? I said no. What they said is you fought and you have won. You have won and nobody fights DCFS and has won. I said it's not what you know it's who you know. The win was I called the head of DCFS here, and she gave me the number of the head here in Ogden. I gave them the info on the case here and that they were fighting. They were going to take the children from me because of my age and my disability. I said that didn't have anything to do with it. The kids know I can't lift them and they know I'm in a wheelchair. They get in my lap and I love them. They know there are limits, and I said as far as my age, I know many

> grandparents that are worse off than we are and couldn't help their kids. So, I just called the right people and got the right people and fought the system and won.

As for her disability, Joyce reported the children have actually improved her health. The children have motivated Joyce to move around, she has lost weight, and the children nurture her as she nurtures them. Joyce stated that this whole experience has been positive for everyone.

Melanie received custody of her grandchild from the courts, but feared that DCFS might find out about her fragile medical condition. Melanie was afraid that she might be considered an unfit person to raise Lisa. It is fortunate that this never happened because Melanie said that Lisa is so attached to her. Melanie discussed her health issues and the impact it has on her relationship with her grandchild.

> So she is doing really good. She knows now that she is not going anywhere. She knows that things are chaotic and grandma isn't always well. But, she knows I haven't been well her entire life and she knows that I'm a diabetic. She knows grandma has diabetes and grandma has days where we just read books and watch movies, we play games, and we do quieter things. We will do the others when I'm feeling better and that's just kind of it. She has expected that, and it doesn't really matter to her that much.

Melanie confided that she needs to have a lifesaving surgery in the near future. She expressed her hopes for the future.

> So, to me you just don't know, and time to me is the most important thing. I spent all summer doing more things to make her happy…things that she will remember because we don't know how much longer I'm going to be here. She is so much attached to me that my husband is concerned. She is so attached to me that I want to make sure that there are so many memories for her. You never know I could stick around. You just never know, I mean I'm still here you know.

Boundaries. Three participants identified boundaries with their own children as a challenge. These participants discussed how these relationships changed in order to protect their grandchildren.

Keith would like his grandchildren to be reunited with their mother someday, but not until he is absolutely sure it is in the best interest of the children. He explained:

> Michelle thinks…I'm sure she thinks for the most part she's unemployed, and she thinks that we're doing her a favor and helping out with the boys. But it's much deeper than that and has been for a long time. In fact, the other day she came over and I told her. She says well maybe I'll have a job right away and the boys can come over. And I'm like, no, no, you're going to have to do quite a few things to change your life besides getting a job before you can take the boys back. I'm not making any commitments to that at all because ultimately I think it's obvious. Obviously the goal is to have the children with their parents. And I would love to do that, nothing more than that; everybody can resume normal lives. But, it's not going to happen right away obviously. I'm not going to allow it to happen just because it's an inconvenience you know, I'll get over that.

Elizabeth set a boundary with her daughter that if she wanted to have visits with her children she must do drug tests. When Elizabeth got custody of her grandchildren, the judge said that visitation with the biological parents was entirely up to her. Elizabeth wanted to follow DCFS guidelines, which included drug testing. After the parents relapsed and failed their drug test, Elizabeth would not let them see the children for Easter, Mother's Day, Father's Day or through the summer. Elizabeth continued:

> So, I let them talk to them, but I wouldn't let them see them. And then she finally started doing drug testing again. I told them you have got to get and keep yourself clean in order to have any privileges. And so she knew right then we weren't kidding. This is the way it will be the rest of your life if you want that communication with them.

Carly and Elizabeth's therapist suggested that the children know the truth. Elizabeth realized they are young, but she would rather have them know why their mother cannot come see them. Elizabeth explained to them "Mommy is on the bad drugs; it's called the bad drug."

At first, it was difficult for Julie to set limits with her daughter. They would fight when Laura wanted to take her children. The fights ended with Laura walking out and not returning for a few days. These intense situations and subsequent separations

significantly upset Jerry. When Julie realized this, she changed how she managed the boundaries with her daughter.

> I wouldn't let her take the kids even like for Halloween. She came over here to take the kids around. Then she wanted to take Jerry with her after, and I wouldn't let her. I just didn't know who she was hanging out with. I mean I have made mistakes in my life that I wish I could change. I am not saying I was a 100% better parent, but everyone changes as they grow up. I know my daughter wouldn't put my grandkids in a situation like that, but I just don't know her friends, and I don't trust nobody. I don't know them, and I would always tell her to come back home.

Summary of Theme 3

In the nonkinship foster parent group, 8 participants (100%) identified visitation as a challenge. For these participants, the reasons were the children's difficult behaviors and confusion. Three participants (37.5%) identified that caseworkers were a challenge. For these participants, the reasons were home visits, communication issues, and intimidation by the caseworkers. One participant identified (12.5%) that limited options for behavioral interventions made raising foster children difficult. Caseworkers play an important role in the lives of foster children, and they oversee every aspect of the cases they are assigned. Attachment relationships can be affected by how much support foster parents receive from DCFS and their individual caseworker.

In the grandparent kinship caregiver group, 4 participants (50%) identified diminished social networks as a challenge. For these participants, their lives had significantly changed, and they no longer had the freedom or the time to maintain their social lives. Two participants (25%) identified health conditions as a challenge. For these participants, the fear of not being able to care for their grandchildren because of DCFS expectations and discrimination were concerns. Three participants (37.5%) identified boundaries with their own children as a challenge. For these participants, they

discovered ways to keep appropriate boundaries to protect the grandchildren in their care. It was evident that the grandparents faced challenges, but they did not affect their commitment or attachment relationships.

Theme 4: Roles

The identified roles of nonkinship foster parents and grandparent kinship caregivers can affect attachment relationship outcomes. Grandparents do not identify themselves as foster parents, but as grandparents who are raising their grandchildren. Some of these grandparents are referred to as grandparents by their grandchildren and others are referred to as parents. In contrast, nonkinship foster parents commonly identify themselves as foster mothers and fathers. For the most part, nonkinship foster parents see themselves in a parental role and do not have any concerns with foster children calling them mom and dad. For the participants and the children in both groups, it appears that roles can be confusing, and there can be confusion with the roles.

Nonkinship Foster Parents

In the nonkinship foster parent group, five roles were identified by the participants. One participant was immediately identified as mother by her foster child. Several participants facilitated the idea that the foster child has two moms and two dads. Several participants facilitated the idea that they are temporary parents to the foster children. One participant facilitated the idea that she was more of an aunt figure. One participant was clearly identified as the foster mother.

Mom. One participant was called mom by her foster child the moment they met. Hailey did not hesitate to use this term with Lynne. Lynne stated that she was pleased that Hailey wanted to call her mom, but she was also concerned by the child's willingness

to form a relationship so quickly with an adult she did not know. Lynne later shared that Hailey was diagnosed with RAD, which she said explained Hailey's immediate attachment.

Two moms and two dads. Two participants promoted the idea that their foster children had two moms and two dads. The participants thought that this would reduce the confusion about being in foster care.

Jane remarked that the attachment relationship grew when John was able to accept that he had two moms and dads. John was confused and conflicted at first. Jane commented:

> He's more attached than he was. At the beginning…I don't recall that he ever rebelled or anything like that, but he wasn't as close or lovey-dovey with his hugs. He has become more wanting of that now. I guess more…viewing me more as the mom and that it's ok. I mean, he will walk around and say I have two moms, you know. He's proud of that. So more of the ok, it's ok that I love Jane, and I love mom, and that's ok. So I think more than anything is that we've been able to become closer because there's not this wall between us. I think before he thought I can't love you because you're not my mom.

Kelly stated that Cameron was confused about several things. Cameron's parents were incarcerated and this made visits difficult. When Cameron did not see them for an extended period of time he asked, "When am I going to see them?" Kelly said that the concept of foster care was beyond Cameron's comprehension and another source of confusion. Kelly explained:

> He calls us mom and dad, he's kind of confused about the situation and about his role, but he explains to people that he has two moms and two dads now. And because he's so young I don't know that he would really understand what foster care is—or that it could be permanent or temporary, he just doesn't understand.

Temporary mother role. One participant promoted the idea that she was a temporary mother to the foster children in her care. Vivian said that she tells all her

foster children the same thing because it has been effective over the years. Vivian shared her explanation.

> I have made it a point with every family that I'm your mom for now, but you have this mommy, too. This mommy needs to get better, and I don't mean to dummy it down, but you need to explain to them this mommy is sick, but she's still mommy. Yes, I am still mommy, too, but everybody calls me mommy. It's my definition…and kids have their own ideas about mommy. Then we do mommy is the one that tucks you in, washes your hair, puts the bandage on, and kisses you better. So, there has been a bit of discussion because this mom is very upset that he calls me mom.

Nonmother role. One participant promoted the idea that she was not in a mother role to her foster child. Susan maintained that their relationship went so well because there was no confusion in Austin's mind what her role was.

> I don't think he ever saw me as a mother figure you know. I think he had a mom and he wasn't looking to replace that. So, I would think I'm like an aunt to him, kind of like a friend. I said I can be your adopted aunt.

Foster mother role. One participant stated she was clearly identified as the foster mother. Cara referred to herself as the foster mother, but Jill called her mom. Cara remarked that Jill always thought she was in trouble. Jill also thought that Cara was mean. Cara said Jill often announced, "Cara's the boss…she's the foster mom." At one point, Jill started to call Cara's parents grandma and grandpa. Jill was quickly corrected by her brother who said, "That not's our grandma and grandpa. It's our foster grandma and grandpa."

Grandparent Kinship Caregivers

Three roles were identified by the participants in the grandparent kinship caregiver group. The majority of participants stated that they were identified as grandparents by their grandchildren. Several participants stated that they are identified as

parents by their grandchildren. Several participants identified role conflict as being a factor in their transition from grandparent to primary caregiver.

Grandparents identified as grandparents. Six grandparent kinship caregivers stated they are identified as grandparents by the grandchildren in their care. These participants describe their relationships as positive, close, and getting closer.

Julie described her relationship with Jerry as "wonderful," and he "brings sunshine to everybody's day." Julie stated Jerry identified her as his grandmother.

> He would say it is good and he loves his grandma. He always wanted to be with me even when his mother was here. He would always want to be with me because I sleep out here. Everyone has a bedroom, and I sleep out here on the floor.

Keith was identified as grandfather by his grandson Conner. Keith said "We've grown and a lot closer." When asked how Conner would describe their relationship, Keith stated, "Well, I hope he would say…I think he would say that I'm a good grandfather."

Joyce has been in the role of grandmother, foster parent, and most recently adoptive parent to Robin. Joyce admitted that the relationship she has with Robin is more similar to a mother/daughter relationship than a "grandmother one." Joyce continued:

> Robin is attached to me and she would sooner me be the primary caregiver. Our therapist said once that she thought maybe Robin had attached to me because when she was born she lived here for a year and a half when we first fostered. The therapist also said I think she is attached to you and not the mother. Dad comes all the time and helps, so she's got close with him, and she's happy with him, but she's a very angry little girl.

Joyce acknowledged that navigating the roles as licensed foster parent and grandmother presented some challenges. Joyce discussed one challenge:

> As foster parents we're not allowed to have the children sleep with us, and so I would cuddle with her, get her warm, and then put her back to her room. It's hard though because I want to be grandma, but I have a fine line being a foster parent.

Grandparents identified as parents. Two grandparent kinship caregivers reported that they are identified by their grandchildren as mom and dad. In this group, the participants described their relationships as positive and close.

Elizabeth became mother to Carly the day she was born. As Carly got older, she was confused because her older sister and the other grandchildren called Elizabeth and Dan grandma and grandpa. Elizabeth explained her own confusion.

> And for me, I still wanted my daughter to be mom. Somewhere in the back of my brain, I wanted my daughter to take her kids so I didn't have to do this thing. Okay, so I was convinced of this. I'm convinced this is going to happen. I know it's not, but I would just love it to be so. And so, this is reality. I had to just sit back and say okay. My sister just kept saying you need to start calling yourself mom...mom. Come to mom. The more you do that, the more the brain will say you are the mom. Your heart will say you're the mom. And the kids will say it. Your relationship will be okay. That's okay, now I can call myself mom. The other kids will just do whatever. I'm like mommy grandma. That's what I call myself, mommy grandma or grandma mommy. It's just the way I am. Whatever they call me that day.

Elizabeth asserted that it was easier for her to build a mother/daughter relationship with Carly because the child does not know who her biological mother is.

Carol stated that Vanessa does not remember her biological mother that well. Carol said that for Vanessa, "mom is just a person that she has dreamed up in her mind right now, and her mom is perfect right now." Carol described her role as mother.

> She has become more dependent, well not necessarily dependent on me, but she wants mom. She calls me mom, and if there is anything wrong she calls for mom and wants me.

Role conflict. Four grandparent kinship participants identified that role conflict was a challenge in being a grandparent raising a grandchild. Role conflict is the "incompatibility among the roles corresponding to two or more statuses" (Macionis, 2000, p. 88). The transitions from grandparent to primary caregiver created confusion for both the grandparents and the grandchildren.

When Melanie described her relationship with her grandchild, it also highlighted her own role conflict.

> I just love her. It's just like a bond that I had with my own kids. It's different than the bond that I have with my other grandchildren, and that's kind of hard. But I have a much closer bond with her, but then I have her all the time, too. So, then you change it because you are turned into being the parent, and you can't be the grandparent, and so it is a whole different life.

Nina said the transition from grandma to parent was not easy and negatively affected the relationship with her grandson.

> It pretty much has gone from good grandma to bad grandma. I don't think Eric will ever see me as the fun loving grandma again. Because now we have to set rules, limitations, and there's discipline involved, and I become the parent, and it's destroyed my relationship with him as grandma.

I explored further how Nina felt about the shift from grandparent to parent. Nina responded:

> It really breaks my heart because I have 10 grandchildren. And to know that these two are going to view me different than some of the others. Even though I've raised two of the others there was not the trauma involved. The other two grandchildren that I raised, there was not the screaming, and the yelling, and the no, and the discipline. Maybe that's because their parents weren't right here in the home all the time or right down the street all the time. It's like a struggle between who's got the authority—my daughter or me. And I think the kids struggle with that too…I don't think they see me as being the authority. So, their perception of me as Nana is going to be different than my other grandkids, and that makes me really feel bad.

Brianne and Jack reinforced the theme of role conflict as they spoke of their confusion raising their grandchildren.

> Jack: Probably confusing...well even to me. It's that balance that you're the parent or you're the grandparent. You know they're confused—what do we call you.
>
> Brianne: And you don't get to be the fun grandparents anymore. You're the parent's parents, and you're here to discipline. It's good though.

The couple stated their gratitude for the Grandfamilies program and mentioned what a valuable resource it has been. Not only did granddaughter Lacey get the services she needed, but the couple received enormous support, guidance, and resources for them as grandparents.

> Keith stated clearly that he does not feel like a grandfather. Keith explained:
>
> I think I'm young enough that I will raise the children without any problems. I don't think of myself as a grandfather, I never have. I think my oldest daughter turned me into a grandfather at 37 years old. I'm 43 and I still don't feel like a grandfather, I feel like a father. I feel like a father to Conner and Jake.

Although Keith feels like a father, his initial reaction was that of a grandfather. Prior to Keith and Connie taking in the boys, Keith had the following thoughts.

> You know wait a minute, I am the grandfather…this is not what I'm going to do. I'm not going to raise kids again; it's not my responsibility. But, it is my responsibility, whether I like it or not. Which I don't dislike it, I mean I'm not used to it, but I am doing it for them. Along the way I realize over and over again that it's not just for them, it's for me too. It teaches me a lot of stuff; it's amazing how little ones can teach you over and over again for years.

Summary of Theme 4

In the nonkinship foster parent group, 1 participant identified that her foster child thought of her as mother the first day they met. For this participant, the attachment relationship seemed easy to build, but it was later learned the child had significant attachment issues and the placement failed even after therapeutic interventions. Two participants (25%) identified that the foster children in their care held the idea that they had two moms and two dads. These children were confused from the beginning and this idea seemed to reduce the confusion and helped the attachment relationship. One participant (12.5%) identified that her foster child thought she was a temporary mother and knew he had a mom who was getting better. This appeared to help the child form a

positive attachment with the foster mother. One participant identified (12.5%) that she was never in a mother role, but more as an aunt role. This appeared to help reduce the child's anxiety and helped build a positive attachment. One participant (12.5%) identified that she was clearly in the foster mother role. While the foster parent tried to build a positive attachment relationship, the child continued to display behaviors that impeded their relationship, and the placement failed.

In the grandparent kinship caregiver group, 6 participants (75%) identified their roles to their grandchildren were as grandparents. For these participants, attachment relationships were already formed and their roles positively affected increasing attachments. Two participants (25%) identified that their roles to their grandchildren were as parents. For 1 participant, her grandchild had always known her as the mother figure. For the other participant, her grandchild just seemed comfortable and preferred to call her mom. In both cases, attachment relationships were already formed and their roles positively affected increasing attachments. Three participants (37.5%) identified their own role conflict in navigating their new identities as primary caregivers to their grandchildren. For these participants, these transitions did not affect their attachment relationships, but it highlighted their commitment is spite of their changing roles and changing lives.

Theme 5: Family Relationship Styles

While exploring the attachment relationships between the caregivers and the preschool-aged children in their care, I wanted to learn about the participants' own attachment relationships in their families of origin. I asked questions pertaining to their own experiences of raising their own children or other foster children, their relationships

with their own parents, what they remembered most about these relationships, and which parent they felt closer to. Both nonkinship participants and kinship grandparent caregivers provided rich narratives of their families.

Nonkinship Foster Parents

In the nonkinship group, there was one predominant theme that emerged after analyzing their narratives. Four of the participants responded to questions in a manner that suggested healthy and strong family relationships. However, 2 of these participants also included early childhood traumatic events. One participant shared details about her mother's own traumatic life events and mental illness. The other participant shared details of physical and emotional abuse by her mother. Both participants described resiliency factors that assisted them to build secure attachments with their own children and foster children in their care. I refer to them as having trauma history in family relationships.

Healthy and strong family relationships. Four participants described their families of origin as having characteristics that suggested a healthy and strong family relationship. These participants described the relationships with their parents in cohesive, positive, and direct narratives.

When Jane reflected on her family of origin, she said that she had a "really good relationship" with her parents. Jane recalled that she went to her father for answers to her questions and to her mother to learn how to do things. Jane stated that her mother "tended kids as well, so we always had tons of kids in our house." Jane had four siblings and the family routine consisted of going to school, coming home, doing their jobs, and playing.

> I remember we were always playing outside. We didn't have video games. I think they had them, but we didn't have them in our house. So, just routine, family vacations, and lots of fun. It wasn't the perfect life…we did definitely have our challenges…but we love each other. I was very attached to my family.

Kelly described her family as a "normal, stable, two-parent home, lots of love, lots of material possessions, and vacations." Kelly remarked that her parents poured all their resources into the children so they "got to be kids." Kelly remembered her relationship as:

> It being good, knowing that they love me all the time, they didn't yell at me, they didn't spank me, they pretty much just let us be kids and pressed us to do what was right. And we didn't have a lot of stress or trauma in our life as children, just fun, family fun.

Kelly said she was "daddy's little girl" and the family enjoyed going out to eat, going to the movies, taking vacations, and just having a lot of time together as a family. As Kelly stated, "Our parents gave us a lot of their time."

Leslie remarked that her family was a lot like "Leave It to Beaver," a reference to the 1950s television show about a traditional suburban family of that era. "Everybody stayed married to everybody. They got along. There wasn't any alcoholism, and that's the general part of it." Leslie said that her father passed away when she was 10 years old. Leslie shared she was very close with her mother and thought perhaps they were too close at times. She recalled that her grandmother lived with them, and family was always around. Leslie stated "I had a very happy and supportive family life." She remembered the family vacations, Christmas holidays, and spending time with extended family.

Patty said that her father was a police officer and not home very much. Patty described her mother as her "best friend," but said she had a "good relationship" with her father. She recalled that her father came home in his patrol car for dinner, and they sat together in the driveway until he received a police call. Patty described the relationship

with her parents as "very close." Patty does not remember a lot about her childhood. She said it was because she had red hair and didn't fit in with the other kids. Patty shared memories about adoption in her family.

> But growing up…very open you know, as far as…my dad was a cop and, very open as far as race went, very open as far as adoption went. I was kind of the second mom at home. With the adopted kids, I went to India to pick up my second sister. There was a baby, well this big, I bet she probably weighed 2 or 3 pounds; I wanted to bring her home so bad, I want one, I want one. So, after we had our first child, we didn't want to do what my parents did because my parents kind of had two families. You know, there's this 8-year gap in between and the little kids are really close together and then you know, we're evenly spaced and…so, it was kind of like two families. And so, um….so when we adopted, we didn't want to do that. We wanted to kind of integrate everybody, so we're all just kind of there doing our stuff. So when we decided to adopt, we had one child. I had a horrible time getting pregnant with my second, and she was about 6 months old or so. And we finally convinced the adoption agency to let us adopt. And so we had started the paperwork, and then just probably within a day or so that our home study had been finished, we got a call about that 10-year-old girl. Which is not what I thought I was going to adopt; I was going to adopt a baby. And my youngest is the closest to a baby I've been able to adopt so…

Trauma history in family relationships. Two participants reported trauma history in their families of origin. There were resiliency factors for both participants as well as supportive family members. These participants were able to build healthy and strong family relationships with their families.

Susan described her family of origin as "chaotic, but very close, we were a very close family." Susan said the chaos was due to the number of children. Her mother had seven children in 11 years and also another child who died. Susan characterized the relationship with her parents as "a good relationship with both of my parents when I was a kid—close, loving, supportive." Susan shared the trauma in her family.

> My mom suffered with a lot of postpartum depression and some depression from …she had a very dysfunctional childhood. Her parents died when she was very young. An aunt and uncle raised her, and the uncle molested her all through her childhood and teenage years. When my littlest brother was born we all went and lived with other families for 6 to 8 months. It was a school year, and I was about

> 8. So, that little experience I had when I was younger, I think…that goes back to your first question. It kind of helped me to think, you know what, if somebody is in time of need, and you can help out their family, and support their family for a little bit. I mean overall my mom was functional—just because she had to, but she went through a few periods in my growing up years where she kind of crashed and went into a deep depression. That was the only time that we ever lived away from home or anything like that. But, then there were a few periods where she didn't function…there were a few times. I think having dealt with that in my growing up kind of wanted me to help out here too.

Vivian described her family as a "living hell" and shared details of her early childhood. Vivian said that her mother and father divorced when she was a year old. Her mother remarried and Vivian's stepfather was physically and emotionally abusive to her and her brother. Vivian reported that her stepfather frequently hit both of the children with his leather belt with metal studs. Vivian stated that her stepfather also committed numerous acts of violence towards them, their mother, their pets, and other animals on their property.

> I remember my mom being scared all the time. I remember her saying don't piss him off. We would hear that a hundred times a day, don't piss him off and honestly we didn't know what it meant for the longest time.

Vivian said she was scared of her stepfather. She said that one day he cornered her in the car port, pushed his finger into her chest, and gave her a warning. Vivian stated that he told her that if she didn't stop acting like a "fuckin' puppy dog", they would "go the rounds." Vivian admitted:

> I just had a horrible childhood. The whole thing, it was just pins and needles. Everything was just what's going to make him mad. When my chores were done I was gone. I mean I remember sitting in my next door neighbor's tree. This tree, well at the time it felt like 200 feet tall. I go back now and it's about 50 feet tall and this was 40–50 years ago. I sat in that tree all day long. We climbed all the way to the top, which was insane. We said okay don't look down, but we did. We made it all the way up to the top. She would go into the house and get food and treats and stuff because her mom drank Pepsi. She got us some to share. That was back, you probably don't remember it, but they were in the bottles and you got the real bubbles in glass bottles.

Vivian sat in that tree all day just so she did not have to go home. She knew she would be in trouble for something and did not want to be spanked or watch her brother get spanked. Vivian was 8 years old. Vivian shared her survival technique: "…just do what you are supposed to do and make yourself small so no one will notice so you don't get in trouble." Vivian later said that she had not thought about her traumatic life events in years. She expressed that it was an emotional experience for her, and shared it with her husband. Vivian thought it was important that he know that part of her life and for her to reflect on how far she has come.

Grandparent Kinship Caregivers

In the grandparent kinship caregiver group, there were themes that emerged after analyzing their narratives. Four participants responded to questions in a manner that suggested healthy and strong family relationship. However, 2 of these participants also included early childhood traumatic events. One participant shared details of a dysfunctional family history of mental illness, early childhood sexual abuse by her brother, negative parental interactions, and alcoholism. One participant shared details of significant early childhood emotional abuse by her mother, whom she later learned was her adoptive mother. This family secret was kept long after this participant was an adult. Both participants described the lack of resiliency factors that impeded their ability to build healthy and strong family relationships with their own children. One participant had a current healthy and strong family relationship with her daughters, and 1 participant did not. I refer to these participants as having trauma history in family relationships.

Healthy and strong family relationships. Four participants described their families of origin as having characteristics that suggested healthy and strong family

relationships. These participants described their relationships with their parents in cohesive, positive, and direct narratives.

Keith recalled that his relationship with his parents was "really close." He said that his parents were LDS fundamentalists and he was raised in a "huge" family that spanned generations. Keith believed their religious persuasion was the reason that his dad taught them so well. The children were taught how to work hard, be self-sufficient and be good people. Keith explained, "What we did with that…that's up to each and every individual and every one of the kids decided what to do when they reached that point in their life." Keith's family of origin was comprised of 10 children as well as the other mothers who had approximately the same number of children. It was a "very tight family," and it was like "our own little world."

> My dad would always…at the end of the day he'd always get together and try to have a hug at the end of the day you know. Say good night and mom too. It was good, I mean, dad was always gone working, but mom was there, so I was always a lot closer with mom.

Julie shared that she had a great relationship with her parents. She said they were very strict and at the age of 16 she couldn't go with anywhere with her friends. Julie described her parents as "wonderful" and still together. Julie remembered her family memories as: "Just always being a family and doing things together. We were always doing things together." Julie admitted that as an adult, she experienced a phase when she had a "meltdown" and began drinking alcohol. During this period, her parents raised her two daughters for 6 years.

Carol stated that she was not close to her mother as she was growing up because her mother suffered from depression. Carol was "real close" to her father, and she and

her sisters would go fishing and hunting with him. Carol admitted that later she realized what her mother went through, and this brought them closer. Carol shared her thoughts.

> We were a close family. We grew up on a farm so we had to depend on each other because we did not have neighbors. We invented our fun. We had a good childhood.
>
> Nathan described his father as "hard to get close to" because he was strict.

Nathan's relationship with his mother was close.

> I was close to my mom. Of course, my mom probably if she had a fault was that she was too good to me. She kept my clothes ironed and pressed, and she made my bed. I realized after I went through a divorce with my first wife that I had been spoiled.

Nathan explained:

> I realize they both loved me, and I always had basically, most of the time, anything I wanted. I was raised like an only child. I had things probably a lot of other kids didn't have, and yet we went through hard times. My mother and dad had just gone through a depression in the 30s and they learned to get along without a lot of things. I remember every Christmas of wanting an electric train, and I asked and asked for an electric train. I finally got it the first year I got married. I bought it on my own, but I always received clothes and the things I needed. On that end, it was provided for me.

Trauma history in family relationships. Nina recalled that she was the "black sheep of the family." She looked different, she felt different, and her mother told her she was never "good enough." Nina discovered later in life that she was adopted and said, "I grew up with a made-up name for a made-up life." Nina shared the complexities of her early life situation.

> My birth mother had an affair with a married man and got pregnant with me. She had just gone through a divorce and had three children previously. Her ex-husband took the two oldest kids and had her labeled an unfit mother and in the 1940s that was an absolute no-no. So she went to the church and asked them for help, and they said, you know what, this is your problem, you take care of it. And so she decided the best thing she could do was to give the baby up for adoption. I thoroughly believe that my father's mother had something to do with it. I was raised within 1,000 feet of her house; I played with my own brothers and sisters growing up, and didn't know it."

Nina speculated that her adoptive dad made the decision without consulting his wife, and that is why her adoptive mother always resented her. Nina was constantly reminded that she was adopted in word and in deed and says, "I think every milestone…every good thing that I did was reacted to the same way; it just didn't matter, it wasn't good enough." Nina shared painful stories about living with her mother's rejection and abuse. Nina's childhood trauma affected her in that she mostly was unavailable to her own children as she spent a lot of time drinking in bars with her husband. Nina was reunited with her siblings later in life. She said that she finally felt normal and described the siblings as "three peas in a pod." Their reunion gave Nina the first real connection and sense that she belonged in a family.

Elizabeth described her family of origin as "dysfunctional" and their family history included schizophrenia, alcoholism, and suicide. Elizabeth said that growing up she loved her father and thought her mother was a terrible person. Elizabeth admitted that she struggled with her own history of substance abuse, unhealthy relationships, bipolar disorder and was a victim of sexual abuse by an older brother. Elizabeth explained:

> Yes, sexually molested. I moved on, and he has not, and maybe that is some of his problem in life. I don't know. But it caused me a lot of problems. I was married twice. I have moved on since my father has passed away. I was never close to my mom. In fact, I kind of despised my mom. When father passed away, then my mother and I grew very close. I realized that I didn't want to lose my mother like I lost my father. I didn't want to have that relationship because I thought my father walked over her. Even though he was an alcoholic, I didn't realize that 'til after he passed away.
>
> …My mother was a very good caregiver. I just didn't see it. I didn't want to see it because she was mean. She was very mean because she was strict like her mother. And that came over into our family, and I swear I wasn't going to do that, but I did. You know how we always say that we are not going to be mean. And I was mean to my kids. Those are the traits and another reason why I ended

> up at The Children's Center because I didn't want those same things to go again when I was raising kids again.

Elizabeth believed that her own mother was not honest about the family and the secrets created more problems. Elizabeth said that her approach was admitting that "I really screwed up, but I can be a better mom to you now, a better grandma and a better whatever."

Summary of Theme 5

Four participants (75%) in the nonkinship foster parent group identified family histories through narratives that suggested healthy and strong family relationships. The 4 participants provided coherent, consistent, and clear narratives regarding their families of origin. Two participants identified family histories through their narratives that suggested early childhood traumatic life events. One participant stated that although she suffered due to her mother's mental health issues, she considered her family as a source of security. This participant raised her own family and experienced healthy and strong relationships. The other participant stated that she experienced significant trauma and lived in fear throughout her childhood. This participant stated that you have a choice to continue this life or change it. She changed her life and raised her own family and many foster children with healthy and strong relationships.

The majority of participants (75%) in the grandparent kinship caregiver group identified family histories through narratives that suggested healthy and strong relationships. These 6 participants gave coherent, consistent, and clear narratives regarding their families of origin. Two participants (25%) identified family histories through their narratives that suggested traumatic life events in their family relationships. One participant stated that she experienced significant trauma and loss from her rejecting

mother. This participant admits that due to early childhood trauma, she was not able to appropriately parent her own children. The other participant stated that she experienced early childhood sexual abuse, mental illness in the family, and significant family discord. This participant stated that due to her early childhood trauma, she was not able to appropriately parent her own children.

Findings of Focus Groups

I conducted two focus groups, one for the grandparent kinship caregivers and one for the nonkinship foster parents. There were 5 individuals who participated in the nonkinship foster parent focus group and 2 individuals and 2 couples who participated in the grandparent kinship caregiver focus group.

Nonkinship Foster Parents

The nonkinship foster parents' focus group met first. Each participant introduced themselves and told a little about their family and the child in their care. Vivian was the most experienced foster parent, and she started the discussion. Vivian adopted two preschool-aged children previously in her care and has two other foster preschool-aged children in her care. She referred to it as "running a preschool, but no one comes to get their kids." Other participants discussed their desire to build families, increase families, and to help a neighbor out due to parental addiction.

The topic of difficult behaviors emerged. Lynne stated that her first placement was three siblings who were all sexually reactive. One of the children sexually perpetrated on Lynne's own child. She said after thoughtful prayer, she and her husband decided to have DCFS place the child in another home. Lynne commented on the fact that DCFS does not provide therapy or family support for the biological children when

something like this happens. Lynne's family had to pay out of their own pocket for therapy their children needed. This opened up more discussion from other participants who shared lack of support from DCFS.

Vivian stated that DCFS will pay for damaged property after you pay the first 100 dollars. Another participant said that if family members are hurt, you pay for the medical treatment and for ambulance charges.

The discussion turned to whether or not foster parents do it for the money. This question received a response from every participant that they do not. Vivian said that foster parents receive 14 dollars a day, 42 dollars for clothing allowance, and so much paperwork for a 5-dollar purchase of Tylenol that often she just pays it herself. It was agreed that foster parents are not paid enough to compensate for their commitment, time, and energy it takes with these children, but it is worth to them.

Other topics included that visitation with the biological parents is challenging, caseworkers are overloaded with cases, there is not enough training, and when you really need someone to speak to, you may have to leave a voicemail and wait.

The group ended with a discussion regarding their thoughts about kinship placements. All participants thought this could be a good arrangement if the children are safe and the grandparents set clear boundaries with the biological parents. Patty stated that she knew one grandparent who let the mother come and go, and this was not a good thing. She continued that it might be confusing to the children to have their aunt suddenly be their parent. Also, Patty mentioned that the parents might be the reason the kids used drugs in the first place. Vivian ended by saying "We are in it to save the world, not adopt every child that comes into our home."

Grandparent Kinship Caregivers

The grandparent kinship caregivers' group met second. Each participant introduced themselves and told a little about their family and the child in their care. Nina started the discussion with details of the night her daughter's home was raided for methamphetamine and Nina gained custody of her two grandsons. The children were back with their parents at the time of the focus group, but Nina said she still had custody. Elizabeth shared that her daughter was also a meth user. Elizabeth said she is blamed by her older children for their sister's situation. Joyce and James added that their son struggled with substance abuse as well. Keith and Connie commented that their daughter used alcohol and prescription drugs. One participant shared that their children did not think they did any wrong because they put their kids in a dark room, turned up the stereo, and then did their drugs.

James stated that for him, taking care of grandchildren is a family thing. He stated that his sister took care of her grandchildren, too. They do it to protect the children and keep them safe. This turned the conversation to what kinds of support they receive to care for their grandchildren. James mentioned that DCFS has financial resources if you adopt, and if you work for the state, as he does, there are additional subsidies. Nina spoke of tax credits and kinship assistance.

All participants applauded the Grandfamilies program for the training, education, and support they provide grandparents raising their grandchildren. The grandparents stated that there is not enough information regarding resources, but the Grandfamilies is a good place to start. Keith advocated for better communication, assistance to navigate the

system, and increased funding. He said that they need all the information so they can make informed decisions.

The topic or common myth that "the apple doesn't fall far from the tree" was discussed. Keith and his wife said they never used drugs and often wonder why their daughter started using drugs. Keith said he thought it was because drugs are more dangerous and accessible now. One participant said that her generation also had a dangerous drug known as LSD, but that Utah is one of the biggest meth producers, and that makes it very accessible. Elizabeth admitted she had not been the best parent and had used drugs, but she had no idea her daughter was using methamphetamine.

The group ended with additional comments about health issues, caseworkers, and change in their roles. James commented on his experience raising his grandchildren as "the return is so much greater than what we give."

Summary of the Five Major Themes

There were five major themes that emerged in this study. I briefly outline each theme and subtheme.

First, the importance of family was identified by both nonkinship foster parents and grandparent kinship caregivers as the overarching reason they chose to raise preschool-aged children. For the nonkinship foster parents, the subthemes included that they were unable to have biological children, they desired to increase family size, and they were altruistic. For the grandparent kinship caregivers, the subthemes included that there was DCFS involvement, they stepped in before DCFS involvement, and their grandchildren were already in their care.

Second, nonkinship foster parents and grandparent kinship caregivers identified attachment, trauma, and traumatic grief and loss as the overarching reason why attachments relationships may have developed or failed to develop. For the nonkinship foster parents, the subthemes included age, temperament, attachment, trauma, and traumatic grief and loss, and coping strategies. For grandparent kinship caregivers, the subthemes included family ties, family history, attachment, trauma, and traumatic grief and loss, and coping strategies.

Third, nonkinship foster parents and grandparent kinship caregivers identified challenges as the overarching reason that attachment relationships were affected. For the nonkinship foster parents, the subthemes included visitation, caseworkers, and limited options for behavioral interventions. For the grandparent kinship caregivers, the subthemes included diminished social networks, health, and boundaries, but these appeared not to affect attachment relationships.

Fourth, nonkinship foster parents and grandparent kinship caregivers identified roles as the overarching reason that enhanced or diminished attachments relationships. For the nonkinship foster parents, the subthemes included being identified as mom, two moms and two dads, temporary mother role, and nonmother role. For the grandparent kinship caregivers, the subthemes included being identified as a grandparent, a parent, and their own role conflict.

Fifth, nonkinship foster parents and grandparent kinship caregivers identified family relationship styles with their own families. For the nonkinship foster parents, the subthemes were healthy and strong family relationships and trauma history in family

relationships. For the grandparent kinship caregivers, the subthemes were healthy and strong family relationships and trauma history in family relationships.

CHAPTER V

DISCUSSION

Overview

The purpose of this study was to explore the attachment relationships of grandparent kinship caregivers and nonkinship foster parents with preschool-aged children in their care. Prior to this study, I was unable to find any qualitative research that addressed attachment experiences for grandparent kinship caregivers or nonkinship foster parents or that compared these two groups when I began this study. The goal of this research was to gain a deeper understanding of attachment experiences and compare grandparent kinship caregivers and nonkinship foster parents. To achieve this, I posed the following question: What are the attachment experiences of grandparent kinship caregivers and nonkinship foster parents with preschool-aged children in their care?

I hope that the findings will 1) provide increased understanding of attachment relationships in the grandparent kinship and nonkinship foster parent milieu; 2) guide mental health professionals in providing most appropriate services for children and their families; 3) inform the child welfare system in decision making for placements, services, and support; and 4) contribute to the literature base and promote further research.

This study was a qualitative research study. I conducted 16 in-depth face-to-face interviews with 14 individuals and 2 couples; 14 face to face follow up interviews with 12 individuals and 2 couples; and two focus groups with 5 individuals participating in

one group and 2 individuals and 2 couples participating in another group. A couple was counted as 1 participant. One focus group was held for the grandparent kinship caregivers, and one focus was held for the nonkinship foster parent. The initial interviews and focus groups were audiotaped, but the follow-up interviews were not audiotaped. I used interpretive, phenomenological methods to analyze the data. Member-checking was utilized to increase the validity of the findings.

In Chapter IV, I presented five themes and their subthemes which examined the research question. When I proposed my research, there were no other studies from which to frame my work. Given the amount of time from my initial proposal, IRB and DHS approvals, lengthy field research, transcribing, and analysis, I thought surely there would be other research on attachment experiences in the grandparent kinship/foster care milieu. Before starting Chapter V, I was determined to find similar qualitative research that focused on attachment experiences so that I could position my findings within the context of other research. I contacted two well-published experts in the fields of attachment theory and the kinship/nonkinship foster care milieu. Gary S. Cuddeback, PhD, and Mary Dozier, PhD, graciously responded with verification that they knew of no other studies similar to my study.

I contacted Jill Moriearty, Knowledge Commons Liaison at the Marriott Library of the University of Utah. With the assistance of Ms. Moriearty, we conducted a comprehensive literature search. We found articles that pertained to grandparent kinship caregivers and nonkinship foster parents, but no qualitative research that explored attachment experiences with preschool-aged children in their care or articles that

compared these two groups on this topic. I present the significance of my findings with the knowledge that they stand alone in this area of research.

As noted at the end of Chapter IV, the five themes that emerged were 1) importance of family; 2) attachment, trauma, and traumatic grief and loss; 3) challenges; 4) roles; and 5) family relationship styles.

Theme 1: Importance of Family

The importance of family was pertinent to attachment experiences because the desire to build or increase family size also may have increased the desire to build positive relationships with the children in their care. Cole (2005) found the two significant predictors for positive attachments were desire to increase family size and concerns for community needs. The majority of the participants in the nonkinship group wanted to build their families through fostering to adopt. Large families in Utah are a social norm and encouraged in the community. The Utah birth rate is the highest in the nation with 18.9 births per 1000 and the national figure is 12.9 births per 1000 (Utah's Vital Statistics: Births and Deaths, 2010). In 2011, 9.3% of persons in Utah were under the age of 5 years while the national average is 6.5% and 31.2% of persons in Utah were under the age of 18 while the national average is 23.7% (Utah Vital Statistics: Births and Death, 2010)

Traditional family values are associated with the cultural and religious norms predominate in the state of Utah. Every participant in the nonkinship group that stated they wanted to build or increase their family size was a member of The Church of Jesus Christ of Latter-Day Saints (LDS), also referred to as Mormons. The connection between family size and LDS doctrine as described in The Family: A Proclamation to the World

(1995) was further explained by William (Bus) Gillespie, a LDS bishop (personal communication, Spring 2013):

> As believers in a pre-earth existence, [we] see our earthly existence as one stop in our eternal lives. We probably tend to see children in a different light, as spirits that need to come to earth in order to obtain bodies and continue their eternal progression. Thus having more children is seen as a blessing and being helpful to the divine rather than a burden.

There was another motive for fostering children in this group. Two participants wanted to foster children for altruistic motives and concern for the community. French sociologist August Comte (1798–1857) coined the term altruism, which is derived from the Latin alter or "the other" and is suggested by a French legal expression "le bien d'autrui," which translates as "the good of others" (Johnson, Post, Schloss, & McCullough, 2003). While helping others is a universal value, it is especially valued in the cultural norms of the Mormon faith. One participant in the altruistic group was a member of the Mormon faith and the other was not. These 2 nonkinship foster parents were highly motivated to make positive attachments with the children in their care as a means to build trusting relationships, model appropriate nurturance, and reunite the children with their biologic parents.

For the grandparent participants, their goal was to preserve families and build on their pre-existing attachments with their grandchildren. Although kinship placements have only been a focus in child welfare decisions over the past two decades based on policies (AACWA, 1980; ASFA, 1997), kin caring for kin has been a part of society throughout history. Kinfolk were responsible for orphaned children in ancient times, with the culture of the particular clan or tribe dictating the procedures (Downs, Moore, McFadden, & Costin, 2000). Whether it was based on cultural norms, feelings of

responsibility, or desire to preserve the family, there have been generations of grandparent kinship caregivers. The participants in this study were no different as they stepped in because they were family. Grandparents did not pursue kinship placements to increase their family size. These grandparents were highly motivated to build attachment relationships with the grandchildren in their care.

There is research that supports that kinship placements have positive aspects. Kinship placements allow children to live with familiar and trusted caregivers (Child Welfare League of America, 1994; Tapsfield, 2001; Wilson & Chipungu, 1996). Children may experience trauma from the loss of their parent(s) when removed, and this loss can be accentuated by being placed with unknown caregivers and unfamiliar surroundings (Shlonsky & Berrick, 2001). Kinship placements may provide children with reduced psychic trauma, known caregivers and surroundings, and a sense of safety and warmth (Shlonsky & Berrick, 2001). When compared to nonkinship foster parents, kinship caregivers may interpret the behaviors of the children in their care as more positive while nonkinship foster parents tend to label behaviors as pathological (Berrick, Barth, & Needell, 1994; Gebel, 1996).

Theme 2: Attachment, Trauma, and Traumatic Grief and Loss

The most significant psychological variable impacting a child's development is a secure attachment to a sensitive, responsive, and reliable caregiver (Cassidy & Shaver, 1999). Children who are removed from their homes by the state are identified as unprotected, neglected, abused, or abandoned (Ellerman, 2007). Children who experienced maltreatment are often more likely to have disrupted attachments. It is known that infants can become attached to mothers even when they are abusive (Bowlby,

1956). Even if children's physiological needs are not met, they still can be attached to their parents (Cassidy & Shaver, 1999). The loss of an attachment figure can have a significant impact on children which can result in anxiety, rage, depression, and psychiatric disorders (Bowlby, 1980).

Every participant identified attachment, trauma, and traumatic grief and loss during their interviews. Attachment has been a focus in foster care education for a least a decade, while trauma is relatively new in their trainings. These are important concepts to consider in preschool-aged children who live in out of home placements. During the first 5 years of life, the attachment system is the main organizer for a child's responses to danger and safety (Ainsworth, 1969). Early childhood ongoing trauma has the potential to affect young children's development more than chronic trauma that starts during adolescence (Cohen, Mannarino, & Deblinger, 2006). In some way, nearly every child who is removed from a biological parent experiences trauma based on the removal concerns and the disrupted attachments. Although grandparent kinship caregivers and nonkinship foster parents were able to identify attachment and trauma issues, the difficult behaviors of some of the children impeded positive attachments.

While comparing the grandparent kinship caregivers and the nonkinship foster parents, the difficult behaviors appeared to affect the attachment relationships more negatively in the nonkinship group. One reason was because the child's difficult behaviors interfered with family interactions and negatively impacted relationships with other children in the home. These foster children were perceived as not only challenging, but the participants did not feel like these children belonged in their families. For other participants, attachment relationships were easier to form based on age and manageable

behaviors. In the grandparent kinship caregivers group, difficult behaviors were more accepted. Literature suggests that because of the pre-existing emotional bond, the children are viewed in a more positive light by kin than by nonrelatives caregivers (McFadden, 1998).

Theme 3: Challenges

Challenges were pertinent to attachment relationships in that they were additional stressors which may have affected positive relationships. The grandparent kinship caregivers and nonkinship foster parents reported different challenges. The nonkinship participants stated the most salient challenges centered on their responsibilities of being a foster parent. These challenges included visitation with biological parents, interactions with caseworkers, and limited options for behavioral interventions. Participants in the nonkinship focus group cited that they sometimes feel taken advantage by caseworkers, they did not have enough financial or resource support, and they were reluctant to attach with the children.

The grandparent kinship participants stated that the most salient challenges centered on the transitions from grandparent to kinship caregiver. These included diminished social networks, health challenges, and boundaries with their own children. Participants in this study kept appropriate boundaries with the parents of their grandchildren, while this is a fear of some caseworkers when restrictions are in place. Kinship caregivers do facilitate contact and connections with the birth family when it is necessary or mandated (CWLA, 1994; Geen, 2000; Tapsfield, 2001; Wilson & Chipungu, 1996). Research suggested that kinship caregivers have worse health than nonkinship foster parents and are less experienced (Cuddeback & Orme, 2002). Several grandparent

participants noted their health problems. Participants in the grandparent kinship focus group identified that they did not have enough financial or resource support, they felt discriminated because of their health and age, and they need more information and advocacy.

Theme 4: Roles

Roles and identifying names emerged as a theme and appeared to affect attachment relationships. Caregivers reported that some children were confused about living with strangers who were in a parental role. For other foster children, they seemed to accept that they had two moms and two dads. The nonkinship foster parents thought it was appropriate that the children in their care call them mom and dad. While this appears to be a common title for foster parents, it seemed to increase the confusion for some children. With the very young foster children, it did not appear to cause confusion, but the older preschool-aged children were concerned about their loyalties to their biological parents.

One foster parent described the entire concept of foster care as being confusing and incomprehensible to young children. The procedure of being removed from your family and being placed in foster care creates a feeling of powerlessness in children (Bruskas, 2008). Children need to have a sense of control and some understanding of their future to experience a healthy childhood (Bronfenbrenner, 1979; Jones Harden, 2004).

In the grandparent kinship group, the roles were identified as parent, grandmother, or grandma mommy. Children who live with relatives have an easier adjustment because they have pre-established roles (Messing, 2006). In terms of roles, the grandparent

kinship participants did not report the same confusion for the children in their care, as did the nonkinship participants. The confusion for the grandparent kinship participants focused more on the changes in their own roles. The transition from grandparent to surrogate parent involves more life-stage stressors such as financial issues, changes in their daily schedules, ambiguity of their roles, and new challenges helping grandchildren with academics (Hayslip & Kaminski, 2008). The attachment relationships in the grandparent kinship group were positively affected by pre-existing relationships in which the children perceived their grandparents as safe, nurturing, and trustworthy caregivers.

Theme 5: Family Relationship Styles

Family relationship styles were pertinent to current attachment experiences in that there is an intergenerational aspect to building attachment relationships. Attachment behaviors may be resistant to change; however, there is always a potential for change because a person can be affected by adversity or favorable influence (Bowlby, 1998). The family relationship styles of the participants in this study provided an interesting framework from which to view their suggested attachment relationships in their families of origin, with their own children, and with preschool-aged children in their care.

In comparing the groups, there were 12 participants who responded in a manner that suggested healthy and strong relationships in their families of origin. Two participants in the nonkinship foster parent group identified an early childhood traumatic life event that affected their positive relationships with their caregivers. These participants had certain supportive people in their lives as well as innate resiliency factors. Both of these participants as adults raised their own children with strong and healthy relationships. Two participants in the grandparent kinship caregiver group

identified early childhood traumatic life events that affected their positive relationships with their caregivers. These participants did not have supportive people in their lives. Both of these participants as adults raised their own children without strong and healthy relationships. The participants admitted that they did not raise their children appropriately, were neglectful, and/or were challenged by substance use. For these 2 grandparent kinship caregivers, they made a conscious choice to change their previous parenting styles and provide healthy and strong relationships for the grandchildren in their care.

My observations of these 4 participants who expressed early childhood trauma provided evidence that attachment behaviors do have the potential to change as Bowlby (1998) asserted. These participants displayed strength and willingness to make the changes for a better life for themselves and the children in their care.

Within the foster care milieu, there is a myth that "the apple doesn't fall far from the tree," which is the rationale for not placing children in a kinship placement (Geen, 2004). This myth did not apply to the grandparent kinship caregivers or to the nonkinship foster parents in this study. One nonkinship participant stated it was a supportive family that helped her to overcome the adverse childhood events. The other nonkinship participant stated "everyone has the chance to keep doing what was done to them or just stop it now." The grandparent kinship caregivers both mentioned that they realized the negative impact their parenting styles had on their own children and felt fortunate to have the opportunity to change their parenting styles as they raised their grandchildren.

Theme Discussion

There are many salient and subtle factors that contribute to attachment relationships. Attachment is defined as a "lasting psychological connectedness between human beings (Bowlby, 1969, p. 194). Children seek the proximity with an attachment figure when upset, distressed, or threatened (Bowlby, 1969), and the attachment figure will respond with appropriate sensitivity, consistency, and nurturance. The parent/child relationship "emerges and influences subsequent development" through the attachment process (McLeod, 2009, p. 1).

The five themes that emerged in this study are only a few factors facilitating attachment relationships. By no means are these the only factors, but since attachment relationships of grandparent kinship caregivers and nonkinship foster parents with preschool-aged children in their care have not been studied until now, the findings provide some insight and a beginning to further understand attachment relationships in this population. The five themes were 1) the importance of family, 2) attachment, trauma, and traumatic grief and loss, 3) challenges, 4) roles, and 5) family relationship styles.

Findings reveal that the importance of family appeared to motivate caregivers to build attachment relationships. From all participants, the discourse of attachment, trauma, and traumatic grief and loss were evident. In some cases, there were subthemes in this category that appeared to facilitate attachment relationships, and in other cases, the subthemes appeared to impede attachment relationships. All participants identified that they experienced challenges whether they were system-based or relationship-based and these challenges affected building attachment relationships, primarily in the nonkinship

foster parent group. The various roles that caregivers assumed appeared to positively affect attachment relationships, and in other cases, the roles appeared to negatively affect attachment relationships. The family relationship styles appeared to facilitate positive attachments with the children in their care.

This study is important because this is the first qualitative study that explored the attachment relationships of grandparent kinship caregivers and nonkinship foster parents with preschool-aged children in their care. Throughout this study, it is evident that the reciprocity in the attachment relationship can be thwarted by the child's traumatic life events. These children have maladaptive behaviors and emotions due to their previous trauma, and these are exacerbated by their confusion, fears, and reluctance to trust adults. Overall, this study highlights that children who have been removed from their biological parents and enter a grandparent kinship caregiver or nonkinship foster family have complex issues.

These children each have a unique history and should be viewed as individuals as they enter the system. In many ways, I think these children are viewed as being rescued by the child welfare system and that being cared for in a foster family will attenuate all of their pain and suffering. Results of this study reveal that many children who are removed have disrupted attachments and in many cases find it hard to form new attachments. In other cases, these transitions are easier when they already know their caregivers or are very young when first placed in foster care. The attachment experiences of grandparent kinship caregivers and nonkinship foster parents with preschool-aged children in their care are varied and have many variables in the attachment process. This study is only a

small step with the hope of making larger steps toward increasing our knowledge of attachment experiences in this population.

Limitations of the Research

It is essential to point out the inherent differences between the grandparent kinship caregiver participants and the nonkinship foster parents. I was well aware that comparing the two groups presented some challenges as they were not equal in several ways. The most prominent difference was that I interviewed grandparents who were raising their preschool-aged grandchildren and foster parents who were raising preschool-aged foster children. The age difference was obvious in the demographics. The median ages for grandparent kinship caregivers in the study were 54.5 years for female participants and 58.8 years for male participants. The median ages for nonkinship foster parents in the study were 39 years for female participants and 39 years old for male participants. The next difference was that all grandparents had pre-existing relationships with the children in their care which the nonkinship foster parents did not. This difference may have affected the caregiver perceptions of their attachment relationships. Another difference was that grandparents were not seeking to increase family size as were the majority of the nonkinship foster parents.

While some findings may be generalizable, given certain cultural norms and practices, other results may be specific to the study area. All participants had varying degrees of education regarding attachment, trauma, and traumatic grief and loss. Some of this knowledge was gained from basic foster care trainings, which can vary from state to

state, participation in the Grandfamilies program, and/or from mental health agencies that are attachment and trauma informed.

Implications of the Study

The implications of the study focus on helping the caregivers, informing practice and policy, and guiding research.

Implications for Caregivers

Grandparent kinship caregivers and nonkinship foster parents would benefit from understanding attachment theory and how it pertains to the preschool-aged children in their care. It is hoped that the findings may help caregivers gain insight into how attachment, trauma, and traumatic grief and loss play roles in the lives of the children in their care. Caregivers need to be able to access the resources needed to help the preschool-aged children in their care for the traumatic life events and to increase positive attachment relationships with their caregivers. As evident in the focus groups, both grandparent kinship caregivers and nonkinship foster parents need more resources, more support, and more financial assistance to better serve the children in their care. I believe there needs to be more advocates for caregivers as they are giving so much and often get so little support.

Implications for Practice

Professionals in mental health may increase their awareness of attachment issues, trauma, and traumatic grief and loss for children who are in kinship placements or in nonkinship foster care foster placements. Children who have been traumatized in their homes, experienced traumatic removals, and then placed in alternative environments can

have deleterious effects and negative outcomes. While grandparent kinship placements and nonkinships placements provide safe and nurturing homes, this may not be not enough to attenuate the challenging behaviors these children exhibit. A more in-depth interview could explore family of origin, beliefs within their community, reasons they are fostering, and psychoeducation on trauma and the behaviors of the children in their care.

Professionals may also gain the knowledge and commitment to provide the best treatment for attachment issues and traumatic life events. By becoming informed, professionals could provide evidence-based treatment for attachment issues and traumatic life events. It has been suggested that evidence-based treatment such as TF-CBT (Cohen, Mannarino, & Deblinger, 2006) is most efficacious in reducing trauma symptoms. Children and adolescents in foster care have unique features that can be addressed during the implementation of the TF-CBT components (Dorsey & Deblinger, 2012). The list includes (a) multiple, chronic, trauma exposure history; (b) significant behavior problems; (c) high levels of emotional dysregulation; (d) multiple presenting problems and diagnoses; (e) difficulty engaging the primary caregiver (foster parent); and (f) complexities regarding the involvement of biological parents (Dorsey & Deblinger, 2012, p. 49.)

I am currently a participant with the developers of TF-CBT in a nationwide effort funded by a federal grant to explore the challenges, barriers, and successes of providing TF-CBT to children in foster care. The goal of this collaborative effort by mental health providers, professors, and researchers is to improve trauma treatment to children residing in foster homes, kinship placements, and residential treatment facilities. I hope that the

focus of attachment relationships may provide an additional lens from which to view the needs of children in out of home placements with trauma history.

The findings have greatly impacted my practice in several areas. It has changed the way I work with grandparent kinship caregivers and nonkinship foster parents. I now do a more in depth psychosocial interview before I start treatment. For the grandparent kinship caregivers, I explore more about how the child came into their care. I discuss their own feelings about being a primary caregiver and their feelings about their daughter or son from whom the grandchild was removed. For nonkinship foster parents, I discuss their reason for becoming a foster parent, what their hopes are for this placement, and what their feelings are toward the child. I delve deeper into their relationship with the child in their care as well as other people they love in their lives. If other children are involved, I discuss these relationships and how it affects the family dynamic. What I have learned from this research has changed my approach, treatment, and goals for the grandparent kinship and nonkinship foster families I work with. It is my hope that other professionals may benefit in the same manner.

Implications for Policy

The DCFS mission statement is "to protect children at risk of abuse, neglect, or dependency. DCFS does this by working with families to provide safety, nurturing, and permanence through partnerships in the community. At the DCFS training, the presenters state that removing children is the last resort (J. Armstrong & B. Madsen, personal communication, January 8, 2013). Child welfare workers would benefit from having increased understanding of attachment experiences in the foster care/kinship caregiver milieu. This knowledge could guide them in making decisions to provide the most

appropriate services for the children in their custody. I suggest trainings throughout the child welfare system so they will become trauma informed, increase collaboration with mental health providers to gain insight to the often complex needs of these children, and enlist them as advocates to increase services that promote positive attachment relationships.

Child welfare workers may increase their understanding that due to traumatic life events the children in out of placements need mental health services. One participant in the study said the preschool-aged children in her care had mental health assessments after being removed, but the mental health provider stated that the children were fine and there was no need for counseling. The biological mother of these children wanted treatment to help her children, but the caseworker denied the request. The foster parent said she had no authority to pursue the therapy that may have assisted the children's adjustment and well-being.

Child welfare workers may consider increasing services for the families because they can be integral in building attachment relationships and creating a safe emotional and physical environment. Families would benefit from more information regarding how disrupted attachments can negatively affect a child's ability to form new attachments in other settings. It would be advantageous for families to receive more education on attachment, trauma, and traumatic grief and loss so they can be prepared for the challenging behaviors. Families often say I have provided a wonderful home, their own bedroom, three meals a day plus snacks, and love, but I still get kicked, bitten, and terrible behaviors. They don't appreciate anything, it just feels hopeless. It is important these families know that children in foster care reject new experiences based on internal

working models, fear of betraying their parents, and hesitation to attach to caregivers they may or may not know.

The Utah Foster Care Foundation (UFCF) has a major role with the foster families in the Salt Lake Valley area. I suggest that all of the above recommendations may also benefit UFCF as well as the Grandfamilies program to build on the work both agencies are already doing.

Implications for Research

Upon the completion of this study, there is now one qualitative study that explores the attachment experiences of grandparent kinship caregivers and nonkinship foster parents with preschool-aged children in their care. It is my hope that this research can act as a foundation for more research in this area. From this study, it is evident that attachment relationships can involve various dynamics that facilitate or hinder secure attachments. It is important to continue this exploration not only with the caregivers, but with the children in their care as well. Future studies might focus on the narratives of the children in these out of home placements to view attachment through their own perspective. Attachment experiences lend themselves to longitudinal studies to track relationship development over time. I would like to see additional studies that incorporate the Adult Attachment Interview (AAI) developed by Mary B. Main to further understand the caregivers' attachment styles and how they may impact attachment with the preschool-aged children in their care.

Given the importance of attachment theory in this age group, further research is warranted to fill the void. It is hoped that this study will fuel interest in this area of research for others. Increased research will better help all stakeholders to increase secure

attachments, improve services, and provide healthier futures for children in grandparent kinship caregivers and nonkinship foster care homes.

Conclusion

As I reflect on my preliminary thoughts of comparing attachment experiences of grandparent kinship caregivers and nonkinship foster parents who are raising preschool-aged children, one might say it is like comparing apples and oranges. It was my belief that this notion was precisely the reason why the results would be important for the foster care milieu. The child welfare system is faced with this dichotomy on a daily basis as decisions are made for children in state's custody. While the two groups seemed to be inherently dissimilar, through my research process, there was a common denominator that emerged as the golden thread. This thread stitched together the parts like a patchwork quilt and upon completion the overarching theme of this intricate piece highlighted the *family.*

During the interview stage, I was impressed by the participants' enthusiasm. The grandparent kinship caregivers and nonkinship foster parents welcomed the opportunity to tell their stories. The participants seemed pleased that someone was interested in their lives, their challenges, and their joys. It was clear that the participants have their own unique experiences, yet many similar experiences as well. As I walked into their homes, I was invited into their worlds as they shared the most intimate details of their daily lives. I learned from both groups that they are not always heard, but have much to say. I learned that their frustrations are often hidden as to not alert agencies they may be failing. I learned that through our discussions they felt validated, and it was important to them that someone cared about the work they do for children. Whether the participants were

grandparent kinship caregivers or nonkinship foster parents, they wanted to share their stories about their children, their families, and the kinship caregiver and foster care system. Every participant invited me in to hear these stories about their families because their families were the most important part of their lives.

This research is not about whether participants are grandparent kinship or nonkinship foster parents; it is more about their relationships in the family context. It is about the importance of family as a "social institution, found in all societies, that unites people in cooperative groups to oversee the bearing and raising of children" (Macionis, 2000, p. 308). Kinship is another term for family ties described as a "social bond, based on blood, marriage, or adoption" (Macionis, 2000, p. 308). The current definition in Webster's New World Law Dictionary has been expanded to include that a family is any group of individuals that are living together and have consented to arrangements similar to that of ties of blood or marriage (Wallace & Wild, 2010). The drive for family relationships, whether to build or maintain a family, is the reason why the participants chose to foster and raise the children in their care. How and why we construct families widened the aperture of the lens from which attachment theory was viewed and deepened my understanding of relationships in the family context.

I thank the participants for the privilege to enter their lives and hear their stories with the hope that the rest of the world might better understand their attachment experiences with preschool-aged children in their care.

APPENDIX A

CONSENT DOCUMENT FOR HUMANITIES OR

SOCIAL/BEHAVIORAL SCIENCE RESEARCH

Background:

You are being invited to take part in a research study. Before you decide it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully. Ask us if there is anything that is not clear or if you would like more information. Take time to decide whether or not you volunteer to take part in this study.

The purpose of this research is to fulfill dissertation research in the doctoral program at the University of Utah's College of Social Work. The research question addresses the attachment experiences of grandparent kinship and nonkinship foster parents and their foster children. The research is being done to investigate attachment issues in both types of placements and the meaning that is attributed to these relationships. The Principal Investigator, Nancy J. Coyne, a doctoral candidate whose clinical experience includes working with children with early psychiatric disorders, children who have witnessed domestic violence and children who are victims of childhood sexual abuse.

Study Procedure/Intervention/Methods:

It will take you approximately one to two hours to complete the initial interview, which will be an in-depth, face-to-face interview with a semi-structured questionnaire. There will be one follow-up interview, approximately one hour in length, to verify information given. One focus group sessions will be conducted and your participation will be required for these sessions and each will be approximately one to two hours in length.

Risks:

The risks are minimal. You may feel upset thinking about or talking about personal information related to your child and family. These risks are similar to those you experience when discussing personal information with others. If you feel upset from this experience, you can tell the researcher and she will tell you about resources available to help.

Benefits:

There are no direct benefits for taking part in this study. However, we hope the information we get from this study may help develop a greater understanding of the attachment experiences of grandparent kinship and nonkinship foster parents and their foster children.

Alternative Procedures/Intervention/Methods:

You do not have to take part in this study.

Confidentiality:

Your data will be kept confidential except in the cases where the researcher is legally obligated to report specific incidents. These include, but may not be limited to, incidents of abuse and suicide risk. All other information will be kept confidential by the Principal Investigator. Data and records will be stored in a locked filing cabinet or on a password protected computer located in the researcher's work space. Only the researcher and members of her study team will have access to this information.

Person to Contact:

If you have questions or need more information about this study, you can contact the researcher, Nancy J. Coyne, by calling (801) 783-9344.

Institutional Review Board:

If you have questions regarding your rights as a research participant, or if problems arise which you do not feel you can discuss with the Principal Investigator, please contact the Institutional Review Board Office at (801) 581-3655.

Voluntary Participation:

It is up to you to decide whether or not to take part in this study. If you decide to take part you will be asked to sign a consent form. You are still free to withdraw at any time. This will not affect your relationship with the investigator or anyone else at the agency.

Costs and Compensation for Participants:

Compensation to participate in the research will be $20.00 U.S. Dollars for the initial interview and $10.00 U.S. Dollars for each follow-up and focus group session.

Consent:

By signing this consent form, I confirm I have read and understand the information presented in it. I have had the opportunity to ask questions. I understand my participation is voluntary, and I am free to withdraw at any time without giving a reason and without cost. I understand that I will be given a signed copy of this consent form. I voluntarily agree to take part in this study.

APPENDIX B

INTERVIEW PROTOCOL AND INTRODUCTION

Before we get started I just wanted to remind you that these questions should be based on your perceptions of your foster child, not identifying information about her/him. Your answers should pertain to your opinion regarding your foster child, not based on her/his history you may know from records or information you were provided with.

1. Please tell me about your decision to become a foster parent?
2. Tell me what it was like the first day you met your foster child?
3. How would you describe your relationship with your foster child?
4. How do you see your relationship changing?
5. How do you think your foster child would describe your relationship?
6. What was it like raising your own children and/or other foster children?
7. How would you describe your family growing up?
8. What do you remember about your relationship with your parents?
9. What do you remember the most about growing up?
10. What is a typical day like for you as a parent?
11. How is the relationship with your foster child similar or different to other important relationships in your life?
12. Describe a typical day with your foster child.
13. Tell me a story about the child since he/she has been with you that gives me a sense of who this child is.
14. Please describe a time over the past two weeks when you and your child got along really well.
15. Please describe a time over the past two weeks when you and your child were in conflict.
16. Describe your child's strengths.
17. Describe your child's weaknesses.
18. How are they different since he/she came to you?
19. How are you different since he/she came to you?
20. What are the gifts you have given this child?

APPENDIX C

PSEUDONYMS OF PARTICIPANTS AND

CHILDREN IN THE STUDY

Nonkinship Foster Parent Pseudonym	*Child Pseudonym*
Cara and Brice	Jill
Jane and Chris	John
Patty and Kyle	Regan
Susan and Jordan	Adam
Lynne and Edward	Hailey
Kelly and Matthew	Cameron
Vivian and Trent	Austin
Leslie and Paul	Sarah
Grandparent Kinship Caregiver Pseudonym	*Child Pseudonym*
Julie	Jerry
Nina	Eric
Keith and Connie	Conner
Melanie and Michael	Lisa
Elizabeth and Dan	Carly
Carol and Nathan	Vanessa
Jack and Brianne	Lacey
Joyce and James	Robin

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