



CHILD DEVELOPMENTAL THEORY APPLIED  
TO FOSTER PLACEMENT DECISIONS

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By

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INSTITUTE FOR CLINICAL SOCIAL WORK

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## ABSTRACT

This research poses the question: Can psychoanalytical developmental theory be integrated into foster placement decisions in a useful, practical and systematic way? And if so, can some guidelines for its use be developed?

California Senate Bill 14 mandates that all foster placement decisions be based upon the legislation of permanency planning. The research that led to this legislation and the concepts that grew out of this research are reviewed and analyzed. Next, the work of five major developmental theorists, Anna Freud, Erik Erikson, Margaret Mahler, Rene Spitz and John Bowlby, is reviewed. Each of the mentioned authors contributed to an overall theory of development that is based on Freud's theory of psychosexual stages, and ego psychology.

The research proceeds by using the researcher's experience in the day to day application of these theories to her cases. Six cases are presented in which the theories of the five theorists reviewed heavily influenced placement decisions. The methodology employed is that of a descriptive analytical study. The researcher describes her case work. She analyzes how and for what reasons decisions are made, and proceeds to develop guidelines for the use of developmental theory by other workers making child placement decisions. The six case studies illustrate how a worker can make decisions based upon theory.

The practical use of these theories posed a problem. Each theory is complex and application required a great deal of study and reflection, certainly more than had been anticipated before commencing this study. Development of a set of guidelines was an attempt to simplify application of this body of knowledge for use by others.

From each case the researcher was able to develop at least one guideline for placement decisions and one description of parenting needs for the particular developmental stage that each case represents.

The findings indicate that certain theories may be more applicable than others for certain cases. Often, more than one theory is beneficial in understanding a particular problem in a child. The developmental theory most applicable to all the cases is Margaret Mahler's theory of the Separation-Individuation Process. This psychological theory, helps to identify the phase of the earliest developmental arrest in a child. It enhances an accurate assessment of the child in his present situation, and maximizes the selection of an appropriate placement beneficial to the child.

Conclusions of this research contain a comparison of the theories and discussion of the effects of placement experiences on the children. Placement results are not linked to specific factors in the placement selected but reflect how the child or adolescent fared in general from the particular placement experience. Although I cannot prove that application of the theories led to correct decisions they seemed to work on a clinical level in decision making.

The guidelines developed by systematizing what the researcher did can serve to inform other placement workers in their application of the theories. These guidelines specify general concepts regarding the use or avoidance of placement and the kind of parenting indicated in terms of a child's developmental needs. Implications for educational and inservice training are addressed and the possibilities for future investigations delineated.

## CHAPTER I

### Introduction

In the last decade, the theory and results of social work practice have come under heavy fire both from within and without the profession. At the time of this writing, 1981, governmental assistance is being deeply cut back, and the limitations in funds are causing careful review of priorities. Concepts are being examined which will influence social services workers and their charges for years to come. Within this overall context this dissertation explores a new clinical perspective for responsible decision making in the foster placement of children.

In my role as a placement worker I am continually concerned about the effects on children of placement decisions. The list of possible decisions is long: to recommend removal of a child and choose a foster family; to attempt to maintain him in his own home by setting up supportive services; to move a child from one home to another or to an institution; and to determine at what point he and his family are ready for him to move home. Although final decisions are often made by the court, the burden of analyzing the long lasting effects of this researcher's decisions on the child remain the same.

Within this frame of reference I have become aware of the potential usefulness of psychoanalytic developmental theory in this decision making process. I am still wondering why such theories are employed so infrequently. Psychoanalytic developmental theory is an overall theory of development contributed to by the thinking of a number of theorists, including Sigmund Freud who proposed the theory of the psychosexual stages. It is an attempt to

understand the psychological growth and development of a person from infancy throughout the life cycle. As I became more familiar with those theories, I began to speculate on how they might be important in contributing to planning for a child's future. After studying several major developmental theorists and applying their ideas in my professional practice, I became eager to explore and demonstrate how this body of knowledge might be used by other social workers in their decision making processes.

Criticism of the placement system first became widespread in the early 1970's and the faults of the system were carefully analyzed by a number of distinguished researchers. Alfred Kadushin, in "Children in Foster Families and Institutions," summarized the problem:

We still lack a clearly defined theory of substitute care which might result in an orchestration of programmatic research. We still depend heavily on intuition, common sense and practice wisdom for the work we must do. (1978, p. 91)

He then enumerated the major problems: children are placed by social workers oriented strongly towards placement who do little to preserve the child's own home; children remain in care too long and are too frequently moved about. They are seriously damaged because of separation from their families. Kadushin noted further that a review of the literature showed the principal problem rests within the welfare system and the child welfare worker.

The problem, according to Kadushin and researcher Ted Stein (1974), who studied the problem in California, is that too many children are allowed to enter the placement system without enough resources being brought to bear on the natural families to prevent placement. They also criticized placement workers for not making decisions early, with the consequence that the children are left to drift in placement with neither plans for restoration to the family nor alternatives such as adoption or guardianship if restoration fails.

As a consequence of these and other criticisms, a number of solutions has ensued. Most, however, have made no use of developmental theory, as a tool for reform on behalf of individual children, but have leaned heavily toward behavioral frameworks or institutional and governmental mandates. In current practice, the primary goal is to reunify the family. Another major directive is for permanency planning—that is, the establishment of a permanent family in which the child can grow up. Though these mandates seem to have the child's interest at heart, a major problem arises when these mandates do not fit a particular child's needs. I suggest that there is misuse of permanency planning practices when adoption is routinely given priority as the 'best' solution if a child cannot be reunited with his family. For example, I have seen children removed from foster home placements of several years duration and placed in adoptive families to which the children were obviously unable to adjust. Unfortunately, legal mandates are sometimes used as substitutes for thinking carefully about problems.

#### Statement of the Question and Research Goals

I have come to believe that decision making processes in the area of child placement could be improved by the use of some formal body of knowledge regarding child development. From professional experience I have found psychoanalytic developmental theory useful. The purpose of the present research is to explore the use of one particular kind of formal knowledge, psychoanalytic developmental theory, as a tool in making placement decisions. Could psychoanalytic developmental theory be applied in a practical and systematic way to child placement decisions, and be used by other social workers in their



placement decisions? Could developmental theory be usefully integrated with present methods of decision-making? If so, would it be possible to develop guidelines aiding workers in their application of this theory to individual cases?

The goals of the present research have grown out of these concerns:

1. To demonstrate how developmental theory can be applied in making decisions about children in placement. My decision-making processes and the criteria for these decisions, in the course of applying this theory in my practice as a child placement worker, will be revealed. Based upon my explorations into the work of the major theorists, I have identified certain children for study and found them unable to progress through these developmental steps. This was usually due to problems of constitutional endowment and/or to the quality of the parenting they received. When these children were referred to me for decisions about the necessity for out-of-home placement, I asked myself if application of the theory would help me meet their developmental needs. Could decisions based on theory truly benefit these needs? For example, could knowledge about a traumatic experience, such as loss of the mother through absence or depression during a specific developmental phase, critically affect my decision of whether or not to place a child, and if so, with whom?

2. To study my decision-making processes and develop a set of guidelines to give placement workers a basis for evaluation. They will be developed out of the research data and will demonstrate how an assessment can be made of the child's behavior, whether he is age and stage appropriate, or whether there has been a developmental delay or arrest. The assessment includes parents' abilities to meet the child's developmental and social needs. In case of a deficiency in the child's behavior or the quality of parenting, or both of

the above, the guidelines suggest the type of foster care and the kind of parenting most helpful to the improvement of such problems.

3. To do the ground work for experimental research. One result of this research is a chart portraying relationships between theories and placement options. This chart intends to connect ideas of certain developmental theorists with placement practice. It will give an overall view of the developmental theories used, and possible psychopathologies related to developmental arrest. It will supply general information about the type of placement interventions a child needs at each developmental stage, and the kind of parenting that would enhance a child's growth at each phase. This chart is adapted from one authored by Joseph Palombo (1979).

The remaining chapters are organized in the following manner.

Chapter II presents a review of a number of articles on permanency planning. The articles reveal the reasoning behind this concept and some of the major research responsible for its adoption. Permanency planning has currently pre-empted other methods of solving problems and correcting faults within the foster placement system. It is now mandated by law in California and other states. For this reason the researcher chose to focus on this concept with a critical review of articles discussing various facets of this approach. In Chapter III, the frameworks of five developmental theorists chosen as appropriate for the six case illustrations are reviewed. Also reviewed in this Chapter is an article critiquing one of these theories and two articles discussing the relationship between developmental theory and the field of child welfare in general.

Chapter IV discusses a descriptive analytical study, which is the method employed in this research. This is the method of the practitioner scientist

engaged both subjectively as a clinician and objectively as a researcher analyzing the data.

In Chapter V, the data is presented in the form of six case illustrations. The researcher describes and analyses the application of the theories to four children and two adolescents.

Chapter VI, on the findings, begins with a discussion of the effects of the decisions for placement or non-placement on the child, as well as the results of other types of placement decisions made in the course of ongoing supervision of these children. Some findings on parenting and foster parenting are discussed. The guidelines developed from each of the cases are presented as a group. Finally, a chart for reference in the use of developmental theory links these theories to developmental stages and placement interventions, and describes the kinds of parenting indicated.

Chapter VII contains the conclusions reached by the researcher in this exploration.

## CHAPTER II

### Permanency Planning: A Review Of The Literature

The following chapter is an overview of current attempts to mitigate or compensate for what is perceived by both the public and social service workers as a basic flaw in social agencies' handling of out-of-home placement of children. The flaw is described in various terms but refers basically to overplacement, that is, the drift of children into unplanned, long-term foster placements. The destructive toll on children who go through successive foster homes is thought to be the cause of many later problems. It is generally inferred that loss of identity, leading at times to delinquency, results from the sense of not really belonging to any parent figure. The articles and books discussed below reflect an attempt by society to rectify these shortcomings in the social service system.

It was especially the influence of one writer that alerted professionals nationwide to the problems of foster placement. Alfred Kadushin (1978) noted: "The composite picture of the child who is most likely to leave foster care in a reasonably short time is that of a white child, visited regularly by his parents, who are in frequent contact with the social worker who perceives them in a positive light" (p. 26). And he quoted Alan Grundy: "For the most part, placements seem to be based upon administrative expediency. . . . Children are placed where vacancies exist with little attention to psychological grounds" (p. 28).

Kermit Wiltse (1981), senior professor of The School of Social Welfare, University of California, Berkeley, was equally vigorous in his criticism of the social service system. He pointed out that there are 30,000 children in placement

in California, adding that their numbers are increasing daily. He referred to figures from Kadushin's research (1978) which show that five years is the average length of time a child spends in foster placement. Wiltse also said that the only way to stop this mushrooming of children into foster care is to prevent their entrance into the foster care system in the first place.

Since these critiques of the social service system began, there has been a major attempt on the part of theorists and practitioners to find solutions. Many of these solutions involved changes in decision making so that decisions are based on a concept of commitment to continuity in childcare. Such a concept aims at avoiding frequent changes in parent figures. This can be accomplished either by preventing entrance into the foster care system or by planning, once children are in placement, for early reunification with their families. If these solutions are not possible or fail, the goal then becomes permanent placement. "Permanency planning," as it is termed, is a major preoccupation of the profession today. Although the concept does not coincide with my own views in this dissertation, permanency planning is an important development which must be accounted for. Permanency planning means clarifying the intent of a foster placement and during the early stages of care, keeping alive a plan for permanency. The goal is to provide continuity in childrens' relationships so they may become emotionally stable adults. If they cannot be with their own families, adoption is the first choice, followed by guardianship and then by long-term placement. Theorists, such as Joseph Goldstein, Anna Freud and Albert Solnit, provided rationales for permanency planning. Other writers describe projects and experiments that have been undertaken in order to find out whether children can indeed be kept out of, or not allowed to remain indefinitely in, the foster care system.

The concept of permanency planning is currently being implemented in the child welfare agency for which I work as a placement worker. The method coincides with the present desire of government, state and federal, to reduce funding of social services. It is going to be increasingly necessary to make intelligent judgements as to whether permanency planning achieves its goals of increasing the well-being of children in care. Will this solution pay for itself, or does it contain hidden costs for the future?

In the following review of the literature, I attempt to show the authors' viewpoints and to express my approval or reservations in regard to my practice. The concept of permanency planning leans heavily on behavior learning theory; it advocates curing the ills of the system by formulating guidelines or mandating reviews. Too often such approaches become maxims for procedures, and the individuality of the child is overlooked. I cite my disagreements with what I see as overuse or abuse of the guidelines. They can often take the place of clinical expertise with its careful, knowledgeable planning, which in my estimation is necessary if children are to be helped, not harmed, by the placement experience.

The articles are presented in serial order because they do not form a cohesive whole. Each has its own contribution to make to the issue of permanency planning.

Joseph Goldstein, Anna Freud and Albert Solnit: Beyond the Best Interests of the Child (1973). Since the only work, to my knowledge, that attempted to integrate psychoanalytic developmental theory with placement philosophy has been done by these authors, I begin with a review of the first of their two important books. They comprised a team consisting of two developmental

theorists and a well-known jurist. The authors were attempting to make radical changes primarily in the judicial system and secondarily in the social service system by applying developmental psychology to legal procedures.

The approach of Goldstein et al. interested me greatly when I first read their book. They seemed to be aware of the same problems I was encountering as a placement worker and to be using psychoanalytic developmental theory in accordance with my ideas. The authors used psychoanalytic theory to develop general guidelines for courts and child placement agencies, and they exposed the erratic movement of children in foster care, which they said was due to unsound practices and precedents. They attempted to provide a theoretical framework to promote better understanding of many basic but frequently unfollowed concepts which placement workers arrived at intuitively before Freud and psychoanalysis:

The crucial problem in child placement is how and to what extent the law can, through the manipulation of a child's external environment, protect his physical growth and emotional development . . . . How, the question then becomes, can the law . . . assure for each child a chance to be a member of a family where he feels wanted and where he will have the opportunity, on a continuing basis, not only to receive and return affection but also to express anger and learn to manage his aggression? (p. 5)

The theory of psychological parenting was basic to their solution to these questions. This theory holds that the proper test of true parent-child relationships is the psychological rather than biological tie. Children ought to live where they are most likely to develop or maintain psychological ties to parent figures. This should be the guiding principle in placing those children removed from their homes by court action. The theory also holds that "the relationship between a child and a set of psychological parents is fragile, in that a child's short absence from the parents may very easily break the relationship, threatening the emotional

stability of the child and the chance to reestablish the relationship at a later date" (p. 12). Since, by the authors' definition, "this psychological bond can be broken irreparably by separation of quite short amounts of time, and since the attachment can happen with one set of parents or one parent only, the relationship has to be permanent and exclusive to count as psychological parenting" (p. 12).

These authors were predicating a set of minimum standards for the emotional well being of the child: if these standards are broken or unheeded, the child is at risk and in danger of sustaining emotional damage. Their theory holds that there is a degree of love, affection and support a child needs from a parent figure that is conducive to healthy development; too little or too much is damaging. Furthermore, an adult either is or is not a psychological parent. There are no gradations in psychological parenting.

As a result of their findings, Goldstein et al. proposed three guidelines for decision makers concerned with placement of a child in a family or alternative setting. The guidelines rest on the belief that children should be provided with an opportunity to be placed with adults who are likely to become their psychological parents. The first guideline: the effects of disruptions in continuity will have different consequences for different ages. The second guideline: placement decisions should reflect the child's sense of time, not the adult's sense of time. The third guideline: placements should provide the least detrimental available alternative for safeguarding the child's growth and development.

In reference to adolescents, Goldstein et al. recognized that what adolescents seem to desire is discontinuation of parental relationships, but they said that this impression is misleading. They described the revolt against parental authority as developmentally normal. It is seen as the adolescent's way of establishing his own independent adult identity. "But for a successful outcome,



it is important that the breaks and disruptions of attachment should come exclusively from the adolescent's side and not be imposed on him by any form of abandonment or rejection on the psychological parents' part" (p. 34). The implication of this guideline is that "all child placements, except where specifically designed for brief temporary care, shall be as permanent as the placement of a newborn with its biological parents" (p. 35).

As to the difference between an adult's and a child's sense of time, Goldstein et al. recognized that an interval of separation between parent and child differs according to age. What constitutes a break in continuity for an infant may be of no significance to a school age child.

The authors believed that in the past many decisions have been "in name-only" (p. 54) in the best interests of the child. Decisions were based primarily upon meeting the needs and wishes of competing adult claimants or protecting general policies of a child care agency. By proposing the use of the concept of least detrimental rather than that of best interests, Goldstein et al. hoped to enable legislatures, courts, and child care agencies to acknowledge and respond to inherent detriments in any procedure for child placement.

The concept of 'available alternatives' should press into focus how limited is the capacity of decision makers to make valid predictions and how limited are the choices generally open to them for helping a child in trouble. (p. 63)

Beyond the Best Interests of the Child appeared at a time when the concept of permanency planning was making headway against the so-called inertia of child welfare agencies and the reluctance of juvenile courts to sever a child's relations with his natural parents. The proponents of the permanency principle used the book's conclusions to highlight the danger of removing children from their homes. They began a re-education of judges and child welfare agencies.

The criteria for the initial removal from their homes should not be solely that the children's natural homes are a threat to their health and welfare. The instability and uncertainty children are likely to encounter when the state becomes their guardian may become a still greater threat. In my opinion the authors' guidelines worked best for the judicial system. They helped certain members of the judiciary to shift their basic thinking from the old notion of the property rights of parents, in which children were chattel, and to focus on the rights of children as persons entitled to have the least detrimental situation in which to grow psychologically.

I have definite questions about the effects of this book on the social service system. While alerting social workers to certain dangers inherent in the placement process, use of the guidelines can result, as I have seen, in simplistic thinking and decision making, rather than in careful consideration of the child as an individual. The guidelines have been used as maxims for procedures and actions which comply with the theory and concepts, but overlook certain aspects of an individual child's situation. As a placement worker, I can support their guidelines as basic concepts, but find their application difficult.

These guidelines are presented as if they pertained to all children in foster care. The implication is that they must be applied automatically and across the board. For example, if a child has not been restored to his family within a certain time, he must then be permanently placed, usually being uprooted again. There are other, often more amenable, solutions. The trauma to the child, for instance, might be avoided by working with his family for a longer period before he returns home, allowing them more time to prepare for him. Or the child might need further time in the foster home, perhaps with therapy, before he is ready to return to his family. Often, in order to achieve the goals

of permanency planning and to provide the child with psychological parents, action is taken precipitously and may harm the child. The authors further imply that careful thinking and evaluation by trained social workers are unnecessary: action in accordance with the guidelines is sufficient. Finally, because the guidelines are set out so strongly, they take on the force of orders. When the state puts them into regulations for placement workers, they become commands.

Before the Best Interests of the Child (1979). In this sequel to their first book, the authors reversed the sequence of events and dealt with the conditions leading up to the placements. The explanation they gave for tackling the subjects in this order was that the difficulties and mistakes which surrounded child placement were quite large. As a result, the question of why these children found themselves in foster placement was pushed into the background. The questions around protection of the parent-child relationship were never absent from the authors' minds. Their earlier conviction was expressed in their preference for making a child's interests paramount once state intervention has been established. The question they now posed was: "Under what circumstances should the state be allowed to invade family privacy and overcome the presumption of parental autonomy?" (p. 75) This was followed by asking what the law should require before the best interests of a child may become a matter of state determination.

This book, more than their first, focused on use of the legal system to meet every situation in which a child needs help. This emphasis was due to their inclination towards the protection of parents' and childrens' rights. They saw that state sponsored intrusion hampered the parents' autonomy and they considered this counterproductive for the child.

On the subject of existing grounds for intervention, the authors believed that the courts and the social service agencies did too little and this little was often done too late. At the same time, under existing grounds, state authorities also did too much too early, on insufficient evidence. By failing to keep families together and by failing to return children to their absent parents in a short time, the authorities prevented feelings of security from developing in either child or adult.

Goldstein et al. again developed principles, designed from the child's vantage point as a member of a family, to restrict coercive intervention to cases in which there is actual and threatened harm, about which there is a consensus, and about which there is a reasonable expectation that intrusion would be more beneficial than injurious to the child. In keeping with their preference for minimum state intervention in family relationships and for making the child's interests paramount, they sought to place themselves in the position of children of different ages, of different developmental phases and of different backgrounds.

Their major focus was on what was essential to the law and what constituted the circumstances under which children may be removed from their homes. While there was reference to developmental theory, it was not explicitly used in making these decisions. Again, the authors maintained their idea that a child's sense of time differs from an adult's. Short absences from key figures can threaten a relationship. They set out in detail the time schedule that threatens emotional ties for children of different ages.

I have questions about the effects of this book on the social service system. As stated before, the guidelines have been used as maxims to carry out certain procedures. Permanency planning with its emphasis on determining

who the psychological parents are, often means overlooking certain aspects of the individual child's situation.

Michael Mahoney and Kathryn Mahoney: "Psychoanalytic Guidelines for Child Placement" (1974). This article offered a critique of the writings of Goldstein et al. Despite their beneficial effects on the judicial system, the guidelines were labled by the Mahoneys as contributing to other long-standing problems in the foster care system. Psychoanalytic theory, at least when applied simplistically, is not sufficient for establishing guidelines for child placement. They tested the assumptions inherent in the issues of continuity and multiple parenting against available empirical evidence by examining previous research in the area of foster placement.

The authors stated that child placement presents one of the most difficult challenges to both judicial reform and psychological knowledge and acknowledged the dedication and commitment of child placement professionals. Unfortunately, the task they face has been increasingly exacerbated by the absence of long-awaited judicial reforms and scientifically founded psychological guidelines.

The Mahoneys recognized the need for a data-based approach to child placement and agreed with two explicit value preferences stated in Before the Best Interst of the Child. They agreed "that the child's needs should be paramount in legal proceedings and that parents have a right to privacy in the way they raise their children" (p. 688). The Mahoney's disagreed with the assumptions that "each child has a need for 'continuity,' an unbroken relationship with an adult, and that children have their own built-in time sense, based on the urgency of their instinctual and emotional needs" (p. 688). The authors criticized these assumptions mainly because they have been derived from psychoanalytic theory.

A theory, according to them, never establishes anything; it can only predict or explain. It would be dangerous to formulate specific recommendations for child placement on the basis of psychoanalytic theory alone. The Mahoneys said that they "would place more confidence in suggestions that are directly supported by available evidence or that are derived from a model with more empirical support and do not believe psychoanalytic theory has been empirically demonstrated" (p. 689). They differed with Goldstein et al.'s belief "that it provides a valuable body of knowledge generally applicable to child placement" (1973, pp. 5,6). The authors went on to state that an extensive body of evidence suggests that psychoanalytic theory has not performed well. They cited Albert Bandura: "Theoretical models of dubious validity persist largely because they are not stated in refutable form" (p. 689). Bandura also said that "many hypotheses defy empirical evaluation because the terms they use are ambiguous and the absence of control groups is one striking deficit" (p. 689).

The Mahoneys then went on to examine the evidence bearing on the premise of the child's need for continuity. They quoted Goldstein et al. (1973) that, according to psychoanalysis, "continuity of relationships, surroundings, and environmental influences are essential for a child's normal development" (pp. 31, 32). The Mahoney's answered:

There is no clear and unequivocal definition of continuity. The need for continuity implies two basic assumptions: (1) attachment relationships are essential for normal growth and adjustment; and (2) the uninterrupted presence of the attachment figures is essential for the stable maintenance of that attachment. (p. 691)

The authors then discussed what evidence bears on these two assumptions. In discussing attachment, they noted the work of Bowlby who pointed to the virtually universal occurrence of attachment behavior patterns in both human beings and sub-human primates. The authors questioned the deduction of need from the

virtual universality of attachment and conjectured whether it is always necessary. They noted that according to Bowlby neither feeding nor caretaking is an essential feature of attachment, although either may facilitate the development of a relationship. Moreover, the child may become attached to siblings and others who play with him but do not feed him.

In relation to even brief separations, which Goldstein et al. found harmful, the Mahoneys pointed to research on children living in the kibbutzim. Even though children start to live in their own quarters shortly after infancy, they appear to develop healthy emotional ties with both peers and adults. The authors stated that "the child's best interest may not be served by that parent who can spend the most time with him; it is the nature of the relationship rather than its temporal duration that is important" (p. 692). They believed that "Goldstein et al. express attitudes that perpetuate and exaggerate a false need for continuity—a need that has not been established" (p. 693).

The Mahoneys described one data-based model for predicting and understanding human behavior: social learning theory, which has already demonstrated that it is adequate both conceptually and clinically. Here, psychological functioning is "conceptualized as a reciprocal interaction between behavior and its controlling variables" (p. 694). They felt the relevance of social learning theory for child placement bears consideration and believed that the capacity to learn by observation enables human beings to acquire many types of behaviors without direct experience. They recognized that social learning theory has focused on "modeling -- learning by observing . . . another's performances, which is an important component of the interaction between child and parent" (p. 695).

According to the Mahoneys, the conditions affecting observational learning have been researched and documented. In Bandura's research they said he found that having several different persons as models enhances the likelihood that the child will adopt the observed behavior patterns, a finding that has strong implications for the issues of multiple parenting and continuity of relationships. The authors remarked that social learning theory has been of value in the treatment of delinquents. They believed it has much to offer child placement.

The authors concluded that "the best interests of the child are not deducible from theory. They must be explored through scientific inquiries that incorporate the empirical means of behavioral science" (p. 695).

While I do not agree with their statement that the best interests of the child are not deducible from theory, I have no quarrel with their ideas of exploring the social learning model. In certain instances, the model may offer unique contributions not available through psychoanalytical theory. The interactional model of psychological functioning, with its emphasis on reciprocal interactions between behavior and its controlling variables, is valuable. It seems to me that one theoretical base does not necessarily have to discount another. The field of child placement needs a great deal of knowledge in order to solve its serious problems.

I share the Mahoneys' critique of the continuity guideline. They say "continuity is not the sine qua non of the adjusted child or the happy parent-child relationship" (p. 693). They quote Michael Rutter: "The results strongly suggest that it is the quality of relationships which matter rather than the presence or absence of separations" (p. 691). In my experience, continuity per se does not appear to be the critical issue. When children in foster care develop strong affectionate ties with foster parents, it is usually because of the availability of



genuine affection and appreciation in this relationship. Certain foster parents have a great capacity for warmth and are able to communicate this quality of care with youngsters; others do not. It is not related to the quantity of time spent with each other. If a foster mother has this capacity and works, she may well be the better choice than the foster mother who lacks it but stays home all day.

Malcom Bush and Harold Goldman: "The Psychological Parenting and Permanency Principles" (1982). The authors of this article, colleagues at the University of Chicago School of Social Service Administration, critiqued both the permanency principle and the guideline of psychological parenting as being simplistic and as overlooking causal factors. While they recognized certain positive benefits of the two principles, they developed a case against the permanency principle. They criticized the basic permanency thesis "that permanency of care should be the overriding consideration in situations where parents' ability to look after a child is in question" (p. 255). They saw it as a doctrine aimed at only one of the possible consequences of stress in a family: namely, the impermanence that results from a child's removal from the home. Bush and Goldman stated that the permanency thesis does not address the underlying precipitating problems: ill health (both physical and mental), in the family, unemployment, poverty, divorce and poor living conditions. Unfortunately, it is often child welfare policy to put a greater percentage of their financial resources into foster placement care rather than into family maintenance. The authors believed that the permanency thesis exacerbated this problem.

Where there is a choice between making an attempt to keep a family together or removing the child, the permanency principle suggests the latter

course. This occurs despite the fact that the permanency principle demands that while a child is still living at home, the state must make a reasonable effort to maintain a home. Very little effort is expended. Bush and Goldman believed that some of these situations could be improved by such state intervention as extra financial aid, temporary in-home care, and help with employment or housing problems. They referred to the research record, as documented by David Fanshel and Eugene Shinn in Children in Foster Care, which shows that family service departments are just as reluctant to make efforts to restore families as they are to maintain families.

Bush and Goldman's second major criticism was in regard to the theory of psychological parenting. They questioned the assumption that the state can arrange or mandate relationships that will result in such parentings. My experience in attempting to achieve that goal, taught me that it is largely a matter of chance. The chemistry between child and parent is the unknown factor which I am unable to engineer when making placement decisions. Perhaps this area ought to be further researched.

Another area challenged by Bush and Goldman is from Goldstein et al.'s second book, Before the Best Interests of the Child. Goldstein et al. concluded that when a child has lived with substitute parents for a certain period of time and when these parents wish to keep the child, they have also become the child's psychological parents. Bush and Goldman criticized this mechanistic proof of the existence of a subtle and complicated relationship as an attempt by Goldstein et al. to embody their psychoanalytic theory into law. Rather, Bush and Goldman said, no definite certainty governs the relationship between a child and psychological parents. They suggested that the bonds between a child and

surrogate parents might decay over time rather than grow, or they might never turn into child-parent bonds no matter how long the relationship lasts. In short, they felt that time alone is not a sufficient indicator of the development of psychological parenting.

I concur with these criticisms. The problems Goldstein et al. were attempting to solve with their guidelines are complex. Simplistic solutions, applied in an automatic manner, are not useful to the child. For example, there are often no resources to meet a child's needs - foster homes are often not available. Adoption requires time for the child to be legally freed and for the right parents to be found. Relatives too often are not motivated to care for children. Grandparents, however interested in the children, are sometimes unable or unwilling to assume parental responsibility again. All of these reality factors make it difficult to think in terms of psychological parents and the permanency principle. In my experience, too little assistance is given families prior to placement. The implication of the permanency principle, that there is always a foster parent for each child in need, contributes to the practice of not dealing with the underlying stresses in the child's own family.

David Fanshel and Eugene Shinn: Children in Foster Care: A Longitudinal Investigation (1977). This book by two eminent researchers from the Columbia University School of Social Work reported the results of a comprehensive project. The authors wanted to see what was happening to children in placement and whether there was any correlation between current practices and outcomes for the child. Their report on their project has had a far-reaching influence on the field of child placement. The project involved a five year study of 600 children from infancy to twelve years who were evaluated at three points during that

period. The research included standard intelligence tests, projective tests, behavioral ratings, developmental profiles and teacher assessments. Their project is reviewed here because the questions they wanted to answer expressed concerns similar to those I am raising in regard to placement practice. The questions are:

1. Do children in care for longer periods have greater exacerbation of problems?
2. Is the number of times moved positively correlated with an increase in emotional disturbance?
3. Is the developmental condition of the children at the time of entry predictive of conditions when assessed at discharge?
4. Are the qualities of caretakers, foster parents and interested associates related to adjustment?
5. Are the qualities of natural parents and the frequencies of their visits predictive of adjustment?
6. Do the frequency and quality of casework services contribute to our understanding of adjustment? (1977, pp 24, 25)

Fanshel and Shinn interviewed parents regarding the condition of their children, both at the time of entry and later after discharge to their homes. Older children were interviewed about their foster care experience as well. Of their sample, 36.4% were still in care after five years and 56.1% had been discharged. Adoptive homes had been found for 4.6% and 2.9% were in mental institutions. In their conclusion, the authors stated that the children in care fared well with respect to intellectual abilities, school performance and personal and social adjustment.

The authors believed "all children should be afforded permanency in their living arrangement and the impermanent status, compounded by failure of parents to visit (57%), must be viewed as being potentially a profound insult to the child's sense of self-identity" (p. 110). They thus supported efforts to free

children for adoption if strong efforts to restore natural parents to effective functioning are not successful. "One determinant for the lack of success in restoration to natural parents," said Fanshel and Shinn, "is the frequent turnover in case workers, which causes planning for children to be interrupted" (p. 481).

They went on to state:

True prevention would require strong support for all families in their childrearing efforts, particularly among the most impoverished . . . and that a more rational deployment of the resources of agencies should be focused on early goal setting and monitoring of cases, to ensure that children do not "drift" in foster care. (p. 507)

Fanshel and Shinn's findings did have effects on the child welfare system throughout the country. Federal funding to the states for preventive services has increased. As a result of California Senate Bill 30 (1978), pilot projects were initiated in San Mateo and Shasta counties whose goals were to attain continuity in placement. The projects were considered successful in achieving the goals of preventing foster placements and shortening the length of placements. The results were earlier and more frequent reunification of families.

Currently, if reunification has not occurred within one year, a permanent plan is mandated for each child in placement by California Senate Bill 14 (1982). Although goals remain the same as in the pilot projects, funding for the auxiliary services has been reduced.

Permanency planning as set up in this legislation means to social workers that the expectations for reunifications, guardianships and long-term placement agreements remain as in the pilot projects but without the resources necessary to achieve those results. Placement workers are thus put in a bind between fulfilling the expectations of the bill and a lack of funds for homemakers, therapists and parent educators. Also, caseloads are generally higher in number

than in the projects. This means that the same level of frequency of contact with clients is impossible to maintain.

Theodore Stein and Eileen Gambrill "Facilitating Decision-Making in Foster Care: The Alameda Project" (1977). This article described the results of a two year experimental project which was partially responsible for the permanency planning legislation, Senate Bill 14 (1982), enacted in California. "The purpose of the Alameda project . . . was to increase the continuity of care for children by facilitating decision making on the part of natural parents" (p. 502).

This two year project began in April, 1971 in Alameda County, California, and was one of the few controlled investigations in the country directed at identifying methods for increasing the continuity of care for children. There were 227 experimental cases in which natural parents were offered intensive services by MSW social workers using behavioral methods of treatment, and 201 control children. County welfare workers provided their usual services to the child in the foster home. Caseload size for experimental workers was 20 families and a maximum of 35 children. For county workers it was 49 children. Fifty-four percent of the experimental and 66 percent of the control cases were volunteered by participating workers. The remaining experimental and control children were randomly assigned from intake. Almost all were court dependents. Eighty-six percent of the experimental and 92 percent of the control group entered care under neglect petitions. The remaining percentages were a combination of abuse and neglect.

In their project, Stein and Gambrill involved the natural parents in planning and decision-making for their children in out-of-home care. By doing so, they

hoped to increase continuity of care. At the end of two years, a significantly greater number of experimental than control children were out, or headed out, of foster care.

The researchers were attempting to identify variables that might serve to predict differential outcomes for children in placement, but overall results were disappointing. They found, for example, that a child's age can be viewed as having no predictive value. This contrasts with what I am finding, that placement during the first three years puts the child at risk of developmental arrest.

Stein and Gambrill felt their project was successful in accomplishing the more important objective of moving a significant number of children out of foster home placement, and in relation to this achievement they held that case planning activities were crucial. Because it became clear that the majority of children who leave foster placement do so within their first year of care, Stein and Gambrill said that planning must commence immediately after a child enters a foster home. One of the project worker's highest priorities should be to facilitate early decision-making by natural parents regarding the future of a child.

The following types of decisions were distinguished as possible: (1) to restore a child(ren) to his/her natural parent(s); (2) to place a child for adoption, preceded by either voluntary relinquishment or court-ordered termination of parental rights; (3) to arrange for legal guardianship for the child; and (4) to identify children who will remain in long-term foster care and to plan for such continuous care. (p. 502)

The authors used contracts to specify the goal toward which the client was working, as well as the objectives that would have to be achieved if this were to occur. "For both experimental and control units the probabilities of

restorations was great given resolution of problems. A significantly greater number of identified problems were resolved for experimental than control families (p. 502)".

An integral part of case planning included deciding when to "alter course" and pursue new options. Contracts facilitated this methodology, as they demanded alternative courses of action (such as referring for adoption) if clients failed to participate in plans, as well as time limits within which these would occur. Results of this study showed that the difference between the units was significant. Forty-one percent of the experimental and 25 percent of the control cases were closed following restoration to their parents or after completion of adoption or guardianship actions. In addition, 37 percent in the experimental section and 15 percent in the control were headed out of placement.

While the goals and methods of this study are admirable, I question the reason for leaving out any discussion of the problems of the child and how the case planning was affected by omission of this variable. The study is commendable for emphasizing the need for early planning and decision-making when children are placed outside their homes. But I wonder why M.S.W. social workers saw only the natural parents and focused mainly on resolution of family problems. Might it not be of importance in such a study to have the children seen by trained workers as well?

The thrust of this plan was to achieve movement out of foster care by forcing workers to make decisions earlier than is customary and then to work energetically to help clients achieve the goals they have set together. I am in accord with the idea of setting goals immediately after entrance into the system and of involving parents in contracts towards realizing the goals. The ingredient



I find lacking is an assessment of the child's developmental needs, with some consideration of the natural parents' ability to meet those needs and discussion of how this goal will be accomplished.

In Stein and Gambrill's study, the parents were given supportive services and encouraged to visit the children regularly. Resolution of family problems was referred to as the only criterion for restoration of children in the experimental group. Unless the children as well as the parents were evaluated, the restorations may not have succeeded in enabling the children to develop and grow healthily. Those goals might have been attained had the children's well-being remained the highest priority. If the main purpose, however, was to save money, it may not have mattered to legislators whether or not the children were seen by trained workers.

This project was of particular importance to my analysis of the use of developmental theory in foster care because both Stein and Gambril and I are concerned with the need for informed decision making.

Erika Fine, Linda J. Davies, and Gerrie Knight: "Placement Stability in Foster Care" (1979). The Time Limited Foster Care Program they described revealed another way of achieving permanent placement which included an assessment of both the individual children and their parents. In this respect, it comes close to the ideas I am suggesting and retains the concepts of time limits and goal setting of permanency planning.

Since 1972, the goal of the Program, which serves emotionally disturbed children of latency age, has been to find a permanent home for every child served within a one year period. The contract used states that after a specified time of foster care, one of two options will be available: return home or adoption. (p. 156)

Often natural parents are so satisfied with the foster care situation that they make no effort to have their child return home. Yet, if faced with time-limited foster care involving a choice between taking the child back or having him adopted, many parents will try to do what is necessary to be reunited with their child. An assessment of the parents' capacity to care for their children, of their needs, and the child's needs, was the beginning of the contract-setting process. Specific concrete goals to be reached within a limited time were agreed upon by both the social worker and the parents.

As a service, weekly therapy sessions were offered along with an opportunity to learn effective parenting. Foster parents were used as role models. Regular weekend visits at home were planned. The treatment contract also specified consequences for contract-breaking, such as recommendation for termination of parental rights in order to free the child for adoption.

A follow-up study was made to find how permanent the discharge placement proved to be and to see which kind of discharge -- adoption or return to natural parents -- had the better record. Of 35 youngsters discharged, information was available on 29. The results of the study gave support to staff members, who felt that a rate of 66 percent for permanent placements with disturbed children was significant. "A far reaching result had to do with the equal stability of adoptive placements and return to natural parents" (p. 157).

The authors felt that more research was necessary among youngsters and families in order to predict who would do better under which discharge plan.

The quality of relationships and adjustments beyond mere permanency and stability itself needs to be studied to determine marginal points that define the times of greatest vulnerability to movement away from permanence. The issue of permanence . . . is a complicated one. The small sample used in this study does not afford accurate prediction as to how long after discharge a placement can be considered to have stability. (p. 157)

This project demonstrated the results of focused attention to the needs of disturbed children both on entering into foster care and throughout placement under a concerted plan to move them into permanent homes. While developmental theory was not mentioned, it is clear that diagnostic thinking and therapeutic treatment were part of this goal-oriented plan. It seems to me that the degree of careful attention paid to all aspects of the placement process, including both natural and foster parents, had a salutary effect on the placement outcome and its goal of permanence. It is difficult to determine which, if any, of the ideas mentioned had more influence in the beneficial outcome for the 66 percent of the children who achieved permanence.

The time limit of one year may be important. Traditionally, in foster placement it is unusual to think in terms of ending a placement in a year, let alone its being a permanent ending. Such a limitation may have served to mobilize the child, the natural and foster parents, and the social worker to move energetically towards the goal. In this respect it supported the goals of permanency planning. My interest in the plan was the attention to the needs of the children who were labeled disturbed because many, if not most, of the children coming into foster care could qualify for this label. This kind of initial focus on the child's emotional needs is similar to my plan of a developmental assessment.

Louise Murray: "How Child Welfare Workers in New Jersey Perceive Independent Case Review" (1981). In 1978, an independent review of all out-of-home placements was mandated by law by the state of New Jersey. The New Jersey system for six month independent review of foster care cases has similarities with the New York State's system of judicial review and with South

Carolina's system of a citizens' review board. The New Jersey law requires the court to determine within 15 days of the child's entry into care whether out-of-home placement is in the child's best interest. The law authorizes each judge to appoint a five member citizen board, which is representative of the community in terms of racial, economic and religious characteristics. Every case must be reviewed annually, and the board must consider the appropriateness of the plan and whether actions taken were consonant with the plan. The review boards are required to make a recommendation to the court, which has the final authority to approve or disapprove the plan. A version of this law was enacted in California in October, 1982. Senate Bill 14 provides for independent reviews but does not mandate them. As an alternative, the additional six months reviews can be prepared as the annual one by social services, and reviewed in court. The New Jersey act also provides the judges with a great deal of autonomy for implementing child placement review. Some judges have interpreted the law as granting them the authority to appoint a staff to conduct independent assessments of cases so that the review board will not have to rely solely on the agency for information. The New Jersey law further provides that if clients or workers oppose a citizen board recommendation, they can request a summary hearing. The law also stipulates that the judiciary has final authority to determine whether return to the family, adoption, or continued out-of-home placement is in the child's best interests.

The purpose of this article was to show, via a pilot study, how New Jersey child welfare workers perceived the recently instituted system for independent case review. Of the 75 workers in social service agencies interviewed in the study, 66 felt that there was some advantage to having out-of-home placements reviewed by an independent review board. More than two thirds

(47) of those who felt that independent review was beneficial maintained that the review had the potential for stimulating the child welfare system to increase efforts for permanency planning for children. Sixteen of these workers said the review had influenced them to make permanent plans for youngsters in their caseload. All had a substantial child protective caseload, as well as placement cases, and in their view, demands for crisis intervention often took precedence over attending to the needs of children in placement. With the establishment of the review, however, they felt pressure to attend to the foster children on their caseload because they knew that these cases would be examined by an outside group. This finding indicates one of the reasons that case planning is neglected: without demand or structure, social workers, too preoccupied with crises, may not give priority to this task.

The remaining three workers of the 66 maintained that the single best reason for the review was the requirement to document the need for placement when a child entered care. In their view, this process forced them to think carefully about a child's need for placement rather than assuming that it was necessary. This affected the direction of their plans toward early reunification.

In terms of disadvantages, almost half (33) of the total 75 workers complained about increased paper work. Thirteen workers were critical of a review process that relied on volunteers not trained in social work or a related field. Eight workers felt that the review process was redundant in view of the agency's internal system for case review. All of these workers felt that the child placement review should be eliminated.

In terms of workers' relationships with their review boards, the findings were varied. In the two offices where the review board concurred with all of the caseworkers' plans, the most noticeable impact, in the workers' judgment,

was the requirement to complete another form. In seven other offices, the relationship between the agencies and the local review boards was strained. Several workers considered review board members naive in assessing parents' capabilities. They feared that board members' naivete could delay or obstruct their efforts to make a permanent plan through adoption. Workers in three offices were critical of what they considered board members' punitive attitude toward clients. In the opinion of all the workers from one agency, the board gave undue emphasis to parents' marital status and religious practices in assessing the appropriateness of plans for discharge to a particular family or placement in a particular foster home.

This exploratory study had to omit the critical question of how individual children fared under the system as a result of having a review board. Since this study did not examine individual cases subject to review, it is not possible to ascertain with any accuracy whether review had any direct effect on particular children. The review boards had opposed only six of about 1,000 case plans reviewed between October 1978 and June 1979. The high level of concurrence between agency and review boards observed in the study compares with the statewide experience of New Jersey, where a 95 percent rate of agreement obtained. The same high level corresponds to New York's experience with judicial review and with South Carolina's experience with citizen review. The author states that the level of agreement has prompted many to ask whether review is necessary. Study findings revealed little evidence that workers used the law in their work with clients. Murray noted that the ability to promote case goals has not been generally recognized in child welfare. She also thought it would be important to study longitudinally whether case plans approved by the review boards are implemented at 45 day and annual intervals.

If this type of study were to be done in my agency, I believe the results would be similar. If only six out of 1,000 case plans were opposed, it appears that the reviews do not serve the purpose of making sure that appropriate plans are being made. Murray may be closer to the problem when she noted that promoting or carrying out case goals has not been recognized in Child Welfare. Implementation of plans demands time and energy. Often the plans do not work out and others must be made. Is another review then necessary? Perhaps the problem is getting the workers to act. If caseloads were smaller and auxiliary services greater, there might be more time and energy for planning and carrying the plans into action.

The independent reviews were deemed necessary as a result of research findings, which put the responsibility on placement workers for failing to make plans for foster children under their care, and allowing them to get lost in the system. The generally accepted reason for this lack on the part of placement workers is their tendency to spend the majority of their time dealing with the problem children on their caseloads, while forgetting about the quiescent cases which are relegated to "back burner" status.

If independent review succeeds in rectifying this omission by workers (which I think quite possible), it does so at considerable expense to the placement workers who must prepare for more frequent reviews, consult with families in terms of the review schedule and complete an increased amount of paper work. As a result, their clients receive less casework services, and the placement worker begins to feel like an automaton. She must continually react to agency demands rather than think and work creatively with children and natural or foster parents. There is not enough time in relation to caseloads to do both, so the worker becomes demoralized. She gives up her feelings of professional

competency and behaves more like a bureaucratic coordinator dealing with forms and writing court reports instead of exercising her professional judgement and training in relation to people. The review leads to further demoralization because the worker feels neither trusted nor respected. She recognizes that adding a checkup is a poor substitute for quality work. What happens is that the community refuses to grant the funds necessary to do the job, and then the community blames the social worker for not doing the job. Without community interest, however, more funds may not be forthcoming. This problem poses a dilemma for workers.

The one advantage of this plan is in forcing workers to give more time to planning for the quiescent cases. This could be achieved by other means at less cost in time to the worker. For example, the one year limit in placement for achieving a permanent plan for each child has the effect in itself of keeping the worker alert to the necessity of thinking in these terms and of developing this plan early in the placement.

Alan Gruber: Children in Foster Care: Destitute, Neglected, Betrayed (1977). Gruber's criticisms of the foster care system are similar to those of the previous authors, but his recommendations bring in two new ideas. The first is to give foster parents greater decision-making responsibility for the children in their care. This is important because foster parents are a vital key to the child's growth and development during his placement experience. Too often they are treated as being of less importance to the child than the placement worker or the natural parents. Foster parents are, therefore, less likely to invest themselves in the task of parenting; consequently, the child suffers.



Gruber's second important contribution is his criticism of the foster care system for categorizing rather than individualizing children.

In his book, Gruber presented data describing all the children in foster care in the state of Massachusetts on one day in November, 1971. He compiled information from responses to a questionnaire presented to the social workers in charge of these cases. The findings include data derived from interviews with biological and foster parents. Well documented are the facts that case plans are not made for a majority of foster children, that services to biological parents are the exception rather than the rule, and that deficits in community resources restrict alternatives for youngsters at every stage of their placement career.

Gruber included policies and procedures of public and private agencies responsible for the care of youngsters. He cited what he felt was a neglect of biological parents and made recommendations for putting agency policy into operation. He advocated using a contractual framework with biological parents to insure early case planning for children and giving foster parents greater decision-making responsibility for the children in their care. This last idea helps the foster parents function as a team with the social worker and natural parents. It allows foster parents to fulfill an educative role: natural parents may learn how to parent more effectively through discussion and by viewing them as role models. This interaction between foster and natural parents is fostered when both feel their contributions to the child's growth are appreciated.

Gruber's recognition of the lack of distinguishing among foster children supports the question asked in this dissertation. Is it practical to use developmental theory to attain an understanding of these children as individuals? The author's criticism of the foster system being responsible for this omission

leads to examination of a second lack explored in the present research: necessity to think in terms of what qualities and attributes are necessary in foster parents to meet developmental needs in children. This approach could help in assessing the natural parents as well, for it would enable placement workers to evaluate the parents' capacity to meet their child's needs.

Ronald H. Rooney: "Permanency Planning: Boon for all Children?" (1981). This article offers a critique of permanency planning and of the results of two pilot projects demonstrating its use. Rooney questioned whether the positive results reported are actually in the best interests of children. He described the background from which the permanency concept arose, explored the implications of the permanency planning movement and its goal — to provide stable continuous care for children. He then raised the issue of whether all children in need of placement will invariably benefit from the concept.

Rooney began by looking at the roots of the permanency planning movement. He brought up an idea attributed to Robert Mnoonkin (1973), which was to limit foster home placement to those situations in which a child's safety was threatened by imminent and substantial danger, and in which no reasonable way existed to protect the child in the home. Mnoonkin asserted that in such cases the state should actively help the child's parents overcome the problems so as to expedite a return home. However, if this was not possible, a stable alternative like adoption should be pursued. In 1980, Public Law 96-272, the Adoption Assistance and Child Welfare Act, was passed by Congress, which mandates the use of case plans and a case review system as a part of child welfare services in order to achieve those goals.

Permanency planning thus became a commitment to continuity in child care and to placements designed to last indefinitely. Rooney speculated that national attention to permanency planning may have developed in the wake of recent public focus on child abuse and may like other popular causes gradually fade from the center of attention.

Rooney reported on the Alameda Project in Oakland, California, as described in the article by Stein and Gambrill, which attempted to provide continuity in foster care. This study and other permanency projects in this country have reported considerable success in increasing the number of children in stable placements. However, according to Rooney, the Alameda Project represented the only study in which a true control group was used and is therefore the only study from which inferences can be drawn about the causal relationship between interventions and outcomes.

Rooney contrasted the results of the Alameda Project and a study completed in Oregon. In the Alameda Project, 95 percent of the natural parents participating chose to work towards the restoration of their children to their homes. In contrast, the Oregon Project pursued termination of parental rights in most cases. Those children who could not be helped to stay with their parents were helped to achieve permanency by being freed for adoption. In both cases, interventions were developed that were appropriate for particular kinds of clients and situations, rather than all-purpose models for use with every population.

The proportion of children in various categories of permanent placement differed in the two projects. The percentage of children restored to their natural parents in the Alameda Project was nearly twice that in the Oregon project, whereas the proportion of children adopted was less than half of that

achieved by the project in Oregon. The Alameda Project focused on families where children had been in foster care for less than two years, clients who are identified in the literature as most likely to regain custody of their children. This may explain the higher percentage of restorations in their study.

Projects were aimed at the common goal of continuity of care, but the difference in outcomes achieved in various categories of permanent placement indicates a difference in their organizational goals. Rooney warned that "those who wish to replicate the efforts and results of these demonstration projects must understand that special circumstances influencing the programs may have in part dictated the outcomes" (p. 156). In further discussion, Rooney noted that one of the problems in making placement decisions is related to cost effectiveness. When choices have to be made between alternatives, individuals who determine policy are inclined to invest in activities where benefits appear high relative to costs. Savings in cost can result from either freeing children for adoption or returning them to their parents; a policy that emphasizes termination of parental rights, however, will have different consequences than one that stresses restoration even though both may save money. Thus, Rooney felt it would be possible for a project to report success in achieving permanent placements and reducing costs but at the same time systematically de-emphasize the goal of restoring children. In that case, permanence would be achieved at the expense of natural parents, who might have been capable of regaining custody of their children if they had received adequate help. However, Rooney believed that neither restoration nor adoption is the appropriate solution for a large number of children, for whom stable, long-term foster care may be the placement of choice.

I share Rooney's concerns in regard to these permanency planning projects. In the first place, the projects seem to deal with children by categorizing them and moving toward restoration or adoption without individualizing them. Another concern is whether children will be blindly pushed in one direction or the other without careful consideration of their basic needs. Furthermore, the relegation of long-term foster care to a "last alternative" category makes me wonder if workers will be looking at the quality of children's relationships with their permanent caretakers or whether they will be keeping score on the number of restorations and relinquishments they have achieved. Although the researchers in both projects recognized that long-term foster care may be the most appropriate placement for many children, little mention was made of how this ought to be done.

In my opinion the quality of the relationships within the homes, be they adoptive, long-term placement or the child's own, are far more important than the kind or name of the care. The attempt to fit the child and his family into three sets of alternatives seems too arbitrary and mechanical. I believe the child should be reviewed as an individual with a social background and certain developmental needs. It is more important to plan in relation to these needs than in relation to filling the space most easily available or labeling the placement as a permanent one.

The pejorative judgement of long-term placement as worse than adoption or guardianship often denies a child the best possible placement. Similarly, the assumption that the child's own home is the most desirable alternative can be used to prevent placement when to restore a child to his own home does not appear to be the most beneficial plan for him. A follow-up study of the Oregon

project did not find an exact correlation between the achievement of a permanent placement and a high sense of stability and continuity in the children surveyed. Some children placed in permanent homes did not feel a sense of permanence, and some placed in foster care for an indefinite period did feel secure. This finding confirms what I have seen as the major flaw in permanency planning: that agencies and workers may assume that by labeling a plan as permanent it automatically means the child will feel a sense of permanency and security. The main virtue of permanency planning is that workers are forced to make a plan for a child early in his placement experience and to think about the long-term consequences of the specific plan. I would not like to see this aspect of permanency planning given up.

Rooney's article offered an in-depth critique of the many facets of this seemingly straight-forward planning concept. In doing so, he raised questions that I hope policy setters will also be asking. When such a bandwagon as permanency planning gains momentum, it is important to gather answers to these questions before the movement is beyond control.

This review of the currently popular solution to the problem of child placement has alerted me to both strengths and weaknesses of permanency planning. With permanency planning, the field of placement is left to policy planners who look at the aggregate data. The strength of the social worker is her focus on the person in the situation. She is the one who is able to process all the data of the child. It is she who knows which variable carries the most weight in the specific child's unique situation. The field is moving in a direction that threatens to betray the ethical and professional imperative. As a clinician I know that the individual child must be returned to centrality in the planning.

I have concluded that, despite its advantages, there are serious flaws in the permanency planning concept, especially in relation to helping the child as an individual rather than as a category. In order to offer alternatives to a child that will strengthen his personal and psychological development, a very different kind of knowledge is needed. In the next chapter I present a review of a body of work that contains just such a knowledge base, psychoanalytic developmental theory. It will be followed by a critique of one psychoanalyst's contribution to this theory as well as reviews of the only two articles I could find that attempted to link this theory to child welfare and foster placement.

### CHAPTER III

#### Developmental Theories: A Review of the Literature

With The Ego and the Id (1923), Sigmund Freud proposed his constructs, id, ego and superego. This revised tripartite concept of personality became the structural theory and provided the foundation for contemporary ego psychology. Sigmund Freud believed the ego had both unconscious and conscious elements in addition to the function of defense.

Heinz Hartman, who is regarded as the father of modern ego psychology, recaptured Sigmund Freud's early references to the relationship between the ego and the object and built on this theory. Hartman proposed that as the ego develops it acquires an organizing function. His major contribution was the concept of adaptation which he defined as "primarily a reciprocal relationship between the organism and its environment. . . . On the side of the organism, functions develop which may then be used for adaptation" (1958 p. 24).

This was a departure from the previous assumption that the ego arises out of the id and is a modification of Freud's theory. Sigmund Freud's developmental concept of ego provided the germ of Hartman's proposal that the ego has innate givens which will develop with the drives and the physiological constitution. As cited in Blanck and Blanck (1974) Hartman said:

For the child differentiation then take places within an average expectable environment and functions . . . develop outside the area of conflict. . . . Motility, intentionality and perception . . . will follow the innately programmed developmental course, provided that the mothering person is present and is not so grossly interfering or neglectful that she adversely affects the development of the ego and its functions. (p. 31)



Hartman noted that "maturation which proceeds according to a biological timetable is less vulnerable to disruption than is ego development" (p. 31). With these concepts Hartman set the stage for the work of four of the five developmental theorists selected for this project.

The theories presented are evolving. They have been chosen because they lend themselves well to the task of adapting developmental theory to the knowledge base of placement practice. The first two theorists mentioned, Sigmund Freud and Heinz Hartman, developed the theoretical base of ego psychology. Anna Freud and Erik Erikson built upon the same cornerstone of this theoretical base which included S. Freud's theory of the psychosexual stages. A. Freud's earlier work elaborated the oral, anal and phallic stages of development. Her "lines of development" (1965) extend from birth to adolescence and Erik Erikson's "eight stages of man" (1963) extend from birth to adulthood.

A. Freud dealt with drives and zones. Prior to her work, there was no practical application of psychoanalytic theory to child development. S. Freud's conclusions about the psychosexual energies of childhood were theoretical. Although he foresaw the need for observational studies of children to complement his theories, it was A. Freud who first undertook them and integrated the findings with her father's theory. Erikson connected the zones with modes of behavior and integrated the effects of the family and the societal and cultural milieu on development. Written at a later date, Margaret Mahler's writings complement and extend A. Freud's work. She studied the normal autistic phase when the infant seems unaware of the mother and went on to the symbiotic phase when boundaries between self and mother are blurred. Her major contribution was her study of the separation-individuation process of early ego development (4 months to 36 months). John Bowlby and Rene Spitz gave further insight into

the first year of life, both having developed theories about this critical period. Infancy is thus treated in depth and their theories provide two different frames of reference for understanding the children in the case material.

Three additional articles are included in this chapter. Each represents views which have contributed to my overall scheme. The article by Stella Chess and Alexander Thomas refuting Bowlby's theory of attachment is important because it shows how dogmatic theoretical knowledge can become and how in this case the consequent attitude of professionals towards parents have been damaging. Hansi Kennedy's view of the need for the knowledge base to keep pace with a rapidly changing society is useful in demonstrating how developmental theory can be of benefit to all child welfare work. J. Alexis Burland, a practicing psychiatrist, became interested in the world of foster care in his role as therapist to a foster child. His concern, about whether foster placement should be considered "room and board" or whether it should evolve into a therapeutic experience, reaches the heart of my efforts to make foster care a restitutive experience.

### Anna Freud: Lines Of Development

In her landmark book The Ego and the Mechanisms of Defense (1936), Anna Freud stressed the importance of ego development. At her Hampstead Clinic in England, she studied the development of normal and neurotic children by observation and by child analysis, which led to numerous articles and books. In one volume, Normality and Pathology in Childhood: Assessments of Development (1965), she described normal lines of development which are concerned with all of the characteristics which distinguish the mature from the immature human being. She used as a prototype Sigmund Freud's stages of

psychosexual development, in which he correlated the sexual drive with the oral, anal and phallic organizations of infants and children as they proceeded toward the oedipal complex. This critical complex and its resolution ushered in latency and led the way towards adolescence. A. Freud saw this progression as heavily influenced by the environmental responses of the human beings toward whom the child's urges are directed. From child analytic work she recognized and traced the lines from libidinal dependence to self reliance, from ego centrality to peer relationships, from inability to manage the body and its functions to the child's control of them. She suggested, for example, that the complex line drawn from play to work depends

on the child's need for direct (or sublimated) drive satisfaction; on his awakening ego interest; on environmental provision of toys and opportunities; and finally, on the ego's maturing ability to maintain aim-directed activities, regardless of immediate pleasure gain. (1965, pp. 79, 80)

A. Freud (1965) found that some children show a very irregular pattern in their growth. "They may stand high on some levels (such as maturity of emotional relations, bodily independence, etc.) while lagging behind in others (such as play, where they continue to cling to transitional objects like cuddly toys)" (p. 85). She believed that such imbalance between developmental lines causes sufficient friction in childhood to justify an inquiry into the circumstances that give rise to it, especially into how far it is determined by innate reasons, and how far by environmental reasons. A. Freud assumed that

what constitutional endowment lays down . . . on the side of the id are obviously the maturational sequences in the development of libido and aggression; on the side of the ego . . . certain innate tendencies develop toward organization, defense and structuration. (p. 86)

According to A. Freud, what singles out individual lines for special promotion in development are accidental environmental influences. The division of the

personality into id, ego and superego represents a psychic structure in which by definition the various psychic agencies are at cross-purposes with each other. Each developmental line needs to be a compromise and responds at least partially to each determinant. With infants, "activities which are acclaimed by mother are repeated more frequently, become libidinized and thereby stimulated into future growth" (p. 86).

Thus, A. Freud developed a way of looking at the totality of the growing infant and child that took into account both drive and ego development. She focused on the basic interactions between id and ego and the various developmental levels. Age-related sequences of these interactions were seen as comparable to the maturational sequence of libidinal stages and the gradual unfolding of the ego functions. A. Freud believed sequences of interaction between the two sides of the personality reflected "libidinal and aggressive expressions on the id side and the corresponding object related attitudes on the ego side" (p. 63). She felt it was then possible to trace the combinations which led from the infant's complete emotional dependence to the adult's comparative self-reliance and mature self and object relationships. A. Freud saw this gradated developmental line as providing the basis for any assessment of emotional maturity or immaturity, normality or abnormality. She thought that similar lines of development could be shown to be valid for every other area of an individual's personality. In every instance, they would trace the child's gradual outgrowing of dependent, irrational, id and object-determined attitudes to an increasing ego mastery of his internal and external world. "Whatever level is reached by any given child in any of these respects represents the results of interaction between drive and ego-superego development and their reaction to environmental influences, i.e., between maturation, adaptation and structuralization" (p. 64).

With A. Freud's concept of the "developmental profile" (1965), the aim was to synthesize the data into a comprehensive profile of the child, i.e., a picture which contains dynamic, genetic, economic, structural and adaptive data. At the diagnostic stage, it proceeds from referral symptoms of the child, his description, family background and any significant environmental influences to

the internal picture of the child, which contains information about the structure of his personality; the dynamic interplay within the structure; some economic factors concerning drive activity and the relative strength of id and ego forces; his adaptation to reality; and some genetic assumptions. (p. 141)

Later, other professionals came to study at the Hampstead Clinic who refined A. Freud's profile and extended it into the adolescent years. The concept thus became a method for determining the relative normality or pathology in the psychological development of the child from birth through adolescence. Currently, its use is more often restricted to educational settings, for, as a practical tool, it is difficult to carry out due to the details involved. Its value remains conceptual, i.e., for a better understanding of how a child or adolescent is developing. It helps clarify whether he is on course in the tasks of growth and development or has been arrested at some point and what is the effect of this arrest on the individual in the present.

### Erik Erikson: Eight Stages of Man

Erik Erikson's theories are based on Sigmund Freud's theory of infant sexuality and complement the developmental theories of Anna Freud. His premise is built on the biological basis of Freudian psychoanalytic theory, but he approaches development in a unique way, stressing the cultural and social impacts on both the child and the family at all stages of development. As a child analyst, Erikson felt it was necessary to take a new look at each child's data,

beginning with variations in the ego process, and then to relate each item to the developmental stage of the child as well as to his social milieu. This emphasis on a child's social and cultural background added a new dimension to evaluating a child's psychological growth and possible pathology.

Erikson (1963) reconstructed the patient's family history and became aware of those changes in his social life which had some effect on his ego development. He had studied other cultures, notably the Navajo and East Indian, with the goal of understanding the meaning of their traditions and child-raising practices in relation to their expectations that children behave as adults in their society. Erikson suggested that those child-caring practices, which seemed arbitrary, actually reflected an intrinsic wisdom. He stated that homogeneous cultures provided certain balances in later life for the kinds of desires and fears which they provoked in childhood. He linked what is considered good for the child with what may happen to him as an adult and believed this depends on what he is supposed to become in his culture. The culture thus stimulates in children the qualities it values and wishes them to have as adults.

Erikson believed that "the drives man is born with are not instincts because they do not carry patterns of self preservation within them. Tradition and conscience must organize them" (p. 95).

### The Eight Stages Of Man

With this theory, Erikson (1963) postulated a human developmental process which had eight stages. "Each successive stage and crisis has a special relation to one of the basic elements of society, and this for the simple reason that the human life cycle and man's institutions have evolved together" (p. 250). In his

delineation of the eight stages of man, Erikson described each nuclear conflict and what basic element of social organization was related to it. Growth and the crises of the human individual were seen as a series of alternative basic attitudes. Each successive stage is related to sets of social modalities, and in all cases the basic conflicts can lead to either hostile or benign attitudes. Erikson recognized the place of identity in the human life cycle as being related to a group of ego qualities which emerged from critical periods of development. In this way, the individual demonstrated that his ego is strong enough to integrate with the structure of social institutions.

### 1. Basic Trust vs. Basic Mistrust: From 0 to 7 Months

During this stage the infant learns to rely on the sameness and continuity of his caretakers. His capacity to trust is based on the quality of the maternal relationship, rather than on the quantity of affection shown him.

### 2. Autonomy vs. Shame and Doubt: 18 to 36 Months

Muscular maturation readies the infant for the dual modalities of holding on and letting go. The infant must then deal with his sudden wish to have a choice. Such basic conflicts as these can result in the infant's having either hostile or friendly expectations and attitudes. From a sense of self-control he develops a sense of pride; from a sense of loss of control comes shame and doubt.

### 3. Initiative vs. Guilt: from 3 to 5 Years

Erikson believed initiative is part of every act and that the human being needs a sense of initiative for whatever he learns and does. Initiative adds to

autonomy the quality of undertaking a task for the sake of being active. The danger of this stage is a sense of guilt over contemplated actions which results from failure to achieve the child's oedipal goal of winning his mother. The resolution of the oedipal conflict at this stage allows the child to turn towards the outer world. This readies him to gradually develop a sense of moral responsibility. He begins to look towards functions and roles for himself in the society such as a policeman or fireman.

#### 4. Industry vs. Inferiority: From 6 to 10 Years

The normal child in the latency period learns to win recognition by producing things and becomes ready to apply himself to acquiring skills and completing tasks. He exchanges the wish to play in order to become a member of a group bringing a productive effort to completion.

Erikson considered the danger to the child at this stage to lie in a sense of inadequacy and inferiority. If the child feels inadequate about skills or status among peers, he may become discouraged from identification with them and consider himself doomed to failure.

#### 5. Identity vs. Role Confusion: From 11 to 16 Years

With puberty, all the earlier drives re-emerge in a new combination to be brought under the dominance of genitality. The physically changing child is becoming an adolescent. Because of rapid body growth, he questions the sameness he has relied upon in the past. In their search for a new sense of sameness, adolescents have to refight many of the battles of earlier years. The integration now taking place in the form of ego identity is more than the sum of the childhood identifications: "It is the accrued experience of the ego's ability to



integrate all identifications with the vicissitude of the libido, with the aptitudes developed out of endowment, and with the opportunities offered in social roles" (p. 262).

The danger of this stage is role confusion. This confusion may be based on a strong previous doubt about one's sexual identity and can result in delinquent or psychotic episodes. Erikson says that

generally, it is an inability to settle on an occupational identity which disturbs young people. To keep themselves together, they temporarily overidentify to the point of apparent complete loss of identity with the heroes of cliques and crowds. Or they 'fall in love.' (p. 262)

Erikson's last three stages, intimacy vs. isolation, generativity vs. stagnation and ego integrity vs. despair, are not pertinent to this dissertation. The adolescents selected in the case illustrations were under 15 years of age at the end of the project and had not yet reached these stages.

Erikson's work is unique due to his inclusion of the cultural forces at work during the child's development. He was able to tie the ethics and goals of the tribe or cultural community to the traditional ways and techniques parents use to raise and prepare their children for adulthood. By linking the wanted outcome of performance in adulthood to the methods used with babies, toddlers and older children, he made sense of behavior patterns which heretofore often seemed senseless. His concepts make it possible to look at the dominant culture with understanding and to predict whether the ways of parenting are likely to be effective in terms of the adult behavior desired.

For placement practice, Erikson's ideas are helpful not only in understanding the needs of a child in transition from another culture but for giving perspective to the child's development in his own culture. Where there

is a need to bridge two cultures, as in the plight of the American Indian child, whose case I will discuss in later chapters, his ideas are of great help in understanding the child's behavior. What seems inappropriate behavior in a child may be due to a developmental lag, may be serving another goal, or may be due to a conflict in trying to serve two cultures. All this, then, is in addition to the individual developmental tasks of childhood. Erikson's analysis, by clarifying the complexity of these situations within which the tasks occur, makes them more understandable. His theory gives direction to social workers and parents who are helping children to resolve developmental problems. In terms of placement planning, this theory provides knowledge of the parental styles which are necessary if foster parents are to meet the needs of children during each of these developmental stages.

#### Margaret Mahler: Separation-Individuation Process

Margaret Mahler's work is based on ego psychology and is concerned with the role of the earliest object relationships. Object relations are defined as the capacity to retain an image of the mother and thereby to free oneself of the dependency on her presence for relief from anxiety. Mahler's research into the separation-individuation process and primary structure formation came out of her earlier work on symbiotic child psychosis. In 1950 Mahler introduced this term which refers to the stage of pre-object relationship in which self and mother representations have not yet been differentiated. In symbiotic child psychosis there is a regression to an earlier form of this phase of development. There is a delusion by the child that he is part of the mother and not a separate being. He feels powerful as a result of omnipotent psychic fusion with the representation of the mother. Mahler's theory complements A. Freud's and

Erikson's work. It is a new set of developmental concepts, concerned mainly with the development of the ego and the sense-of-self concepts, which extend S. Freud's (1905) theory of the psychosexual stages. Central to Mahler's (1979) conclusions, and based on her observation of infants, is the concept that optimal symbiotic gratification is essential to development. She speculated that "the symbiotic phase comprises a time period from about 2 until 4 or 5 months of age, in which the infant is totally dependent upon, and gratified by, the mother. This sets up a biological and psychological prototype of gratification which the infant carries with him from then on" (p. 78). Ideally, the infant has been able to experience his needs being met satisfactorily during this period. Winnecott (1970) described the mutuality of the non-verbal mother-child interaction as the unconscious basis for interpersonal experiences throughout life. This experience of having his needs well met sets up an expectation and basic attitude towards the mother. It prepares the child for the interaction between them which will culminate in her becoming the psychological parent and his later feeling of belonging to her and his father.

Mahler (1979) thus believed that the developmental process rests on the individual's experience of interaction with another human being and has its beginning in the mother-infant relationship. The adequacy of this developmental interaction hinges on the mother's capacity for empathy with the infant's drive and developmental needs and on her emotional availability. She must be able to gage the infant's need for challenge and frustration so as to know when to expect more of him and to evoke the developing capacities. At the same time she must foster self-coping experience in furthering the development of independence and autonomy. According to Settlage (1980), "Each step in the child's ego development requires that the mother relinquish the no-longer-needed

external ego function to the child who has now internalized this ego function" (p. 154). This step-by-step process is necessary if the internalization of functions is to take place and progression towards integration and autonomy is to occur.

Mahler (1979) stated that the developmental process involves the presentation to the child of challenges which are age and stage appropriate, thus stimulating the capacities ready to be developed. This process requires time and leeway for temporary regressions within the overall process. She has given names to the four subphases of separation-individuation: differentiation, practicing, rapprochement and "on the way" to object constancy. These subphases take place between 4 and 36 months and include both the observable separation-individuation behavior and the parallel intrapsychic process of structure formation.

#### Differentiation sub-phase: from 4-5 months to 9-10 months

To enter this phase, Mahler (1979) presupposes that the symbiotic phase has been a success. Development can proceed despite less than ideal symbiosis although it will be in a distorted direction. By the fifth or sixth month, the infant seems to recognize his mother as the person who provides his gratifications and relieves his discomfort. The first sub-phase of the individuation process develops with the maturational growth of locomotor functions, such as creeping, crawling, climbing and standing up. It includes progress in hand, mouth, and eye coordination, scanning, the expression of active pleasure in the use of the entire body, and active turning to the outside world for pleasure and stimulation. These functions are continually stimulated by close proximity to the mother.

From Mahler's (1979) observations, it is in this first subphase, differentiation, that what she called the "hatching process" takes place (p. 122). This process is conceptualized as the emergence of the infant's self-representation

from within the imaginary "symbiotic" membrane of the mother-child unity. It is then, said Mahler, that "the smile gradually becomes the specific preferential smiling response to the mother which is the supreme sign that a specific bond between them has been established" (p. 121). In children for whom the symbiotic phase has been optimal, readiness to look away from the mother and outward is noted. Mahler said that "curiosity and wonderment are predominant elements in the inspection of strangers" (p. 123). The child is free to venture forth towards others but glances back to mother to make sure she is there. "Among children whose basic trust has been less than optimal, an abrupt change to acute stranger anxiety may make its appearance or there may be a prolonged period of mild stranger reaction which transiently interferes with pleasureable inspective behavior" (p. 123).

She observed (1979) that "most children seemed to go through a brief period of increased separation anxiety" (p. 125). The ways in which their mothers react affects the infant's manner of moving away. Some mothers help by giving a gentle push; others become concerned and frightened about how the child will fare out in the world. Mahler noted, "In cases in which the mother has shown ambivalence, intrusiveness or smothering, differentiation in the child was disturbed to various degrees and in different forms" (p. 156). In rare cases, Mahler observed primitive but quite unmistakable avoidant behavior toward the mothers.

Differentiation, the first step towards other people, is important because it sets the stage for future social interactions. It is also the first step towards emotional object constancy which occurs in the fourth subphase.

Practicing sub-phase: from 7-10 months to 16-18 months

The early practicing subphase, from 7 until 10 months to 15 months, is a time when the infant begins to physically initiate steps or movement away from the mother and is also able to come back and hold onto her for what Furur called "emotional refueling" (Mahler, 1979, p. 157).

Mahler (1979) says the birth of the child as an individual comes about in the following way. Infants present a large variety of cues to indicate their needs, tension and pleasure. The mother responds to only certain of these cues. The infant gradually alters his behavior in relation to this selective response. He does so in a unique individual way, which is the result of both his innate endowment and the mother-child relationship.

As just described, the mother conveys a "mirroring" frame of reference to the infant. If there is inadequate "mirroring" or insufficient mutual cueing, an adequate frame of reference will not be provided for the beginning delineation of identity to take place. "The mother's renunciation of possession of the body of the infant boy or girl at this point . . . leads to normal separation-individuation" (p. 158). Mahler sees this as prerequisite for the development of self esteem. Most mothers recognize this as a necessary step in promoting the infant's autonomous growth.

This subphase is marked by the beginning use of transitional inanimate objects, such as toys, as a means of separating from the mother. Instead of constantly needing to be close to the mother, the child is able to distance himself and to use the sensory modalities of seeing and hearing the mother to make enough contact to mitigate against separation anxiety.

The second part of this phase, the practicing subphase proper, begins at 10-12 months and lasts until 16-18 months. As the child's ability to walk takes him farther away from his mother, Mahler noted that

moods are important. Most children . . . have periods of exhilaration; they became low-keyed only when aware that mother was absent from the room. A visible termination from the tuned down state occurs at the time of reunion with mother. The toddler's constant running off only to be swooped up by mother . . . confirms for him that he is still connected to his mother and that he still wishes to be. (1979, p. 127)

Rapprochement: from 15-16 months to 25 months (and up to 36 months)

In this next subphase, the mastery of locomotion and other tasks is matched by cognitive abilities, and this leads to increased separation anxiety. The child now recognizes his separateness and fears the loss of his need-satisfying object, upon which he feels his survival depends. Mahler (1979) found that "evidence of this can be seen in shadowing the mother or by the opposite, impulsive driven darting away from her with the aim of provoking her pursuit" (p. 177). The term *rapprochement* is used to describe this stage in which

the child's maturationally acquired ability to physically move away from the mother and his cognitive awareness of his separateness grow. He seems to experience an increased need and wish for his mother to share with him . . . every new experience. (p. 160)

The child goes to great lengths to resist separation from the mother. Verbal communication becomes more and more necessary since gestures on the child's part or mutual preverbal empathy between mother and child no longer will accomplish the goal of satisfaction.

As the child becomes acutely aware of his or her separateness from the love objects, his parents, the process of intra-psychic separation and individuation becomes necessary. At the same time, though, the child's capacity for self

regulation and for dealing with anxiety and external reality is still very limited. These circumstances account for the intense dependence-independence conflict of this subphase and is called the rapprochement crisis. The child needs to assert independence by moving away from the mother, physically and psychologically, and yet needs to stay close to her. Intrapsychically, the ego is struggling to be secure and to maintain autonomy, from the drives on the one hand, and from the environment on the other hand.

"The rapprochement conflict reaches crisis proportions when aggressive forces in the child predominate over libidinal forces. Intense hostile feelings can cause a defensive splitting of the good images of the loved and loving object from the bad images of the feared, hated and hating object" (Settlage, 1980, pp. 156,157). Love and aggression are poorly integrated in such a case, and parental images do not come together to allow for adequate emotional object constancy. It is necessary that positive feelings toward the love object hold the aggressive feelings in check. Otherwise, the development of a sense of self and the capacity for self regulation will both be impaired. The important developmental processes of internalization and attainment of autonomy of ego functions will thus be arrested, as the child becomes preoccupied with maintaining the physical connectedness with the love object.

Mahler (1979) stated that it is during this subphase that the foundation for subsequent relatively stable mental health is laid down. If there is too much overlapping or other serious disturbances in the differentiation and practicing subphases and if the rapprochement crises were extreme and did not give way to any degree of object constancy, fixation points are created. Narcissistic character formation and/or borderline pathology may result. Some mothers are unable to accept the child's demanding behavior. Others cannot



tolerate gradual separation. They cannot bear the fact that the child is becoming increasingly independent. The developmental process requires time and the opportunity for temporary regressions within the overall progression. Although the relinquishment of involvement with the mother gives the child pleasure in his autonomous functioning, both he and mother experience varying degrees of a sense of loss.

Mahler (1979) believed the mother greatly affects the child's development of autonomous ego functions (thought processes, reality testing and coping mechanisms). "Because of the emotional dependence of the child, the libidinal availability of the mother is necessary for the optimal unfolding of the child's innate potentialities" (p. 57). She further explained:

The less emotionally available the mother has become at the time of rapprochement, the more . . . the toddler seeks to woo her. Sometimes this drains off a substantial part of the child's available developmental energy and as a result, not enough is left for the evolution of the many ascending functions of his ego. (1963, p. 13)

"On the way" to Object Constancy Subphase: 25 to 36 months and on

Mahler (1979) and her co-workers found that the child in this last subphase is gradually able to accept once again separation from the mother. They regarded this as a sign of the achievement of beginning object constancy. Object constancy is defined as the ability to internalize the mental representation of the object regardless of the state of need. "The memory traces of the love object enable the child to remain away from the mother for some length of time and still function with emotional poise, provided he is in a fairly familiar environment" (p. 63). Presumably this is so because inner representations of the mother are available to him.

Verbal communication, which began during the previous rapprochement subphase, develops rapidly during this period and slowly replaces other modes of communication. Play becomes more purposeful and there is a beginning of role playing and make believe. A sense of time begins to develop and, with it, an increased capacity to delay gratification and to endure separation. (1979, p. 56)

The researchers saw a lot of resistance to the demands of adults and a great need and wish, often still unrealistic, for autonomy. "Recurrent mild or moderate negativism, which seems so essential for the development of a sense of identity, is also characteristic of this fourth subphase" (1979, pp. 56, 57). The extent of potential crises in this phase depends upon the extent to which the mother understands and accepts the normal negativistic behavior, as well as the regressive communications and actions of the child. This requires encouraging him and gently and gradually offering him other ways to express himself and find solutions.

Thus the four stages are lived through and the tasks are hopefully accomplished. Mahler (1979) believes the last phase, "on the way" to object constancy, is life-long, and does not end arbitrarily.

Failure of the developmental process as outlined can lead to gaps in ego development which can interfere with the ability of the psychological structure of the ego to function in an autonomous manner. The consequences of such developmental failure or arrest can be the formation of faulty psychological structure and various types of child or adult pathology.

If there is too much overlapping or previous disturbances in the early subphases and/or if the rapprochement crises were extreme and did not give way to any degree of object constancy . . . fixation points are created. What may thus ensue is: narcissistic character formation and/or borderline pathology (with splitting mechanisms of the self and of the object world). (1979, p. 163)

Mahler's theories, and those of her co-workers, seem particularly important to placement practice, for an awareness of a child's stage of psychic development is necessary in order to make the best placement decisions for the child. Children

who are considered for placement often have not been responded to with adequate empathy and have developed defective internal psychological structures. For example, one of the results of inadequate symbiosis prior to the separation-individuation phase is premature ego development. This comes about if the mother fails in her function of being an auxiliary ego; the infant has to take over her functions. This may lead to childhood psychosis or, much later, to adult borderline structure. With optimal symbiosis, however, the mother's "holding" behavior has helped the infant become ready to "hatch" from the symbiotic orbit smoothly and gradually. The more optimal the symbiosis, the better able the child has become to separate out and to differentiate his self-representations from the previous fused symbiotic self plus object representations.

Although each of the ages and developmental phases discussed poses certain risks in relation to placement, the rapprochement subphase in particular is crucial. This phase is transitional from the almost total dependency of the first year of life to a beginning level of independent functioning at about 24 months of age. The attainment of self and object constancy at 36 months of age is a landmark in dividing earlier, more severe pathology from later neurotic pathology. If a given child is approaching this age at the time placement is being considered, it is important to know how he has weathered the previous subphases. By thinking critically about his particular developmental needs, a placement worker will be better able to ascertain the kind of mothering experience he now requires and to create and maintain the best possible developmental situation for the child. Conversely, decisions that run counter to the child's needs can be made with awareness of the probable deleterious effects and the possibility of developmental arrest or delay.

Social workers attuned to the importance of these phase-specific developmental stages are in a position to help mothers or foster mothers to become more aware of, and responsive to, the needs of children from infancy on. This prevents or decreases later problems in development. If a two-year-old child has been neglected by his mother during his first year, for example, he will have little chance to experience optimal symbiosis. The later subphases of differentiation and practicing will probably be adversely affected as well. If this child has to be placed at age two, the placement worker should not choose a foster mother with minimal maternal qualities or too many children. Rather, the worker should select a mother who has particularly good rapport with infants and toddlers. The hope is that some reparative work with such a child will lessen the effects of the earlier damage and that this compensation will help him in negotiating the succeeding stages.

Sometimes it is not possible to provide a child with the situation he needs. Previously, social workers have often known on an intuitive level that a certain foster placement is far from ideal. The tendency has been to ignore or rationalize such placements. I believe that placement workers should be alert to the possibility of developmental arrest or delay and document these possibilities. As a result the supervising social worker would then be able to recognize at an earlier date developmental delays occurring in children in such questionable homes, and be able to supply earlier therapeutic intervention.

The validity of Mahler's work as it applies to her observations about children is not generally questioned in the literature. Questions are raised about how her concepts fit with other concepts in psychoanalytic theory. Some theorists have studied Mahler's separation-individuation process in adolescence. Thus, Settlege (1983) concluded that a continuing developmental process of self-object

differentiation is reworked within each successive stage of development. Peter Blos (1967) discussed the idea of adolescent individuation as a disengagement from internalized love and hate objects and is thus comparable to Mahler's formulation about self and object representation. Mahler's theory of the separation-individuation phase can be used with latency age children or adolescents. It is often necessary to review their experience during this early developmental phase in order to understand their present difficulties and how best to help them.

### Rene Spitz: Organizer of the Psyche

Rene Spitz began his work by studying the hospitalized infant in France in 1935 and continued his studies in the United States in 1945. Spitz believed that

Only a reciprocal relationship can provide the experiential factor necessary in the infant's development, consisting of an ongoing circular exchange, in which affects play the major role. Affects influence perception and the development of object relations. Anxiety is the foremost of these affects. (1965, p. 95)

Spitz studied the reciprocal relations between the mother and the child and tried to apprehend what went on between them. The following year, 1946, he studied infants born to mothers in prison where the administrative policy was to separate the child from the mother after several months. Gertrude and Rubin Blanck discuss Spitz's theory in a clear and understandable manner. They say he learned about

the deleterious effects of the absence of a mothering person and found that marasmus and death are the fate of the unmothered infant. The emotional plight of the child thus removed from the maternal object taught Spitz about the so called anaclitic depression. (1974, p. 41)

These studies were forerunners of his major observational investigations which brought forth the theory of the developmental steps taken by the infant as he organizes his ego within the relationship with his mother. To Spitz, the early months of life represented a time when the infant is dominated by an affective experience with the mother. Spitz believed the maternal partner is vital to the child's development. The regressive behavior seen in women during pregnancy prepares the mother for participation in the affective interchanges with the infant. "If progress through her own developmental phases was adequate a woman arrives at the developmental phase of parenthood with capacity for empathy and for regression in the service of the ego" (Blanck and Blanck, 1974, p. 44). This mode of empathic non-verbal communication between mother and child exerts a constant pressure which shapes the infantile psyche. Spitz emphasized how small a role traumatic events play in this development. He saw again and again the cumulative results of repetitive experiences and endlessly repeated sequences of responses.

When the infant nurses at the breast he feels the nipple in his mouth while at the same time he sees the mother's face . . . As hunger is satiated and the nipple is relinquished, or as the nipple is lost and regained, the visual perception remains constant. (Blanck and Blanck, 1974, p. 44)

As early as the beginning of the second month of life, the infant follows the moving face of the adult with his eyes and there appears to be an awareness of the human face. This event precedes object formation and object constancy. "In the course of the first 6 weeks of life memory traces of the human face are laid down, correlated with the rhythm of gratification and frustration and with an awareness of the mothering person who is sensed but not quite perceived yet" (Blanck and Blanck, 1974, p. 44).

Spitz used his concept of "organizer of the psyche" as a way to describe the attainment of new levels of integration in the developmental process. He describes how the psyche becomes organized and shows how evidence of that organization is observable at certain intervals where indicators appear. Indicators are the external signs that internal shifts are taking place. "External signs that . . . a shift is occurring can be observed at the beginning of the second month of life when there appears to be an awareness of the configuration of the human face. The child responds with a smile to a full face in motion" (Blanck and Blanck, 1974, p. 45).

#### The first organizer of the psyche

structures perception and establishes the beginnings of the ego. "The smiling response signals the shift from reception of inner stimuli to perception of the external; . . . it is a vital precursor of object relations proper" (Blanck and Blanck, 1974, p. 45). The nursing situation initiates the transition from exclusive contact perception to distance perception. It activates the perceptual system which gradually replaces the original and primitive affective method of communication.

#### The second organizer of the psyche

integrates object relations with the drives and establishes the ego as an organized psychic structure with a variety of systems, apparatuses and functions. "The infant becomes aware of his specific mother. . . . This observable phenomenon--eighth month anxiety or stranger anxiety--marks the attainment of a new level of object relations" (Blanck and Blanck, 1974, p. 47). Now the child has to cope with separation anxiety. If the anxiety is tolerable, development is accelerated. "The infant tries to cope with stranger anxiety by imitation, the precursor of identification and begins the long process of internalization. He

attempts to provide himself with the gratifications that had been provided by the object" (Blanck and Blanck, 1974, p. 48). "Fusion," according to Spitz, "involves the coming together of the two drives--aggression and libido under the dominance of libido" (Blanck and Blanck, 1974, p. 46). Fusion occurs at about six months of age in the context of the relationship with the mother. This comes about when the infant realizes that the formerly "good" mother (gratifying object) and the "bad" mother (frustrating object) are one and the same person. The coming together of the two drives can only occur if the experiences have been sufficiently good for libido to unite with aggression but also sufficiently frustrating to provoke differentiation between self and object representations. This also allows for delay of action as memory traces of gratification build up and thought can be interposed before action. "Where those complex processes of fusion and neutralization have failed, aggression predominates and makes for rage, non-compliance and even violence" (Blanck and Blanck, 1974, p. 49). Spitz believes that failure in fusion leads to deviant or pathological development.

#### The third organizer of the psyche

"opens the road for development of object relations on the human pattern, that is, the pattern of semantic communication" (Blanck and Blanck, 1974, p. 50). Spitz's concept is that "each no from the mother constitutes a frustration, experienced as an aggression and a prohibition which interrupt an initiative. It forces the child back into passivity" (Spitz, 1965, p. 4). The memory trace of the experience carries an affective charge which assures its permanency. From this point on communication will assume a semantic form.



Displeasure causes conflict: an aggressive thrust against the child's passivity and displeasure forces confrontation with the fact that it is the libidinal object who is the source of the displeasure. The child resolves this in an active mode by identification with the aggressor, doing as she does, shaking his head and saying no. It is the first abstraction in terms of adult mentation. This single word is an expression of both negation and judgement. With this gesture, action is replaced by message. (Spitz, 1965, p. 40)

Spitz says that from a societal standpoint, disturbed object relations in the first year of life have serious consequences. Whether the object relations were the result of deviant, improper or insufficient mothering experiences, the victims will subsequently lack the capacity to relate. They are not equipped for the more advanced forms of personal and social interchange and cannot adapt to society.

For placement workers, Spitz's theory is useful in helping them to understand the considerable amounts of aggression often found in foster children. His concept of the need for libidinal energy to bind or hold these aggressive impulses in check is also of value to foster parents. Through better understanding of this behavior they are enabled to work with children toward overcoming violent behavior.

Spitz also made a major contribution to the field with his concept of the beginnings of language. "No" accompanied by a gesture describes this major transition from empathic communication through crying and smiling behaviors to abstract communication. The use of "no" marks a stage of ego development and demonstrates that level to the mother. If it can be understood in this way by both birth and foster parents, it can be reacted to positively. Placement workers with this knowledge will be able to communicate it and help parents deal with children in this stage.

### John Bowlby: Theory of Attachment

John Bowlby, an English psychoanalyst, began his work by studying separation anxiety. In his book Attachment (1969), he observed how very young children behaved in defined situations and described certain early phases of personality functioning. His aim was to describe specific patterns of response that occur regularly in early childhood and to trace how similar patterns are to be discerned in the functioning of the later personality. He studied the results of the loss of a mother figure during the period between six months and six years in order to trace the psychological and psychopathological processes that commonly result.

Later, Bowlby studied the behavior of newly born children and their development, but within a different framework from that of A. Freud or Mahler. Bowlby's theory of attachment is widely accepted and is highly thought of, not only by placement workers and other mental health professionals, but by the medical profession as well. In relation to foster placement, his ideas are helpful in understanding the relationship of early attachment and loss to the attachment problems often experienced later in the placement by foster children. Bowlby advanced a hypothesis which is built on the theory of instinctive behavior.

Most children exhibit attachment behavior strongly until the end of the third year. After that age, children become increasingly able to feel safe in a strange place with a relative, teacher or adult friend.

Attachment behavior is regarded by Bowlby's school of thought as a class form of social behavior of an importance equivalent to that of mating behavior and parental behavior, that is, it is held to have a biological function specific to itself. The behavioral systems are believed to develop within the infant as

a result of his interaction with his environment, especially of his interaction with his mother. "Food and eating are held to play no more than a minor part in the baby's development" (1969, p. 224). Bowlby maintains that this theory is antithetical to Freud's drive theory, and he does not refer to "needs" or "drives."

Bowlby (1969) defines instinct as "an inherent predisposition to form a certain pattern of behavior" (p. 66). The patterns are developed from the simplest inherent reflex behaviors such as sucking and crying; through interacting with the environment they develop into increasingly complex behavioral patterns. These patterns are biologically functional but only within what Bowlby calls the environment of evolutionary adaptedness, especially of the infant's interaction with the principal figure in the environment, his mother. They are of great importance between 9 and 18 months when they become incorporated into a goal correcting system so activated that a child tends to be maintained in proximity to his mother. Bowlby defines goal-correcting systems and says:

The behavior controlled by such systems is constantly corrected by reference to whatever discrepancy exists between current performance and set-goal. . . . What characterizes a goal corrected system is that it reaches a predictable outcome. . . . By a special process from a large repertoire of stereotyped or variable movements, the system selects movements in a non-random manner and in such, a way that they bring the animal progressively nearer the set-goal. (1969, pp. 67, 70)

According to Bowlby, the factors found to be of importance in determining the strength of the bond in humans begins with "the mother's readiness to respond to her baby's crying and her willingness to initiate social interaction" (1969, p. 314). The rate of development varies but is dependent on the constitutional endowment of the infant and the mother. The order of events remains constant. Up to 8 - 12 weeks, responses are undifferentiated and behavior is reflexive.

Attachment behavior is largely initiated by the mother. Bowlby (1969) assumes her behavior is activated by high hormonal levels creating a "sensitive" period within her.

Due to the discrepancy in size between the child's exceptionally large skull and the mother's small pelvis, the human infant is born exceedingly immature, even in comparison to our closest ancestor, the gorilla. A human baby's pre-attachment repertoire is a series of reflexes such as sucking and crying. It is within the relationship provided by the mother that the other reflexes in the baby, such as smiling and babbling, are both stimulated and developed. These reflexes and simple patterns gradually become more and more part of complex units, but they never completely die out. Under stress, component parts of simpler systems are again reactivated, for example, thumb sucking in an older child and the prolonged crying of a grief stricken adult. Also, many of the early infantile reflexes are a part of adult sexual behavior. Thus, clinging and cuddling, apparent in infant responses to mothering, are a part of adult sexual foreplay.

Bowlby (1969) says that at six months most infants are already able to discriminate his mother from other persons. By both visual and aural means he is able to keep track of her whereabouts so that whatever forms of attachment behavior become activated are directed towards her. Crying, smiling and babbling are social signals, and all have as a predictable outcome, proximity of mother to child.

Consequences of attachment behavior include a prolonged period of social learning. Bowlby sees "the function of our coming into social groupings as primarily for protection from predators and only secondarily for protection from starvation" (1969, p. 227).

Bowlby's theories lend themselves well to conceptualizing the effects on a baby of removing him from his mother while he is in process of attaching to her. Bowlby says the result is detachment, then anger, and finally withdrawal. The most difficult time to attach is at eight months or the beginning of stranger anxiety. If a baby has experienced removal during his "sensitive" attachment period, then it can be expected that if he is moved again at a later time in his childhood, these feelings will be reactivated. He will have difficulty making another attachment to a mother figure and may not be entirely able to do so.

This problem is particularly meaningful in placement practice and ought to be acknowledged in view of the frequent moves some foster children must undergo. When separations are extended or repeated, their effects are intensified and devastating. The resulting protest behavior is active, often aggressive, and attempts to restore the bond or perhaps to punish the "leaver" so he or she will not repeat the behavior.

While Bowlby's theories have influenced infant care throughout the world, there are others, however, who question the validity of his findings. The next article represents one such contradictory view. It is included here because of the importance of Bowlby's influence on child welfare and for placement practice.

### Stella Chess and Alexander Thomas: Critique of Bowlby's Theory

There was, for some years, wide acceptance of Bowlby's theories of attachment within the child welfare field. However, there has recently been a growing rejection of his ideas. An article by Stella Chess and Alexander Thomas, "Infant Bonding: Mistique and Reality" (1982), is based on research which initiated longitudinal studies on temperament. These studies were motivated in part by their inability as clinicians to make linear one-to-one correlations between

parental attitudes and practices and the child's psychological development. Considerable skepticism in the research literature about a "blame the mother" ideology, and their findings on the importance of the child's own characteristics, which are independent of parental attitudes and practices, contributed to their motivation. Chess and Thomas claimed that their clinical and research studies confirmed the evidence that the infant's development was not related in any causal fashion to parental characteristics. They also criticized the use of concepts of imprinting and critical periods, which were derived from animal studies. These concepts had been used as support for assertions that the mother's attitudes and behavior could have a decisive and permanent effect on the human infant.

Major longitudinal studies, including their own, examined the consequences of parental attitudes and behavior in infancy on the child's subsequent development. These studies were unanimous in reporting that the child's experience in the first few years of life, including the mother-child relationship, were unreliable predictors of later behavior. By the mid-1970's, a new consensus had been established by research psychiatrists and developmental psychologists. The mother was an important influence on the child's development, but other factors were also important—the father, siblings, the pattern of family organization and functioning, the school, peer groups, the larger social environment, and the child's own characteristics. No one factor or age period could be considered all-important and decisive by itself. The effect was that experts from various disciplines could reassure mothers that a child's problems could stem from many causes.

The past few years, however, have witnessed the disruption of this consensus. New formulations have appeared in the developmental research field

which reassert the thesis that the early relationship with the mother is of decisive importance for the child's psychological development. The earlier formulations placed the "critical period" throughout the first five years of life; the new statements place it in the first year of life. Chess and Thomas referred to M. Klaus and J. Kennell, who in their volume Maternal Infant Bonding (1977), stated that the "critical period" concept is reintroduced:

. . . we strongly believe that an essential principle of attachment is that there is a sensitive period in the first few minutes and hours after an infant's birth which is optimal for the parent-infant attachment. If the child is separated from the mother during these first few hours after birth, optimal development will not occur. (Chess and Thomas, 1982, pp. 215, 216)

The writings of Klaus and Kennell have had positive consequences in the new nurseries for the premature and sick infant, and their insistence on the establishment of a sensuous contact between mother and newborn infant has changed the previously impersonal nursery by reopening it to parents and families.

Chess and Thomas question these gains, however, in terms of the effect of this information on those mothers who are unavoidably unable to have this immediate skin-to-skin contact with their newborns, either because of illness in the baby or mother, or because of inflexible hospital routines. Already, they say, mothers separated from newborn infants who are in premature or intensive care units are showing anxiety and guilt reactions. Chess and Thomas ask: "What are the facts? Is infant bonding unique and crucial to subsequent development? What is the thrust of research findings in this area" (1982, p. 217)?

To Chess and Thomas, the concept of the crucial importance of immediate postnatal mother-infant contact for later development has two implications. They ask, first, whether infant bonding and the mother's relationship to the child

have some special and even unique quality. In answer to this first question, they refer to Michael Rutter's recent (1981) revision of his 1972 classic review of maternal deprivation. Rutter refutes Bowlby's argument that the child's relationship with the mother differs from other relationships specifically with respect to its attachment qualities and says that the evidence indicates that this is not so. The second question Chess and Thomas ask is whether there is a "critical period" for the initiation of this relationship, that is, the immediate postnatal period, and whether, if this is missed, adequate subsequent compensation is not possible. They note that the critical period hypothesis stands in opposition to the basic interactionist formulation, in which psychological development is seen as a sequential dynamic process of continuous and mutual interaction between organism and environment.

Although the attachment process is of tremendous importance to the human infant, in my estimation there is no evidence that it can only happen at one specific time or that it cannot be compensated if missed. Awareness of difficulties at various stages of development alerts the worker, so that early interventions may help mitigate some problems. In other instances restitution may be possible. This is the thrust of my dissertation.

#### Hansi Kennedy: Application Of Theory To Child Welfare

In her article "Unchanging Needs of Children" (1979), Hansi Kennedy, a researcher and staff member at the Hampstead Clinic in England, discussed the practicality of transferring current knowledge into work with families where children are suffering the problems of ineffective parenting. Three major social trends, according to Kennedy, occurred in recent years and are developing rapidly.



The first one concerns an increase in one-parent families, of which Britain now has three quarters of a million, an increase of 33 percent in five years. The second change is reflected in statistics regarding the number of women who work —two-thirds of all married women over 45 and more than half the unmarried women under 55. One in four children under five has a working mother. The third social change is represented by the decline in the birth rate, which has fallen by more than one-third in the five years from 1974 to 1979.

Kennedy questioned how emerging new values of self-actualization can be reconciled with child rearing and what effects such widespread changes in family structure have on the growing child. She asked what we can substitute for full-time parenting and what help we should or can offer children growing up in variant settings. She hopes that

a child oriented approach will continue to be used in all aspects of the child guidance movement's work, whether it is therapeutic, preventive or educative, and believes psychoanalytic theory offers a useful framework to assess the emotional needs of children at each developmental stage. Such knowledge offers safe guidelines in the task of making the best possible assessments, recommendations, or therapeutic interventions in any given environmental setting. (p. 28)

Kennedy discussed the changes in professional theory since analysts first began to work directly with children: "It became established that patients did not fall ill as a result of external prohibitions, but as a result of conflicts between their primitive wishes and their condemning conscience" (p. 28). As a result, professionals attributed less importance to the external environment in the causation of emotional disturbances. Recently, however, observational studies on child development have "again highlighted the extent to which maturational processes depend on environmental factors and have drawn attention to the extreme complexities of early developmental processes" (p. 28).

Since its inception, the Hampstead clinic has conducted many long-term developmental studies. The researchers endeavored to assess the areas of disturbance and unmet needs of each child as well as the normal functioning. Although this has by no means ensured that remedies could be found for everything and developmental damage undone, it has provided a broad perspective on the needs of children. It has also confirmed that "the inner unfolding and developmental processes require stimulation and facilitation from the environment within the context of a caring and loving object relationship" (p. 29). Clinic staff were also impressed by some children "whose innate strengths appear to enable them to make do with what little is offered by the environment and to show resilience in the face of adverse circumstances" (p. 29).

Recognition of the importance of the early mother-child relationship as a basis of personality development came first from their work with deprived children. In a quest for prevention, new doctrines of infant care evolved. The clinic's findings support Kennedy's view that as long as continuity and consistency in caretakers is provided, this role can be shaped by more than one person, and that this happens in many families. In fact, different caretakers (for example, mother and father or mother and mother's helper), can complement each other in many ways. Some writers such as Dorothy Burlingham, suggested that the child's relationship to a second person actually facilitates the process of individuation (Kennedy, 1979).

Kennedy continued by identifying the tasks of the infant as he develops through the ensuing years and described problems which occur when the child's developmental needs have not been adequately met during his infant and toddler years. Many developmental tasks have to be accomplished before the child establishes enough cognitive and affective object constancy so that the child

has an intrapsychic mother. The unhampered development of a libidinal relationship is of special importance because it is on the basis of the wish to please the love object that a child becomes socialized.

Kennedy outlined how the child in the single-parent family resolves the problem of sexual identity when there is no parent of the same sex present. Where the child has to rely on fantasy objects alone, the successful negotiation of this developmental phase is often at risk and with it the orderly development of the superego.

Kennedy felt that the oedipal stage from three to five years is the most critical developmental period for a child growing up in a one-parent family; it is also a most vulnerable period for a child who loses a parent at this age. She asserted that

any internal conflict may become externally reinforced when the child's environment deviates from the nuclear family setting, whether the child is adopted, fostered, living in a reconstituted or one-parent family, and presents a hazard for normal progressive development. (p. 32)

She then discussed latency and said the breakup of the family at this stage will not have as disastrous long-term effects as it had at an earlier age. Later, the adolescent process with its resurgence of drive pressures disrupts the relative inner balance that prevailed during latency. Kennedy believes that here the parents' task is extremely difficult in responding to the often conflicting needs of their adolescent. "The developmental task of this period is the disengagement of libidinal and aggressive cathexes from the internalized, infantile objects" (p. 33).

Lastly, Kennedy said that she wished to expose "the myth that natural parents are always the best caretakers of their child" (p. 3). She stated that mental health professionals will have to help social service departments and

legal administrators recognize that it is sometimes in the best interest of the child for such agencies to assume parental rights at an early stage and find good substitute parents.

Children who suffer deprivation and inadequate parental care often grow into immature, needy and emotionally disturbed adults who, in turn, lack the capacity to care for their children. We, as mental health professionals, have to use our knowledge and skills to break this vicious circle. (p. 34)

Kennedy's application of developmental theory to the parenting of children is of great value to child welfare practice. Most important is her application of theoretical concepts to the practical tasks of helping children develop toward their highest potential. She is not bound by rigid preconceptions and is thus able to think creatively about solving the problems caused by a changing society. Also important is her belief that there is a need to offer supportive services at an early period to natural families. I am in agreement and have seen the positive results when intensive services are offered early to neglecting or abusing parents. Children in such families are often able to remain with their parents. In my experience, however, the help is frequently insufficient and arrives too late to accomplish this goal.

Kennedy's careful evaluation was an inspiration for me in planning this project. I saw how the application of these theories could be of great benefit to placement planning and began to experiment with their use on my caseload.

#### J. Alexis Burland: Application Of Theory To Foster Placement

The work of J. A. Burland, as reported in his article, "A Psychoanalytic Psychiatrist in the World of Foster Care" (1980), is a valuable contribution to the task this dissertation focuses on, for he presents a thoughtful analysis of

the present foster care system from the viewpoint of a treatment-oriented clinician. His article suggests that more clinically sophisticated service is the key to overcoming many obstacles in providing adequate foster care.

Burland's interest in foster care grew out of his work as a consultant to a foster care agency in New York City. In response to his advising individual therapy for many of the foster children, Burland experienced difficulties in working with the local community mental health centers. As a consequence, the foster care agency opened its own in-house therapy service. Burland had the opportunity then to follow the course of the children's treatment for many months, sometimes years. The usual background of a difficult child, in difficult placements is a chronically chaotic and disorganized household with a long history of multiple problems, for which the balance has tilted, usually in the form of a new crisis. Burland saw that, as a result, the child or children, when placed, arrived in care already developmentally handicapped.

Their ability to cope is limited, their needs are huge . . . and their capacity to provoke rejection is great. Behavior problems and learning problems are the rule. All suffer degrees of emotional deprivation. (p. 51)

After seeing child after child for evaluation, it became clear to him that there were similarities among most of these children and their situations. The behavioral problems focused on destructiveness, lies, stealing, fighting, and provocative or angry sexuality. Burland found that abuse in one form or another was endemic. He felt there was a lack in such families' ability to deal with destructiveness and that it was related to the kind of relationships these families formed. Burland described normal development and noted that

infants who before the end of the first year of life have been fortunate enough to receive what is called 'good enough mothering' (Winnecott, 1965), are both alert and responsive to their world and emotionally connected to another human being whom they can trust and communicate with. (1980, p. 55)

The typical foster child is not so fortunate. The child's needs were not met promptly by a caretaker who could empathically bring the child into a growth-promoting relationship.

Burland noted that "It is the resultant quality of unrelatedness and detachment that so often characterizes the more severely deprived child who eventually enters foster care" (p. 55). He described the children as having a capacity to prevent a growth-promoting relationship from developing between them and their foster parents. He then commented that those who need human connectedness the most end up seeing to it that they receive it the least. Burland stated: "The destructiveness results from the accumulation of rage secondary to frustration early in life. What is constitutional is only the potential for such a response" (p. 55).

To Burland, "psychoanalytic research over the years has made clear the extent to which nurture plays as important a role as nature in the development of the adaptive functions of the ego" (p. 56). The child whose start in life has been adequate presents few if any problems in placement. This is true for the foster care agency and for the child, if placed with a relatively empathic and nurturant family. In the absence of this quality,

the four symptoms of maternal deprivation are unrelatedness, destructiveness, narcissistic vulnerability and ego developmental (especially cognitive) lag. This syndrome describes the majority of children in foster care. (p. 57)

The label Burland gave these children is "autistic character disorders" (p. 58). He called attention to the developmental failure that underlies it and quoted Mahler: "In autistic psychosis there are no signs of affective awareness of other human beings by the child" (p. 56). It was Burland's view that "children

who suffer from this autistic character disorder . . . defeat their own care because their unrelatedness, destructiveness, narcissistic vulnerability and slowness evokes the worst rather than the best from those with whom they live and interact the most" (p. 57).

The implication of these views for foster care would seem to be to replace the child's inadequate parenting with adequate parenting and the maternal deprivation with maternal nurturance. Burland does not believe it is that simple, however, and he discusses at length the lacks in social work education and in-service training and the problems in the foster system itself. It was his observation that foster parents come from a segment of the community that is perhaps only one or two steps removed in deprivation from that segment from which the foster children come. Burland believes that there is what can be called "a culture of maternal deprivation from which most foster children and foster parents come, a culture that perpetuates itself by means of its child-rearing methods and attitudes" (p, 58). Therefore, Burland asked a most important question:

Do we view foster children who suffer the autistic character disorder typical of the maternally deprived as 'sick' and in need of a therapeutic program, or do we approach them as . . . fortunate to be placed in a living situation compatible with the one from which they came? Is it the task of foster agencies to find for foster children a therapeutic program, or is it to find them room and board in a setting harmonious with past experiences? (p. 59)

The task of foster care agencies obviously will differ greatly in relation to these two understandings of its function. Unless this issue is confronted, however, Burland stated that attempts to make changes in the system will be frustrated. He criticized social services, saying it is well known that they tend to create and perpetuate their clientele. Although training of workers is important, he saw the major difficulty to be the nature of the problematic population and how these people are to be approached and served.

Burland's article was refreshing for me to read. It clearly articulates my concern that the foster home needs to become a restitutive agent for the emotionally arrested child, so that it may help the child live through a corrective emotional experience. Further, I am in agreement with his analysis of the problems presented by many youngsters coming into the foster care system. By recognizing the developmental arrests and delays of these children, he highlighted the need for foster parents capable of restitutive parenting. The issue of finding foster parents with the potential of becoming nurturant substitute parents is of utmost importance. It is vital to give them training for this important task.

Although Burland brought the problems in foster care to light and examined them within the framework of developmental theory, his hypothetical questions and answers do not deal with many of the reality problems confronting placement workers. His assumption was that therapy is available for those children who could benefit from it, when in actuality funds are often insufficient except in a small minority of cases. He does not recognize how few professionals are employed in child welfare, nor that, according to a recent study (Shyne and Schroeder, 1978), only 9.5 percent have graduate degrees. Florence Lieberman (1980) brought up this point in her discussion of Burland's article. She quoted Scott Briar who pointed out that "no other profession has yet taken as a task the importance of a clinical assessment of the social environment in relation to the lives and needs of people" (Lieberman, 1980, p. 64).

Burland's ideas, which he brought forth in this article, are similar to the ones I am suggesting. By means of the case studies presented in Chapter V, I will be illustrating ways in which the developmental theories discussed in this chapter can be fruitfully applied to the field of child welfare and placement. In my next chapter, I shall first discuss the methodology for this research project.



## CHAPTER IV

### Methodology

The study explored the use of psychoanalytic developmental theory as an aid in decision making involving placement of these children. The researcher used six children from her caseload to demonstrate the decision making process and to set up some guides for others to use. The case illustrations provide the data. This chapter will present the method and treatment of the data. It is organized into the following sections: 1. the method, 2. the case illustrations, 3. the criteria, 4. identifying data, and 5. individual cases.

### The Method

There are three methods which were considered to study the application of theory to placement decisions. These are experimental research, phenomenological study and descriptive analysis.

Experimental research is not practical at this early stage. The issues under study are too subtle and do not lend themselves readily to experiment. This dissertation is a precondition for the type of research which would require a control sample of children matched for age, developmental stage, and type of pathology.

I do not think it is necessary to use the phenomenological approach because a great deal is already known about children's development. For example, the framework of psychoanalytic developmental theory has already been widely accepted. Social workers are conversant with its literature and to use this particular theory seems the most sensible approach.

Descriptive analysis appears to be appropriate for this study. I thus selected this third method and am applying psychoanalytic developmental theory to six placement cases in order to determine the principles which may result in more effective placement decisions. By linking this developmental theory with the particular problems of placement, I shall attempt to turn an intuitive process into a systematic method and develop data which may support or refute the usefulness of developmental theory as a tool in making placement decisions. This format is well known and frequently utilized in the field. Studies of this type represent a clinical method i.e. immersion in a total study of events in order to move to broad categories and organization of underlying principles. Examples of this type of research are to be found in The Psychoanalytic Study of the Child series. This annual includes studies devoted to the application of psychoanalytic developmental theory to other fields, as well as still unstudied areas in its own domain.

Two examples are cited here. Richard Galdstone (1981), applied psychoanalytic developmental theory to the area of child abuse by studying the families of 100 children who had been abused. He found the underlying dynamics of the parent couples to be a sado-masochistic mode of relating. When faced with their children's aggressions, the mothers reacted to the children with abandonment and/or punishment. The findings suggested the need for psychotherapy of the abusive mothers to interrupt the intergenerational pattern of failure to master aggression in the service of the self.

In an article from another volume of the same annual, Selma Fraiberg (1971) reported on a study within a longitudinal study of blind infants. Two cases were selected from the larger study in which a blind baby experienced

conflict in separation. Two clinically trained researchers then used observations made during the two monthly home visits which were a part of the larger project and studied the reactions of the two infants to brief and prolonged separations. Case studies were used to present the data and analysis of the research.

By comparing the experience of each baby in a separation crisis, the researchers saw interesting differences and similarities. They learned by this method that what is selected by the baby from the mother's mode of dealing with tension and anger is integrated by the infant into a stable adaptation.

In both of the above cases, psychoanalytic theory was applied to areas not yet formally studied. They were preliminary steps in examining the application of theory to problem areas or fields.

The only satisfactory method for this project was to study my placement decisions by doing three things: 1. become as expert as possible in knowledge of psychoanalytic developmental theory, 2. describe the children in need of placement decisions and 3. use the tool of developmental theory as an aid by applying it to six cases and examining the effects of the placement experiences on the children.

The major limitation of such an investigation is that the data comes from my own caseload and case studies tend to be vulnerable to subjective biases. The case itself may be selected because of its typical attributes; or because it neatly fits the researcher's preconceptions. It is possible that the six cases may lend themselves well to application of developmental theory whereas others would not.

Without a control sample, there is no external way or objective measure for checking the findings. Despite the lack of formal controls found in experimental research, there are methods for evaluating the effects of the

placement experiences. Within the framework of my experience, it was possible to use the following criteria for internal checking:

1. The children: their state at the initial contact and at the time of follow-up as described by social workers, clinicians, teachers and parents.
2. The theories: subjective comparison by the researcher of the theories and of their effectiveness in understanding the child developmentally.

Many of the strengths and limitations of this study reflect the author's intentional choice of the method of descriptive analysis rather than experimentation. The findings will require further research in order to be substantiated by a controlled experiment.

Traditional research may prove useful in testing hypotheses that arise from application of developmental theory to placement practice, but the methods of traditional research are, at this point, premature. It is in the spirit of what Scott Briar (1980) has called "the practitioner scientist" that this study of the researcher's application of developmental theory to six children from her caseload was undertaken and completed. The research is directed as Briar would have most future research,

to solving problems that confront practitioners, rather than to the pursuit of theories that interest the researchers . . . Priority should be given to one specific focus for research . . . namely research in social intervention . . . . Such future research would investigate the effects specific social conditions, social environments, and social arrangements have on persons, families and communities . . . . Individual practitioner - scientists, with appropriate workloads and modest support resources, can make significant contributions that can be utilized directly and immediately by other practitioners. (1980, pp. 36, 37)

### Case Illustrations

In this dissertation each child's individual history is being explored within a frame of reference, namely, within a developmental theory that illuminates

the reasons for a specific child's needs. The continuity of his overall experience at home and in the foster placement is shown by means of the case illustration. The situation encompassing each case study includes this researcher. The task of this project is to demonstrate as explicitly as possible how the theories were practically applied, and how guidelines were derived from specific case experiences.

The children in these case studies enter the social service system either already adjudicated dependents of the court or referred to child protective services for evaluation of possible abuse or neglect. The six cases were chosen from those assigned to me while employed as a social worker in the child welfare division of a California county social service agency.

At one point, all of the following examples were in my caseload. Two of them were transferred later to other workers, but I continued to follow the cases and to apply the theory.

The short and medium-term cases involved typical crucial decisions of the kind that are frequently made on short notice but may have very lasting effects on the lives of the children. Other interim decisions, arising from the supervision of children in placement, were made with the help of developmental theory. Three long-term cases allowed me more time to think about these theories, and through judicious use of them I was able to make better decisions about the youngsters. Later I reexamined the suitability of the particular theories I was using as a frame of reference and, when necessary, changed them. In one case, for example, I made several shifts in the use of theories. Because I had the dual role of being this child's therapist as well as her placement worker, it was possible to study her case in greater depth and to examine more

closely the relationship of developmental theory to practice. It thus became the most important of the cases. Three guidelines evolved from three sequential placements in this case, whereas only one was developed from each of the other cases.

### The Criteria

The sample, not selected at random, was intentionally chosen according to the following criteria.

The first criterion in the selection of the sample concerns chronological age; a broad range was achieved by selecting children from seven months to 12 years at the time of their entry into the social service system.

The second criterion was met by including children who were representative of the developmental stages of infancy, early childhood, early and late latency, preadolescence and early adolescence.

The third criterion was to choose cases which provided a variety of examples of the kinds of issues and decisions faced by workers carrying out placement practice. Some decisions are clear-cut, such as recommending court intervention for the purpose of achieving out-of-home placement. Other decisions are not. For example, deciding with whom to place the child often involves judgements on the attributes of potential caretakers and philosophies and styles of treatment offered by specific group homes or residential treatment centers. The selection of children and adolescents to meet this criterion was based on providing a wide range of decisions: decisions social workers make both when placing a child and during ongoing supervision of the child in that placement.

To meet the fourth criterion, each child was chosen so as to get a wide representation of ethnicity, socioeconomic class and various symptomatology.

My goal was to provide a well-rounded sample in order to show the application of developmental theory to children of different backgrounds with a variety of problems such children present.

The fifth criterion was accomplished by selecting cases to illustrate five representative theories from the group of theories known to comprise psychoanalytic developmental theory, and thereby opening up for investigation what usefulness these theories could have in practice. The review of the literature covers the five theories which the researcher applied to four children and two adolescents.

The theory was actively applied by the researcher at the time. In one case, the theory was applied retrospectively to earlier material. For example, John Bowlby's theory was applied to case material provided by a previous worker of the latency aged siblings. Bowlby's ideas were employed in an attempt to better understand the dynamics of the children then, and their reactions now, in their second placements. The intent was to further examine the usefulness of this widely accepted theory. In two other cases, the theory was applied to material provided by subsequent workers.

#### The Sample: Identifying Data

The sample was selected from 12 children in the researcher's caseload at the time the project began. The choice was based on fulfilling the five criteria mentioned above.

The sample was made up of four children and two adolescents. Of these six children, two were female and four were male. Two children in the sample were only children and the other four had one or more siblings. One of the

children was adopted at the age of 22 months. Four of the six came from extended families with relatives living within a 25-mile radius. Ethnicity was represented as follows. One child was half Indian and half Filipino. The two siblings were both 1/8 Indian and one of them was 1/4 Chinese and the other half Latino; the balance of their racial makeup was Caucasian. Three children were exclusively Caucasians.

According to case records, psychotherapy had been prescribed previously in four of the six cases. All except the youngest child and the six year old girl had been under the care of a therapist for varying lengths of time.

None of the children in the sample were from an intact family. Four were from divorced families. The mother of the two siblings had never married but had lived with a succession of males. All four of the children with divorced parents lived with their mothers.

The brother and sister were dependent children of the court as was one of the adolescents, who was placed with his mother while under the court's supervision. Three children in the sample were originally referred to Child Protective Services for parental neglect, abuse, or lack of capacity to parent the child.

Intellectual levels were in the normal or average range for four children. One was in the borderline range and another was mildly retarded. Table A summarizes the most important of these characteristics.



TABLE A: CHARACTERISTICS OF CHILDREN AND ADOLESCENTS IN THE SAMPLE

DEVELOPMENTAL STAGE & BEHAVIORAL SYMPTOMS	AGE	REFERRAL SOURCE AND REASON FOR REFERRAL	AGENCY OR COURT JURISDICTION	SEX	RACE	SIBLINGS	FAMILY MARITAL AND LIVING SITUATION	INTELLIGENCE AND LEARNING DISABILITIES
<b>INFANCY</b>								
Adam None	7 mos.	Hospital referral; concern - re ability of mother to parent.	Child Protective Services	M	Caucasian	None	Parents divorced; lives with mother	Average intelligence
<b>EARLY CHILDHOOD</b>								
Joel Aggressive behavior; lack of impulse con- trol	3½ yrs	Police referral; mother tried to give child to a policeman.	Child Protective Services	M	Caucasian	2 siblings long term placement in foster home	Parents divorced & mother remarried; lives with mother and stepfather	Mildly retarded
<b>EARLY LATENCY</b>								
Simone Moody; defiant; temper tantrums	6 yrs	Police referral; unfit home, neglect and presence of drugs	Dependent of the Court	F	1/8 Indian 7/8 Cauca- sion	1 sibling	Parents never married; placed in foster home with brother	Average intelligence, learning disability
<b>LATE LATENCY</b>								
Jon Periods of insecurity tendency to withdraw from others	8 yrs	Police referral; unfit home, neglect and presence of drugs	Dependent of the Court	M	1/8 Indian ¼ Chinese 3/8 Cauca- sion	1 sibling	Parents never married; placed in foster home with sister	Average intelligence
<b>PREADOLESCENCE</b>								
Ann Difficulties in rela- tionship w/mo. & peers	11 yrs	School referral; physical abuse	Child Protective Services	F	Caucasian	None	Parents divorced; lives with mother	Average intelligence
<b>EARLY ADOLESCENCE</b>								
Tommy Outbursts of temper; conflict with author- ity figures	12 yrs	School referral; not able to learn and extreme behavior problem	Dependent of the Court	M	½ Indian ½ Filipino	7 siblings	Parents divorced; fa- ther remarried; lives w/mother, boyfriend & 6 siblings.	Borderline intelligence, severe learning disabili- ty

### Individual Cases

The youngest child chosen represented the developmental stage of infancy. Adam, seven months of age, was a Caucasian boy and an only child. His mother was an American of Anglo-Saxon descent. His father, born in Germany, had emigrated to the United States in his late adolescence. The parents separated shortly after Adam's birth. Both parents were in their early thirties, came from the lower middle class, had high school educations and had no religious affiliation. The father worked as a warehouseman and the mother cared for retarded children in a small group home. Adam appeared to be a normally developing infant when he was hospitalized at six months of age for an upper respiratory ailment. He was referred to Child Protective Service by hospital staff who were concerned about his mother's "hysterical" behavior during the three weeks of her son's hospitalization. When Adam was ready for discharge, staff doubted that she could function well enough to care for him. The intent of the referral was to provide supervision of her capacity to parent him and to supply supportive services if deemed necessary. Adam was developing well physically, appeared to be of normal intelligence, and seemed to be free of emotional difficulties.

Joel, a three and a half year old Caucasian boy, was chosen to represent the developmental stage of early childhood. Joel was referred to Child Protective Service by a policeman who said his mother wanted to give Joel to him. His two siblings, a brother, age 10 and a sister, age nine, both diagnosed as emotionally disturbed, were already in a long-term foster placement where they would remain until the age of 18 years. Joel's mother, a woman in her thirties, was mildly retarded and had been hospitalized previously in a psychiatric hospital. She was employed as a maid in a convalescent hospital at the time of referral. Divorced two years before from the childrens' father (also retarded), she had recently

married a man about her age, who had never been previously married. He was not retarded but had a violent temper. He worked in a tire store. They were of lower socioeconomic background and without religious affiliation. Joel appeared to be developmentally delayed with aggressive symptomatology. He had been evaluated as an infant and placed in a special infant center for stimulation and training. There had been no court involvement thus far.

The next two children, a sister and brother aged six and eight, represented the early and late developmental stages of latency. Both children had normal intelligence and had been placed previously at the respective ages of nine months and three years. They are presented together because of a common family background but are otherwise treated as individual cases.

Simone, a six year old girl, was placed in a foster home with her brother. She had temper tantrums but had not received therapy. Her father, a Latino, was a casual acquaintance of her mother's. Jon, Simone's eight year old brother, shared the same mother, who was a prostitute. Jon was slightly darker skinned than his sister but looked Caucasian. His father, one of his mother's regular clients, was half Chinese and half Caucasian. Jon did not know his father. After his first placement, he appeared to be overly attached to his mother and at age five was in therapy for a brief period. The children's mother had been raised in a foster home. She had spent time in prison for bad checks and after incarceration worked for a brief period but returned to prostitution. Simone's father, whom she had never seen, was a casual Latino acquaintance of her mother. The mother's current black boyfriend had four teenage children. The only income was the Social Security death benefits from his children's mother and the money earned by Jon and Simone's mother from prostitution. The

culture of this family was that of welfare clients with little or no motivation to work. Religion was not a part of their lives. Criminal activity was accepted as a necessity, and it was important not to get caught.

Ann, an 11-year old Caucasian girl, represented the stage of preadolescence. She was born to parents of French and Swedish descent and was given up for adoption at 15 months. The adoption occurred when she was 22 months old. Her adoptive mother, then 35 years old, was a devout Catholic of Anglo-Saxon descent. She worked as a secretary. Ann's adoptive father was 38 years old, of Danish descent and Protestant. He worked as a landscape gardener. Both adoptive parents were intelligent, came from lower middle class families and had relatives in the area. They were divorced when Ann was six years old. She had lived since then with her mother in a mobile home park for the past five years. Ann was of average intelligence. She had exhibited behavior problems at school since kindergarten. Ann was first referred to Child Protective Services by her mother, who wished to place her in a foster home. The second referral to Child Protective Services (six months later) came from the school principal when Ann came to school and was found to have bruises on her back from being beaten. For the previous six months, Ann had been in informal counseling with the school psychologist.

The oldest of the subjects was a 12 year old Indian boy. He represented the stage of early adolescence. Tommy was the third of seven siblings. His mother was a Pomo Indian. His father was half Sioux Indian and half Filipino. He was specifically chosen for the sample because he was an Indian. I wished to explore how coming from a different culture might have affected his development. His mother's family was titularly headed by the maternal

grandmother. The grandfather worked for the county for some years. The extended family, although scattered throughout nearby counties, maintained close contact. Several male relatives were in prison. Tommy's mother was on welfare at the time of initial contact but later obtained computer training and has worked ever since. Tommy and his family lived in a low-rent house obtained through the housing authority. His family and his extended family lived in a medium-sized city. Tommy had low normal or borderline intelligence. He and his mother saw a psychiatrist for several sessions because of his learning problems and temper outbursts. They terminated early because neither felt it was helpful.

### Analytic Procedures

The case illustrations present the application of developmental theories and are organized in the following way. The introduction includes a description of the referral. The first section, family background, includes information on the child's familial history, current family situation and other important events and persons in his life. The second section, developmental assessment, describes the researcher's reasons for selecting a particular theory or theories and their integration with the child's history. It is a form of diagnostic appraisal which emphasizes the child's developmental needs and the ability of his parents or surrogates to meet them. Section three, placement decisions, explores the child's need for placement in terms of the developmental assessment. If placement is indicated, it determines what type of foster home, group home, or residential treatment center he requires. Once the child is in foster care, one or more theories pertinent to his ongoing needs are used to make decisions and to supervise his placement. The fourth section, followup, contains data collected from various sources on how the child is progressing some months later, or after

the placement period has ended. With information gained directly by myself or from follow-up contacts with persons currently involved with the child, I make a judgement about how the child is progressing developmentally at that point. I ask whether the problems noted earlier have been resolved or are still interfering with the child's development. Is he making progress developmentally? A fifth section, effects of placement, is an attempt to evaluate aspects of the child's developmental gains or losses. Progress or absence of progress is related to the child's placement experience. In two cases, it had to do with the results of the children not being placed. It is an analysis and interpretation of the data on the child as well as a self appraisal of the researcher's process in decision making. Later, I attempt to examine the correctness of my judgement and to determine whether or not the child has benefited from the placement or non-placement experiences.

Section six presents the guideline developed from each case study. Every guideline is a generalized application of what has been learned from the case study of a specific child to other children, whose family situation, developmental stage and needs, would seem to indicate a similar decision.

The seventh section, parenting needs, specifies the type of parents and the kind of parenting a child with certain developmental needs will require if he is to be helped towards his potential for growth and development.

## CHAPTER V

### Case Illustrations

This chapter records the case histories, placement decisions and guidelines made in relation to four children and two adolescents who were in my caseload during the years 1978 through 1982. At the beginning of my contact with them, the age range was seven months to 12 years, and at the end of the contact it was 13 months to 14 years. Three were long-term cases in which I was involved for a three year period or more. In the cases of the two siblings, I continued to supervise the children, Jon and Simone, following two years in placement for another two years after they had been returned to their mother. Joel, a three and a half year-old boy, was evaluated for a period of two months while the decision for placement and plan were explored. The infant Adam was supervised in his mother's home for six months. In the case of Ann, a preadolescent girl, the plan involved being her therapist for six months in an attempt to prevent placement from occurring. When this effort failed, I became the placement worker and continued as her therapist during four months in two different placements. Tommy, the adolescent boy, was supervised during an evaluation of his need for placement and then while he lived in two residential settings.

In each of these cases, developmental theory was actively applied to my material and to case material from other worker's. In discussing each of these cases, I will refer to the theoretical framework that best explained the problems presented. In certain cases I have used more than one framework in order to

understand complex situations and the developmental needs involved. In each case I have related the effects of the placement experience to the child's current situation some months after placement by determining how he was functioning and progressing developmentally. I did this by talking with parents, foster parents, current placement workers and probation officers about the child's present status. Whenever possible, I did a followup visit with the child or adolescent. In two cases, information from the child's therapist was used. My goal was to get as much consensus as possible by talking with more than one person then currently involved with the child. I hoped to get a clear and unbiased idea of how the placement experience affected the child's development. From analysis of this data, I have developed a guideline from each case which is presented with recommendations for the kinds of parenting needed by the child.

### Case Illustration

Adam: Age 7 Months

Adam was referred to Child Protective Services by the hospital social worker because hospital personnel were concerned about his mother's ability to cope with him when he was discharged. Adam, age seven months, was hospitalized for three weeks due to an upper respiratory infection complicated by chronic asthma.

On meeting Mrs. B in the hospital, I saw a very frightened mother. She was fearful that I was there to take her child away. Adam seemed slightly bewildered but responded positively when his mother took him in her arms. By the time I left, Mrs. B began to believe me when I said I had come to help her keep her baby, and we agreed to meet in her home the following week after his discharge.



### Family Background

Mrs. B, age 30, had grown up in a middle-class home with both parents and a brother. During her teenage years she had physical problems which evidently started a behavior pattern in which hospitalizations for asthma attacks were frequent. Later, she had bypass surgery for a severe weight problem. However, when I met her, she was extremely thin. She married Mr. B, a few years her senior, just at the time of conceiving Adam. After less than a year of marriage, they separated when Adam was two or three months old. Adam's father, living and working in a nearby town, visited Adam infrequently. Mrs. B appeared to be of average intelligence, immature, moody, isolated without friends, and extremely involved with Adam. Prior to Adam's hospitalization she had been working but stayed with him throughout the hospitalization. Previously, Adam had been in day care while she worked. Shortly after I met her, Mrs. B was herself hospitalized for two weeks because her food intake was not being absorbed. She was discharged without the doctors' diagnosing the cause of her illness. Adam was temporarily placed with Mrs. B's employer, whom he already knew. Following her return to work, Mrs. B was fired because of her unreliability. Without the structure of working, Mrs. B gradually deteriorated, neglecting her housekeeping and probably Adam. On occasion, she was depressed. She tried a brief but unsuccessful reunion with her husband. Except for Adam, nothing seemed to be satisfying to Mrs. B. Her parents visited every two weeks, and her father made minor repairs around the house. Her grandmother would occasionally visit for a few days to take care of Adam, help Mrs. B and give her some time away from the child. Throughout this period from age seven to 12 months Adam seemed to be thriving. He began to stand by holding onto the

furniture, said a few words and seemed physically healthy and happy. On several occasions, when he had only a slight cold, Mrs. B said that he might have to be hospitalized almost as if she wished this to happen again, but this never occurred. Adam's father began to visit his son more regularly; on the occasions when I was present, however, he did not seem to interact with him.

My efforts during these biweekly visits with Mrs. B were directed toward being supportive, discussing Adam's progress and helping her become more satisfied with her life. This was complementary to her therapy. My interaction was an attempt to help her explore other avenues of interest and to help provide occasional respite from Adam. Our agency could supply child care funds while she pursued these activities. Although she expressed an interest in some classes at the junior college and thought of joining a bowling league, she did not have the capacity to carry out such plans. As a rule, Mrs. B seemed pleased to see me, but one time she would not open the door to let me in. The next week she told me that she had been depressed. Occasionally, I wouldn't find her at home. Later, I would learn that she had been visiting her parents in another county.

I remember the happy rapport I had observed between Mrs. B and Adam. Once I was watching them both on the living room floor taking turns licking an ice cream cone; another time Mrs. B was playing with Adam while he was in his wading pool. In both cases, she seemed to be having as much fun as he.

Her housekeeping standards, which at best were mediocre, deteriorated further. My efforts to get her to straighten the house and to leave less debris around were met with, "Oh, it is only today that it is messy." I did contact her therapist, to whom she now spoke on a daily basis. He diagnosed her as

an inadequate personality and agreed that her functioning was deteriorating. He did not consider her psychotic but advised that more frequent visits by me might be beneficial.

Before I saw her again, however, some neighbors, concerned about her functioning and her messy house, called the police. As a consequence, Adam was removed to an emergency foster home for two nights. Adam was a healthy, 13 month old boy when he was taken from his mother's home. Two days later, he was released to his father, pending an investigation of his mother's fitness to care for him. I was asked to make a recommendation of whether or not he should be returned to her. In making this decision it was necessary to look at both sides of the coin: Adam's developmental needs on the one hand, and Mrs. B's ability to meet them on the other.

### Developmental Assessment

I looked both at Adam's present stage of development and back to the time I first knew him. At seven months, even while in the strange hospital setting, he seemed very responsive to his mother when she picked him up. (She remained with him in the hospital for three weeks.) His smiling response to her reminded me that Mahler (1979) considered this a sign that a specific bond had been formed between the infant and his mother. He had moved out of symbiosis into the first subphase of separation-individuation, i.e., differentiation. His inspection of me was basically one of curiosity. There were no signs of stranger anxiety.

During my biweekly visits to the home, Adam was gradually entering into Mahler's second or practicing subphase with ability to move away from his

mother, by crawling. At nine months of age, he was standing up by holding onto furniture. Adam always had many toys, which Mrs. B would hand to him. For a while, he would remain absorbed in them and then change to another activity, glancing back at his mother occasionally.

Mahler considers the optimal psychological distance in this early practicing phase the distance that allows the child the freedom to move and explore at some physical distance from the mother. Mrs. B seemed able to let this happen with Adam, although it was within the confines of a small living space. She was very responsive to him and initiated many contacts. The latter concerned me, as I sometimes felt she anticipated his needs when it might have been better to let him work things out on his own. While some mothers react to their infant's moving away by helping him separate, Mrs. B did not seem inclined to do so. On the whole, however, I felt she interacted with him well.

As Adam matured, I observed in later visits that he began to venture further away from her by taking his first steps and beginning to walk. My concern was whether she would let Adam separate from her. I wondered if she was deteriorating emotionally because he was beginning to move away from her and if this would affect his continuing growth towards autonomy. Mahler (1979) says that the child usually needs the expectation and confidence from the mother that her child is able to separate from her. "It seems to be an important trigger for his feeling of safety and perhaps also for exchanging some of his magical omnipotence for autonomy and developing self-esteem" (p. 126). I wondered how Mrs. B's sudden and prolonged absence would effect Adam. Would a setback occur with a different caretaker and what would this do to his

development? This was only one part of the picture. The other consisted in the assessment of Mrs. B's functioning as a mother and her social situation.

I knew Mrs. B to be a well-intentioned mother. According to Mahlerian developmental theory, Adam was now in the practicing subphase characterized by the first steps into awareness of separateness. During this subphase (10-18 months), he was in a period when continuity of his attachment to his mother was important. Mahler believes (1979) that the growth and functioning of the ego begins to occur while the child is in close proximity to the mother. During this period of rapid body growth and ability to move away from the mother, the child is establishing a specific bond with her. Adam did have this specific bond. It could be seen in the way he looked at her and smiled while playing with various toys around the room. He seemed to need and want "emotional refueling" from Mrs. B, who was usually responsive and would then smile and talk to him. If this rapport continued during the rapprochement subphase, there was a good chance he would grow into an active, curious boy.

The lack of structure and support in Mrs. B's daily life contributed to her deterioration. She no longer was able to maintain a sanitary and safe home for Adam. Evaluation of both his developmental needs and her ability to meet them were necessary in making my decision, and I had some concern that she might become psychotic.

I was reminded of the work of E. James Anthony (1975), who has been studying the effects on children with psychotic parents. The studies are longitudinal and have been going on in St. Louis for the past 15 years. It is Anthony's strong opinion, based on his own and his coworkers' research, that most children of psychotics do best if left with their parents. His statistics

show that the child with one schizophrenic parent has a 12% chance of developing the illness, and if both parents are schizophrenic, this becomes 26%. The risks for psychotic illness may be genetically determined, and he says it is questionable whether removal will prevent its appearance. His evidence shows that a certain small percentage (around 5%) will become exceptional children and go on to become outstanding achievers. The broad middle range of children with psychotic parents have been shown to do better with their parents than when removed, but usually they have need of compensatory services.

### Placement Decision

In making my recommendation to the Juvenile Probation Department, I assessed Adam's developmental progress and found it on course. I answered my question by deciding that it would not be in Adam's best interests to make a decision based on psychotic behavior in his mother, which had not as yet occurred. I also was mindful of Kermit Wiltse's (1981) admonishment that it is important not to remove a child just because someone thinks something will happen in the future. I weighed my own doubts about Mrs. B's ability to parent him in the stages ahead and wondered whether she would be able to meet his needs. Here Anthony's work gave support to the idea that even though Mrs. B might have periods of decompensation, it was probable that the best choice for Adam was to be with her. It is common in placement practice to find many latency age and pre-adolescent children who have been uprooted at such early stages of development and have changed placements so frequently that later they are not able to settle down or attach themselves even in the best of foster or adoptive homes. To remove a child prior to having exhausted the possibilities of keeping him in his own home means putting him at risk.

I came to the conclusion that it was best for Adam to remain with his mother, with the stipulation that he required court involvement because of Mrs. B's precarious functioning. I recommended that he be returned to his mother as a Dependent Child of the Juvenile Court. He would then be under the authority of the court and supervised by a Child Placement Worker from Social Services. This social worker would be able to offer Mrs. B supportive services to prevent his removal from her care. If deemed necessary for his protection, Adam could be removed at any time. At his detainment hearing, when Adam was 13 months old, the judge asked if any parent was present who was capable of parenting Adam and his father so answered. An investigation by Juvenile Probation of whether his mother was capable of parenting him was thus avoided.

#### Follow-up

When I finally contacted his mother nine months later, she told me that Adam spent three or four days a week with her and had done so since soon after the hearing. The rest of the week he spent with his father, attending a nursery school for two of those days. Mrs. B said Adam was thriving. Not yet two years old, she described him as 30 inches tall, husky and talking. She wished he could spend more time with her, and said she could provide a permanent home for him with her parents. Mrs. B was working a two and a half day shift each week. She was caring for retarded children, the work she had done for a number of years. Her plan was to go to court to regain custody of Adam.

#### Effects of Placement: Adam, Age 22 Months

I realized that if Mr. B had not been in court for the detainment hearing, the judge would probably have ordered placement and Adam would likely have

been in a foster home all these months. In this case the results were related to his not having been in placement. This situation highlights a problem: it is often difficult to determine whether a mother is capable of parenting. Now Mrs. B was working again and could provide a home with the help of her parents. This changed the picture from the utter chaos in which Adam was found when she was in a state of decompensation.

Separated from Adam, and without her parents' support, it is questionable whether she could have been working and caring for him half of the time. Now, thanks to that parental support and the resumption of her work, her functioning and self-esteem had improved. Adam was thriving in reaction to being with his mother part of the time, and her capacity to parent him depended largely on his being with her. I knew nothing about Adam's relationship with his father. When I recommended that the Juvenile Court make Adam a Dependent of the Court and place him in his mother's home, I thought it quite possible that after an investigation of his mother, the judge might not have followed my recommendation and ordered out of home placement for him. This whole process had now been fortuitously avoided, and I think the outcome was highly beneficial for Adam.

#### Guideline #1

When an infant has begun the separation-individuation phase (6-36 months), it is important to make every effort to keep him with the mothering person to whom he has already made a positive attachment.

#### Parenting Needs

If placement is unavoidable, a child within this age range would do best with a warm, empathic person able to be responsive to the child and to stimulate



him to take the necessary steps toward growth. During infancy and the early years of childhood, the child needs someone to encourage him to move out into the world. For example, if a worker were attempting to choose between one mother who had this capacity and another mother who was warm and affectionate but leaned towards being overly protective, the more appropriate choice would be the first mother.

### Case Illustration

Joel: Age 3½ Years

Joel was a blond, impish, hyperactive three and a half year old when I first met him. He had been referred to Child Protective Service by a policeman in a neighboring county after Joel's mother tried to give Joel away to him. The reason she gave him was that Joel was getting too difficult for her to control.

On meeting Joel's mother, Mrs. A, I found a 30 year old woman of limited intellectual capacity with flat affect. I viewed her tentatively as borderline. She talked in an unemotional, childlike way about her two older children, a girl and a boy who had been in separate placements for a number of years but were now placed together, which pleased her. She described her last visit with them at Easter time as if she were describing distant relatives. I began to see that she looked at them as if looking at characters in a storybook. She wanted to preserve an illusion of family, via holiday celebrations when they were temporarily all together. Even these infrequent gatherings were no longer satisfactory as the children had begun misbehaving. We then talked of Joel, and she discussed

her concerns about him. She was wondering if my agency could help her get babysitters for Joel. It seemed that her new husband expected her to work in a convalescent hospital, and she was unable to do so because she could not get adequate sitters. Later it became clear that Joel was so disruptive and hard to handle that neither friends nor professional daycare homes would care for him any longer. She then expressed a wish that Joel be placed in a foster home like her other two children.

At that point, Joel awoke from his nap and came into the living room of their modish condominium. Almost immediately, Joel picked up a pen and threw it at his mother. In a soft voice, she asked Joel not to do that and to go back to his room. Joel appeared to be slightly startled but picked up the pen and threw it again. This time his mother yelled loudly, and Joel beat a hasty retreat to the bedroom. The next time he appeared, he had partially dressed himself and was holding up his pants in a mute request for help. She put him on the couch between us, admonished him while she put on his pants and told him to go back to his room and play. During this time Joel had not uttered a word. He impressed me as behaving like a frightened animal that was dependent on its master for survival. He acted as if he were not in the habit of getting any nurturance and did not seem to expect it from his mother. Before I left, Joel had tried on a number of pants; by getting her help he received attention and some involvement from his mother. He threw some clothes both at me and his mother. She told me that he had once thrown a heavy ash tray at her. He gave me the impression of being developmentally arrested. His aggressive drives seemed not bound or held in check by a libidinal tie to his mother. My reaction was to think that this boy, considered to be

mildly retarded, would soon become a monster if he didn't get help. He needed to receive nurturant parenting and training as soon as possible in order to get back on the developmental track. In his interactions with me, however, he seemed to have an ability to relate, and in his relationship with his mother there was a resiliency about him which I saw as a favorable sign. He did not give up when his mother rejected him and responded positively when I took a turn at putting on his pants.

### Family Background

Mrs. A asked about temporary foster care in order to be able to return to work, which was very important to her. She thought her husband of a few months might leave her if she didn't work. My knowledge of Mrs. A was that she was diagnosed as mildly retarded and had been hospitalized previously in a psychiatric hospital. In addition, she had chronic bronchitis attacks which sometimes required hospitalization. The stepfather, whom I met a few days later, appeared minimally involved with Joel. According to Mrs. A, her present husband had been abusive to Joel by striking him occasionally in fits of temper. She described her new husband as hot-tempered, and later he himself told me how angry he became when he tried to take Joel to a restaurant for coffee and Joel deliberately turned the full cup of coffee over. Mrs. A said that Joel's natural father had often beaten her up. I then realized Joel had experienced a succession of two violent fathers and a bewildered mother, all incapable of interacting with him in a loving, though limit-setting way. His mother's inability to carry out her parenting function had been noted by Social Service in the adjoining county where she had lived until recently. The agency had provided various services to the older children prior to making them dependents of the

court and putting them together in a long-term foster placement. Mrs. A had signed an agreement for them to grow up in that home. During the same period Joel had been placed in a special day nursery for infants. A homemaker was supplied to his mother in an effort to improve her ability to parent him. Additional social work services were given by the agency with the intent of carrying out the mandate of keeping the family together. It was difficult for me to understand the agency's reasoning for keeping Joel with his mother when they recognized that her parenting hadn't improved despite all the services she had received.

At one point, Mrs. A told me that the older children's foster mother, Mrs. M, was interested in having Joel as a foster child. She already knew him from several brief overnight stays. I immediately set up a visit with both foster parents. Their residence was licensed as a mental hygiene home. When I visited their home in the country, the foster parents said they had experience with children like Joel, and I could see that Mrs. M had already grown fond of Joel and understood his needs in terms of consistent, limit-setting parenting. Mr. and Mrs. M were prepared to make a long term commitment to Joel, including the possibility of adoption if it seemed appropriate.

### Placement Decision

In Joel's case, I decided that time was of the essence because of the severity of his condition and the degree of his mother's ambivalence about placing him. She was vacillating between day care or a foster home. We discussed the idea of a temporary placement with the M family, with the understanding that I would make a referral to the probation department requesting that he become a dependent of the court, so that he would receive the care

he needed. She agreed to this plan, as she liked the idea of her children being together and of no longer being burdened with Joel. During the intervening month before the case would be investigated and heard in court, I facilitated this plan by having Joel placed in the home of Mr. and Mrs. M voluntarily. I continued to see Mrs. A weekly to support her motivation for this plan until the court declared him a dependent.

### Developmental Assessment

Joel, who was born prematurely, had been parented inadequately for most of his life by both parents. His natural father was retarded and had little to do with Joel. I had observed Joel's mother being cold and unemotional with Joel unless he provoked her by an attack. His new stepfather had a volatile temper and no idea of how to parent him. In my mind, the critical issues were Joel's degree of disturbance, his young age, and the consequent urgency to place him with long-term parents capable of meeting his needs as soon as possible.

Psychological testing done soon after his placement revealed that Joel's overall functioning at age three and a half fell in the range of mild mental retardation. On the Stanford Binet Intelligence Scale, Joel achieved a Mental Age of three years and an IQ of 65. Particularly striking was the degree of hyperactivity, of the relative superiority of verbal to performance skills, the degree of gross motor incoordination, the marked perservation, and the ready distractability. These test scores were consistent with the diagnosis of "attention disorder with hyperactivity." A recommendation was made that unusually patient and sensitive parents would be necessary to deal with the moment-to-moment challenges which Joel offered and that he required a high degree of structure. The report suggested the possibility of specific behavioral management programs and that medication might be necessary.

The theory that seemed most helpful in understanding Joel's developmental arrest and aggressive behavior was that of Rene Spitz. Spitz's theory provided a way to make sense of Joel's anger and attacks on his mother. Her lack of responsiveness to him as an infant would effect the process of fusion, which involves the coming together of the two drives, aggression and libido. This happens when the infant experiences care and love without undue frustration. It occurs at about six months of age and is a vital step in laying the foundation for ego development. Spitz describes eighth-month stranger anxiety as helping the child begin to cope with separation anxiety. This is, if his experience with his mother has been satisfactory, then the infant has positive memory traces of her and the anxiety is tolerable. The infant tries to cope by imitation, and eventually the process of internalization takes place. Spitz refers to the process of fusion of drives which must have taken place earlier as essential for the infant's becoming able to respond to semantic communication. He says dominance of libidinal over aggressive drives towards the mother prevents reponse with rage or rebellion to the frustration of "no." This had not occurred with Joel, who simply ignored her "no's" and retaliated with vengeance when she yelled at him. Spitz concluded that "Where those complex processes of fusion and neutralization have failed, aggression predominates and makes for rage, non-compliance and even violence" (Blanck and Blanck, 1974, p. 49). The latter behavior definitely described Joel. His violent behavior toward his mother confirmed this for me. Spitz sees the mothering person as vital to the child's development. The maternal partner's ability to parent depends upon her own level of development having progressed to where she's capable of nurturing her infant. I found Joel's mother emotionally incapable of providing this kind of

nurturance. In my view, she had not been able to give to Joel because of arrests in her own emotional development. It was not her retardation that was responsible.

Spitz found that there are critical points of development during which it is vitally important that the mother regulate the frustrations of the critical periods. It seemed unlikely for Joel's mother to have been aware of, or to have empathized with, the tensions Joel experienced as a baby or toddler. She related to him as if he were from a different planet and seemed completely unaware of his needs.

Spitz relates that from

a societal aspect, disturbed mother-infant relationships in the first year of life have serious consequences. Whether the mother-infant difficulties are the result of deviant, improper, or insufficient mothering experiences, the child will subsequently lack the capacity to relate. (1965, p. 300)

My concern about Joel was that something of the sort had occurred during his first year. Although he showed some capacity to relate, I felt it was vital that he be given the chance to experience the interactional quality of empathy that he had missed with his mother. Ideally, he would need a substitute who could commit herself to being there for him from his current age until he completed adolescence. I was hopeful that he could benefit from his relationship with Mrs. M and that a reparative or corrective emotional experience could take place. From his behavior with me, I sensed that he had the capacity to make attachments. He was responsive to me, interacting warmly during the preplacement visits. He was friendly to his foster mother, whom he already knew and liked.

## Follow-up

I visited Joel again one year later. It was difficult to believe he was the same child. He appeared calm and smiling when his present placement worker and I arrived shortly after Christmas. Soon he was sitting on my lap, talking clearly and understandably and showing me his Christmas toys. Later he showed me his bedroom, which he shared with an older child. He was playing with another boy his age, who was visiting there for a week. They were able to play together for short periods of time. Mrs. M said that Joel acted more like a two or three year old, although he was chronologically four and a half. Joel followed directions and showed signs of superego development. While playing with the other boy, he told him they couldn't play in the bathroom. Mrs. M said that it had been a difficult year for all of them. At first he slept in a crib in their bedroom because he would get out of bed and run away. Twice when he ran away, it was necessary to call the police to find him. Everything frightened him. When a small brood of baby ducks came close, he was afraid they might hurt him. Gradually he grew more controlled and less frightened. Mrs. M gave credit for Joel's improvement to the whole family's being consistent with him. Her husband, of whom Joel was very fond, took him on errands and spent time with him on their large acreage. Her own teenage sons and the other foster children all contributed. Joel's older brother and sister had not paid much attention to him and had only recently become interested in him. There had been a couple of visits with his mother and these had been for a few hours each time. Although these visits were satisfactory, Joel was always glad to get back to his foster home.



### Effects of Placement: Joel, Age 4½ Years

Joel, at age four and a half, was the second youngest child to be studied. Considering the degree of assault he withstood as a result of prematurity and early inadequate parenting, he was making good progress in his foster home. This case demonstrates the resilience of the child. It is my opinion that Joel's great improvement could not have come about without both his constitutional endowment and the timely interaction of the skilled parenting he received.

This was a fortunate placement for him. It evidently met his developmental needs since he seemed to be moving ahead and compensating for his developmental delay. How far he could go in getting back on track was still to be seen. It was difficult to determine the extent of his mild retardation and what effect this had on his development. I think the timing of this placement, as an intervention, was extremely important in Joel's case. If he had stayed with his mother and stepfather for the next year or two, it would have been much more difficult to use foster home placement as a treatment modality. By that time he probably would have required residential treatment. If the latter had occurred and institutional treatment was utilized instead of foster home placement, it might have entailed greater disruption. He would have been with other disturbed, hyperactive youngsters, and this would have made it more difficult for him to learn the normal social tasks and to behave with a modicum of restraint. In addition, Joel's ability to attach himself to parent figures would have been hampered by the usual pattern of caretaker rotation in institutions. He would have been less able to repair the damage which resulted from the inadequacy of his parenting during the separation-individuation phase. By the time he would have been discharged, two or three years later, it would have been even more

difficult to find a suitable foster or adoptive home for him. It was quite possible that had he grown up in a group home or in a succession of foster homes he would have had little chance of achieving optimal development.

One problem that arose, however, was that the foster parents were not inclined towards adoption, at least at that time. It was my thought that this decision may have been based on their not wanting to lose the substantial foster child payments due to his being an emotionally disturbed child. This poses a potential problem for the placement agency because of the state mandate for permanency planning. It is easier now to place disturbed children for adoption than it has been in the past. I felt that it would not be in Joel's best interest to do so. Joel would suffer a severe assault to the structuralization of his ego that he had achieved during the previous year.

In Joel's case, the annual review by social service and the adoption agency was already scheduled. The current worker and myself advised the Adoption Review Committee of the foster parents' commitment and of the dramatic changes that had taken place in Joel developmentally. As a result, the decision was made to keep him in the foster placement.

#### Guideline #2

The placement of an emotionally disturbed child should not be interrupted if restitution for his developmental arrest is occurring. To do so is to risk reinjuring the child and to lessen his ability to attach again and to achieve his developmental potential.

Exception: If adoption for various reasons is the goal, it is important to move the child from the foster home to the adoptive home as soon as possible. To keep him in foster placement too long makes it more difficult to attach

again in the adoptive home. A child may become so attached to the foster mother that separation from her will be experienced as a traumatic loss and will minimize his ability to attach again to the adoptive parents.

### Parenting Needs

Children under seven who have suffered a developmental arrest and have symptoms of emotional disturbance require unusually patient and sensitive parents. They must be able to give the child the degree of structure he requires until he is able to internalize his own structure. The special qualities these parents need are warmth, involvement, the ability to set firm limits and the ability to communicate clearly and consistently with the child.

### Case Illustrations

Jon: Age 8 and Simone: Age 6

Jon, a handsome, even-tempered boy with brown hair and eyes, was eight years old at the time his second foster home placement began. His sister, Simone, was a pretty, lively, six year old with curly golden hair. They had both been in placement once before for a year and a half when he was three years old and she was nine months. Recently, they had been made dependent wards of the court again and reordered into placement. Their home was considered to be an unsuitable environment, because their mother left them frequently unsupervised and there was evidence of drugs and lewd pictures in the house.

The intake worker had placed them with an inexperienced foster family, consisting of the parents, a daughter the same age as Simone, and a son, two years younger than Jon. When I first met them, several months later, Jon was

making an excellent adjustment to all four family members. Simone was reported by her foster mother to be argumentative and bossy with her foster sister; the two were constantly fighting, necessitating the foster mother's frequent interventions.

### Family Background

The case history of the children revealed that Irene, their natural mother, had herself been raised in foster homes from age six until early adolescence. During that time she was sexually molested by the foster father. Irene returned to live with her mother but left home at age 16 and became involved with a black pimp who introduced her to drugs, prostitution and crime. Her children were conceived at ages 19 and 21 while she was with this pimp. The children's fathers were casual friends of Irene who were never involved with the children. The reason for the children's first placement was because Irene was sent to prison for nine months for writing bad checks. Irene's mother described Irene as a loving mother, though inconsistent in her child care. The children were often cared for by the grandmother; Irene wished to be free and to enjoy herself with friends. The second placement came about when the grandmother, knowing that the children were often left alone in the house, called the police and an investigation revealed drugs in the home.

My involvement with this family began shortly after this second placement and continued over a four year period. It was my responsibility to oversee the childrens' foster placement and carry out the mandate to reunify Irene with her children in the shortest time possible.

Irene seemed highly motivated to regain her children. She agreed to see me in therapy on a biweekly basis, which was coordinated with overnight visits

of the children to her home. My thought was that if Irene were able to resolve some of her conflicts about her own foster placement, she would then be more able to parent her children effectively.

She was then living in a nearby city with a new black boyfriend who did not work but lived with his four teenage children on social security provided by their mother's death benefits. For the first year and a half, Irene's therapy was focused on herself and only later shifted partially to her parenting. Throughout her treatment she made consistent progress, and the children were returned to her two years later. By then she had had another baby who, by this time, was nine months old, and whom she was mothering well enough to make him thrive.

I plan to contrast the effects of each of these two foster home placement experiences on Jon and Simone by retrospectively applying John Bowlby's theory of attachment to the case material from their first placement. Because of the appropriateness of Bowlby's theory, I continued to apply it during the second placement and after their return home. My goal was to demonstrate whether or not this theory would continue to be useful and provide continuity for a better understanding of the childrens' pathology and how it was affected by their placement experiences.

### Jon

Jon was three and a half years old when placed for the first time. He was described by the previous worker as being an easygoing, happy boy. Her only concern was that he seemed too attached to his mother. Yet he did make a satisfactory adjustment to his foster parents. Although he did not see his

mother for the next nine months while she was in prison, he continued to do well in the foster home. His mother wrote regularly to the foster mother, and this, along with the fact that his sister was with him, may have been helpful. The transition for return to his mother began nine months later, after she had been released from prison. It was necessary for Irene to get a job and demonstrate her rehabilitation before the children were returned. This took six additional months. The children visited her during that period. Jon is said to have made the transition back to his mother with some problems. He was afraid to let his mother out of his sight and was considered overly attached to her. He was seen in therapy for a brief time and the symptoms diminished.

There is less information available concerning the period before the next foster placement. Irene admitted leaving her job and involving herself with drug users. She was not ready to settle down. The children were left for days with their grandmother or for short periods alone in the house to fend for themselves.

At the time of the second placement, Jon again made an excellent adjustment to all four members of his foster family. He was actively involved and enjoyed participating in various sports with his foster father. His foster mother adored him from the start, and both foster parents wished they might be allowed to adopt him. There seemed to be a happy comradeship with his foster brother. Jon was still close to Simone but complained to his foster mother about being unable to help her get along better in the family.

A few weeks into the school semester, however, reports came from his teacher that Jon was withdrawing from peers at school. I referred Jon to a male therapist who saw him for several months. Jon responded well to the therapy, and his teacher reported he seemed happier and was making friends

again. The therapy was terminated by the therapist because progress had been made. He suggested that Jon's problem may have been caused by his responding to conflicting feelings about his mother's staying with her boyfriend, whom he did not like. On the other hand he was torn between wanting to be with his mother, and his foster family, of whom he was quite fond. The foster parents needed help from me in letting Jon be free to remain attached to his mother. They were able to do this by lessening overt criticism of his mother and her boyfriend. Still, they were unable to understand why Jon's life would not be better if they were allowed to adopt him. At another point, the teacher reported that Jon's reading and attitude towards learning were deteriorating. The foster mother made arrangements to engage a reading specialist who did a diagnostic workup on Jon and then tutored him for several months. This educational help was financed by our agency, and Jon's school work picked up gradually.

Throughout this period the children were spending every other weekend with their mother, her boyfriend and his children. Although Jon still didn't like his mother's boyfriend, they were able to maintain some kind of relationship by watching sporting events on television together. Jon remained strongly attached to his mother throughout. He was happy to see her and to be with her. This was evident to me from my talks with him and also from my observations of Jon with his mother after he was returned to her. There seemed to be a basic trust and affection between them.

### Developmental Assessment

For Jon, the placement experiences may have been anxiety producing, but he was able to withstand the separations from his mother and to re-attach himself to her while continuing in his growth. He was three years old at the

time of the first placement. Bowlby says most children exhibit attachment behavior strongly until the end of the third year. After that, most children become increasingly able to feel safe with a known adult friend or relative in a strange place. Although the previous placement worker said that Jon showed signs of being overly attached to his mother, it seems to me that he was able to re-attach to the foster families because of the success of his original attachment to his mother. He had been able to adapt to both foster families and still return each time to his mother with few visible scars.

His relationship with the second set of foster parents continued to be warm. He frequently spent the weekend with them or was invited to join them on summer camping trips. He had experienced some conflict at the time he left them to return home, probably because his life with them had been good and because he knew they cared for him and wanted him to remain with them.

Jon's biggest conflict since returning home was with his mother's boyfriend. The boyfriend increased his physical beating of Irene after the children were returned to her. Jon then found it harder to tolerate him in the father role. Jon's tendency was to turn things inward, and he suffered during the final period they lived together. After his mother's separation from her boyfriend, Jon was happier, turning to peers to play various sports, and was doing all right at school. The only complaint from his mother was that he was fighting more with Simone. He helped Irene and enjoyed his younger brother. It is predictable that there will be other upheavals in his life, but, due to his inner sense of self and strong self-esteem, he may survive them well.

#### Followup

At age 11, Jon was preadolescent and making a good adjustment at home and at school. The effects of the placements on his developmental level appeared



negligible. He was moving into adolescence, a self-confident boy, still attached to his mother, but spending time after school with friends. They went fishing together and enjoyed other sports. In Jon's case there was a bonus from his placement, which carried over into this period. His foster father was a male role model for Jon and filled what otherwise was a void in his life.

#### Effects of Placement: Jon Age 11 Years

The placement experiences had obviously changed his life, but the second one may have given him one benefit, i.e., an emotional bond with a father figure, his foster father, who continued to like him and to care for him. It had been beneficial for his self-esteem and identity formation as a young male. If, as Bowlby says (1969), the mother-child attachment behavior is never outgrown and is the prototype of further human connections, then one would predict that Jon's future relationships would have the potential of being satisfying and productive.

I believe that Jon's fortuitous results were based on his even temperament, on the favorable mothering experience he received, and on the fact that he was not separated from his mother until he was 36 months old. He had the opportunity of completing the separation-individuation process in a successful manner. Jon developed the capacity to attach to his mother, and his capacity to attach to foster parents was thus enhanced. This helped him survive his two placements well.

#### Guideline #3

If possible, avoid separation or placement for a child prior to age three. After this age the child would have achieved object constancy and is capable

of transferring his attachment. If the child has had an optimal mothering experience during his first three years, he will be able to attach to foster parents, having already completed the separation-individuation phase.

### Parenting Needs

For the first three years it will be important to help him make an attachment and continue on the developmental sequence. This will require a sensitive, warm mother with patience and responsiveness to help the child recover from the trauma of the loss. Because the child is so fearful, this type of parent may enable him to withstand the separation and make an attachment to her.

### Simone

Simone's placement history is quite different from that of her brother. According to the previous placement worker, she made an immediate attachment to her foster parents at nine months. By the time her mother returned nine months later, she had become "the foster mother's child." The foster parents wanted to adopt Simone, who was 18 months old by then, and Irene was willing for this to occur because she thought they could give Simone a better life. At about this time, Irene took Simone home for an overnight visit, and when she returned her to the foster parents, Simone cried and turned away from them. Irene mistook this behavior for evidence that Simone did not like them and so decided to keep her. It seems tragic to me that no one was able to help Irene interpret this behavior more accurately.

### Developmental Assessment

It is typical behavior, according to Bowlby, for a child of eighteen months to be angry and express aggression when he has experienced fear and anxiety

in losing his attachment figures. I chose Bowlby's framework for this case because it explains the lessened capacity for this child to make a re-attachment to her natural mother. The foster mother had become the attachment figure or, in the terms of Goldstein, Freud, and Solnit, the psychological mother. Perhaps Irene was less involved with Simone than she had been with Jon during Simone's first few months when attachment is totally dependent on the mother. Simone's age at the time of placement, nine months, is considered by Bowlby to be the most difficult time for a child to attach to foster or stepparents. This is because at eight months the child begins to develop fear and stranger anxiety. It is difficult for him to experience loss of the attachment object while at the same time beginning attachment to a new one.

For some reason, Simone may not have attached well to her birth mother and yet was able to do so with her foster mother. Simone was a vivacious child and as a baby was described by her previous placement worker as "so cute and full of life that she captured her foster mother's attention completely."

Following her return to her mother at 24 months, Irene remembered Simone as being moody, easily upset and difficult to satisfy. She was always an active baby but now became hyperactive. On hearing about this behavior, I surmised that although Simone's potential for hyperactivity was probably constitutionally based, it also represented the buildup of inner rage and was an aggressive reaction to having lost her attachment figure. Simone became more attached to her brother during this period, perhaps because they were often left alone together or because they were left with the grandmother who openly preferred Jon to Simone.

By the time of the second placement, Simone was age six and just beginning first grade. She had problems at school immediately. Her attention

span was short, and she had difficulty following the teacher's directions. Problems were evidently occurring in the foster home also, but the foster mother told me later that she chose not to tell me how serious they were, hoping she could work things out by herself. By the time she did tell me, Simone was having frequent tantrums, often in relation to her foster sister. They escalated especially when the foster mother went out and left the children for the evening with the foster father. Simone had screaming attacks when told it was time for bed and would work herself into a tantrum. The foster father, getting angry, was unable to cope. When her foster mother came home, she had similar difficulty. Both parents were angry, and unable to calm Simone down or end the emotional attacks. They suddenly requested her removal. There was no hope of continuing the placement as the foster father was adamant about his decision. Simone went into an emergency home while I searched for an appropriate foster home.

### Placement Decision

Using Bowlby's frame of reference, I began looking for a home in which Simone might be helped to work through her feelings of loss and separation. I was able to find a couple, both of them married for the second time a few years earlier, following divorces. They had each raised three children, now out of the home, and were looking for a chance to welcome a young child and become a family again. The couple lived in a well-to-do house with a pool, were involved in church activities and had experienced one foster child previously. I chose this couple because I believed they were capable of giving Simone the kind of parenting she needed, and they agreed to work with me towards this goal. She needed firm, clear limits and warm and affectionate parents willing to spend time with her and able to deal with her moody behavior.

Simone made a good initial impression. The foster parents liked her and the placement was consummated. Simone was transferred to a new school, and the foster mother began helping her with her homework on a daily basis. The amount of attention received from her foster mother was considerable and seemed to have a positive effect on Simone. Clothes were important to her foster mother and were lavished on Simone. Shopping expeditions, however, led to a couple of tantrums. I referred Simone for therapy with minimal support from the foster parents, who didn't see how it would help because she was often moodier or defiant after a session. Between them, they offered a good deal of structure and had high expectations. The foster father often joked and played with Simone and would rescue the foster mother if she became overly frustrated. Thus they complemented each other well. Simone was encouraged to make friends with neighbor children, and did so. I saw her bi-weekly, and she used our sessions to make complaints about her foster parents, Susan and Bob. She missed her brother, although she still saw him on their bi-weekly weekend visits to their mother. Simone often ask why she could not go home to her mother and also why she could not go back to the old foster home with her brother. At other times she seemed relatively happy with Susan and Bob.

At the beginning of summer, after one and a half years in placement, I recommended return home for both children, but for various reasons this did not occur until six months later. Irene had made good progress and was demonstrating a readiness to parent her children. Before this actually could occur, Irene suddenly left her boyfriend, after he threw her down and kicked her. This was one of several such occurrences. In looking at each incident afterwards in therapy, it was possible for Irene to see a pattern and to recognize her own part in provoking these attacks.

Irene spent the summer with her mother in the same county where the children lived. Simone was in a remedial reading class for the summer. Visits with her mother were shortened to one day due to lack of sleeping quarters. Simone complained about no overnight visits and began playing the foster family against her mother. She complained to her mother that the foster father hit her, which was untrue. When Irene started reuniting with her black boyfriend, it became clear that the foster parents were prejudiced against him. Instead of being friendly with Irene, Bob and Susan withdrew from Irene and were uncooperative around visits. My efforts to help the foster parents deal with this problem failed.

With the start of a new school year Simone was enrolled in a private church school paid for jointly by the foster parents and our agency. She benefitted from the smaller classes and stricter behavior expected of the children. Therapy continued throughout this period. Six months later, the children were finally returned to Irene. They were then eight and ten and joined Irene and her boyfriend just before Christmas in the city. The mood of everyone was good, except for Jon's foster parents. They were very attached to him and had still hoped to adopt him. Jon himself felt torn about giving them up and returning to his mother. He expressed to me how hard it was to leave his foster family where he felt secure about being wanted. But it was obvious to me during a talk with him that his attachment to his mother was of such depth that there was no other choice but to return him to her despite his dislike of her boyfriend.

I will summarize the next two years briefly in order to show the children's adjustments after the placement and the effects on the childrens' development.

They were able to be transferred to the Child Protective Unit at the time of my transfer there and I continued to supervise them for two more years.

Once returned to their mother, life became more hectic for the children due to different kinds of pressures within the home. The boyfriend's four teenage children were there; city schools were different. Both Jon and Simone had some difficulties dealing with their peers on the schoolground, particularly Simone. Some months later Irene suddenly left her boyfriend again. She and the children lived with her mother, but later she and the children reunited once more with her boyfriend. Both Jon and Simone weathered these abrupt leavetakings quite well. Each time one occurred, there was no question of whether or not they would continue to be with Irene. There must have been six separations between Irene and her boyfriend. Eventually, Irene and the children stayed in every battered women's shelter in the area. The three of them finally moved in with her mother and later got an apartment of their own. The boyfriend was a frequent visitor until he was finally jailed for robbery. Shortly before this time, Irene had a new baby boy; he was not fathered by the boyfriend and was white like her other children. Simone started seeing her therapist again because of school behavior problems and fighting with her brother. Nonetheless, Irene felt that Simone was easier to get along with and that their relationship was better.

### Developmental Assessment

Bowlby's theory on attachment was chosen because of its relevance to Simone's problems in attachment after her first placement and their reoccurrence in her second placement. This case demonstrates for me how difficult it is to repair an attachment process when it has been affected so drastically at such a crucial stage as in Simone's case. Because of the timing of that placement

at nine months, Simone would have been through the fourth to eighth month's "sensitive" stage when a baby is capable of identifying with its mother. She would have been well into the attachment phase. According to Bowlby (1969), the attachment phase begins between the sixth and twelfth month and continues until after the third birthday. There may have been a lag in Simone's attachment to her mother possibly due to a lack of the latter's availability or initiative during Simone's first four months, the period when the mother is the active partner in this process. For whatever reason, the fact of the attachment's occurring with her foster mother was established. The return to her own mother, then, would have meant separation and loss.

Simone's problems can be viewed as related to her constitutional endowment evidenced by hyperactivity which continued until age seven or eight, as well as to the results of a faulty attachment-loss process. Both causes can result in extreme mood swings, clinging behavior, strong aggressive reactions, despair and low self-esteem. These symptoms were moderated after the return to her mother and several years of therapy, but continued to cause her problems.

My endeavor to choose a foster home in which she would be the only child was to remove the competition she had experienced with her foster sister in the last home. E. James Anthony (1975) made observations about the problems created for a child in a foster home with another child of the same sex and age. This had happened with Simone. It was my hope that with the attention of one or two loving foster parents and without competition from other children, Simone would come to feel better about herself. She exhibited many of the reactions Bowlby cites as being due to loss of the attachment figure, such as questioning her own worth and rejecting help. The latter can become depression,



which Bowlby considered more treatable, and can eventually result in health.

Since her therapy and her return to her mother, I had observed an increase in self-esteem. One of the benefits from Irene's therapy with me was that she gained an ability to be sensitive to Simone's emotional ups and downs and after Simone's return was able to help her with them effectively. The prognosis for Simone was that she would continue to have difficulty because her internalized attachment process was interfered with at a crucial time. According to Bowlby, (1969) when the pattern has already been established and internalized, separation inevitably gives rise to anger; anger increases fear; fear increases attachment behavior; and a vicious circle results, frequently seen in anxious clinging behavior which had been observable in Simone. With repeated separations the child remembers and prepares for the unreliability of his attachment figures. This results in doubt about one's self and about one's self-worth. If separation is prolonged, which was the case with Simone, protest gives way to despair. In neither phase, protest or despair, will the child willingly accept help from substitutes. This was demonstrated in relation to both sets of foster parents during the second placement experience. There is generally helpless pleading towards the parent while rejecting their offerings. Simone's stance with both sets of foster parents is accurately described here. She was not able to accept what they had to give.

#### Effects of Placement: Simone, Age 9 Years

Simone, age nine years was progressing relatively well considering the timing of her first placement at nine months of age and the loss of her foster mother to whom she had attached as the primary object when she was returned

to her mother at 24 months. The trauma she experienced at both those times, and again when she was placed at six years, were disruptive to her development. Constitutionally, Simone was hyperactive and had been emotionally volatile since return to her mother from the first placement. She had made significant improvement since return to her mother after the second placement.

Simone is repairing some of the earlier damage through interacting with her mother, who could understand (after her own therapy) the impact of the losses Simone sustained, and was attempting to help her. Irene reported that Simone was behaving well with her, was helpful around the house, seemed happier and fought less with her brother. She was getting along better with her male teacher, did well academically and had a positive relationship with her tutor, who also acted as a Big Sister and took her on outings. She did continue to have up and down mood swings and periods of not being satisfied with herself.

Placement may have been avoidable the second time for Simone. If the children were removed from the mother for their "well-being," then the effects of the previous placement on Simone should have been assessed and the potential negative effects of the second placement predicted. The problems following the return from her first placement plus the symptomatic behavior should have prevented another separation from her mother. If rehabilitation of Irene was the goal, it could, in my opinion, have occurred while the children were placed with her, but under the court's supervision.

#### Guideline #4

If possible, avoid placement for a child who has already experienced traumatic loss due to a previous placement and is having attachment problems.

A second loss or separation will upset and weaken whatever compensatory gains the child has made since the first loss. Placement will constitute a reinjury and make it more difficult for the child to make attachments in the future.

### Parenting Needs

If placement is unavoidable, choose a foster home without other children, and choose one in which the parents are capable of adapting to the child's pace in the attachment process. The goal would be to allow the child time to mourn for the lost parent and to gradually attach to the foster parents. It is important for the foster parents not to expect to have their own needs met by the child and to be able to tolerate minimal progress.

### Case Illustration

#### Tommy: Age 12 Years

My involvement with Tommy began several years ago when he was age 12 and ended two years later when he was in his second placement and I was transferred from Placement to Child Protective Services. Developmental theory was applied actively at the time for the first one and a half years. I kept in touch with him through the next worker, met with his mother once, and visited Tommy in his placement twice during the following year. Application of developmental theory was theoretical and retrospective for the latter period.

### Family Background

Tommy was the third of seven siblings. His mother, Mary, an Indian woman, came from a large extended family of Pomo Indians. His father, half

Sioux Indian and half Filipino, had remarried, had other children, and lived in another state. Tommy had not seen his father for five years. Mary, Tommy and five of his siblings lived in a medium size city in northern California. The oldest daughter, age 15, an out of wedlock child, lived across town with her maternal grandparents and two of Mary's unmarried sisters.

Soon after Tommy's birth, his parents began separating for varying lengths of time. This finally culminated in divorce. In the meantime, a sister one year younger than Tommy, a brother, two years younger and twin boys, four years younger, had been born. During the separations, Mary and the children would return to live with her parents. While living there, Tommy was mothered primarily by his Aunt Alice, one of his mother's sisters. After the divorce, the father's remarriage and departure to another state, Mary obtained housing for herself and the children. Her new Mexican boyfriend lived there on weekends. Her oldest son, age 14, was out of school and involved with Juvenile Probation for having committed a burglary. He came and went as he pleased and played the father role to his younger siblings, including Tommy.

When I first met Tommy, he was having learning problems, had been placed in a special class for two periods a day and was behaving rebelliously towards teachers and principal. I began to meet with Tommy and his mother regularly. Twice Mary and I attended conferences with the school officials. The latter felt they had exhausted their resources in trying to deal with Tommy. The school psychologist, principal and teachers, were requesting he be transferred to a private day or residential school, because they could not "contain" his behavior and felt he was not learning.

In thinking about the school's proposal, it was necessary for me to consider Tommy's family situation and the reason for the children being made dependents

of the court. This was due to a period two years earlier in Mary's life when she had been involved with a boyfriend and had often left the children unattended and without food. This was no longer the situation. She was at least present and supervising them adequately. Her attitude towards school officials and social workers in the past had been hostile, partially based on incidents in her own school days when she had felt unfairly treated. As a member of a minority group, she considered most of the school's interventions with her children as prejudiced against Indians. I realized it would be difficult to get her cooperation in this venture. Next, I felt it important to evaluate Tommy's needs based on an assessment of his developmental history. I realized his need for special schooling was part of the problem, and agreed to look for a day school in the area. At the same time I doubted that one could be found, because his emotional needs seemed greater than most day schools could cope with.

### Development Assessment

I saw Tommy as a youngster unable to learn. He was also very proud and was trying to compensate for his feelings of failure and low self-esteem by taking the role of the rebel and tough guy. In addition to learning problems and beginning delinquency, he had a symptom of violent temper outbursts that usually occurred when he was extremely frustrated. At such times, he would tear things apart or destroy them until someone held him down.

In his family, Tommy was the "identified patient" and was getting a great deal of negative attention from his mother with few, if any, positive feelings expressed towards him. He compared her critical behavior towards him with his early years which had been spent with his aunt and grandmother, whom he

believed really cared for him. Tommy was resentful towards his older brother who would try to help him by chastising him. He was jealous of what he saw as his mother's preference for this brother. On occasion, Tommy talked about his mother and viewed her relative acceptance of his older brother's delinquent behavior as proof of her preference for this brother. He thought that his mother also preferred his sister and his three younger brothers to himself.

It was difficult for me to understand what the multiple parenting had been like for Tommy and to get an accurate picture of his reactions to the separations from his grandmother and aunt. I wondered if his attachment had been to one person or to a group, i.e., to the group composed of grandmother, mother and Aunt Alice.

It was helpful in thinking about Tommy to use two frames of reference, Mahler and Erikson. Because of his depression, low self-esteem, and fragmented sense of self and other, Mahlerian theory suggested itself. His early childhood history of multiple parenting and separation from one or more of the objects at different times indicated he would have problems in terms of Mahler's separation-individuation phase. Using Mahler's framework, I attempted to understand what Tommy's early childhood years had been like and what effects the experience of living sometimes with his mother and at other times with the grandparents and his aunt had been. I talked with his grandmother and aunt, but they revealed little. I realized it would take too long a time to build a relationship of trust with them. Occasionally, Tommy used to visit their home when he felt his mother had been especially hard on him and he wanted to feel accepted and loved again.

Because I did not have an accurate record of these childhood experiences, I deduced from his current behavior and symptoms what might have occurred

developmentally. Tommy's symptoms were depression and explosive behavior. In the rapprochement subphase (15-25 months), Mahler wrote, there is "a proneness to rapid swings of mood and temper tantrums" (1979, p. 161). He had what Mahler described as an inability to fuse good and bad object representations. When this splitting occurred, he saw his mother as either completely for him or utterly against him. This led me to see his arrest as occurring during the rapprochement subphase. It is possible that the earlier subphases had also been interrupted and meant that he had not entered the next phase "on the way" to object constancy (25-36 months). Mahler (1979) believed that in some cases the child then splits the object world into "good" and "bad." Tommy demonstrated this splitting of affect in his relationships with his multiple mothers. He was still tied to his grandmother and aunt in a symbiotic fashion, wanting to be taken care of and accepted by them without their making any demands on him. He viewed his mother as an authority figure who had the power to send him away to school but who did not love him. He believed his father had rejected him by moving away and starting another family. He felt hurt because his older brother and sister had been invited to live with their father while he, Tommy, had never been asked for a visit.

Mahler stated that the rapprochement subphase may be the most crucial for later adjustment. If a child suffers a developmental failure in the rapprochement subphase, he does not have the opportunity to develop modulation and control of his aggressive drives. This often leads to the kind of explosiveness seen in Tommy's temper tantrums.

Tommy's investment in his good looks was demonstrated by his liking flashy clothes and by his lengthy grooming sessions. Much attention was given

to his black hair, which he trained to lie back in pompadour fashion. Mahler suggested that because gender identity is normally established during the separation-individuation phase, the potential borderline child might have been unable to establish clear gender identity. He might not have achieved a sense of possession of his bodily self separate from his mother. Tommy's over-concern with how he looked and constant primping seemed a way of convincing himself of his maleness. It is possible that this emphasis on hair style and dress was also an attempt to gain identity by appropriating the styles of the Chicano culture with which he identified.

I then turned to Erik Erikson's "Eight Stages of Man" (1963), which were also helpful in understanding Tommy. For example, Tommy gave evidence of having been unable to develop basic trust. This was probably due to the multiple parenting he received in the first year or two and to subsequent abrupt separations from grandmother and aunt when his mother, fearing her position was being undermined by her mother, would move out with her children. Even though contact with the grandmother was reinstated, Tommy may never have been able to trust again in the same way, and successive stages would have been negatively affected. The comings and goings of his father did nothing to help bring about trust or contribute to his identity formation.

Erikson characterized the conflict during the latency period as dealing with "industry vs. inferiority." He said that a child's identity rests on how well he is learning. Tommy must have experienced his learning disability as a devastating blow. The conflict at this stage is whether the child feels his labors will be adequately valued by society (in this case teachers and fellow students), or whether he will be deemed inferior. His learning disability would have reinforced his feelings of worthlessness.



Tommy also appeared to be in a state of depression and identity diffusion. The latter stage, according to Erikson, comes at the time of puberty because of rapid body growth, maturity, and concern about the occupational choices ahead. He believed that "the danger of this stage is role confusion" (p. 262). If there has been "previous doubt as to one's sexual identity, delinquent and psychotic episodes can result" (p. 262). This might explain why Tommy began to steal. This practice tied him to his older brother's delinquent activities and to his uncles, who were now in prison. It was one way of gaining a sense of identity for himself.

The temper outbursts were seen as his inability to control his aggressive drives and to withstand tension. They could have been seen at the same time as reactive to his state of depression. The apathy and nondirectedness of his life, coupled with his feelings of worthlessness, resulted in profound feelings of inadequacy and hopelessness. He thus reacted with all-out rage towards people and things indiscriminately.

### Placement Decision

Residential placement was considered after a month or more. This followed many efforts to locate resources for him within his family and in the community in order to comply with the Indian Child Welfare Act and to preserve his ties to the Indian culture. First there were meetings with school personnel. His mother and I attempted to find special day schools in the area for Tommy. His problems were too serious and no schools would accept him. This search was partially to satisfy Mary's wish that Tommy remain at home but also to engage her in the process of finding a solution. Two things stood out. First

and most important, Tommy seemed to have a minimum degree of inner resources. Second, there was no effective source of help in his family or in the community. This included his mother, his older brother, whom he trusted minimally, delinquent role model friends, relatives who led him astray and authority figures at school, whom he viewed as completely against him.

Because of the severity of the problems mentioned and the lack of any sources of positive support in his family, social milieu and school, I decided it was imperative for Tommy to be placed in a residential setting as soon as possible. The setting should contain an "ongrounds" school with the teaching expertise he would require; therapy should be available for him.

Mary was willing to visit residential treatment schools with me. I felt it was extremely important that she not only be included in the decision, but be satisfied with the choice. I wished to avoid the possibility of her sabotaging the placement at a later date. After looking at one small school to which she took an immediate dislike, we visited a treatment center, The Charles School. It is a large, church-sponsored facility. The residents were all boys, aged 11 through 17. Mary felt more comfortable with it than I did. Since the choices were not many and her approval was important, we went ahead with the placement.

The placement was not an easy one. Tommy proceeded to test all the counselors who worked on shifts and challenged all the boys in his cottage. Progress was made, however, according to the cottage social worker who saw Tommy individually and in family sessions with Mary and one or more of his siblings. School was a problem area, and several months later violent outbursts of temper led to his being terminated by the Charles School as "untreatable."

He was taken to the county Dependent Unit pending a new placement, but he went AWOL after a week. It was rumored that he was staying with an uncle. Mary expressed anger at the school, myself and Tommy. She felt harassed by the "white man." Moreover, she claimed that it was the teachers' inabilities which led to victimizing her son. It took a month or more before Mary and I were able to work together again.

In the meantime, Tommy lived with his grandmother and aunt, going to his mother's and uncle's occasionally. Tommy, when I finally found him, focused on having been singled out to be sent away from home by his mother and family, and this rejection was paramount in his mind. His previous understanding and acceptance of needing special help with his temper and school was forgotten. Tommy spent the rest of the summer keeping a low profile. Once school started, his mother enrolled him in public junior high school and the teachers were able to come up with a suitable half-day program. Tommy told off the teachers and principal frequently, came and went as he pleased, often bringing and selling marijuana on campus. Once he even burglarized a house next door to the school. Finally, Mary asked for my help again. With Tommy's partial cooperation, he was accepted for placement at Inland School, a residential treatment center.

On the day he was to leave, I went to his house to pick him up. I knocked on his mother's door and, on being told to enter, found the floor covered with sleeping bodies. The house was full of visiting relatives about to attend the funeral of a young woman cousin who had been killed by one of Tommy's close friends. I had to step over these bodies in order to get to the table where Tommy and a drunken uncle sat. The uncle urged me to let Tommy stay for the funeral. I had learned by then how important it was as a worker in an

Indian family to get support from any relative. While awaiting Mary's return from the laundromat with Tommy's clean clothes, I engaged in conversation with the uncle. This proved useful later when we left to get in the car and Tommy was running away from me up the street. The uncle went after Tommy and persuaded him to get into the car. Mary was supportive also, telling me she did not want Tommy to become like this drunken uncle or other nonworking males in her family.

The second placement was unlike the first. It was smaller, about 20 boys in all. The school was less formal; the teachers interacted with the boys throughout the day. Tommy took an immediate liking to the head counselor, Bill, a warm, experienced and talented black man who did not meet Tommy head-on in confrontations. As a result, Tommy became less aggressive and demanding. He still had ideas of being treated unfairly and would demand premature advancement in the program. He never seemed to be satisfied with himself and the progress he was making. He continually focused on something he was being deprived of. He had made some beautiful pieces in ceramics and enjoyed being praised, but this did not seem enough to give him a sense of pride in accomplishment.

Three months after placement, Tommy's case was transferred to another worker because I was transferred to Child Protective Services. I consulted regularly with his new worker and went with her twice to visit Tommy afterwards.

Tommy stayed at the Inland School for more than a year, while the family work continued with Mary. At one point, Tommy was accused of having robbed a house on the grounds with some other boys. He said he had not participated but was not initially believed because of a previous incident. Finally, after

some time passed during which Tommy did not run away (as he would have in the past), he was cleared of the burglary charges. Later, as a reward, he was given a job on the grounds requiring some responsibility. He seemed to gain a sense of pride from this accomplishment.

But soon again, he was pressing either to return home or to go to the school's group home in the outside community. At last, and with some doubt as to his readiness for the move, Inland school transferred him to one of their group homes in a suburban community and enrolled him in a large public high school. The pressures at school and within the home, where he no longer had contact with Bill, were too much for him. Eventually, he went AWOL and briefly returned to his mother's home. At this point, the group home would have taken him back if he had wished to return. Instead, he left his mother and hid with relatives or friends long enough to avoid the group home's attempts to communicate with him. When the group home finally managed to schedule a meeting, he did not show up for the interview for his readmission, and his whereabouts were unknown for some time.

#### Effects of Placement: Tommy, Age 14 Years

Although the last news is negative, it is my belief that the placement did have some benefit for Tommy. In his second placement he moved from being a boy with no sense of mastery to having a sense of prideful competence. When I last visited him at the Inland School, he proudly presented me with a ceramic candlestick holder. Later, he showed me a three to four foot model of a ceramic sea urchin. Both pieces were well crafted and showed artistic talent. The sense of productivity he experienced in his ceramic work was new for him.

The theories of Mahler and Erikson both shed light on Tommy's difficulties and provided a direction for the placement interventions. Mahler was helpful in understanding the degree of his early developmental assaults, and Erikson's approach illuminates the social and cultural components so important in his life.

Tommy's case was more complex due to his being Indian and his subsequent confusion around identity. The added dimension of his Indian background complicated his treatment, but was not the major source of his problems. His younger siblings survived similar social difficulties adequately. Tommy's outbursts of temper, delinquent behavior and severe learning disability rather stem from his first three years and problems occurring during the separation-individuation phase. Part of the difficulty in working with Tommy was to gain his confidence and to help him see residential treatment as useful, and worth the deprivation of being away from his family. In each of his residential placements, he was able to make a successful adjustment, for over six months in the first one, and over one year in the second. Each time the placement broke down, it occurred just after he had been transferred from his living situation and had lost contact with the staff he knew and trusted.

Mahler (1979) stated that if a child suffers a developmental crisis during the rapprochement subphase he does not have the chance to develop modulation and control of his aggressive drives. This led to the explosiveness seen in Tommy's temper tantrums, and later to his termination at the Charles School.

Erikson (1963) believed conflict will develop if the child is not adequately valued by society. In his first placement, Tommy felt he was inferior in the eyes of the teachers and fellow students. His awareness of his learning disability would have begun during the stage Erikson calls Industry vs. Inferiority, and

would have been experienced as another assault. His cultural identity also suffered because he was the only Indian resident at Charles School, and all of his counselors were Caucasian.

In the second placement I saw the beginning of a stable identity, partly from his relationship with Bill, a warm, mature man with whom Tommy could identify because of his being black, and from another minority culture. Part of Tommy's identity problem was due to a lack of ethnic identification. Was he Indian, Filipino or Chicano?

It is important to remember that during his latency years, Tommy was without a father and his relationship with his mother was ambivalent. In addition, his mother was in a transitional phase to the white culture, disowning her Indian roots. Although his grandparents, aunts and uncles provided some visible ethnic social structure for his Indian identity, this was, evidently, not strong enough to enable Tommy to establish a real sense of Indian identity. He could have gained more sense of identity from his relationship with his counselor Bill, if this relationship had continued for a longer period of time. The relationship might have provided an opportunity for Tommy to identify with Bill, both as a minority person and as an ego ideal. Had he been able to accept his counselor's praise and reprimands, Tommy might have been able to repair some of the structuralization of his ego. It is unfortunate that this therapeutic experience came to an end prematurely. Ideally, Tommy might have stayed at the main campus longer and then been placed in a satellite home or group home with Bill, before making the transition back to his family. In order to compensate maximally for the lack of earlier structuralization, more than the one and a half years of residential treatment would have been required.

### Followup

When I attempted to learn of Tommy's status at age 15, I found he had recently returned from a 90 day study at the California Youth Authority. They were not recommending one of their own facilities for him because he tested in the lowest one percent of their population. His probation officer was thinking of referring him back to CYA regardless of their recommendation because she did not think any of the lesser institutions could handle him.

She described Tommy at age 15 as an angry, aggressive, intractable young man whose identification was with the most outrageous of the "macho Chicanos." He had been recently involved in a violent altercation at his grandmother's house after she had already told him to stay away. He, his cousin, and a teenaged girl went to his grandmother's house. There, his older brother threatened him with a crowbar. Tommy pulled a gun and started shooting randomly at the house. An earlier incident involved Tommy in a serious stabbing in which the victim almost died. In a park, Tommy ran into a man who was fishing and masturbating. The sight of this scene so angered Tommy that he reacted by stabbing the stranger. If this kind of behavior continues, Tommy may end up spending much of his life in prison.

### Guideline #5

In cases of teenagers with severe pathology involving early developmental arrest, it is important for the foster parents, group home or institution staff to be prepared for an extended placement. If the young person is able to make an attachment to a parental substitute, it is vital that the substitute be available as long as needed by the adolescent.



### Parenting Needs

With teenagers who have serious behavioral problems, specialized group homes with special skills and knowledge in handling this type of adolescent are the placement of choice. Some of these young people require highly structured institutional treatment centers with availability of therapy and "on-grounds" school. They need external structure because of lack of internalization. The goal is to provide a consistent environment for the teenager throughout the day and night. Within this therapeutic milieu, the teenager may be able to make attachments to staff members who are then able to help him.

### Case Illustration

Ann: Age 11 Years

A divorced woman requested help from the Child Protective Services unit of the county social service department, asking for foster home placement for her 11 year old adopted daughter Ann, an only child. The intake worker heard her plea as a cry for help and referred the mother for therapy for herself. A few months later, a school principal referred the case, reporting abuse by the mother. A recommendation was made for the daughter also to enter therapy. Because her mother was unable to pay for her daughter's therapy, Child Protective Services agreed to provide the treatment, and I became Ann's therapist.

The referral from the school principal stated that Ann had come to school with bruise marks on her back. Her mother made them, Ann said, by beating her with a clothes hanger when she had come home two hours late the previous evening. Ann's symptomatic behavior was described as an inability to get along with peers and teachers. It consisted mainly of verbal fighting, which on occasion

had led to physical fighting. Problems at home, according to her mother, involved disobedience, laziness, stubbornness, procrastination and arriving home late. The school principal expressed his view of the problem by saying that although Ann was bright and tested well, she could not live up to her mother's expectations.

Ann was a beautiful, blond-haired, blue-eyed, 11 year old preadolescent child of average height and weight when therapy began. She was outgoing, gregarious and full of enthusiasm. She saw the reason for her referral as the fact that she and her mother argued all the time and could not get along with each other. She welcomed the idea of the treatment, was optimistic about the hoped-for alleviation of her problems, and entered enthusiastically into the process of our talking together with the goal of helping her to understand herself better. Ann's attitude towards herself was that there was something basically wrong with her. At the same time, she was aware that her mother was different from her friends' mothers, particularly in the way she handled discipline and in her expectations of standards of behavior.

Ann described her main problems as talking back to teachers, fighting with peers and constantly arguing with her mother. She sometimes saw herself as pretty and well-dressed but more frequently felt inadequate about herself.

### Family Background

In the adoption records, Ann's birth mother was described as carelessly dressed and groomed, gregarious, mildly retarded, and a wanderer with successive men friends. She had conceived four children, Ann being the last. Two were aborted when she was a teenager and the other placed for adoption. Her birth

mother was reportedly fond of Ann and genuinely affectionate with her. She married a man (not Ann's father) in an attempt to provide a home for Ann in order to keep her. The marriage failed, however, and when Ann was 15 months old, her mother gave her up to a county shelter because she had no house or funds. During this initial process, Ann did not adjust well to the dormitory-type cottage. She was continually crying and whining; the staff thought she might be emotionally disturbed. They may have related to the degree of her crying behavior since loss of the mother normally results in aggressive attempts to regain her. Ann was placed after a few days in a home where she had previously lived for a short time with her mother. Here she received minimal stimulation, spending most of her time lying in a crib. Three months later she was placed in a preadoptive foster home where she was noted to have poor muscle tone. In the preadoptive foster home she reacted with fear if told "no" or was reprimanded. Within four months, however, she was gaining weight, had excellent dexterity and was considered to be thriving. She made good attachments to the parents and their latency-age children. Her only persistent problem consisted in her continually waking in the middle of the night.

At 22 months, Ann was placed with her adoptive parents. The adoption records revealed that her adoptive mother had previously conceived twice but had been unable to carry either pregnancy to term. Both parents were about 30 when they married, were anxious to have children, and, being unsuccessful, decided then to adopt a child. The mother, a Catholic of German, Irish and Dutch background, was described as intelligent and somewhat withdrawn. The father, a Protestant of Danish background, equally intelligent, was more dynamic and outgoing. He worked as a landscape gardener.

Pre-adoption visits went smoothly, the adoption took place, but soon after it was noted that expectations were too high on the mother's part. Ann was sent to her room for minor mishaps. Other punishments of a severe nature became frequent. Even the maternal adoptive grandparents thought that the mother was too harsh. The mother admitted that she felt intolerably jealous when people complimented her about Ann's physical appearance.

A medical problem noted soon after adoption, was Ann's continual constipation. The record revealed that Ann had some colds and ear infections at the time her natural mother gave her up. At seven months of age she fell out of a walker, hit her head on a coffee table, and was hospitalized for a mild concussion. At one year she had the measles. After adoption, Ann was in good health except for constipation, minor colds and the usual childhood diseases.

Ann was described as a beautiful and gregarious child, who, at age two and a half, had the vocabulary of a four year old child. There is little information about the intervening years until Ann's sixth year when the parents divorced and Ann remained with her mother. During the next two years she had almost no contact with her father, his regular visits started when she was eight. At age eleven behavior problems began to get worse, this eventually led to her mother's first request for foster placement.

### Placement Decision

I saw Ann as treatable within her present living situation with her adoptive mother and hoped to avoid foster placement. Six months into treatment, I continued to see her mother's initial request for out-of-home placement as provocative. It secured a way of controlling Ann rather than being a

well-thought-out decision to benefit either one of them. If placement occurred, I thought it would be experienced as rejection by Ann and would only reinforce her negative self-image. Ann's early experience of disruption in caretakers made it seem more important not to separate her from her adoptive mother at this point. Her ego strength seemed sufficient to withstand the effects of her mother's neurotic behavior.

A month later, Ann ran away after overhearing her mother's telephone call again threatening foster placement. Ann was found within a few days, but after a brief reunion with her mother the old problems arose. Her mother enlisted the father's help, and he agreed to have her live with him. Ann then spent the months from March to June living with her father in a small resort town some distance away. Ann and her mother said her father had been involved in homosexual relationships but currently was not. Following the runaway, her mother discharged me as her therapist, saying more intensive, Christian treatment was necessary for Ann's problems. Because of the abruptness of Ann's leaving I established contact with her father, and with his permission saw her once to terminate the therapy, I went back there two months later as a followup contact. It was not possible for me to see her on a regular basis, due to the distance from the agency. In the latter interview Ann said she was getting along well with her father and also at school. The principal reported no problems, and in a telephone call her father concurred that things were going well at home.

It was a surprise for me to learn a month later that Ann was no longer with her father but was again living with her mother. Several things had happened within a short time. Ann had taken some LSD found in her father's car and had suffered what is called a "bad trip." Her father "talked her down"

during the intoxicated period, which lasted some hours, but did not obtain professional services or medication to hasten the process. Later, a pornographic message to Ann was left on her father's answering machine, which included a threat to his property. About the same time, Ann's jacket was found at the bus stop slashed to pieces. These events led her father to return Ann to her mother, saying he was unable to continue having her live with him because of the risks to his property.

The third referral to Child Protective Services came a few weeks later. Her mother reported that she and Ann got along extremely well for the first two weeks so long as she did not limit Ann in any way. When her mother did set limits, Ann would yell, scream and threaten to run away. This was interpreted by her mother as a sign that Ann was unable to tolerate not having her own way. Now her mother's request for placement was due to Ann's emotional disturbance, which she felt she could not handle. She referred to Ann's drug use and fire setting incident. This incident consisted of Ann's leaving a number of candles burning unattended on the living room rug after using them to create a mysterious atmosphere. Because of her mother's insistence that Ann was emotionally disturbed, the intake worker referred Ann to Mental Health in order to decide the question of emotional disturbance. In the meantime, an agency dealing with teenagers in crisis referred Ann's mother to an emergency foster home because neither parent was willing to take her home.

#### First Foster Placement

Although I was not a participant in this placement decision I made contact with Ann again during her first days in the foster home. Her parents were

unable to fund the placement by themselves and were requesting Child Protective Services to pay for her voluntary placement pending the Mental Health evaluation. Ann initially liked her foster home and talked about staying until she was 18. My role consisted of therapist and placement worker, facilitating problem solving with the foster family and maintaining a liason with her parents.

Ann's problems began with her not following the house rules: being in the house before dark and doing chores without procrastination. At school's commencement, these problems were exacerbated. Restrictions followed in their wake. Ann found them unfair, especially in contrast to the lesser punishments given the foster parents' own two teenage daughters. Ann resented her foster father's abruptness and harshness toward her. In the house all day, he was the primary disciplinarian. Although her foster mother worked all day, she expressed love and care during her nightly talks with Ann. Soon Ann got involved with boys, alarming both her foster parents. Caught sitting with a boy in a parked car late one night, Ann was punished by not being allowed to see any boys at all. Moreover, the foster mother stopped her nightly talks. When I confronted Ann, following her foster parent's complaints, she denied any sexual interest in that boy. She felt she was being criticized for having too many boyfriends, insisting that they were only friends. Contrary to her assertion, she showed me a sexually provocative note that she had written to a boy, claiming to have copied it from one of her foster sisters. Trying to help her understand her behavior, I challenged her statement and said I didn't believe that she was unaware of what she was doing by writing that note. She answered, "Well, maybe I'm retarded like my mother." (Ann had been told that her natural mother was mildly retarded.) When I began to respond, she suddenly turned her

face away from me. As I tried to find out what she was feeling, she would neither respond nor look at me.

She ran away the next day, and it was a week later before I was able to locate her at the house of a school friend's family. After informing her adoptive parents and getting their consent, I went ahead with another placement plan.

### Second Foster Placement

I chose a single mother with a five year old child. She had met Ann during her first run away and at that time had told me that she wished to help her. I hoped that a loving, reasonable parent might prove restorative against the damage caused by the girl's sadistic, adoptive mother. The placement lasted only two months. The woman did care for Ann, but lacked the capacity of dealing with two school suspensions caused by swearing at a teacher and having drugs in her locker.

### Developmental Assessment

My understanding of Ann underwent some changes as a result of the increase in her delinquent behavior during this period. A year earlier I had diagnosed her, using Anna Freud's developmental profile, as neurotic with beginning delinquent behavior. I had focused on the loss of her adoptive father at age six and the deteriorating relationship with her religiously fanatic, adoptive mother. I now began to see the initial 15 months prior to separation from her birth mother as the time of her developmental arrest.

Turning to Mahler's theory of separation-individuation as a framework, I looked again at Ann's early childhood experience. The lack of consistent



mothering in her first year had been underestimated. Her development was affected by her mother's failure to provide the optimal interaction necessary for the differentiation and practicing subphases to occur in a satisfactory manner.

Ann lost her birth mother at 15 months. After three interim placements within a short time she was able to make an attachment to the preadoptive foster parents. Four months later, then 22 months old, she again was torn from this attachment, possibly lessening her capacity for forming a bond with her new adoptive parents.

Since Ann's separation from her birth mother occurred at the end of the practicing subphase, the child might already have achieved the establishment of a specific bond. Ann was exhibiting crying behavior at 15 months when left by her mother at the shelter. The next subphase, rapprochement, might have been delayed with Ann because of a change in objects. It now became clear to me that Ann had not completed the separation-individuation phase and had not achieved the goal of the last subphase, object constancy.

### Third Foster Placement

Now, at age 12 Ann was in need of sophisticated care in a residential treatment center. I made a referral to Mental Health because it was the only way to get the necessary funding and was told that Ann would be evaluated for a Mental Health placement. Psychological testing had recently diagnosed Ann as emotionally disturbed due to ego deficits interfering with her reality testing. Mental Health decided that a treatment-oriented group home was adequate to meet her needs. I doubted the capacity of a good group home to reach Ann and help her establish the trust necessary to work through the effects of her

early losses. Ann might run away from such a place. The decision, however, was made by the Mental Health worker who was now in charge of her. I was unable to continue as her therapist and would no longer have a role in her placement.

The group home was a beautiful house in the country. It was owned by a married couple with good skills, training and experience. Besides Ann, there were three teenage boys. The placement lasted two months; Ann ran away four times. She would return after a day or two promising not to make any more trouble. The director thought that she was making some progress and that she dealt more openly with the other residents. Another girl was added to the group. Ann was unable to listen and respond to other people's concerns. She was drawn to a rougher group of youngsters who neither belonged to the group home nor to her grade school. On her last runaway, Ann was picked up by police when she and another youngster were found burglarizing a home in a nearby town. She was charged with burglary and adjudicated a juvenile delinquent. At last contact, Ann was awaiting her Probation Officer's investigation and pending new plan.

### Developmental Assessment

As I understood the primitiveness of Ann's psychological development, I began to think about how and where her needs could best be met. As she passed into the delinquent culture and its value system, I knew she would no longer tolerate the rules of a residential treatment center and would run away unless it was a locked facility. Juvenile Probation would make the decisions for her. Within one year from the time of her first runaway to this time, she had gone through attempts to live with each of her parents, two foster homes

and one treatment-oriented group home. How could she stay in one place long enough to repair the damage of the early developmental arrest she sustained?

The problem of incorrect diagnosis was addressed when the impulsivity and acting-out behavior which Ann presented in the three foster settings caused me to question the earlier neurotic diagnosis. By then, research for this dissertation had acquainted me with a more detailed understanding of Mahler's separation-individuation phase. Looking at her adoption records more closely, I found that during the first year of life, her birth mother had been loving, though in an inconsistent way. Thus, Ann's experience with her birth mother during the first year resulted in faulty development. In Mahlerian terms the inconsistent parenting during the differentiation and practicing subphases affected the rapprochement subphase. Without a clear sense of self and other she was unable to make attachments to parent figures. "Ann's repeated losses in object relationships, both prior to and during the crucial transitional rapprochement phase, made for difficulty integrating the internalized object and self representations." (Calvin Settlage, 1981). In a personal communication (1981), Calvin Settlage summed up his view of Ann's case by stating that she would be difficult to treat. In his experience it is sometimes the therapist who can reverse the pathology. This is because of understanding and interpreting rather than reacting to the transference, and because of a long-term relationship. Ideally, he believed Ann would best be treated with long-term psychotherapy in an institutional setting.

#### Effects of Placement: Ann, Age 13

This case is more complex and difficult to discuss in terms of the results of the placements. There were actually three sequential two month placements

within a seven month period. They are discussed in sequence followed by a guideline developed from each of the placements. Although not involved in creating the first placement when Ann was 12 years old, I did become her therapist again, and placement worker soon afterwards. I continued in those capacities while she was with the single mother and until she could be sent to the group home. Two months later, she ran away and was charged with burglary.

I became Ann's therapist when she was 11, and still in the home with her adoptive mother. Although her mother appeared neurotic, the plan was for Ann to remain with her. This was based on use of Anna Freud's profile and a diagnosis that Ann was neurotic. Loss of another object at the crucial stage of beginning adolescence might have a traumatic effect on Ann which could result in further lessening of her already low self-esteem. The plan was predicated on her mother's remaining in therapy. This did not occur, and she became more sadistic. The goal of Ann developing her adaptive capacities was partially achieved as shown by improvement in teacher and peer relationships, but her relationship with her mother deteriorated.

It was conceivable that Ann's first runaway from her adoptive mother was a sign of better adaptive ego functioning and that she was no longer locked into a sado-masochistic dependency with her mother. Later, after runaways from two placements, it was clear that her acting out behavior was a way of telling her mother and the foster parents that she could not, or would not, do what they expected of her.

### First Foster Home

The first foster home placement was not appropriate for Ann. The foster parents had two teenage daughters, one of whom was of the same age as Ann.

The rivalry in such a situation tends to cause problems, and Ann felt unfairly treated. The foster parents were inexperienced and did not handle the problem well. Further, as a consequence of their unsophistication as foster parents, they were unable to deal with Ann's manipulation around rules.

#### Guideline #6

Do not place a child or teenager in a foster home with a natural child of the same age and sex. The rivalry between them will make it more difficult for the foster child to make any attachment to the foster parents.

#### Parenting Needs

If a foster home is the only alternative available, choose one in which the natural children or other foster children are of different ages and stages of development than the child being placed.

Teenagers do best with other foster teenagers if the foster parents are able to provide firm, consistent structure and enough freedom for them to begin the normal separation process that under favorable circumstances leads to independence. The qualities most desirable in foster parents are the predisposition to like teenagers and the willingness and ability to live through constant crises without giving up or rejecting the teenager. This kind of foster home approximates a group home situation and will be able to help a teenager who is not seriously troubled. For seriously troubled teenagers, there is probably no foster home that could adequately meet their needs.

#### Second Foster Home

The choice of the second foster home was a gamble, but there were few resources available. Ann met Judy, her future foster mother, during her first

runaway from her adoptive mother. And Judy, a 37 year old single mother with a five year old daughter, was interested in helping Ann in whatever way possible. When I approached her about becoming Ann's foster mother, she agreed readily, even though she had not seen her in more than a year. It was my hope that the natural attraction between Ann and Judy would evolve into a relationship of attachment and trust for Ann. If Judy became an ego ideal for Ann, this could become a corrective experience and result in increased self-esteem for Ann.

The placement did not succeed because of two problems. First, although Ann wanted to be there, she was incapable of delaying gratification and behaving empathically towards her foster mother. The foster mother's expectations of Ann were too high again, and Ann was jealous of the five year old child. She was incapable of establishing a relationship of mutual trust with Judy and so betrayed Judy's trust in her. She once brought someone into the house who stole a sum of money from Judy. At other times, she lied to Judy about various things. When the second school suspension of one week occurred, Judy no longer was willing to supervise Ann, and she did not trust her to remain at home alone.

Secondly, although Judy had the wish to help Ann, she did not have the knowledge and skills necessary for dealing with an adolescent whose problems were so severe.

#### Guideline #7

A single parent of the same sex as the teenager can often be an appropriate foster parent to one or more teenagers. The adolescent is often able to benefit from a relationship in which the foster parent becomes the ego ideal.

Exception: If a teenager is too disturbed due to early developmental arrest to be able to make an attachment, such a placement would be contraindicated.

### Parenting Needs

Teenage girls and boys often can benefit from the individualized warmth and attention of a single parent who has the capacity to parent in a firm but nonauthoritarian manner.

### Group Home Placement

At the time of the third placement, copies of the psychological testing were available with evidence of ego deficits pointing towards a greater degree of disturbance. The fact that Ann lasted less than two months before running away and committing a burglary can be interpreted as being due to both poor impulse control and to being strongly attracted to the people with whom she committed the crime. Ann told her old friends that she liked it at the group home and wanted to make it there. Yet, the director noted that before she committed the burglary, she had connected with a tougher bunch of friends from the community. His opinion was that they sought each other out, as like-minded adolescents tend to do, and that she may have needed to find acceptance and identity with them.

### Guideline #8

Adolescents with severe psychopathology need to have a correct developmental assessment as early as possible. They will usually require

sophisticated treatment in a residential treatment center. If appropriate, it is important to place them in this type of facility at once rather than try the less costly foster or group homes first.

#### Parenting Needs

These adolescents will need skilled counselors and therapists who relate to them in terms in the effects of their early developmental arrest. This needs to occur within a consistent and treatment-oriented environment.



## Chapter VI

### Discussion Of The Data:

#### Effects of Placement

It was not possible within the scope of this project to determine precise causal relationships as to the effects on any particular child of having been in a specific foster home, his own home, group home, or institution. Even if it had been possible to use a means of measuring change, such as psychological testing before and after placement, it would not be possible to interpret which aspect of the child's or adolescent's life in the particular setting correlated with specific developmental loss or gain. It was possible, however, to make some determination about the placement experience and the child's or adolescent's ongoing development by asking parents, foster parents, probation officers, current placement workers, therapists and teachers about the child's or adolescent's present functioning. When there was some consensus among these groups about how the child was doing, it was then possible to relate this information to how the child was described prior to placement and to understand whether the placement had been a harmful or beneficial experience for him. There were salient results from the placements, and these are reviewed in this section.

For the youngest child, Adam, who avoided placement at 13 months of age and spent half the week with his father and half with his mother, the effects on him of not being placed seemed good. He continued at least halftime in his relationship with his mother and, according to her, he thrived. If he had been placed in a foster home by the judge as I thought was quite possible, he

would have experienced a developmental assault during the period which Mahler calls the practicing subphase. Added to the earlier assault of hospitalization for three weeks at age seven months when in the differentiation subphase, this second assault could likely have had considerable impact on his progress in negotiating the rest of the separation-individuation process.

Adam's avoidance of being separated from his mother during his early developmental stage shows how important it is not to be placed during this crucial period.

For Simone, the younger of the siblings, who had her first placement at nine months of age and returned to her mother nine months later the results of her second placement were at best uncertain. As discussed at the end of the case illustration, it would have been better to have avoided the latter placement entirely. Simone's early difficulties in attachment came about because of the change in mothers at nine months and again at 18 months. When she was ten, her mother described her as often pouty and unhappy. Bowlby (1983) claims that this is due to regressive tendencies which are reactivated when any new attachments occur throughout the course of life. Bowlby says therapy can be helpful for this problem, particularly if the person has been able to develop trust in his therapist. It may be necessary recurrently. Simone had such a therapist, and it would have been helpful if she could have returned to him when in need. This is a fast changing world, however, and Simone lived too far from the therapist. It was doubtful that she would have had the opportunity to do what Bowlby described as beneficial.

Turning back to the three and a half year old Joel, it appears that the progress was good. His placement in the mental hygiene home, where the parents had special skills demonstrates the possibilities for restitution for the

early inadequate parenting. It is likely that Joel's natural endowment of hyperactivity and his mild retardation made him more difficult to parent. Had Joel been left in his mother's care, her inability to relate warmly or parent him effectively would have compounded his difficulties. Joel's improved development in the foster home was the most dramatic example of the younger children. Without use of developmental theory and under Senate Bill 14 regulations, he may have spent at least another year with his mother to his further detriment. This case demonstrates how the use of developmental theory and the process of individualizing the child can aid him more than strictly following permanency planning.

Jon, the older sibling of the brother-sister pair, survived the second placement well. He did show signs of some emotional difficulties during the placement, but responded quickly after receiving therapy. Since return to his mother, there has not been evidence of any serious problems. Constitutionally, Jon appeared to be an even tempered boy. This, along with a positive mothering experience for the first 36 months, helped him greatly. The good relationships he had with his foster parents are also significant. Although Jon was not in special need of a restitutive experience, his case suggests the obvious. Children in placement do best if the match with foster parents is good. Placement itself is a shock, if not an assault, on any child or adolescent leaving his parents' home. E. James Anthony (1975) believes the child or adolescent can weather the experience if his early relationships with his parents have been favorable.

The results for the two teenagers in the sample were not good. The probation officer's report of Tommy's disastrous violent behavior would seem to indicate that his placements were unsuccessful. Violent behavior erupted several months after his leaving the second placement which might indicate that it was

not a positive placement experience for him. However, Tommy made considerable progress at Inland School. It was only after his transfer to the group home in a sophisticated suburban town and attendance at a middle-class high school that he began to regress, and eventually ran away. The failure, in my opinion, was in expecting him to handle the stresses of his situation in the suburban high school, in addition to adjusting to a new living situation. Regular school had been the scene of his previous difficulties. This had been minimized at the on-campus schools. He would have had a better chance in an alternative school. The transfer plan was doomed, particularly without the support of Bill or another non-white counselor with whom he could have identified. It must be recognized that once an adolescent is in a treatment facility, the placement worker has little or no influence on internal transfers. The reason for his almost immediate downhill path, once he left the group home, were probably several. His pervasive feelings of inadequacy and his feeling of having been banished from his family could have been part of what led him to act in such a self-destructive way. By defying the authority of his brother and by stabbing the man in the park, he may have gained some sense of power and identity. On the one hand, he seemed to be searching for identity as a rebel or outlaw; on the other, he rejected his Indian heritage.

In reflecting on the part played by the social institutions involved, I wish to emphasize that the lack of continuity in planning for a child between the Social Service and Juvenile Probation agencies was particularly detrimental to Tommy.

Ann, the 13-year-old adopted girl, did not fare well with any of her three placements. The prognosis for her getting back on the developmental track is poor. This might have been avoided, through use of developmental theory. With

hindsight, I would have done things differently. I did not then fully realize the severity of the assault on her as a result of the inadequate, inconsistent parenting by her birth mother. I also underestimated the effects of her adoptive mother's religious fanaticism and sadistic behavior, considering them neurotic and, of a lesser degree of psychopathology. Given the opportunity to do it again, I would try to facilitate separation from her adoptive mother sooner and attempt to place her in a treatment center. Had I not been hampered by Senate Bill 14, I would have decided against reunification and moved toward a permanent plan, such as long-term placement or guardianship. Ideally, therapy should have begun and continued throughout her adolescence. Lastly, I see it as an error to have tried to fill both roles, i.e., placement worker and therapist, at the same time. When it was necessary to confront Ann on her sexually provocative behavior in order to maintain the first placement, I forsook the slower paced empathic role of the therapist. It must have been very confusing to Ann.

Tommy and Ann suffered early developmental assaults and, based on my experience, have more severe emotional problems than the average teenager in need of placement. The difficulties encountered in making placement plans for Tommy and Ann do, however, illuminate which kinds of placements would be effective with other teenagers. Generally speaking, the average teenager in need of placement is usually a troubled youngster who has already experienced various kinds of deprivation in his life. This type of adolescent does not do well in traditional foster homes. My experience and the experience of some of my colleagues, indicates that adolescents rarely do well in foster homes where the natural children are teenagers. Developmentally, adolescent foster children are ready to begin separating from parents or substitutes and cannot, or will

not, give the foster parents the kind of filial devotion most foster parents expect. Each time a teenager fails in a foster home, he not only detaches himself further from the foster parents but diminishes his own self-worth because he has "failed" again. After several of these experiences, the adolescent loses the ability and the will to try again, even if he is by then in a group home. In Ann's case, this may have been a partial cause of her failure in the group home.

Group homes run by professional staff offer a better chance of involving and helping the teenager. Relationships with staff, who usually rotate in shifts, are attenuated and tend to become close only if the teenager so wishes. There is not the same expectation of staff for emotional involvement or narcissistic gratification as there is on the part of foster parents. Some couples, and even some single parents with auxiliary staff, have been able to develop effective group homes. Usually they have a professional consultant and offer therapy as well. I would prefer to see most teenagers placed directly into group homes instead of waiting until they have failed in one or more foster homes. Group home placement should not be a last resort when all else fails. Once the adolescent's self-esteem has been damaged further, a group home may no longer meet his needs.

Money, or the difference in foster care rates, is often the excuse given for trying a foster home first. It is difficult to justify higher group home rates to administrators unless it can be demonstrated by several foster home failures that the adolescent cannot "make it" in a foster home, and therefore requires a group home.

Looking at the teenager's first three years of life within the framework of Mahlerian theory may give a clue as to whether it would be best to opt for

the group home first. If there have been repeated losses in object relationships during the early subphases of separation-individuation, or in the crucial rapprochement phase, severe difficulty in the development of self and object constancy would occur. Predictably, if the internalized object and self-representations have not been integrated, the adolescent will have great difficulty in an attachment to foster parents. Group home or institutional placement would then be indicated.

One way of increasing resources for teenagers would be for county placement agencies to develop their own group homes and not rely on the private sector to supply them. This might be the way to have resources available to meet the demand and also to have more influence on the quality of these programs. MSW's with special training could be used as consultants for training group home staff in subjects such as developmental theory and how it relates to the parenting of teenagers.

### Parenting

When I first began using developmental theory as a tool for placement decisions, I focused it mainly on the children. Soon after, however, I realized that for every child considered for placement, the evaluation of both natural and foster parents is a requirement. Children with serious emotional problems especially need the right kind of parents for restitution to occur.

Natural parents are generally assumed to be able to offer their children adequate parenting, but as was seen in Joel's case, this does not always happen. As a consequence it is important to assess the parents' ability to care for the child considered for placement. In Joel's case, his mother's inadequacy for this

role was striking. With Ann's mother it took me six months to realize the severity of her problem. I assumed that separation from her mother was to be avoided in order not to repeat the earlier rejection of her birth mother. I was not fully aware of the seriousness of her adoptive mother's disturbance, and underestimated Ann's pathology. Today I would carefully evaluate both sides of this human equation in order to make truly effective placement decisions.

There needs to be both a quantitative and qualitative assessment of the capacity of parents to parent. It is necessary to understand the distinctions between an overt schizophrenic parent, a borderline parent or a character - disordered parent. For example, a borderline parent might have a problem with differentiation and might tend to fuse with the child. During Mahler's separation-individuation phase this might pose a problem for the child, depending on the degree of this tendency in the mother and the constitutional make-up of the particular child. If the mother has a powerful negative reaction to the child, it could delay the psychological individuation process.

If the mother were a psychotic parent, depressed and withdrawn, she might be capable of parenting but would need auxiliary services of a good day -care center. It would be necessary to determine whether she was actively attaching to a young child. On the other hand, if she were actively hallucinating and extremely chaotic, prognosis would be poor for adequate parenting. Lacking consistency, she would be unable to organize meal-times and other necessary routines. With a five year old who had reached the stage of object constancy, this would not matter as much as with the very young child.

On the other hand, a schizophrenic mother exhibiting symptoms of paranoia would not be able to help the child achieve object constancy. Adam's mother



approached this pattern. She was diagnosed as an inadequate personality by her therapist. I tend to see her as borderline with narcissistic characteristics. There was some tendency to fuse, but the narcissistic component compensated and there was a self object aspect to her relationship with Adam. She seemed delighted to watch his every step. In this particular situation, she enjoyed seeing him develop, and this had the effect of facilitating his psychological growth during Mahler's early subphases. I wondered if her behavior was consistent enough to help Adam separate fully in order to reach the stage of object constancy. When depressed, she provided minimal caretaking. She fed him and put him to bed. In Adam's case the separation-individuation process seemed to be on course. It is important to evaluate both the parent and child when making this kind of determination.

In Joel's case, his mother's borderline condition was preventing any effective parenting and his emotional disturbance made it obvious to me that he should not remain with her. Because these distinctions are sometimes difficult to make, a method for classifying parenting capacities would be helpful. It could be done in such a way as to evaluate the parents' problem behavior in terms of children's needs at various stages of development.

### Foster Parenting

Foster parents, as a class, do not seem to get the same kind of satisfactions out of parenting as do natural parents. This is due to several reasons. For one, they do not get the narcissistic gratification of natural parents. They receive no monetary reward for the time and energy they expend on their foster children. Philosophically, I believe this to be a mistake. Lack of remuneration affects their attitudes towards themselves and indirectly reflects on the children.

Not feeling important enough, foster parents tend to see the children's natural parents as their enemies. For example, when Simone's foster parents turned against her mother because of her black boyfriend, Simone's already fragile self-esteem was damaged. She reacted by playing the foster parents against her mother, and this made it more difficult for the foster parents to accept her. A shift occurred in their parenting, not unnoticed by Simone. Because of an agreement, they continued to parent but with less sensitivity and enthusiasm.

Some foster parents bring a genuine talent and skill to their work, providing for the child's needs intuitively. The child makes progress, and within months dramatic changes occur. Such foster parents get satisfaction by viewing this progress, and often receive the approval of both placement workers and natural parents. Generally, they are well developed individuals with the capacity for autonomous action. This last quality is of immense importance in parenting. According to Dr. Lorna Forbes (1978), child psychiatrist and well known lecturer on child welfare, the goal of parenting is to help the child develop so that he may be ready for independence when he reaches maturity and the age of emancipation. This goal should be kept in mind throughout childhood and adolescence and the parenting capacity of foster parents should be assessed with this in mind.

Agencies have an obligation to offer training and support groups to foster parents who do not have the abilities described above. In the past, the foster parents most in need of training have not attended available meetings.

Many foster parents are unappreciated and denigrate themselves. They do not consider themselves the most vital person in the child's life. How can this problem be corrected? More money may help, and, if a portion of the financial grant were to be considered as compensation for parenting, this could

also help. Foster parents ought to be able to acquire the status of colleagues of the placement workers. Treating them as professional members of a team working with, and for, the child would do much to alleviate this problem. Society's attitude towards foster parents is at the root of this problem. If they are to help children gain self-esteem it is necessary for them to be viewed by society as performing a vital and important service.

### Discussion of the Guidelines

I was encouraged to think of formulating guidelines by the example of the landmark writings of Arnold Goldstein, Anna Freud, and Albert Solnit. In their book, Beyond the Best Interest of the Child(1973), they presented guidelines for the judicial system, using case examples to show that certain values which are important in the adult court system work counter-productively when they are adhered to in the juvenile court system. The idea of the psychological parent as opposed to the biological parent was advanced by them as being of primary importance to the child's ongoing psychological development. By emphasizing this point with vignettes from previous court cases, they demonstrated how the child may be harmed by the court's not recognizing the person whom the child regards as his true parent, i.e., the psychological parent.

It was my intent, at the beginning of this project, to build a similar set of guidelines to serve the same purpose for placement workers. This turned out to be difficult, for the situations with which placement workers are involved are more complex than those that reach the judicial system. This very complexity may contribute to placement workers' tendency to ignore developmental theory. Placement decisions are frequently made under emergency conditions. Evaluations

of the child, of parents, or other caretakers such as relatives, and of foster homes are difficult. What appears to be the best temporary solution, such as placement with a relative, may not be the best long range plan, but often becomes a permanent arrangement. It is no wonder that the social worker, already overwhelmed with multiple concrete problems, may be reluctant to complicate matters further by referring to developmental theory.

After reading Beyond the Best Interest of the Child and seeing that knowledge of developmental theory can usefully be applied to the judicial problem, I was able to make a similar transition from theory to practice for social workers in the placement field. Application of developmental theory can help the worker sort out the crucial factors in a given situation and determine which of these should take priority.

Drawing upon case material presented in this study, I formulated a number of guidelines resulting from my supervision of the cases. There was no attempt to cover all bases, but the guidelines, though simple, demonstrate to caseworkers how theory can be used in decisions. Decisions then include the clinical judgments of the workers, as well as their ability to deal with the family, community, and agency factors already mentioned. Although these guidelines may sound simplistic and merely reflect common sense, they are basic concepts which may enable placement workers to think in terms of developmental concepts when making placement decisions.

As part of a conceptual scheme, the guidelines developed from this project are intended to be applied in a flexible rather than mandatory way. They are designed as a method of evaluating foster children, so that they may find themselves in as favorable a situation as possible for their further growth.

I found the construction of the psychoanalytic developmental theories complex and their application more difficult than I had anticipated. In the case of Ann, A. Freud's concept of developmental lines proved to be insufficient without Mahler's concept of the separation-individuation phase. But it took considerable time before I was able to recognize this. My conclusion is that these theories have to be studied and known in detail before they can be applied appropriately and accurately. All of them complement and build on one another. Yet, they have to be recognized individually so that any one of them may be fitted into the appropriate situation at the right time. My goal for the guidelines was to find a method which would simplify the application of this knowledge so as to be useful to others.

From each case one or more guidelines was developed. These guidelines establish cues to alert a placement worker to a critical issue or danger signal in relation to a particular child's developmental needs. One framework may suggest itself as a way of explaining a particular child's situation. At times it was necessary to investigate several theories in order to find an appropriate framework.

Development of the guidelines was not as simple as I had expected. For instance, the guidelines from cases one and three are essentially the same. They were developed from the case illustrations of Adam and Jon and relate to similar positive mothering experiences received during their first two and three years respectively. In Jon's case, his functioning during and after his second placement confirmed this knowledge. With Adam, I was able to observe the satisfying relationships with his mother from seven to 13 months, and from her description of him at followup, this continued to be a satisfying relationship.

Following each of the guidelines, a brief description is made of the characteristics of foster parents who would be most suitable for parenting a child with specific problems. It is not always possible to find parents of the kind described. It is hoped that the descriptions will serve to highlight particular aspects of parenting that will be helpful in making choices among available foster families.

These guidelines are intended for placement workers who may or may not be familiar with the language of psychoanalytic developmental theory. With this in mind I have endeavored in presenting them to use terms which are familiar rather than using psychological jargon.

The guidelines presented here appeared at the end of each of the case illustrations.

### Guidelines To Foster Placement Decisions

#### Guidelines #1

When an infant has begun the separation-individuation phase (6-36 months), it is important to make every effort to keep him with the mothering person to whom he has already made an attachment.

Parenting Needs: If placement is unavoidable, a child within this range would do best with a warm, empathic person able to be responsive to the child and at the same time able to stimulate him to take the necessary steps toward growth. During infancy and the early childhood years, a child needs someone to encourage him to move out into the world. For example, if a worker were attempting to choose between one mother who had this capacity and another mother who was warm and affectionate but leaned towards being overly protective, the more appropriate choice would be the first mother.

Guideline #2

The placement of an emotionally disturbed child should not be interrupted if restitution for his developmental arrest is occurring. To do so is to risk reinjuring the child and to lessen his ability to attach again and achieve his developmental potential.

Exception: If adoption for various reasons is the goal, it is important to move the child from the foster home to the adoptive home as soon as possible. To keep him in placement too long makes it more difficult for him to attach again in the adoptive home. A child may become so attached to the foster mother that separation from her will be experienced as a traumatic loss and will minimize his ability to attach again to the adoptive parents.

Parenting Needs: Children under seven who have suffered a developmental arrest and have symptoms of emotional disturbance require unusually patient and sensitive parents. They must be able to give the child the degree of structure he requires until he is able to internalize his own structure. The special qualities these parents need are warmth, involvement, the ability to set firm limits, and the ability to communicate clearly and consistently with the child.

Guideline #3

If possible, avoid placement for a child prior to age three. After this age, the child would have achieved object constancy and is capable of transferring his attachment. If the child has had an optimal mothering experience during his first three years, he will be able to attach to foster parents, having already completed the separation-individuation phase.

Parenting Needs: For the first three years it will be important to help him make an attachment and continue on the developmental sequence. This will require a sensitive, warm mother with patience and responsiveness to help the child recover from the trauma of the loss. Because the child is so fearful, this type of parent may enable him to withstand the separation and make an attachment to her.

#### Guideline #4

If possible, avoid placement for a child who has already experienced traumatic loss due to a previous placement and is having attachment problems. A second loss or separation will upset and weaken whatever compensatory gains the child has made since the first loss. Placement will constitute a reinjury and make it more difficult for the child to make attachments in the future.

Parenting Needs: If placement is unavoidable, choose a foster family without other children, and choose one in which the parents are capable of adapting to the child's pace in the attachment process. The goal would be to allow the child to mourn for the lost parent and to gradually attach to the foster parents. It is important for the foster parents not to expect to have their own needs met by the child and to be able to tolerate minimal progress.

#### Guideline #5

In cases of teenagers with severe pathology involving early developmental arrest, it is important for the foster parents, group home or institution staff, to be prepared for an extended placement. If the young person is able to make an attachment to a parental substitute, it is vital that the substitute be available for as long as needed by the adolescent.



Parenting Needs: With teenagers who have serious behavioral problems, specialized group homes with special skills and knowledge in handling this type of adolescent are the placement of choice. Some of these young people require highly structured institutional treatment centers with availability of therapy and "ongrounds school." They need structure because of lack of internalization. The goal is to provide a consistent environment for the teenager throughout the day and night. Within this therapeutic milieu, the teenager may be able to make attachments to staff members who then are able to help him.

#### Guidelines #6

Do not place a child or teenager in a foster home with a natural child of the same age and sex. The rivalry between them will make it more difficult for the foster child to make any attachment to the foster parents.

Parenting Needs: If a foster home is the only alternative available, choose one in which the natural children or other foster children are of different ages and stages of development than the child being placed.

Teenagers do best with other foster teenagers if the foster parents are able to provide firm, consistent structure and enough freedom for them to begin the normal separation process that under favorable circumstances leads to independence. The most desirable qualities in foster parents are the predisposition to like teenagers and the willingness and ability to live through constant crises without giving up or rejecting the teenager. This kind of foster home approximates a group home situation and will be able to help a teenager who is not seriously troubled. For seriously troubled teenagers, there is probably no foster home that could adequately meet their needs.

### Guideline #7

A single parent of the same sex as the teenager can often be an appropriate foster parent to one or more teenagers. The adolescent is often able to benefit from a relationship in which the foster parent becomes the ego ideal.

Exception: If a teenager is too disturbed due to early developmental arrest to be able to make an attachment, such a placement would be contraindicated.

Parenting Needs: Teenage girls and boys often can benefit from the individualized warmth and attention of a single parent who has the capacity to parent in a firm but nonauthoritarian manner.

Guideline #8: Adolescents with severe psychopathology need to have a correct developmental assessment as early as possible. They will usually require sophisticated treatment in a residential treatment center. If appropriate, it is important to place them in this type of facility at once rather than try the less costly foster or group homes first.

Parenting Needs: These adolescents will need skilled counselors and therapists who relate to them in terms of the effects of their early developmental arrest. This needs to occur within a consistent, treatment oriented environment.

## CHART

### Theories of Normal Development, Psychopathology and Placement Interventions

These six theories represent different points of view, but all are developed from Freudian psychoanalytic theory. The chart shows in pictorial form how

the various theories evolved from Sigmund Freud's later developmental theories and Heinz Hartman's ego psychology. By adapting this chart from one authored by Joseph Palombo (1979), a well known Chicago social worker and writer on child pathology and treatment, it becomes possible to compare the theories more easily and to see how they fit together or overlap each other. The major theories discussed in this dissertation are included except for those of John Bowlby. Bowlby differed with S. Freud's concept of the energy principle and drive theory. Bowlby's theory of attachment and loss is built on ethology and evolution. He arrives at the common ground of object relations theory from the study of instincts. He emphasized and built on man's close similarity to primates and other animals. In placement practice, Bowlby's theory was as helpful as those chosen for the chart.

In this adaption of Palombo's chart, the section on psychopathology has been reduced and covers only the broad categories of pathology; this is because the emphasis is on placement and parenting in the present work. The types of pathology mentioned relate broadly to the developmental stages in which the developmental assault or arrest may have occurred.

The placement interventions are designed to be general rather than specific and are related to the developmental stages of children needing placement. The section on the kinds of parenting needed are not specific to any of the cases presented. They are general and refer basically to children needing placement who are in the age range and developmental stages indicated, rather than to psychopathology.

It is hoped that, from this chart, the reader will be able to get a comprehensive overview of the issues discussed in the dissertation and a grasp of the concept of the interrelationship between psychoanalytic developmental theory and placement practice.

**TABLE B: THEORIES OF NORMAL DEVELOPMENT, PSYCHOPATHOLOGY & PLACEMENT INTERVENTIONS**

TABLE B: THEORIES OF NORMAL DEVELOPMENT, PSYCHOPATHOLOGY & PLACEMENT INTERVENTIONS											
Theory	Age	Neonate	2nd Month	5th Month	10th Month	18th Month	25th Month	3 - 5 Years	6 - 10 Years	11 - 12 Years	13 - 16 Years
Libidinal Dev. S. Freud		Inborn Maturational Base						Phallic-oedipal	Latency	Pre-adolescence	Adolescence
		Oral				Anal					
Ego Development H. Hartman		Undifferentiated Phase	Primary Narcissism	Anaclitic Phase, need satisfying object, split transitional object				Object Constancy			
Develop. Lines A. Freud		Biological unity between mother-infant couple, child including the mother in his internal narcissistic milieu		Part object, need fulfilling and comfort giving relationship		Anal sadistic ambivalent pre-oedipal clinging		Object: possessive of opposite sex parent	Transfer of libido from parents to contemporaries	Returns to early attitudes of part object need fulfilling type	Struggles around denying, reversing, loosening tie to infantile objects, libidinal cathexis transferred to opposite sex.
Organizer of the Psyche R. Spitz		Pre-oedipal phase	1st organizer smiling response	2nd organizer stranger anxiety		3rd organizer development of language (no)					
Development E. Erikson		Trust vs. mistrust				Autonomy vs. doubt and shame		Initiative vs. guilt	Industry vs. Inferiority	Identity vs. Role Confusion	Intimacy vs. Isolation
Separation Individuation M. Mahler		Undifferentiated Phase	Normal Autism	Symbiotic Phase	Separation-Individuation Process						
					Differentiation sub-phase	Practicing sub-phase	Rapprochement sub-phase	On the way to Object Constancy sub-phase			
Psychopathology		psychosis		borderline character structure			narcissistic personality disorder		neurosis		
Placement as Intervention		Any separation will lead to separation anxiety. Indicated if mother is unable to function as partner in separation-individuation phase due to her psychosis or unavailability.			Avoid placement unless mother is severely psychotic. If unavoidable expect developmental failure and find best restitutive situation possible.		Effect of placement will depend on how child has weathered separation-individuation phase	Reaction to adoption is severe in late latency due to all children feeling adopted at that time. Avoid adoption at this time. Foster placement is more desirable.	Foster home placement is not the best choice. It is too difficult to attach to new parents when trying to break ties to parents.		
Kind of parenting needed		Warm responsive mother willing to go at infants pace, capable of giving infant time necessary to restitute from developmental assault.			Capacity for warm, sensitive relationship with particular child and ability to help child gain a sense of autonomy without fear.		Parents under 60 able to provide supportive, stable, empathic environment.	Parents capable of providing structure, firm, consistent limit setting.	Group homes work out better. Residential treatment is necessary if behavior is disturbed.  revised from original by Joseph Polombo (1979)		

## CHAPTER VII

### Conclusions

An important goal of this dissertation has been to define more explicitly how one placement worker thinks and makes decisions about the children with whom she is involved. A great deal of folk wisdom has been integrated into the knowledge base of child welfare workers, in particular those engaged in foster home placement. This exploration attempts to sort out some of this wisdom and to incorporate it with developmental theory. I have tried to define it in terms of the theory and to make its use explicit rather than implicit.

The experience taught me that it is important to define the present developmental stage of each child and the problems involving previous stages as accurately as possible. In this way I was able to choose the most desirable situation available in which the child's needs could best be met. It is vital to implement the best plan first and not to be satisfied with a less costly placement merely because it is available.

Calvin Settlage (1981), writes: "The limitations posed by the reality factors and practicalities make knowledge of developmental theory all the more important in arriving at decisions aimed at creating and maintaining the best possible developmental situation for the child at a specific age". In this study, although the data are not precise and quantifiable, the results suggest the value of developmental theory for placement practice.

The conclusions begin with an evaluation of the theories and an attempt to determine their relative usefulness in placement practice. The findings indicate that certain theories suggest themselves for certain cases. It is often

necessary to use more than one theory in order to understand a particular child's needs. Each theory has its use somewhere in the range of cases. In the next part of this chapter certain implications for future research or administrative changes are discussed. These include questions of additional education and in-service training in the knowledge of developmental theory; the role of the placement worker within the bureaucratic structure; and, finally, possibilities for future investigations into the use of this methodology.

Before I began using developmental theory in making placement decisions, I relied on the folk wisdom of placement, such as keeping siblings together without considering their individual needs developmentally. I was influenced by the availability of certain foster parents with excellent reputations. The "magic" name of a certain institution with a reputation for "good treatment" would appeal to me, and I would assume that it could miraculously cure a child's problems. When faced with the decision of placing a child, I might, at times, be put off by certain natural parents who seemed inadequate. I would decide that the child must be placed, no matter what his developmental needs were. I was inclined to place the children without evaluating the effects of the disruption on their psychic development. Later, after transferring to Child Protective Service and using developmental theory there, I became aware of subtleties in children's behavior often based on developmental arrests which occurred during earlier phases of their development. Some of the parents could be helped to undo the damage and parent more effectively by working with them while the child was still in the home. Developmental theory thus became a tool for better understanding of a child's needs and a way of determining how to meet those needs. By weighing the child's developmental needs carefully,

and ascertaining if there had been a developmental arrest, it was possible to put in perspective the pressures and realities of his social situation and plan more effectively for him. This resulted from clarity about his developmental needs and making them the main consideration in the placement decision and plan. Knowledge of the best situation for a child did not always help achieve it. When the right type of foster resource was not available, it was necessary to choose a less than ideal placement, while recognizing the possible risks and outcome. With prior understanding, the problems could be anticipated and auxiliary supports utilized to minimize the impact; for example, in Simone's case, intensive work with the second set of foster parents, as well as therapy for Simone, preserved the placement. This method forces workers to be aware of what they are doing and makes it more difficult to impulsively choose an easier or expedient solution to a placement problem.

If the placement worker recognizes that the best possible situation (foster home, group home, institution) for a child is not available, it is important to consciously place him in a less than adequate situation and then to plan a compensatory program of services for him.

### Evaluation Of Developmental Theories

Initially, I made no effort to compare the different developmental theories with one another. During the course of thinking about each child, a particular theory would suggest itself, and I would then apply it as an overall framework to that child. As I became more familiar with the theories, I began to use parts of the other theories to understand certain aspects of a child's development. In retrospect, I value some of them as more useful than others but found each of them helpful in certain ways. For example, I see Anna Freud's concept of

the "normal lines of development of childhood" as amplifying Sigmund Freud's work on the psychosexual stages of childhood and providing a holistic view which helps in tracking the components of a child's overall growth and development. When applied to pathology in childhood, the factors interfering with normal forward moves can be assessed. Anna Freud demonstrated aspects of normal development and how essential developmental achievements may be furthered or hindered. She also classified childhood disorders as neurotic, neurotic behavior disorders, and borderline conditions, the latter being due to early developmental arrest. This classification is helpful in getting the overall picture of a child and may give some clues about whether placement is indicated or would be beneficial for the child. In regard to placement decisions, it may be that A. Freud's main contribution was to have devised an overall framework for helping to understand a child more fully. In the case of Ann, application of Anna Freud's concept of developmental lines seemed to indicate that she was neurotic. After three changes in placement, psychological testing revealed ego deficits and borderline structure. A. Freud's theory recognized the borderline category but was not able to specify the determinates leading to this condition. For instance, Ann's inconsistent mothering during the early subphases made for problems in establishing self and object constancy. Knowing this, I would not have expected her to "make" it in the foster homes. A. Freud's work was done prior to Margaret Mahler's work on the separation-individuation phase, which is needed to complement A. Freud's description of the early stages of childhood.

Erikson (1963) provided a vital contribution by connecting the psychosocial tasks of the developing personality to Sigmund Freud's psychosexual stages. He shows how society is constituted so that the human personality develops according to the growing person's readiness to be aware of, and to interact with, a widening



social milieu. With his theory of the "eight stages of man" he described how "the solution of one conflict or crisis affects all subsequent steps" (p. 269). This view of development is of practical use in evaluating how a child's or adolescent's present behavior reflects the earlier resolution of previous stages. For instance, Tommy had never learned to trust, and this affected all of the subsequent stages of his development, leading him to a major crisis at the stage of "identity vs. role confusion." Erikson believed that it is during this crucial period that the child's sense of cohesion develops. When thinking about a child's development, certain aspects stand out more clearly in one framework than in another. With Tommy, I was often puzzled by what might be culturally determined in his behavior. Was his strong need to be admired part of his cultural endowment, for instance, or motivated by his feelings of minority status? By recognizing the impact of the Indian culture, it was possible to see the part that it played, but the symptoms were too severe to be accounted for only by the culture. Tommy's younger siblings and other Indian adolescents were not as troubled about that issue to the same degree.

The theory that proved to be indispensable and which I found myself using in all the cases was Mahler's theory of the separation-individuation process. It was of value in understanding children of any age. It was important to get as much data as possible about the child's behavior, especially his early experiences and with special attention to the kind of parenting received during the first three years. It was also necessary to know the nature and strength of the assault or arrest he sustained.

In Ann's case, it was only when I began to see her as unable to attach to foster parents and thus lacking object constancy that I understood what she needed in terms of placement. I no longer expected her to be capable of achieving a satisfactory relationship with foster parents.

Although Erikson's theory was helpful for understanding thirteen-year-old Tommy in relation to the impact of culture and the resolution of his psychosocial conflicts, I still found it necessary to go back to Mahler's separation-individuation phase to understand the underlying causes of his feelings of inferiority and lack of identity. The frameworks of Erikson and Mahler were both important in order to understand this complex young man.

In each case, Mahler's theory of the separation-individuation phase enhanced the developmental frameworks used and the placement planning. With 11-month-old Adam, it provided the rationale for my plan to keep him with his mother. My understanding of the first three years in a child's or adolescent's life, and particularly the importance of the quality of his interaction with the "mothering" caretaker during the subphases of separation-individuation, made Adam's later behavior clearer in terms of his underlying structure. Placement planning was then based on meeting his developmental needs as they continued to affect him in his present stage.

Other theories were needed to complement Mahler's theory. Spitz's theory became the theory which illuminated Joel's aggressive behavior and, in combination with Mahler's theory, provided a comprehensive understanding of this emotionally disturbed child. The researcher focused on Bowlby's attachment theory for the siblings, Jon and Simone, because of the general acceptance of this theory. Mahler's theory was also applied at the time of the second placement. It was useful in understanding the effects of separation from their mother at the specific subphases of the separation-individuation process. Bowlby's theory illuminated Simone's ongoing problems with attachment which contributed greatly to my understanding of her and, consequently, to my decision-making for her.

Three of the theories, A. Freud, Erikson and Mahler, became basic frames of reference for me, i.e., to be thought of and used or discarded for each child. Spitz and Bowlby were of value in two particular cases. With different cases, they may not have been used at all and other theories might have taken their places. This overall group of developmental theories is growing and evolving constantly.

### Education and Training

Early in this project, it seemed to me that graduate school would be the best place to both learn and begin to integrate developmental theory with practice. In the course of studying and applying the theories used in this dissertation, I realized just how difficult an undertaking this would be. To master and then apply several of these theories appropriately has taken me a considerable period of time to accomplish. My hope is that the theories will be taught in graduate school so that their practical value in child placement becomes known. Opportunity for further in-service and postgraduate training could then facilitate their use in agencies.

Training in social work agencies is considered to be staff development; the practical application of developmental theory could be a part of this process. Staffs in public agencies, however, are rapidly being de-professionalized. In the future, there probably will be fewer MSW's and more social workers with A. B. degrees who will not have studied developmental theory. It is necessary for agencies to have supervisors who are well-grounded in these theories, or to use specialists as consultants and have them teach these theories in connection with specific cases. This is a method of making the theories known and integrating

them into practice. If the present trend continues, agencies will need to expand staff development programs so that the various aspects of child development as well as developmental theory will be taught.

To familiarize staff with these theories, one could use regular weekly staff meetings for social workers to present cases in which placement planning is currently going on, either for a first placement or when a previous placement has broken down and another plan needs to be made. Supervisors or frontline workers familiar with a particular theoretical framework could then bring the benefit of their expertise to the group's discussion of the child's developmental needs. In my opinion, placement workers, myself included, generally have not spent enough time thinking about, or discussing, the child; they have been too busy dealing with crises and routine reports.

### The Placement Worker and the Bureaucracy

Often the social services bureaucracy seems to have a will of its own. For example, when Tommy ran away from Inland School and later did not show up for a readmission meeting, his placement worker, Inland School staff and his mother had long talks about what should happen to Tommy. All agreed that he had made so much progress at Inland School that he should return if at all possible. With this in mind, when Tommy was made a ward of the Juvenile Court and transferred from the Child Placement Unit to Juvenile Probation, his social service worker called his probation officer and spent considerable time talking about the progress Tommy had made at Inland School and told her of the support from the school and his mother. The placement worker felt that if Tommy was "placed" there by the Probation Department it would become more of a commitment, and Tommy would be more likely to stay. However,

when I recently talked with the probation officer, as part of my follow-up on the case for this project, she assured me that Tommy, after his recent shooting and knifing episodes, was now too difficult for any of the open facilities in the area to handle and that it would be detrimental for society to have him at large. My concern is that there is not enough carry-over from one agency to another when a child is transferred for any reason. It takes a long time to get to know someone like Tommy or Ann and their family situations. It seems to me this knowledge is often wasted, to the detriment of the child, and indirectly, of society. With Tommy, the rehabilitation he had achieved at Inland School was neither preserved nor built upon when he changed jurisdictions.

One constructive idea might be for supervisors from both agencies to set up joint meetings when a child moves from one jurisdiction to another. Ideally, it would include the old agency and new agency frontline workers, as well as their supervisors. If these conferences were structured as routine, it would make the new agency's job easier and result in benefits for the child.

In my agency, this kind of conference is held when a child transfers to the adoption agency, which happens to be under the same roof. It may be more difficult to set up such a system with a Juvenile Probation Department, but it is not impossible. In many agencies across the country it is routine. It takes the goodwill of one agency towards the other and a willingness to cooperate by the directors and staff of both agencies. This kind of agency cooperation, while difficult to achieve, could result in benefits to staff as well as to the children and adolescents concerned. The individual placement worker would take the advocate role for his former client rather than assuming that the child, now being under different jurisdiction, has no further need of him. The knowledge

and experience of working with a child and his family over a number of months or years, is priceless. It is absolutely detrimental to the child when this is so easily and abruptly discarded.

Another issue is the new regulations within agencies. Senate Bill 14 mandates six months reviews on children instead of the previous yearly ones. Service agreements must be made with parents within 30 days of entry into the system. Mandatory cutoffs determine when a child must be referred to adoption or given another permanent plan. The bureaucracy has created a structure in which the individual placement worker is being inundated with rules, paperwork and mandates to the point that it seems as if thinking about cases is outdated. It was partially in reaction to this envelopment by the bureaucracy that I decided upon this project. My hope is to challenge the need for "six month reviews" and other rigidities by demonstrating that use of developmental theory makes it possible for social workers to plan creatively for children and make decisions all the time, without artificial deadlines. Less time would then be spent filling out forms, checking little boxes and, writing unnecessary court reports every few months.

### Permanency Planning

Permanency planning demands a shift in focus because it de-emphasizes direct provision of services and puts its emphasis on systematic case planning and monitoring within a socio-legal framework. The placement worker becomes the case manager, responsible for assessing due process and effectiveness of decision making that is shared by the agency, other service providers, the client families themselves, as well as the courts. Arthur Emlem of the Oregon Project

(1977) feels that this "shared responsibility will prevent burnout of workers" (p. 7). On the contrary, my experience of this arrangement has caused me to spend a greater amount of time in coordinating services. Consequently, I feel frustrated in not being able to use my clinical judgement acquired through training and experience.

The principles of permanency planning are supposed to be beneficial to the client. When applied rigidly, however, problems may develop. In Joel's case, a mandatory yearly adoption review posed certain problems for his present placement worker under the permanency planning directives. He was undecided about whether it would be best for Joel to remain in his foster home, or whether Joel should be referred for adoption and moved to a pre-adoptive foster home. Joel had made a great deal of progress during the two years in placement and was more manageable, which made adoption more possible. The argument for permanency meant, however, that Joel would be moved from the foster parents and his brother and sister with whom he had been for two years. His present skilled foster parents had become the "psychological parents" but were only prepared to give him the status of a long term placement, which is considered inferior to adoption or guardianship under permanency planning. Because of the severity of his developmental delay and the resultant problems, it was decided not to move him. Guideline #2, which was developed from his case, clearly points towards his remaining in his foster home under a long term placement agreement. It is most unrealistic for anyone to expect "permanency" by labeling a placement as such.

Another issue in regard to foster children that has not been dealt with directly is the devastation that occurs because there are so many disruptions in

their lives. Workers come and go, foster placements fail and other foster homes take the places of the ones that failed. One of the major goals of permanency planning was to minimize this situation. It is too soon to tell whether this tragic circumstance can be positively affected by the legislation. Even the information in the files is full of bits and pieces of lives, sometimes accurate but often times not. The mandated court reviews and other paperwork dictate how social workers use their time. They have become axiomatic commands. The workers' reaction to this situation may cause them to distance themselves from their clients and lead to a depersonalization of both themselves and their clients. Whether or not permanency planning will help or hinder the goal of stopping the proliferation of foster children is a question still to be answered.

#### Future Investigations

One goal of this type of study is to generate hypotheses for further research, but the ideas generated by the present work will require greater resources in order to fully investigate them. Some possibilities are laid out below.

It would be beneficial to contrast the work of two different placement agencies. If one agency was using developmental theory as a tool, in contrast to the other, it might be possible to do a controlled survey by matching the children studied by age, sex and phase of developmental arrest. Such a study could be done within one agency, but with fewer children to draw from it would be difficult to try to match the above named variables. By following two groups of children matched in age, sex, etc. in a longitudinal study, the benefits and the utility of developmental theory might be demonstrated more clearly.



One way of testing the value of developmental theory would be a study designed to contrast decision making with developmental theory against the permanency planning methods. An experimental method of research could be utilized.

Another study might be to find a way of evaluating the guidelines. The goal would be to demonstrate to what extent knowing the guidelines allows workers to come up with better decisions.

There is a need for classifying parents in terms of ability to meet the needs of their child developmentally. For example, within the range of mentally ill parents, how do schizophrenic, borderline and character-disordered persons parent in terms of a specific child's needs or developmental stage? This might be done by breaking down the interaction between mother and child in accordance with different diagnostic categories.

### Limitations

There were a number of limitations that were encountered in the process of implementing this study which should be considered when interpreting the data: 1. I am not an expert in the knowledge of developmental theory, 2. I did not have experimental matched controls, so I cannot be certain that the variation in the child is caused by the decision, 3. There may be some unique features of these particular children that would make the results impossible to duplicate, 4. There may have been bias in my selection of the sample, 5. Psychoanalytic developmental theory is not a unified body of knowledge because it includes many contributors of which only a handful of its major contributors are represented here. It is not a complete theory and is not entirely clear due to confusion in terminology.

## Conclusions

Summing up the experience of writing this dissertation, I wish to reemphasize several major conclusions.

Developmental theory has given me a structure with which I can make plans for children based on clinical judgement. Important though this theory may be, it is necessary to take into consideration the knowledge and creative expertise of the social worker who is putting it into practice. Its use demands study and training, and its benefits are not automatic. The theories, however, do provide a wealth of resources and others may develop different ways to use them.

The exigencies of permanency planning have caused me to spend a greater amount of time coordinating services and to get less satisfaction than previously when there was more time for direct contact and opportunity to exercise my clinical ability in work with children and parents, both natural and foster. My relationship with parents and children was the vehicle for helping them to change.

At the risk of being redundant, I want to stress once again the vital importance of Mahler's theory in understanding each of the children and adolescents in the case illustrations. It proved indispensable in its usefulness for determining accurately their levels of developmental arrest and degree of pathology or normalcy.

Finally, I wish to make a plea that social workers do more with their knowledge and expertise. We have for too long minimized our capacity to contribute to the well-being of the foster children in our care. We need to see ourselves as client advocates for these children. Often, we are the ones with the best understanding of a particular child because we, as professionals, know

him in depth as a product of his genetic endowment, his social background and his present situation. Whether it be with judges in courts, teachers or principals in schools, or with doctors in their offices, we need to communicate our knowledge of the child and his developmental needs in an effective manner. The findings of this dissertation suggest that if we are able to increase our clinical understanding of the child developmentally, we will have even more to offer on his behalf.

This goal demonstrates the need for well trained social workers. It is only when we as individuals and as a group can have confidence in our professional identities that we will have the courage to become more assertive and speak out for our young clients. We have legitimate claim to this territory, but customarily choose to abdicate this responsibility, and our expertise. Hopefully this dissertation is a small step in the direction of changing this stance and making a larger contribution to the area of child foster placement.

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