

# Separation and Reunification: Using Attachment Theory and Research to Inform Decisions Affecting the Placements of Children in Foster Care

BY DOUGLAS F. GOLDSMITH, DAVID OPPENHEIM, AND JANINE WANLASS

## A B S T R A C T

**W**hen children are removed from their homes due to physical abuse, neglect, or inadequate supervision, they may find relief in the protection provided by foster families. As a result of the separation, however, they simultaneously begin to experience grief over the loss of their caregivers. While the long-term risks of maltreatment have received extensive recognition by professionals, less recognized and often underappreciated is the severe risk endured by the child as a result of separation from the caregiver, and the long-term effects of separation on the child. In keeping with the best interest of the child, decisions about child placement must look beyond maltreatment as a single risk factor, giving additional consideration to the emotional costs of separation on a child's developing attachments and examining how system responses and legal

Determinations regarding removal of children from home in maltreatment situations typically take into consideration the physical safety of the child. Less recognized and often underappreciated is the severe risk endured by the child as a result of separation from the caregiver, and the long-term effects of the separation on the child. This article describes recent developments in attachment theory and research and their usefulness for placement decisions. We will explain how a child develops a secure attachment to a caregiver and review the deleterious consequences associated with maltreatment and separation. The case of a child in a foster/adoptive placement will be discussed in order to clarify common misinterpretations of attachment research and how attachment theory and research can inform permanency decisions that are in the best interest of the child.

decision making may help or harm the child's attachment system. Thus, both maltreatment and attachment concerns are critically important factors in child placement decisions, which may have long-term consequences for a child's overall life adjustment.

The average stay of children in foster care is 33 months (U.S. Department of

Health and Human Services, 2003) during which time children find themselves torn between forming an attachment to their foster parents while simultaneously longing to return to their parents. It may be surprising to some that this longing develops even when there has been a documented history of maltreatment. During their foster stay, children experience confusion and significant emotional distress as they attempt to manage the continued separation, their desire for reconciliation,

**Douglas Goldsmith, Ph.D.**, is the Executive Director of The Children's Center, a private, not-for-profit agency serving the mental health needs of families with children ages 1-7. He specializes in the treatment of Reactive Attachment Disorder and is particularly interested in the application of attachment theory to clinical practice. Dr. Goldsmith holds adjunct faculty positions with the Departments of Educational Psychology, Psychology, and Psychiatry at the University of Utah. **David Oppenheim, Ph.D.**, is a senior lecturer at the University of Haifa, Israel, and a visiting scholar at The Children's Center in Salt Lake City, Utah. His research interests include child-parent attachment, parental insightfulness, and parent-child emotional communication in normative and high risk contexts. In addition, his writings focus on translating attachment theory and research to applied clinical contexts. **Janine Wanlass, Ph.D.**, is an Associate Professor of Psychology at Westminster College, where she teaches and conducts research in the area of child welfare. Dr. Wanlass specializes in the assessment and treatment of childhood trauma and provides expert testimony on attachment and child maltreatment. She offers training and consultation for the Office of the Guardian ad Litem and serves on the Child Abuse and Neglect Advisory Council for the State of Utah.

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and their anxiety over attaching to the new foster parents. The child's ultimate fate is left in the hands of the courts where judges are forced to wade through a maze of reports, observations, and anecdotal information to make an informed decision about the best permanent placement for the child.

Unfortunately, the psychological needs and experiences of foster children are often overshadowed by issues surrounding parents' legal rights, overwhelming case loads, and a lack of clear laws, rules, and standards in court proceedings (Hardin, 1996). Permanency decisions must take into consideration what is arguably the most significant psychological variable impacting a child's development: a secure attachment to a sensitive, responsive, and reliable caregiver (Cassidy & Shaver, 1999). An understanding of attachment theory and developmental research has much to offer this decision-making process by providing an essential framework within which to understand the emotional impact of the separation on the child, the child's ability to form secure attachments with caregivers, and the kind of social environment requisite for ensuring the child's best interests. Our experience suggests, however, that attachment theory is not always adequately understood by caseworkers and expert witnesses, and misguided testimony may have unforeseen negative consequences on permanency decisions and ultimately on the child.

While a secure attachment alone is not a panacea and does not "inoculate" the child against the negative impact of stress, research demonstrates that attachment security provides a protective factor against psychopathology by buffering children from the harmful, long-term effects of psychological trauma (Fonagy, 2001). Children with secure attachments exhibit a greater capacity for self-regulation, effective social interactions, positive self-representations, self-reliance, and adaptive coping skills (Bretherton, 1995; Carlson & Sroufe, 1995; Mash & Wolfe, 2002). Thus, whenever possible, it is incumbent on professionals in the area of child welfare to do all that they can to promote and protect a secure attachment.

Recent research concludes that infants placed in foster homes with sensitive and nurturing foster mothers are likely to form secure attachments to these caregivers (Dozier, Stovall, Albus, & Bates, 2001). However, older foster children who have suffered from maltreatment and

repeated separations from their caregivers have an increased risk of developing a variety of attachment disturbances. The psychological consequences associated with a history of maltreatment including conduct disturbances, disruptive behavioral problems, attention disorders, and mood disorders are well documented (Sroufe, Duggal, Weinfield, & Carlson, 2000). Furthermore, some studies have shown that up to 82% of maltreated infants manifest serious disturbances in their attachments to their caregivers (Carlson et al., 1989).

The child who manifests attachment disturbances refuses to seek out the caregiver for soothing and comfort and is likely to reject the caregiver's attempts to provide nurturance. This difficulty tolerating proximity creates distance in the parent-child relationship which, combined with the child's negativity and acting-out behaviors, can make the stress of daily caregiving routines almost intolerable for many foster parents. As a result, foster parents often find themselves overwhelmed, and the road to disrupted placements is short. This, in turn, creates a negative cycle of multiple foster placements and inevitable exposure to multiple caregivers, which may ultimately lead to the development of Reactive Attachment Disorder, a serious psychiatric disturbance with long-term consequences.

Inadequate assessment protocols for documenting the impact of separation, loss, and maltreatment on a young child's capacity to form close relationships add to the confusion regarding how decisions are made regarding permanency. Observations of supervised visits may find the child and parent enjoying one another's company, and the playful interaction may be interpreted as signifying the existence of a secure attachment. This may be misleading. The ability to engage in play does not necessarily indicate that the parent is equally as likely to provide the necessary comfort and soothing when the child exhibits high levels of distress, particularly if the distress is manifest in angry outbursts and non-compliance. Likewise, the behavior of a foster child who returns from a visit with his biological parents and destroys his room, wets on the floor, and experiences nightmares may incorrectly be interpreted to indicate that the child was subjected to abuse or harsh parenting during the visit. In fact, such emotional dysregulation following contact with the biological parents may be a reasonable, if not expected, response from a child who is once again being

forced to cope with an unwanted separation.

This article will review attachment concepts essential to informed placement decisions and will discuss common misperceptions about attachment theory and developmental research that can lead to erroneous conclusions about children's needs. An understanding of attachment theory provides a basis for placement decisions that can fully consider the child's early history and developmental needs, the caregiver's ability to provide security, nurturing, and comfort for the child, and the placement options that may minimize psychological harm and maximize adaptive life adjustment for the child.

### **A Secure Base**

John Bowlby, highly regarded for his development of attachment theory, focused his efforts on explaining the critical need for an infant to develop a secure attachment to his or her primary caregiver (Fonagy, 2001). A securely attached infant learns that when confronted with a frightening or threatening situation, seeking proximity to the attachment figure will provide comfort, security, and soothing (Bowlby, 1988). Bowlby perceived this process as being biologically based and selected by evolution to maximize chances for survival. In other words, infants and young children are programmed to seek the closeness of their caregivers because this is likely to protect them against dangers and produce a sense of security. This security gives the infant the foundation necessary to explore the environment, knowing that in the face of stress or adversity, the caregiver will be available to provide protection.

In order for an infant to develop a secure attachment, the caregiver must possess the capacity to accurately read the infant's signals, correctly interpret the need underlying the child's behavior, and respond quickly to effectively address the need. Preoccupation with personal stressors diminishes the parent's ability to respond in this way. A parent who is consumed by drug addiction, depression, or other serious psychopathology will have difficulty providing the level of reliable support needed to help the infant develop trust. Likewise, a foster parent who is overwhelmed by the demands of too many children and who must simultaneously manage constant requests by social service workers and other professionals may not have the emotional availability necessary to respond to the demands of an infant

who is struggling to adapt to a new situation.

When infants experience emotionally available, sensitive care from their primary caregiver, they develop an expectation that supportive care will be reliably and consistently available. As mobility increases and the infant starts to explore the environment in progressively wider circles away from the caregiver, security allows the infant to explore without the fear that doing so will lead to overwhelming levels of emotional distress. Thus, the secure attachment serves as a base from which the infant can explore the environment, comforted in the knowledge that if anxiety, frustration, or pain is encountered along the way, the caregiver will be available for comfort and support. This process requires an active role on the part of the caregiver. As the infant explores the environment, the caregiver must provide the necessary structure, guidance, and supervision to ensure the infant's safety. In addition, the caregiver must have the capacity to provide a level of stimulation that is neither overwhelming nor stifling to the infant's developmental level. Finally, the caregiver needs to be attentive to the infant's internal world, by being emotionally available to assist the infant when frustration is encountered or to rejoice in the infant's achievements encountered through the sheer joy of exploration.

A secure attachment creates a positive expectation from the child's view that relationships can be fulfilling, helpful, and provide sufficient protection in a world that may at times be overwhelming. While a secure attachment does not promise immunity from later psychopathology (Weinfield, Sroufe, Egeland, & Carlson, 1999), security is linked to an increased capacity to manage stress and rebound to premonitory functioning following periods of psychological turmoil (Sroufe, Egeland, & Kreutzer, 1990), an ability to manage family stressors as well as increased self-esteem, positive peer relationships, and overall psychological adjustment (Sroufe et al., 2000).

When sensitive and responsive parental care is not readily available or when such care is marked by neglect, abuse, or rejection, the infant is likely to develop an anxious attachment to the caregiver. Ainsworth, Blehar, Waters, and Wall (1978) identified two main patterns of anxious attachment: *avoidant* and *ambivalent*. In the avoidant pattern, the infant turns away or generally gives the impression that nurturing is no longer needed or

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desired. This pattern is associated with caregiving that ignores and rejects infants' bids for closeness and protection. In the ambivalent pattern, the infant alternates between seeking closeness when upset and showing anger when approached by the caregiver. These infants tend to become highly distressed but do not seem to find the presence of the caregiver as a source of comfort and, as a result, fail to soothe. At times, the interaction will end with the infant becoming aggressive with the caregiver for not being available (Sroufe et al., 2000).

In even more extreme situations, sometimes involving a history of abuse or neglect, the infant develops a *disorganized* attachment marked by extremely troubling behavioral indices, particularly when upset and in need of comfort. Children with a disorganized attachment show highly contradictory behaviors toward the caregiver. For example, they may approach the caregiver, stop midway, and turn away inexplicably; they may freeze and appear to be in a trance-like state; or they may show fear when the caregiver approaches them. These behavioral patterns seem to indicate a collapse of the child's attachment system. Under stress, these children appear to lose their capacity to organize an effective strategy to seek the proximity of the caregiver. As mentioned above, this disorganized pattern of attachment has been found to be most common among maltreated children. It seems that many of these children are caught in an impossible dilemma: Their caregivers, who are supposed to be their secure bases and sources of nurturance, care, and comfort in times of distress, are also the source of pain and fear (Lyons-Ruth & Jacobvitz, 1999). The biologically based attachment system propels the infant to the caregiver in times of emotional needs, but for the child who has experienced abuse, getting closer to the caregiver means also getting closer to the source of danger. This impossible dilemma is expressed by the young child in the inexplicable, incoherent behaviors indicative of a disorganized attachment (Lyons-Ruth & Jacobvitz, 1999).

### Reactive Attachment Disorder

It is important to appreciate the distinction between the attachment classifications discussed above and a psychiatric condition referred to as "Reactive Attachment Disorder." The classifications of secure, avoidant, ambivalent, and disorganized attachment rep-

resent patterns of behavior used by infants and toddlers to maintain proximity to their caregiver. These classifications are based on assessing infants using a complex research methodology developed by Mary Ainsworth called the "Strange Situation" (Ainsworth et al., 1978). This research procedure involves videotaping the mother and infant as they experience several separations and reunions. Trained researchers score these videotapes to determine the child's attachment pattern. It is critical to understand that this is a complex process that cannot be replaced by a quick observation of a mother and child interacting in an office.

A psychiatric diagnosis of an attachment disorder, on the other hand, reflects extreme disturbances in the child's ability to experience a sense of safety and security with the caregiver (Zeanah, Mammen, & Lieberman, 1993). This diagnosis is given by clinicians utilizing diagnostic criteria set forth by the DSM-IV (American Psychiatric Association, 1994). The diagnosis requires evidence that the child has been exposed to grossly pathogenic caregiving or repeated changes in caregivers. As a result of this history, the child engages in inhibited or disinhibited behavior with adults. The inhibited child exhibits, prior to the age of five years, a persistent failure to initiate or respond to social interactions as evidenced by highly ambivalent and contradictory responses, hypervigilance, or excessive inhibition. In contrast, the disinhibited child exhibits indiscriminate sociability.

Unfortunately, little research has been conducted regarding the prevalence or the outcome of this serious disorder (Zeanah et al., 1993). However, because of the documented impact of the deleterious effect of disrupted attachments and multiple changes in children's attachment figures, it is critical that changes in foster placements be managed with tremendous sensitivity to avoid the risk of developing a Reactive Attachment Disorder. Any change should be weighed along with other considerations such as the child's ability to form secure attachments, the child's age, and the "fit," or ability of a foster family to effectively meet the child's emotional needs. While there may be necessary and compelling reasons to change a child's placement, such changes must take into account the fact that as children are exposed to repeated placements, they may give up the hope of ever forming a secure attachment and thus develop Reactive Attachment Disorder. It is equally as

important to appreciate that relatively little is understood about the clinical treatment of reactive attachment disorder (Brisch, 1999).

Attachment research and theory can help expert witnesses inform the placement process and formulate decisions that are in the child's best interest. Although weighing the child's attachment needs against environmental risk factors is rarely going to yield a clear decision in a case, it can help determine the level of risk imposed by placement options. In order to illustrate how attachment theory and research can effectively inform a placement decision, we will now review the case of a 15-month-old child in foster care. We will show how an attachment perspective led to a placement decision creating the least risk to the child's secure attachment with caregivers. (In order to protect confidentiality while still maintaining the integrity of the issues, we have formulated an aggregate of several cases on which we have consulted.)

### Case of Sara

Sara's biological mother opted to place her for adoption prior to her birth. Her adoptive parents were selected before the delivery and took her home when she was just two days old. They were, by all reports, a happily married couple that desperately wanted a child. When Sara was five months of age they fulfilled all of the requirements for the adoption, but legal issues forced postponement of the final signing of the adoption papers. Psychologically, the adoption process was developing smoothly, and the adoption agency's six-month review noted that Sara enjoyed a loving relationship with both of her adoptive parents, marked by reliable, emotionally attuned, and responsive care.

Over the next four months the couple began to struggle with a number of personal issues and allegations of neglect culminating in Sara's removal from their care when she was 10 months old. Following her removal, she was placed in a foster shelter home for four days. A second foster placement was used for one week before she was placed in a third foster home for a period of eight weeks. During this time, Sara's adoptive parents were not allowed any visitation with their child. In fact, because the adoption had not been legally finalized, the adoption agency made a decision to remove Sara from the third foster home and placed her with a cou-

ple hoping to adopt. Due to a miscommunication, this couple believed that Sara was free for adoption, and out of their exuberance to adopt her, they immediately changed her first name. During the first week in this home, Sara's new adoptive parents noted that she stared blankly about the room and refused any social interaction. In addition, following a playground injury which required stitches, she seemed oblivious to pain and made no outreach toward her new caregivers. Sara's second set of potential adoptive parents initially described her behavior as apathetic, emotionally detached, and disinterested. She did not readily seek them out for comfort, and she was not easily soothed. After several weeks of adjustment, however, she slowly began to interact more playfully and seemed to enjoy her interactions with her new caregivers, which became progressively more positive.

Sara was 15 months old when her guardian *ad litem* (GAL) requested a psychological consultation. The GAL reported that the first adoptive family was seeking to have Sara returned to their care and, upon discovering that a legal proceeding was underway, the new "adoptive" family hired an attorney to assert their rights to maintain Sara in their home. The legal representative for Sara's first adoptive parents argued that she had been removed from their care without cause and should be returned to their home immediately. The GAL expressed concern that Sara had not seen her first adoptive family for four months and seemed to be "bonding well" to her new caregivers. The GAL noted that Sara was already attaching to her new family and worried that removal from their care might not be in the best interest of the child.

During the consultation, a number of critical psychological issues were introduced. The foremost concern was whether Sara should be returned to her first adoptive home despite concerns about the stability of this placement. If she did return, would removal from her current home create attachment problems? The GAL took Sara's perspective and wondered who Sara perceived as her psychological parent. Did she long for her first adoptive parents or did she view her current placement as her "home"? In fact, the question was raised, does she even "remember" her first adoptive parents? Counsel for Sara's first adoptive family countered that due to her young age and lack of language, Sara would not be able to remember any of the events of the last

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four months and thus could return home without any distress. Furthermore, did the fact that Sara had weathered several transitions with limited ill effects suggest that she was a “resilient child” who could easily tolerate more transitions? In general, these questions needed to be addressed to help the court make an informed decision regarding Sara’s fate: Should she remain in her present location or be returned to her first adoptive family? To answer these questions, we will discuss the core issues that emerged, how they are viewed from an attachment perspective, and how they applied to this case.

### Understanding the Impact of Separation

When children are subjected to maltreatment, state laws mandate removal from the home under certain circumstances. Unfortunately, the child’s distress over being removed from the primary caregiver and placed in a shelter environment is often underestimated by professionals. They seem to focus on the maltreatment the child was subjected to by the caregiver and assume that the child will be relieved to escape his or her plight. Professionals seem to ignore that for the child the maltreating parents are the only parents he or she has, and that any separation, particularly if long and abrupt, will evoke strong and painful emotional reactions.

Bowlby was deeply affected by the pain expressed by children who were removed from their parents’ care and placed in an unfamiliar environment. His observations of young children who had experienced separations from their parents led to research regarding the sequence of emotional stages endured following separation. Children initially express “protest” by doing all that they can to be reunited with their mother. When their protest fails to result in reunification with their parent, children express a sense of “despair.” This occurs when they begin to fear that they may not be reunited with their mother but still long for her. Finally, as the children give up all hope of reunification, they experience a feeling of becoming psychologically “detached” (Bowlby, 1973). In extreme cases, the pain of separation from the caregiver is so great and the level of despair experienced by the children so extreme that they give up on the hope of ever having a secure and loving relationship (Bowlby, 1988).

Although the impact of separation may be moderated by continued contact with the biological parents, it is

essential to appreciate that under some circumstances, typically involving not only separation from a parent but also from all familiar caregivers and the child’s familiar environment, lack of contact for even two weeks can have a deleterious and long-term impact on children’s relationships to their parents (Robertson & Robertson, 1989). Furthermore, it is essential to appreciate that strong negative reactions to separation can be expected not only when the child is separated from sensitive, nurturing parents but also from parents whose caregiving is much less optimal or even abusive.

In the case of Sara, despite being only 10 months old at the time of her removal, observations of her behavior suggested that she might be experiencing a level of psychological detachment; she underwent a painful medical procedure and failed to reach out to anyone for soothing and comfort. Sara had experienced reliable, loving attention from her parents who had now disappeared from her life. She had never been subjected to harsh parenting or maltreatment and, in fact, was sheltered from parental conflict. The sudden separation from her caregivers led to shock and subsequent despair and possibly began to alter her perception of caregivers by undermining her confidence and hope in maintaining secure relationships.

### The Internal Working Model and the Psychological Parent

The discussion about a child like Sara necessarily involves assumptions and speculations about the internal workings of the mind of a 15-month-old child. Such speculations are complex, but careful observations of the child’s behavior with her caregivers as well as theoretical models of attachment are extremely helpful. Bowlby (1982) utilized the concept of *internal working models* in order to help us move beyond observations of children’s external behavior toward an appreciation of the child’s internal experience. Furthermore, by drawing our attention to children’s internal working models, Bowlby emphasized the way children try to make sense out of their experience. The child forms such models, or ideas about who he is and who his parents are based on the way his parents treat him, what they say to and about him, and how they generally feel about him (Bowlby, 1988). Furthermore, children appear to sense the image their parents have of them—who they are and

what they mean for their parents. The child uses this information to build a model of what he believes he can expect from his attachment figures, and this model also impacts how the child feels about himself.

Children who, by and large, have received sensitive care that is matched to their needs will construct models of their caregivers as available and of themselves as worthy of care and understood. This is likely to lead to a sense of security in the world, because children carry the expectation that when needed, their caregivers will be available. On the other hand, children who have experienced intrusive, rejecting, or otherwise insensitive care that does not match their needs will construct models of their caregivers as rejecting and insensitive, and of themselves as unworthy of care. This is likely to lead to a deep sense of insecurity and lack of confidence to explore their environment due to worry that support, help, or soothing from their caregiver may be unavailable. It is important to appreciate that children in both circumstances become equally attached to their caregivers, with the crucial differences expressing themselves in the *security* or *insecurity* that characterizes their attachments.

In the years following infancy, internal working models continue to develop and become more elaborate and complex based on children's increasing levels of understanding of themselves and others, while simultaneously forming early concepts about why people behave the way they do. In addition, language and dialogues between children and others have a major influence on internal working models. These models are impacted by what happens to children, but also, and increasingly so, by how events are represented in language by the children themselves and by others in their lives (Koren-Karie, Oppenheim, Haimovich, & Etzion-Carasso, 2003).

In the case of Sara, the internal working model was only beginning to take shape at the time of her removal from her first adoptive home. Her language began developing after her arrival to her second adoptive home, and following her initial adjustment period, she began to look toward her new parents as her primary caregivers. As her language developed, she began to refer to her new caregivers as "mommy" and "dada." Her tendency to seek them out for comfort and soothing when she was upset indicated the beginning of a secure

relationship. Sara's internal working model was derived from their positive, loving interactions with her, their sensitivity toward responding to her cues, and their ability to effectively soothe her when she was upset.

A primary factor that complicated her return to her first adoptive home was the absence of communication or visitation of any kind with her first adoptive parents. To their credit, their well-structured, caring home environment may have provided the basis for her to form a secure relationship with her new caregivers; however, their extended absence from her life was likely to have been terribly confusing. Taking into consideration the internal working model Sara has constructed based on her experience leads us to grave concern that removal from this home might be perceived by Sara as tearing her away from her "mommy" and "dada" and risks the reconstruction of a new working model in which Sara views the world as unfair and unpredictable. Since Sara's new caregivers have become her "psychological parents," there is a concern that removal may lead Sara to give up on the hope of developing a secure relationship and instead develop an anxious attachment style or possibly a reactive attachment disorder.

### **Resilience and the Ability to Tolerate Multiple Moves**

The concept of resilience is often misunderstood to mean that a "resilient" child is capable of developing secure relationships despite adverse environmental factors such as separations, abrupt moves, and losses. For children such as Sara, this concept is put forth by arguing that if Sara has successfully managed 10 caregivers, she could be considered a "resilient child" who could then successfully weather additional moves without any apparent trauma or impact on her attachment patterns.

Recent developmental research suggests a different view of resilience, however. Rather than characterizing resilience as an inherent trait *within* a given child, resilience is viewed as a process whereby, through interactions *between* the child and her environment, a child develops a capacity to successfully adapt to adversity (Egeland, Carlson, & Sroufe, 1993). The child who demonstrates resilience is able to utilize psychological and environmental resources to successfully manage developmental tasks (Waters & Sroufe, 1983) such as the formation of a secure attachment during the first year of

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life and increasingly autonomous functioning during the second year (Egeland et al., 1993). Thus, resilience is not a fixed quality “in” the child but a process that characterizes the child’s interactions with the environment in which protective factors outweigh risk factors.

Perhaps the most significant protective factor during the early years is a secure attachment to a stable, sensitive, and supportive caregiver (Weinfield et al., 1999). Additional protective factors include physical attractiveness and a strong social network (Shonkoff & Phillips, 2000). Two corollaries are clear from this perspective: First, because resilience is not a fixed trait but a product of the child’s interaction with the environment, it can change for the worse if the interactions between the child and the environment deteriorate. Second, resilience is the product of the balance between risk and protective factors. If the balance tilts toward risk factors, either because they increase or because protective factors decrease, the child may lose his or her resilience. Thus, rather than believing that children who have experienced multiple moves with seemingly minimal adverse emotional consequences are resilient and somehow immune, it should be evident that disrupted caregiving may place children at risk for further trauma and consequently decrease the child’s capacity for resilience. In the case of Sara, we would be concerned that with each disruption she would have progressively more difficulties managing the stress of the transition and, with each loss, her capacity to adapt and adjust to the new challenges would be compromised. While it is reasonable to assume that Sara could manage well the move involved in returning to her first adoptive family, there is also a significant risk that such a move might result in serious harm to her ability to reattach to her first adoptive family and to her overall psychological well-being.

### Memory as a Mediator of Trauma

In our experience, expert witnesses frequently introduce the idea that very young children will not be able to recall trauma suffered in their early years. This belief is often extended to suggest that early attachment relationships are forgotten and thus should not be taken into consideration when making permanency decisions.

Recent research suggests differently, however. Infants are capable of recalling experiences from the first days of life (Siegel, 1999). Early on, the recall is exper-

rienced through what is termed implicit memory. The memories are largely perceptual and are encoded through touch and sound. By the child’s second birthday, as language skills are developing, the memory is explicit and involves the ability to actually recall an event verbally (Siegel, 1999). Although the child’s early memory skills are obviously not fully developed, research demonstrates that even years following an event, though inaccessible to consciousness, the memory may still influence the child’s behavior and physiological responses. For example, while children may not be capable of verbally recalling details of experience, physiological measures such as skin conductance tests demonstrate that the memory is encoded nonverbally (Fox & Card, 1999).

How might these insights apply to children like Sara? Sara’s early history with her first adoptive parents was, by report, marked by sensitive and reliable caregiving, and these experiences are likely to be “remembered” by her, even if they cannot be recalled explicitly. However, she is likely to also carry with her an implicit memory, coded nonverbally, regarding the painful separation followed by a lack of contact from her parents. While it is unlikely that she “forgot” her parents over their six-month absence, it is possible that a reunion after this amount of time could reactivate her feelings of loss and, consequently, be experienced as disorganizing, frightening, and terribly unpleasant (Siegel, 1999). A reunion was also complicated by the fact that Sara would be expected to return to the use of her previous name which, we worried, would be extremely confusing and create identity issues for her.

### The Determination of Permanency

Sara brought tremendous joy to her first adoptive parents and filled an empty void in the lives of her second adoptive family. For both families, as well as extended family members on both sides, the decision about permanency weighed heavily in their hearts and minds. Several issues around fairness of the “system,” the prolonged absence of the first adoptive parents, the miscommunication about Sara’s adoption status to the second family, and the relative future stability of the two placements created a maze of issues from a psychological as well as a legal standpoint.

Utilizing a child-centered perspective and incorpo-



rating attachment theory and research helped provide guidance to the court on the decision about permanency. We felt strongly that the length of time following removal was a critical issue, especially when coupled with the complete lack of contact with her first adoptive parents during the separation. Although Sara's construction of an internal working model began with her first adoptive caregivers, theoretically it was only beginning to take shape at the time of her removal from her first adoptive home. Her language began developing after her arrival to her second adoptive home. Following an initial adjustment period, she began to look toward her new parents as her primary caregivers. As her language developed, she referred to her new caregivers as "mommy" and "dada." As she spent more time with her second adoptive parents, her tendency to seek them out for comfort and soothing when upset indicated that a secure relationship was beginning to develop. We can therefore speculate that Sara was constructing an internal working model derived from their positive, loving interactions with her, their sensitivity in responding to her cues, and their ability to effectively soothe her when she was upset.

On the other hand, Sara's first adoptive parents were apparently very nurturing and provided sensitive caregiving to their daughter during her first 10 months of life. In addition, they had worked to overcome some of their personal issues during the separation. These strengths notwithstanding, we worried about re-introducing her to a caregiving system in which she had experienced a traumatic loss. It was possible, we thought, that returning Sara to their care would disrupt her construction of a positive internal working model just as it was beginning to solidify, and this would represent a significant psychological risk for maladjustment. Such intrusion and loss could prompt the reconstruction of Sara's working model, suggesting a world that is unfair and unpredictable, and thus create the risk that Sara would develop an anxious attachment style or even a reactive attachment disorder.

Perhaps even more important was the fact that Sara was a well-functioning, happy little girl who was oblivious to all of the legal issues surrounding her life. By the time this case went to trial, Sara was 17 months old and had lived with her second adoptive parents for nearly six months. From her point of view, we feared that she

would perceive a return as being literally torn from her mother and father and placed with caregivers about whom she maintained only vague memories. Would her unconscious memory be rekindled with positive feelings or feelings associated with pain and separation? Although two sets of adoptive parents viewed Sara as their daughter, it seemed that Sara's internal working model of attachment figures had shifted with her new set of circumstances. In addition, during this time, she had come to know herself by the name of Sara. Thus, we concluded, there was little risk involved in leaving her where she was, but at least, some risk to returning her. The *risk*, we explained to the judge, was the potential that a return to her previous adoptive family could precipitate a serious emotional crisis, creating at best an adjustment disorder and at worst the development of reactive attachment disorder.

The judge determined that it was in Sara's best interest to remain in her second placement. The risk of exposing her to yet another transition back to caregivers that she may only vaguely recall was simply unfair to her. Thus, the resolution of the case hinged on Sara's attachment needs. Now, several years later, Sara continues to thrive in her second home.

### **What Judges Can Do**

Given the established importance of secure attachment in the child's early and later development, it is imperative that judges, attorneys, clinicians, child advocates, and family members make careful, informed decisions. Using a "best interest of the child" perspective, permanency determinations should consider how a proposed placement will impact, assist, potentially harm, or possibly repair the child's existing attachment system. Following is a series of suggestions that judges might take into consideration when hearing permanency cases:

**Select expert witnesses with knowledge of attachment theory.** Expert witnesses who testify about attachment in permanency hearings should be well-versed in attachment theory, developmental psychology, and typical measures of attachment. In accordance with ethical guidelines, great care should be taken to avoid combining the roles of psychotherapist and court evaluator. By the very nature of their role, psychotherapists tend to advocate for their clients and may lack the

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objectivity necessary for a court-ordered evaluation. Additionally, a therapist's unfavorable court testimony about a client may compromise the effectiveness of the therapeutic alliance, negating any possibility for continued treatment efforts.

Unfortunately, the failure to adequately screen experts for their knowledge and experience in the area of attachment can lead to faulty interpretations of children's relationships to their caregivers. Three examples across two different cases demonstrate this point. A clinician with minimal attachment training concluded that a foster parent and foster child were "bonded" because they were observed happily baking cookies together. While such an interaction is, indeed, positive, it does not provide actual information about the child's attachment. In another instance, a clinician offered the opinion that a six-year-old child was attached to her biological parents based on the child's ability to identify the parent in a photograph. The child's memory of the parent does not provide insight into the parent's ability to effectively provide soothing and comfort to the child in a stressful situation. In yet a third situation, a clinician insisted that an 11-month-old infant placed in foster care since birth should be removed from his current placement and returned to a biological parent whom he had never met. The expert argued that blood ties are more important than emotional ties in the child's ongoing development and thereby negated the importance of the child's secure attachment. In each case, the expert involved appeared well intended but had insufficient knowledge of attachment theory and research, lacked essential expertise in available assessments of attachment, and did not work clinically with families in the child welfare system. Given the fiscal constraints inherent in litigation (especially in child welfare cases) and the emotional toll on the parties involved, choosing qualified experts is a critical factor in the assessment process.

**Insist on a comprehensive, relationship-based assessment of the child's attachment.** Perhaps the most important factor to understand in assessing attachment is that there is no one measure, classification system, or standardized test battery that fits all situations. Each evaluation must take into account the developmental age of the child and the child's unique circum-

stances. To add to this complexity, a child's attachment pattern may differ across caregivers.

Although a comprehensive review of attachment measures is beyond the scope of this article, some general guidelines may be helpful. First, the evaluator needs to observe situations that are likely to engage the child's attachment system. These involve situations that arouse mild to moderate stress in the child that provide an opportunity for the child to turn to the caregiver for support and care. For example, an expert witness should help explain to the court how, given the following scenarios, a parent effectively comforted their child. A relationship-based assessment should provide information regarding how the child greeted the parent following a brief separation. When physically hurt, how did the child approach the caregiver for soothing and comfort? How did the child approach the parent when frustrated and needing help with a toy? With a securely attached child, the parent would be expected to correctly interpret the child's cues for assistance and soothing and provide comfort that effectively calmed the child. Second, all assessment procedures should be geared toward the developmental age of the child. For instance, an evaluation of a preschool child would include verbal descriptors from the child describing relationships with family members where this would not be feasible in an infant evaluation. Third, the evaluator should include some assessment of the parent's own attachment history and insightfulness (Oppenheim & Koren-Karie, 2002) regarding their child's state of mind. Such information would be relevant for determining the parent's capacity for providing a secure, trusting relationship for the child. Fourth, the evaluator should use multiple measures, observations, and sources of information. Given the gravity of the questions posed and the sometimes conflicting interests of the parties being evaluated, great care should be taken to collect relevant collateral information such as any legal documents, agency case files, adoptive home studies, mental health treatment records, input from treating mental health professionals, and observations by caseworkers, guardians *ad litem*, day care providers, family members, and other relevant parties. Fifth, the evaluator should consider attachment concerns in conjunction with other relevant factors such as the child's history of maltreatment, the child's unique cognitive, emotional, and physical needs, the parent's

physical and mental health, and the resources available to assist the family.

**When considering expert testimony, listen with a focus on secure attachment and ask relevant questions.** Although expert testimony is often presented in child welfare cases, the factors influencing secure attachment are not always clearly presented. Relevant questions to consider include the following: What is the child's history of maltreatment? Are there any current concerns about the child's emotional and physical safety? What is the child's attachment history? How many placements has this child endured since birth? What were the length and circumstances of those placements? How long has the child been in the current placement? What is the nature of the child's attachment in this placement? Is this placement an appropriate long-term option for this child? Has visitation with primary caregivers been ongoing, frequent, and appropriate throughout the separation? What are the parenting capacities of the parties involved? Who understands the attachment needs of this child and appears capable of meeting those needs? Does this child have any special medical, cognitive, or emotional needs that require careful consideration in a placement match? What is the relative stability of the intended permanent placement for this child? This list of questions represents some possible avenues of inquiry relevant to attachment concerns; however, it is neither comprehensive nor exhaustive. Although most cases share some common issues, each case is unique in its complexity.

**Gain information about the ability of the caregivers to encourage a secure attachment.** Relevant factors to assess include the overall stability of the family system, the ability of the parents to accurately read and interpret the child's cues, the parents' level of insightfulness regarding the impact of their own emotional states on the child's behavior, and the parents' willingness to seek out appropriate psychological treatment for their child, if needed. When considering placements for children who have experienced disruptions in attachment or who display problematic attachment behaviors, it is critical that the caregiver have the time and emotional availability to devote adequate attention

to the child. Children with Reactive Attachment Disorder are extremely reactive to their environment, and their caregivers must have the energy, determination, persistence, and training to effectively manage them. If placed in a home with several other children, it will be extraordinarily challenging for the caregiver to adequately meet all of their daily life demands and still provide the nurturing and comfort necessary for all of the children. The home must provide age-appropriate routines and structure that meet the child's developmental needs. In addition, the home must be safe, and the caregivers must be able to provide physical and psychological protection for the child.

**Use attachment theory and research to focus on the prevention of attachment problems.** A judge's careful consideration of attachment concerns at the beginning of a case may help to prevent attachment problems. Minimizing lengthy separations and multiple moves in care, maintaining contact with primary attachment figures, selecting foster parents who have training and support, and mandating mental health treatment when necessary may mediate the potentially negative impact of distressing life events and disruptions in care. Insist on careful pre- and post-placement planning. Be cautious about removing a child from their caregivers when other options are available. If safety concerns necessitate removal, insist on regular supervised visitation between the child and primary caregivers in both structured and unstructured settings. Provide both biological and foster parents with adequate information about the child's attachment needs. If the removal is likely to be permanent, act quickly to bring the case to a conclusion and carefully select the child's potential adoptive parents. Make certain the child and their adoptive parents receive the support, education, and resources necessary to foster a secure attachment. Remember, attachment theory does not dictate any one universal outcome in permanency cases. In most instances, attachment theory suggests that children are best served by remaining with their primary caregivers. When removal is necessary for the child's best interest, returning the child home or terminating parental rights are two possible outcomes. A return home might be the best option to facilitate secure attachment in one case,

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while finding an appropriate adoptive placement might be the best choice in another case.

### Conclusion

When children are removed from their homes due to maltreatment or neglect, the legal system attempts to provide a safe environment while simultaneously developing a service plan in order for the child to return home. During the time that the children are apart from their parents their attachment to their caregiver may be impaired while, in some cases, the child begins to form a secure attachment to the new caregivers. The determination of whether to return children to their parents or leave them in their current placement is complicated by issues concerning parental rights as well as the best interest of the child. An understanding of attachment theory and research can inform the process of permanency by providing a foundation for the clinicians, case-workers, and legal representatives regarding how to best

protect the child's attachment to the primary caregivers. Because of its lasting impact on children's abilities to form healthy relationships throughout life, the importance of a secure relationship with caregivers cannot be overestimated. Thus, the decision to return a child to his or her biological parents should begin to look beyond whether or not the child is in physical danger and carefully consider the child's history and attachment status. To this end, it is critical that parents be given adequate support, treatment, and respite to help them develop the skills needed to provide security, nurturing, and psychological availability to their children. The juvenile court system can utilize attachment theory and research to help determine when it is in the child's best interest to remain in a placement or return home with assurance that the child's parents have learned to adequately support and foster the development of a secure relationship.

### A U T H O R S ' A D D R E S S E S :

**Douglas Goldsmith, Ph.D.**  
The Children's Center  
1855 East Medical Drive  
Salt Lake City, UT 84112

**David Oppenheim, Ph.D.**  
Department of Psychology  
University of Haifa  
Haifa, Israel

**Janine Wanlass, Ph.D.**  
Westminster College  
1840 South 1300 East  
Salt Lake City, UT 84105

## REFERENCES

- Ainsworth, M. D. S., Blehar, M. C., Waters, E., & Wall, S. (1978). *Patterns of attachment: A psychological study of the strange situation*. Hillsdale, NJ: Erlbaum.
- American Psychiatric Association. (1994). *Diagnostic and statistical manual* (4th. ed.). Washington, DC: Author.
- Bowlby, J. (1973). *Attachment and loss. Vol. 2: Separation*. New York: Basic Books.
- Bowlby, J. (1982). *Attachment* (2nd ed.). New York: Basic Books. (Original work published in 1969).
- Bowlby, J. (1988). *A secure base: Parent-child attachment and healthy human development*. New York: Basic Books.
- Bretherton, I. (1995). Attachment and psychopathology. In D. Cicchetti & S. Toth (Eds.), *Emotion, cognition and representation*. (Rochester Symposium on Developmental Psychology, Vol. 6, pp. 231-260). Rochester, NY: University of Rochester Press.
- Brisch, K. H. (1999). *Treating attachment disorders*. New York: Guilford Press.
- Carlson, V., Cicchetti, D., Earls, F., Farrell, M., Macovei, O., Nystrom, P., et al. (1989). Disorganized/disoriented attachment relationships in maltreated infants. *Developmental Psychology*, 25, 525-531.
- Carlson, E. A., & Sroufe, L. A. (1995). Contribution of attachment theory to developmental psychopathology. In D. Cicchetti & D. Cohen (Eds.), *Developmental psychopathology: Theory and methods* (Vol. 1, pp. 581-617). New York: Wiley.
- Cassidy, J., & Shaver, P. R. (Eds.). (1999). *Handbook of attachment: Theory, research, and clinical applications*. New York: Guilford.
- Dozier, M., Stovall, K. C., Albus, K. E., & Bates, B. (2001). Attachment for infants in foster care: The role of caregiver state of mind. *Child Development*, 72(5), 1467-1477.
- Egeland, B., Carlson, E., & Sroufe, L. A. (1993). Resilience as process. *Developmental Psychopathology*, 5(4), 517-528.
- Fonagy, P. (2001). *Attachment theory and psychoanalysis*. New York: Other Press.
- Fox, N. A., & Card, J. A. (1999). Psychophysiological measures in the study of attachment. In J. Cassidy & P. R. Shaver (Eds.), *Handbook of attachment: Theory, research, and clinical applications* (pp. 226-245). New York: Guilford Press.
- Hardin, M. (1996). Responsibilities and effectiveness of the juvenile court in handling dependency cases. *The Future of Children*, 6(3), 111-125.
- Koren-Karie, N., Oppenheim, D., Haimovich, Z., & Etzion-Carasso, A. (2003). Dialogues of seven-year-olds with their mothers about emotional events: Development of a typology. In R. N. Emde, D. Wolf, & D. Oppenheim, (Eds.), *Revealing the inner worlds of young children—The MacArthur story stem battery and parent-child narratives*. New York; Oxford: Oxford University Press.
- Lyons-Ruth, K., & Jacobvitz, D. (1999). Attachment Disorganization. In J. Cassidy & P. R. Shaver (Eds.), *Handbook of attachment: Theory, research, and clinical application* (pp. 520-554). New York: Guilford Press.
- Mash, E. J., & Wolfe, D. A. (2002). *Abnormal child psychology* (2nd ed.). California: Wadsworth Publishing.
- Oppenheim, D., & Koren-Karie, N. (2002). Mothers' insightfulness regarding their children's internal worlds: The capacity underlying secure child-mother relationships. *Infant Mental Health Journal*, 23(6), 593-605.
- Robertson, J., & Robertson, J. (1989). *Separation and the very young*. London: Free Association Books.
- Shonkoff, J. P. & Phillips, D. A. (Eds.). (2000). *From neurons to neighborhoods: The science of early child development*. Washington, DC: National Academy Press.
- Siegel, D. J. (1999). *The developing mind: Toward a neurobiology of interpersonal experience*. New York: Guilford Press.
- Sroufe, L. A., Duggal, S., Weinfield, N., & Carlson, E. (2000). Relationships, development, and psychopathology. In A. J. Sameroff, M. Lewis, & S. M. Miller (Eds.), *Handbook of developmental psychopathology* (2nd ed.). New York: Plenum Publishers.
- Sroufe, L. A., Egeland, B., & Kreutzer, T. (1990). The fate of early experience following developmental change: Longitudinal approaches to individual adaptation in childhood. *Child Development*, 61, 1363-1373.
- U. S. Department of Health and Human Services. (March 2003). *The AFCARS Report*. Washington, DC: Author.
- Waters, E., & Sroufe, L. A. (1983). Social competence as developmental construct. *Developmental Review*, 3, 79-97.
- Weinfield, N. S., Sroufe, L. A., Egeland, B., & Carlson, E. A. (1999). The nature of individual differences in infant-caregiver attachment. In J. Cassidy & P. R. Shaver (Eds.), *Handbook of attachment*. New York: Guilford Press.
- Zeanah, C. H., Mammen, O. K., & Lieberman, A. F. (1993). Disorders of attachment. In C. H. Zeanah (Ed.), *Handbook of infant mental health* (pp. 332-349). New York: Guilford Press.

