A descriptive study of the knowledge of attachment disorder among foster care social workers

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ABSTRACT

SOCIAL WORK

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A DESCRIPTIVE STUDY OF THE KNOWLEDGE OF ATTACHMENT DISORDER AMONG FOSTER CARE SOCIAL WORKERS

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Thesis dated July, 1999

The purpose of this study was to analyze and explain the relationship between the concept of attachment disorder and selected demographic variables of social workers employed as foster care workers within a metropolitan public department of child welfare services. A sample of 41 social workers was obtained from a population of 50 social workers. Random sampling was employed utilizing a questionnaire that was adapted from the Randolph Attachment Disorder Questionnaire (RADQ). Research indicated that a slight majority of social workers had knowledge of attachment disorder in children.

The findings indicated that there was no statistically significant relationship between the concept of attachment disorder and the educational degree, educational major or the work experience of foster care social workers who participated in the study.
ACKNOWLEDGEMENTS

I would first like to thank My Lord and Savior, Jesus Christ, for enabling me to accept the things I cannot change, the courage to change the things I can and the wisdom to know the difference. I would also like to acknowledge with endless love, without boundaries and limits, my parents. I breathe your air. Thank you Mommy and Daddy.
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CHAPTER I
INTRODUCTION

Angie Trenberth’s story exemplifies the need for attachment disorder to be addressed as soon as possible, beginning with those who are most at risk and continuing to those who are already affected. Angie was a child who was both at risk and eventually affected.

Angie's story, adapted from McKelvey (1995), began when she entered foster care at eight months old. Angie and her sister were placed into care when their babysitter recognized a pattern of physical abuse. They were initially placed into the Trenberth’s home on a temporary basis. Although the social services agency knew that the Trenberths were soon to take a vacation that would last approximately three months, the agency agreed to let the Trenberths foster the children until their vacation. During this time, Angie and her sister were placed with another family.

When the Trenberths came back from their vacation, only Angie was returned to them. Her sister was placed with another family. Angie was approximately one year old. Shortly thereafter, Angie's behavior became unmanageable.
By the age of four, Angie was unattached and well into the habit of open masturbation and approached strangers in a sexually explicit manner. Angie's behavior forced the Trenberths to become virtual prisoners in their own home. They were unable to take Angie anywhere. However the Trenberths believed that if they continued to give Angie love and a stable home environment that she would eventually outgrow the behavior. The opposite occurred. Despite warnings of continued problems and few resources, the Trenberths proceeded with the adoption of Angie.

By this time Angie was five years old and already expelled from kindergarten for disruptive behavior. The Trenberths soon found it difficult to place her at another school. She was sent to a religious residential treatment center but to no avail; Angie's behavior got worse. During this time, the Trenberths received very little financial help from the adoption agency and insurance offered little help to the mounting psychiatric bills. With Angie's disturbing behavior and the inability to access the appropriate help for Angie, Ms. Trenberth's health suffered to near hospitalization.

In addition to their existing troubles, on a class trip Angie bragged to her schoolmates about alleged sexual escapades between her adoptive father and herself.
The allegations were investigated and proven to be unfounded, yet the stress from the initial outcry and the investigation sent the family through further turmoil. Through a referral from a Boulder psychologist, Angie was evaluated at the Attachment Center in Evergreen, Colorado and found to have attachment disorder. Angie began treatment for the disorder at the age of seven.

Angie remained in therapeutic foster care for approximately 2 years. During this time, the Trenberths were instructed to take a "healing vacation." With consistent follow up, Angie was able to overcome her antisocial behavior and learn to behave appropriately, as well as adapt appropriate coping skills to handle stress and emotional upheaval (McKelvey, 1995 pp 19-22).

In sum, Angie suffered both physical and sexual abuse at an early age and was left with an emotional disorder that prevented her from attaching to others. This emotional disorder prevented Angie from accepting the Trenberths' love and commitment. Her consistent antisocial behavior was the vehicle that she utilized to verbalize her feelings (Delaney, 1991; McKelvey & Stevens, 1995).

In 1996, the state of Georgia received approximately 51,980 reports of child maltreatment. Of these reports, 14,360 were confirmed as cases of abuse or neglect based on the evidence presented by investigations (Georgia Department of Human Resources, 1998).
In the researcher's opinion, children like Angie, who suffered maltreatment often cannot demonstrate a clear discrimination between enduring attachments and transient attachments. Which places the child at risk to suffer from an emotional disorder such as an attachment disorder.

It has been reported that an estimated 86,000 youngsters under age 18 in Georgia suffer from some type of emotional disturbance. These children may have mental or behavioral problems which often remain over a long period of time and require continuous treatment. In Georgia alone, an estimated 1,100 children are cared for on a monthly basis in institutions, group homes and hospitals via supervision of the state foster care system (Georgia Department of Human Resources, 1998).

Statement of the Problem

Consensus among veteran caseworkers and foster parents is that there is an increasing number of foster children with significant emotional problems (Delaney, 1991). While the exact number of children affected by attachment disorder in foster care remains unknown, it is reasonable to assume that children with histories of maltreatment warrant a potential social problem. Children like Angie have become a rising majority among children in care. According to Delaney (1991), attachment disordered children often have behaviors ranging from self mutilation, suicidal attempts, violence,
setting fires and sexual deviance to defiance of authority, difficulty in relating to other people, hyperactivity and trouble learning. Children with these behaviors have typically experienced maltreatment by care givers to the extent that the necessary capacity to love and trust becomes limited, therefore resulting in extreme feelings of separation and isolation. The literature has suggested that without supportive home environments and effective interventions attachment disordered children are at-risk for sociopathic behavior (McKelvey & Stevens, 1994). The literature does not demonstrate the knowledge base of foster care social workers about attachment disorder.

Purpose of the Study

The purpose of this study is to analyze and explain the relationship between the concept of attachment disorder and selected demographic variables of social workers who are employed as foster care workers within a metropolitan public department of child welfare social services. In addition, the study will explain the ontogeny of the attachment disorder concept in the area of foster care service.
Significance of the Study

The concept of attachment disorder is recognized as an important aspect in the understanding of problems related to the care of children in need of foster care services. A suspected lack of knowledge of attachment disorder by foster care social workers is being addressed in this study.

This researcher has addressed the impact that the attachment disordered children have on the foster care system. This impact is demonstrated by the number of children who entered foster care as a result of physical abuse and neglect by their former primary caregivers. This maltreatment resulted in their inability to sustain positive relationships resulting in aberrant behavior, therefore disrupting placements. The importance of this study to social work is demonstrated by the increase of maltreated children entering foster care and the treatment services that will be required from foster care social workers to thwart the anti-social behaviors. Attachment disordered children have overwhelmed the foster care system in such a rapid succession that social workers have yet been able to identify effective interventions. A knowledge of attachment disorder and associated interventions that the concept affords would augment the effectiveness of foster care workers. However, there appears to be limited information available of the knowledge foster care social workers have about the
intervention strategies that this concept affords social work practice. The implications suggested by lack of knowledge about this concept in the literature may have a negative impact on emotionally disturbed children in our society.

In sum, Chapter I is the introduction to the study. The study introduced attachment disorder and the behaviors that affected children. It indicated that there is a lack of information on attachment disorder in the literature and the limited research which identifies effective interventions. Also, the study explored the knowledge base of individuals who are employed in the capacity of social services case managers about attachment disorder. It is anticipated that this research will spark an interest in attachment disorder among social workers in the area of foster care.
CHAPTER II
LITERATURE REVIEW

This chapter of the study will begin with the definition of attachment and explore what occurs when there is a separation and/or loss in attachment, and the ontogeny of attachment disorder continuing to interventions to manage the disruptive behaviors. This section will close with a discussion of the knowledge and training needs for social workers and an extensive summarization of highlighted issues made in this chapter.

Attachment is a lasting psychological connectedness between human beings. It is an emotional bond that grows between the child and care givers. This first relationship that an infant learns enforces feelings of security and relieves stress. This psychological connectedness enables the infant to learn trust. Research has shown that attachment is secured through various cycles of interactions between the child and the parent and is replayed repeatedly during infancy and well into preschool years (Bowlby, 1969; Reber, 1996; Mahler, 1975; Ainsworth, 1978).
This affectionate bond forms the foundation of internal representation of the relationships between self and others which serve as blueprints for all future relationships (McKelvey & Stevens, 1995). John Bowlby (1969, 1973) conceptualized that infants develop an internal working model that is a cognitive snapshot, mental representation, or psychic image that the child forms about him or herself, the care giver and the relationship. This working model emerges from interactions with the care giver; by the age of twelve months, infants show individual differences on working models although they cannot yet verbalize it (Bowlby, 1969, 1973).

**Separation and Loss**

Within this literature review, separation is defined as the premature and/or prolonged removal of a child from his/her attachment figure. Loss is defined as a permanent separation. As events, separations vary greatly in their psychological impact on a child. Depending on the specific factors involved, a separation from the mother may encourage psychological growth, or alternatively trigger such intense anxiety that the child's coping mechanisms are overpowered. In other words, the event may have long term negative consequences for personality development and the capacity to form enduring and basically trusting human relationships. In this case, a separation becomes a pathogenic experience or an attachment disorder (Belsky, Nezworski, 1988; Keough, 1980).
The contributions to attachment theory from John Bowlby (1969, 1971) and Mary Ainsworth et al. (1978) have been crucial in focusing attention on the extreme manifestations of separation experiences, and in heightening understanding about the anxiety producing potential of even minor separations.

For example, The Strange Situation Study conducted by Mary Ainsworth and colleagues (1978) observed the manifestations of both prolonged and brief separations between mothers and their children. This study, consisting of an infant and parent in two brief separations, yielded the finding of the expected behavioral manifestations of a disruption to attachment. The study called this occurrence the Protest-Despair-Detachment cycle. The child initially protest upon becoming aware of his or her caretaker’s absence.

The behavioral manifestations of this behavior consist of crying, whining and pursuing or searching after the caretaker. The child might do anything to make his or her displeasure known. Once the child realizes that the attempts to get his caretaker to return are futile, the child might become saddened, depressed and lethargic. The child often refuses a stranger’s attempts at comforting. Ainsworth et al concluded that the final stage of this cycle, the child eventually detaches from others in a withdrawn, somewhat
somewhat cynical posture. Even if reunited with the caretaker, the child may rebuff the caretaker, fail to recognize the caretaker, or remain remarkably disinterested in becoming involved with the previous caretaker again (Delaney, 1991).

This cycle repeats itself with each significant loss and/or separation. Thus, children who are currently in foster care have learned to become familiar with repetitive losses and separations, especially those who have extreme or severe behavioral problems.

**Ontogeny of Attachment Disorder**

An attachment disorder develops out of what Richard J. Delaney (1991) considers to be a combination of the negative working model and a failure to negotiate with the caretaker. The negative working model is the maltreated child's mental blueprint consisting of highly negative expectations about caretakers and himself or herself. According to Delaney, this blueprint causes the maltreated child to view him or herself as worthless, unsafe and impotent to make an impact on others (Delaney, 1991). Simultaneously, he or she views caretakers as unreliable, unresponsive and dangerous.

Additionally, Delaney states that this disordered child expects intimate relationships to be thoroughly undependable and ultimately frustrating to his or her needs. Though operating at an unconscious level, the negative working model
has a dramatic influence on the child's behavior and on the maintenance of conduct problems (Delaney, 1991).

In failing to negotiate, the disordered child is emotionally unable to reach "partnership" with any caretaker. Additionally Delaney (1991) states that this disordered child has never learned to clearly identify his or her feelings, nor express them directly to his or her caretaker or to negotiate differences or conflicts with them. Coupled with the negative working model and the failure to negotiate with the caretaker, the disordered child also displays antisocial behaviors that serve three functions: (a) to increase the caretaker interactions, though they are likely to be negative and potentially dangerous such as, harsh punishment or abuse (Speltz, 1990); (b) to keep the caretaker at a distance both physically and emotionally; and (c) to physically verbalize pent-up anger and frustration (Delaney, 1991).

The researcher discovered through the literature review that attachment disordered foster children tend to be extremely ambivalent about caretaker involvement; they often have anxieties about possible abuse, and the children often worry about the recurrence of loss, abandonment and rejection. These feelings are verbilized through anti-social behaviors that often disrupt placements. Interventions for the treatment of these behaviors are demonstrated in the Interventions section of this chapter.
Interventions

Researchers have identified some ways to manage these disruptive behaviors that an attachment disordered child might respond well to (Johnson & Brown, 1969; Patterson & Brodsky, 1966; Patterson, McNeal, Hawkins, & Phelps, 1967; Wahler, Winkle, Peterson, & Morrison, 1965; Zeilberger, Sampen, & Sloane, 1968). For example, the following intervention is based on procedural characteristics of operant parent training. Forehand and McMagon (1981) developed an operant parent training model which consisted of two phases. The first phase focuses on teaching the parent or caretaker to observe the child during play interaction, and strategically decide to give or withhold attention at specific times depending on a quick appraisal of child behavior. It is in this phase that the model encourages the parent to view their attention as something tangible.

The second phase of this model focuses solely on intervention. Parents are trained to give the child concrete and specific commands with a five-second opportunity to comply. If compliance is achieved during the time span, verbal praise is used. If the child is not compliant, then timeout is used. If the child continues to exhibit non-compliance at the parent or caretaker's command, then the timeout procedure continues. Upon completion of time out, the parent repeats the intervention until the child complies (Belsky, Nezworski, 1988).
An important addition of this training model is a child-directed play activity, called The Child's Game. Originally developed by Hanf (1969), this game is a play situation that enables the parent to utilize methods practiced in the first phase with the child, as the therapist observes and coaches. This game utilizes age-appropriate toys for the child, and the parent is advised to allow the child to lead whatever play activity results, occasionally describing to the child what he or she is doing ("you're stacking the blocks"), praising frequently, and above all, refraining from giving the child commands or making critical statements (Belsky, Nezworski, 1988).

In addition to Forehand and McMahon's study, other researchers (Eyberg & Robinson, 1982; Speltz, Beilke, Cantor, & Wiltuner, 1985; Wimberger & Kogan, 1974) have also found that the effects from this particular parent training model emphasize positive effects on the quality of the parent child relationship, enhance self-esteem for the child, help the child establish autonomy, and enable the parent and/or caregiver to maintain control (Belsky, Nezworski, 1988). This parent training model can be modified with children in limited age groups and abusive backgrounds. It can also be utilized when targeting specific behaviors, and the maintenance of anti-social behaviors has been fairly successful in follow-up studies. It is important to keep in mind that not all the antisocial behaviors that have been
described previously can be resolved by this particular training model.

Another method that is used to treat children with attachment disorder is therapeutic foster care. Angie Trenberth spent approximately two years in a therapeutic foster home at the Attachment Center in Evergreen, Colorado (McKelvey, 1995).

The therapeutic foster care program at the Attachment Center takes into account the distorted way that children like Angie view themselves along with their history of maltreatment. It has been known to be a structured, supervised intervention in which foster parents assist the child in daily life and help the child learn to be a loving family member. The research by Carole McKelvey (1995) revealed that the goal of the therapeutic parenting program is to prepare the child for developing healthy relationships, to teach the child to respect itself and others, to help the child learn responsibility and to make the child fun to be around. The program has been known to include individual therapy, in which a variety of therapeutic strategies and techniques are used to promote cognitive, emotional, behavioral, and interpersonal change. These methods are based on principles regarding the process of change, in which change occurs sequentially and developmentally. Thus, interventions are planned in stages moving step by step towards the desired goals of the individual (McKelvey, 1995).
Another type of intervention that has been known to be used at the Attachment Center is Rage Reduction Therapy (Cline, 1991). The purpose of this type of therapeutic intervention is to use various confrontational techniques in a loving, safe way to bring to the surface the hate the child has hidden deep inside but can not express. The child's lack of attachment and aloneness are a result of this rage. The confusion of love versus hate, especially concerning the child's birth mother, is also confronted. The intent is to give the child a controlled, loving situation in which the unattached, untrusting child can explode into a more primordial rage and hate. Emotions run high. In this process, feelings are brought to the surface under controlled conditions so the patient can deal with them without hurting himself or anyone else. This procedure, Rage Reduction Therapy, has been diagramed by Dr. Foster Cline (1991) in Understanding and Treating the Severely Disturbed Child. According to Cline, this diagram enables the lay person to see the exact attempts of the therapist when working with a child with an elusive emotional disorder.

Knowledge and Training Needs

Because of the increasing number of children who are currently in foster care and those who might follow, the need for social workers to be knowledgeable in attachment theory and attachment disorder is steadily rising. Vera Fahlberg (1991) states that social workers along with the biological
family are the catalysts in helping and assisting the child in the transition into and through the foster care system. The foster care social worker must be aware of issues concerning attachment and separation, must keep in mind that every loss adds psychological trauma and interrupts the task of child development. It is Aldgate's (1988) belief that social workers should focus on minimizing the trauma of separation and, if necessary, assist the new foster parent and child in developing new attachments. The nature of these attachments will vary according to the purpose of the foster care placement, the needs of the child, and the capacity of the caregivers (Aldgate, 1988). Given the potential long-term effects that lack of attachment can have on a child, it is crucial that the foster care system respond in ways that help the children develop positive attachments with their primary care givers.

Whether the plan for a child in interim care is reunification or adoption, the development of an attachment to permanent or temporary caregivers should be encouraged. Children need ongoing relationships to continue their growth and change (Fahlberg, 1991). Therefore, the social worker must be aware of and utilize innovative interventions being outlined in the attachment literature.

Social workers also need to work diligently in assisting the foster parent and child in establishing positive
relationships which would enable the child to develop better coping skills when having to face loss and separation (Fahlberg, 1991).

Summary

So far this researcher has discussed attachment, along with the definition of attachment utilized by Mary Ainsworth and John Bowlby whose contributions to the field of attachment have been overwhelming. This researcher has presented how an attachment disorder develops by introducing the negative working model and examining the failure to negotiate with caretakers. Also discussed were the behaviors that an attachment disordered child may have and the function these behaviors serve in the disordered child's life. The discussion closed with an overview of the specific interventions that are most commonly used in treating the emotionally disordered child. In particular, the interventions presented have demonstrated the literature's description of the passive attempt to intervene with children with such aggressive anti-social behaviors.

The one intervention that has been used with attachment disordered children is the Rage Reduction Therapy. The researcher has identified the intrusiveness of this type of therapeutic intervention and the aggressiveness of the process does not demonstrate a possible positiveness for its success in treating the child who lives by recreating past relationships.
It is this researcher’s opinion, that there needs to be more research in developing treatments for a child who inherently hates so many. The concern that exists within this treatment is the assumption that all children will follow the diagram when undergoing this intervention. For example, as the therapist takes the child through each phase, the child will be able to regroup and continue through the day without reenacting the therapy session.

Another assumption that surrounds this intervention is that the exact information of abuse and neglect is accurately accessed, due to the possible time span that the child has been in care along with the constant change in social workers. In addition, it is assumptive that all therapists have the ability to bond effectively with a child who is not able to trust others.

The validity of the diagnosis of attachment disorder is a concern that should be addressed at any time that attachment disorder is discussed. This particular diagnosis is not listed in the DSM IV (1994). There is a similar diagnosis in the DSM IV (1994) called Reactive Attachment Disorder. Reactive Attachment Disorder refers primarily to infants younger than eight months of age and is characterized by failure to make eye contact, to smile, to vocalize reciprocally, to turn to the mother’s voice, to spontaneously reach for the mother, to anticipate being picked up by the mother, or to engage in playful activities with the mother.
This is due to lack of adequate maternal care during the first eight months of life. What makes Attachment Disorder different from Reactive Attachment is the combination of the internal working model, the imprint of previous relationships, and the myriad behavioral manifestations that are mostly drawn from the child's abusive or neglectful history (McKelvey, 1995).
CHAPTER III
THEORETICAL FRAMEWORK

The theoretical framework utilized in this study was attachment theory. The attachment theory was conceptualized and researched by John Bowlby (1969, 1973) and Mary Ainsworth (1969). This study will use an adaption of the Randolph Attachment Disorder Questionnaire to analyze the knowledge of foster care social workers.

Attachment Theory

Attachment theory focuses on the most basic and primary of relationships, the infant-mother bond, and on the ways in which this bond serves as a foundation for further growth and development (McKelvey, Stevens, 1995). John Bowlby (1951) provided the foundation for attachment theory and the development of its basic concepts.

In 1951, John Bowlby, M.D., submitted a report to the World Health Organization entitled "Maternal Care and Mental Health." In his report, he reviewed the evidence regarding inadequate maternal care and its negative effects on personality development.
Bowlby emphasized two points. First that infants' need to attach (bond) to the parent is as basic as the need for food. Second, that separation from and/or loss of the parent can produce damage to the developing child.

The concerns about attachments were raised in the famous study that was conducted by ethologist H.F. Harlow (Harlow, 1958). Harlow's study focused on non-human subjects (Rhesus monkeys) and the instinctive nature of attachment. This study determined that Rhesus monkey infants preferred a soft terry-cloth "mother" that lacked food to a wire-mesh "mother" that provided food. From this study, Bowlby was able to hypothesize that there is a biological basis for attachment behavior and it serves as a survival value by keeping the mother and infant closely connected (McKelvey, 1995).

From the Harlow study and the results found, Bowlby was able to establish a definition for attachment. Bowlby defined attachment as an affectional tie with some other differentiated and preferred individual who is usually conceived as stronger and/or wiser. The affectional bonds form the basis of internal representations of the relationship between self and others (working models) that serve as blueprints for all future relationships (Delaney, 1997).

Mary Ainsworth's (1969) definition of attachment is based upon the theory that the infant can confidently show
signs of missing the parent upon separation, can greet the parent actively upon reunion, and then settle and return to play. Ainsworth has focused her research on the role of the primary caregiver in determining secure or insecure attachment. This determination is derived from the model developed out of Ainsworth's theory of the normal attachment process.

**Phases of Attachment**

Ainsworth (1969) developed this process which consists of four phases that occur during early childhood, beginning at infancy and ending at approximately three years of age. Phase one begins at birth and continues until 3 months and is often referred to as "orientation and signals without discrimination of figure." It is during this stage that the infant is learning to adapt to the caretaker. There is no solidified attachment.

In Phase two, which occurs between 3 and 8 months, the infant begins to discriminate the mother from other people and responds more to her than to others. In other words, the infant's brain is now able to store information in memory centers in order to associate each memory with whatever sensory experiences were taking place at the same time as an event.

In Phase three, "maintenance of proximity to a discriminated figure by means of locomotion as well as by
signals," the infant is able to follow, approach, and seek out its mother as a safe base from which to explore the world. The child should be able to explore without anxiety. In other words, the child may act independent and sometimes dependent. This phase usually begins around 8-36 months.

In Phase four, "formation of a reciprocal relationship," the infant begins to infer motives behind her mother's actions. This phase and the actions that follow show that attachment has solidified and a partnership has begun. The child is able to show an increased ability to communicate needs verbally and to negotiate differences. This phase begins at 36 months and continues throughout the child's lifetime.

**Definition of Terms**

The terms used to guide this study are defined as the following:

1. Separation is defined as the premature and/or prolonged removal of a child from his/her attachment figure.

2. Loss is defined as a permanent separation.

3. Attachment is defined as a lasting psychological connectedness between human beings (Belsky, Nezworski, 1988; Keough, 1980). It is an emotional bond that grows between the child and care givers.

4. Attachment Disorder as defined by Fahlberg
(1991), is the result from dysfunctional family dynamics, individual vulnerabilities on the part of a child, past traumatic events or unresolved grief which interferes with the child's forming new relationships. The signs and symptoms of attachment problems in a particular child will be the result of the way the parents behaved toward the child, the child's environment and the child's particular psychological traits.

5. Foster Care Social Worker employed as a Social service case manager as defined by this researcher is an individual with an associates, baccalaureate, or masters degree not limited to social work and employed in a child social services agency in which supervising a child in a out of home placement is the primary responsibility.

6. Foster care work experience is defined as a person who has worked in foster care for a least seven years.

7. Educational major is defined as primary area of study while in college.

8. Highest educational degree obtained is defined as a degree awarded upon completion of college or university curriculum.
9. At risk is defined as the members of a group who are vulnerable to, or likely to be harmed by a specific medical, social, or environment circumstance.

**Statement of Research Questions**

The research questions of the study were as follows:

1. What is the relationship between the educational degree and the awareness of attachment disorder among foster care social workers?

2. What is the relationship between the educational major and the awareness of attachment disorder among foster care social workers?

3. What is the relationship between work experience and the awareness of attachment disorder among foster care social workers?

**Hypotheses**

The null hypotheses for this study were as follows:

1. There is no statistically significant relationship between the educational degree and the awareness of attachment disorder among foster care social workers.

2. There is no statistically significant relationship between the educational major and the awareness of attachment disorder among foster care social workers.
3. There is no statistically significant relationship between the work experience and the awareness of attachment disorder among foster care social workers.
CHAPTER IV

METHODOLOGY

This section contains a detailed analysis of the methodological procedures used in this study. Included in this section are the research design, description of the setting, sampling procedures, statistical analysis and summary of methods.

Research Design

An exploratory research design was used in this study. In exploratory design, the purpose is to uncover generalizations and develop hypotheses which can be investigated and tested later with more precise and hence more complex designs and data-gathering techniques. The type of exploratory design that was used to test the research hypothesis was one group post test only design (Grinnell, 1998).

Description of the Setting

A survey was conducted in a metropolitan public department of child welfare social services. A questionnaire
was distributed on Wednesday November 25, 1998 and was requested to be returned by the following Monday November 29, 1998. The public department of children social services where the survey was conducted is responsible for investigating all allegations of child abuse and neglect along with providing adoption services, foster care, adult protective services and on-going services for children and their families. There are approximately 100 social workers employed as social services case managers in the agency.

**Sampling Procedures**

A sample of 50 social services case managers was obtained out of a population of 100 social workers. A simple random sampling method was used to obtain the population for the study. In simple random sampling, members of a population are selected, one at a time, until the desired sample size is obtained. Once an individual unit (e.g. person, object, event) has been selected, it is removed from the population and has no chance of being selected again (Grinnell, 1993). Of the 50 social services case managers sampled, there were 41 participants.

**Description of the Instrument**

The survey questionnaire utilized in this study was adapted from the Randolph Attachment Disorder Questionnaire (RADQ). The RADQ (Randolph, 1997) was designed to identify and diagnose attachment disorder in children beginning at the age of 5 years to 18 years old. It is routinely used as a
screening tool to identify whether or not the behavior problems a child is exhibiting are consistent with the symptoms of attachment disorder. According to Randolph, the reliability of the RADQ was established by using two different techniques; test retest and internal consistency. Validity for the RADQ has been established using several techniques. Face validity is one technique that assess whether or not the items appear to assess what they are designed to measure. A second aspect of validity is construct validity, which is related to whether or not the RADQ can accurately distinguish between children with various psychiatric disorders. Using an item analysis technique it was be proven to be effective with behavior disordered children as well as with normal children.

The findings indicated that the RADQ clearly distinguishes between children whose behavior problems are consistent with the presence of attachment disorder, and those whose behavior problems meet the diagnostic criteria for either Conduct Disorder or Oppositional/Defiant Disorder, but have no history of severe maltreatment early in life. Randolph concluded that the RADQ has quite high construct validity.

In the RADQ, responses were coded on a 1 to 5 scale with the following values rarely (1); occasionally (2); sometimes (3); often (4); and (5) usually (Randolph, 1997).
For the purposes of this survey questionnaire, the RADQ was modified with a scale of No = 1 and Yes = 2 for each statement. The questionnaire was analysed utilizing SPSS Macintosh.

Data Collection Procedure

Each case manager was given a 35-item questionnaire that provided a brief definition of attachment disorder. The questionnaire was distributed to 50 case managers on Wednesday November 25, 1998 and was requested to be returned by the following Monday November 29, 1998. The respondents were requested to read through each item that described a behavior that is often associated with attachment disorder. The questionnaire was accompanied by an answer sheet that requested additional information: (a) age; (b) gender; (c) highest degree; (d) major in college and years in foster care social work. Each participant was requested to return all questionnaires to the researcher by Monday November 29, 1998. Forty-one questionnaires were received by the researcher.

Statistical Analysis

The Statistical Package for Social Sciences (SPSS) was used to complete initial analysis to test the hypotheses, then chi-square was used to do cross-tabulations. Cross tabulation refers "to the process of putting the values of
two nominal level variables into a simple table." The table consists of the number of times that each possible combination of the values for the two variables occurred within the research sample (Weinbach, Grinnell, 1994).

Chi-square was used to test the hypotheses. Statistical significance is determined at the .05 level.

The adapted RADQ consists of two parts: Part I Demographics and Part II Attachment Disorder. The demographic questions were coded in the standard questionnaire format with 2 = female, 1 = male, for example. Since the survey questionnaire was adapted from Randolph Attachment Disorder Questionnaire, each statement was changed from "My" child to "The" child in the response category.

The value of the response was given 2 = Yes or 1 = No. Descriptive statistics were used to show the measures of variability (range) of responses that occurred in this study (Bloom, Fischer, Orme, 1994).

Summary of Methods

This study utilized an exploratory research design to describe three research questions and hypotheses in which the research questions were analyzed through descriptive statistics. Chi-square was used as a test of significance at the .05 level.
The instrument used was an adaption of the Randolph Attachment Disorder Questionnaire developed by Elizabeth Randolph. The respondents were instructed to complete the questionnaire that provided statements of behaviors that are commonly associated to children with attachment disorder. In the adapted questionnaire, a definition of attachment disorder was provided for reference.
CHAPTER V

PRESENTATION OF FINDINGS

The following section provides a detailed analysis of the research data. The findings are divided into demographic data and the results of the analysis indicated by the research questions and the hypotheses.

Demographic Data

It was decided to survey at least one half of the one hundred social workers of a metropolitan public department of children social services which served foster care children. Of the 50 social services case managers surveyed, 41 or 82% were respondents. Seven of the 41 or 17% of the social services case managers workers were males and 34 or 83% were females.

As shown in Table 1, within the age group, 7 or 17% were under thirty; 13 or 32% were between the ages of 30 to 39 and 40 to 49 years of age; 8 or 20% were over 50 years of age.

Table 1 indicates that when analyzing the data by highest educational degree, one person or 2.4% had an associate degree; 21 or 51% a bachelors; 6 or 15% a bachelors of Social Work (BSW); 5 or 12% a masters degree; and 8 or 20% a Masters of Social Work (MSW) degree.

34
Table 1. Demographic Profile of Social Workers (N=41)

<table>
<thead>
<tr>
<th>Variable</th>
<th>Number</th>
<th>Percent</th>
<th>Cum Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>7</td>
<td>17.1</td>
<td>17.1</td>
</tr>
<tr>
<td>Female</td>
<td>34</td>
<td>82.9</td>
<td>100.0</td>
</tr>
<tr>
<td><strong>Age Group</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Under 30</td>
<td>7</td>
<td>17.1</td>
<td>17.1</td>
</tr>
<tr>
<td>30 to 39</td>
<td>13</td>
<td>31.7</td>
<td>48.8</td>
</tr>
<tr>
<td>40 to 49</td>
<td>13</td>
<td>31.7</td>
<td>80.5</td>
</tr>
<tr>
<td>Over 50</td>
<td>8</td>
<td>19.5</td>
<td>100.0</td>
</tr>
<tr>
<td><strong>Highest Degree</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Associate</td>
<td>1</td>
<td>2.4</td>
<td>2.4</td>
</tr>
<tr>
<td>Bachelors</td>
<td>21</td>
<td>51.2</td>
<td>53.6</td>
</tr>
<tr>
<td>BSW</td>
<td>6</td>
<td>14.6</td>
<td>68.3</td>
</tr>
<tr>
<td>Masters</td>
<td>5</td>
<td>12.2</td>
<td>80.5</td>
</tr>
<tr>
<td>MSW</td>
<td>8</td>
<td>19.5</td>
<td>100.0</td>
</tr>
<tr>
<td><strong>Education Major</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social Work</td>
<td>17</td>
<td>41.5</td>
<td>41.5</td>
</tr>
<tr>
<td>Sociology</td>
<td>7</td>
<td>17.1</td>
<td>58.5</td>
</tr>
<tr>
<td>Education</td>
<td>4</td>
<td>9.8</td>
<td>68.3</td>
</tr>
<tr>
<td>Psychology</td>
<td>7</td>
<td>17.1</td>
<td>85.4</td>
</tr>
<tr>
<td>Business/Adm</td>
<td>3</td>
<td>7.3</td>
<td>92.7</td>
</tr>
<tr>
<td>Criminal Just</td>
<td>3</td>
<td>7.3</td>
<td>100.0</td>
</tr>
<tr>
<td><strong>Foster Care Experience</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than 3yrs</td>
<td>6</td>
<td>14.6</td>
<td>14.6</td>
</tr>
<tr>
<td>3 to 6 yrs</td>
<td>13</td>
<td>31.7</td>
<td>46.3</td>
</tr>
<tr>
<td>7 to 9 yrs</td>
<td>6</td>
<td>14.6</td>
<td>61.0</td>
</tr>
<tr>
<td>10 to 15 yrs</td>
<td>10</td>
<td>24.4</td>
<td>85.4</td>
</tr>
<tr>
<td>More than 15yrs</td>
<td>6</td>
<td>14.6</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Also as indicated in Table 1; respondents indicated that 17 or 42% educational major was social work; 7 or 17% majored in sociology; 4 or 10% in education; 7 or 17% in psychology; 3 or 7% in business/administration; and 3 of 7% majored in criminal justice.
As shown in Table 1, the last demographic statement requested each respondents years of experience in foster care. Of the 41 respondents; 6 or 15% reported to have less than three years of foster care experience; 13 or 32% reported to have three to six years experience; 6 or 15% reported seven to nine years; 10 or 24% reported 10 to 15 years and; 6 or 14.6% persons had more than 15 years of work experience in foster care services.

As shown in Table 1, the typical survey respondent was a female 30 to 49 years of age with a bachelors degree who majored in social work in a college or university. The typical respondent indicated she had 3 to 6 years of work experience as a foster care social worker.

Knowledge of Attachment Disorder

Attachment problems may result from dysfunctional family dynamics, individual vulnerabilities on the part of a child, past traumatic events or unresolved grief which interferes with the child's forming new relationships. Signs and symptoms of attachment problems in a particular child will be the result of the way the parents behaved toward the child, the child's environment and the child's particular psychological traits. In general children who have been severely neglected are the most likely to suffer from a lack of attachment, while those who have been intermittently neglected and/or abused will more than likely show
abnormalities in the types of interpersonal relationships they develop.

The following is an analysis of the social services case managers' perception of their personal knowledge of attachment disorder in children. The social services case managers were asked to respond to a list of thirty-five behavioral questions on the Randolph Attachment Disorder Questionnaire (RADQ) concerning children.

The case managers were asked to indicate which of thirty-five behaviors they believed were related to a "child at risk" for attachment disorder. They were asked to respond "Yes" if they believed the child's behavior was attachment disorder or "No" if they did not believe the child's behavior was an indication of attachment disorder.

The RADQ instrument was recoded in order to measure the respondent's knowledge and understanding of the concept of attachment disorder in children. An arithmetic scale based on a 2 point continuum was utilized to calculate the responses from the RADQ survey. The recoded scale was as follows: No = 1 thru 1.599 and Yes = 1.6 thru 2.

Table 2 presents the frequency distribution of the responses from the Randolph Attachment Disorder Questionnaire (RADQ). It is an analysis of foster care social workers' perception of their knowledge of attachment disorder in children.
Table 2. Knowledge of Attachment Disorder (N=41)

<table>
<thead>
<tr>
<th>Value Label</th>
<th>Value</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>1</td>
<td>20</td>
<td>48.8</td>
</tr>
<tr>
<td>Yes</td>
<td>2</td>
<td>21</td>
<td>51.2</td>
</tr>
<tr>
<td>Totals</td>
<td>41</td>
<td></td>
<td>100.0</td>
</tr>
</tbody>
</table>

As shown in Table 2, a majority (21 or 51.2%) of the foster care social workers had some knowledge of attachment disorder among children. However, 20 or 48.8% of these foster care social workers indicated that they had no knowledge of the concept of attachment disorder.

**Research Questions and Hypotheses**

In the study there were three research questions and three null hypotheses. This section is an analysis of these three questions. The research question is restated and data is presented to analyze and explain the findings. Each hypothesis was tested utilizing chi-square at the .05 level of significance.
Research Question 1: What is the relationship between the educational degree and the awareness of attachment disorder among foster care social workers?

Table 3 is a crosstabulation of the highest educational degree of foster care social workers and their awareness of attachment disorder. It shows the association of college degrees to the awareness social workers have of attachment disorder in children.

Table 3. Educational Degree by Attachment Disorder (N=41)

<table>
<thead>
<tr>
<th>Variable</th>
<th>NO</th>
<th>YES</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>#</td>
<td>%</td>
<td>#</td>
</tr>
<tr>
<td>Associate</td>
<td>0</td>
<td>0.0</td>
<td>1</td>
</tr>
<tr>
<td>Bachelors</td>
<td>10</td>
<td>50.0</td>
<td>11</td>
</tr>
<tr>
<td>BSW</td>
<td>5</td>
<td>25.0</td>
<td>1</td>
</tr>
<tr>
<td>Masters</td>
<td>3</td>
<td>15.0</td>
<td>2</td>
</tr>
<tr>
<td>MSW</td>
<td>2</td>
<td>10.0</td>
<td>6</td>
</tr>
<tr>
<td>Total</td>
<td>20</td>
<td>48.8</td>
<td>21</td>
</tr>
</tbody>
</table>

DF = 4  chi-square = .20725

As shown in Table 3, a majority (21 or 51.2%) of foster care social workers indicated that they had some knowledge of attachment disorder in children. Social workers with a bachelor's degree indicated that 11 or 52.4% of their group had some knowledge of attachment disorder. Of the MSW social
worker, 28.6% indicated they had some knowledge while, 4.8% of the BSW social workers indicated they had some knowledge of attachment of the concept.

The chi-square test was applied and the null hypothesis was accepted indicating that there was no significant statistically (.20725) relationship at the .05 level of significance between the educational degrees of foster care social workers and attachment disorder.

**Research Question 2:** What is the relationship between the educational major and the awareness of attachment disorder among foster care social workers?

Table 4. Educational Majors by Attachment Disorder (N=41)

<table>
<thead>
<tr>
<th>Variable</th>
<th>NO</th>
<th>YES</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>#</td>
<td>%</td>
<td>#</td>
</tr>
<tr>
<td>Social Work</td>
<td>8</td>
<td>40.0</td>
<td>9</td>
</tr>
<tr>
<td>Sociology</td>
<td>4</td>
<td>20.0</td>
<td>3</td>
</tr>
<tr>
<td>Education</td>
<td>2</td>
<td>10.0</td>
<td>2</td>
</tr>
<tr>
<td>Psychology</td>
<td>3</td>
<td>15.0</td>
<td>4</td>
</tr>
<tr>
<td>Business/Adm</td>
<td>2</td>
<td>10.0</td>
<td>1</td>
</tr>
<tr>
<td>Criminal Just</td>
<td>1</td>
<td>5.0</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td>20</td>
<td>48.8</td>
<td>21</td>
</tr>
</tbody>
</table>

DF = 5  chi-square = .96358
Table 4 is a crosstabulation of the educational majors and the awareness of attachment disorder by foster care social workers. It shows the association of educational preparation to the awareness social workers have of attachment disorder in children.

As shown in Table 4, a majority (9 or 42.9%) of foster care social workers with a major in social work indicated they had some knowledge of attachment disorder. Social workers with educational majors in psychology (19.0%) and sociology (14.3%) indicated the second and third highest percentage of awareness of attachment disorder in children.

The chi-square test was applied and the null hypothesis was accepted indicating that there was no significant statistically (.20725) relationship at the .05 level of significance between the educational majors of foster care social workers and attachment disorder.

**Research Question 3:** What is the relationship between work experience and the awareness of attachment disorder among foster care social workers?

Table 5 is a crosstabulation of the work experience and the awareness of attachment disorder by foster care social workers. It shows the association of work experience in foster care to the awareness social workers have of attachment disorder in children.
Table 5. Foster Care Experience by Attachment Disorder (N=41)

<table>
<thead>
<tr>
<th>Variable</th>
<th>NO #</th>
<th>NO %</th>
<th>YES #</th>
<th>YES %</th>
<th>Total #</th>
<th>Total %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 3 yrs</td>
<td>2</td>
<td>10.0</td>
<td>4</td>
<td>19.0</td>
<td>6</td>
<td>14.6</td>
</tr>
<tr>
<td>3 to 6 yrs</td>
<td>6</td>
<td>30.0</td>
<td>7</td>
<td>33.3</td>
<td>13</td>
<td>31.7</td>
</tr>
<tr>
<td>7 to 9 yrs</td>
<td>4</td>
<td>20.0</td>
<td>2</td>
<td>9.5</td>
<td>6</td>
<td>14.6</td>
</tr>
<tr>
<td>10 to 15 yrs</td>
<td>6</td>
<td>30.0</td>
<td>4</td>
<td>19.0</td>
<td>10</td>
<td>24.4</td>
</tr>
<tr>
<td>More than 15 yrs</td>
<td>2</td>
<td>10.0</td>
<td>4</td>
<td>19.0</td>
<td>6</td>
<td>14.6</td>
</tr>
<tr>
<td>Total</td>
<td>20</td>
<td>48.8</td>
<td>21</td>
<td>51.2</td>
<td>41</td>
<td>100.0</td>
</tr>
</tbody>
</table>

DF = 4  chi-square = .65289

As shown in Table 5, the majority (7 or 33.3%) of social workers with 3 to 6 years of foster care work experience indicated that they had some knowledge of attachment disorder in children. Social workers with Less than 3 years (19%), 10 to 15 years (19%) and social workers with more than 15 years (19%) indicated that they had about the same knowledge of attachment disorder.

The chi-square test was applied and the null hypothesis was accepted indicating that there was no significant statistically (.65289) relationship at the .05 level of significance between the work experience of foster care social workers and attachment disorder.
The research design was designed to answer three questions related to foster care social workers awareness of attachment disorder in a metropolitan public department of children social services.

A discussion of each question was presented in order to summarize the significant findings of interest. This researcher identified the major findings of the study with an explanation for the findings. This researcher also discussed the significance of the findings in comparison to previous investigations. This study closed with identifying the findings and implications for social work practice at the micro and macro levels with recommendations for future research.

Research question 1: What is the relationship between educational degree and the awareness of attachment disorder among foster care social workers?

Chi square was used to test the hypothesis at the .05 level of significance. The results indicated that there was no statistically significant relationship therefore the null hypothesis was accepted.
The results also indicated that 52% (n=21) of the bachelor social workers are aware of attachment disorder whereas only 5% (n=6) of the BSW social workers demonstrated awareness of attachment disorder.

Research question 2: What is the relationship between educational major and awareness of attachment disorder among foster care social workers?

The employment of chi-square was used to test the hypothesis at the .05 level of significance. The results indicated that there was no statistically significant relationship between the awareness of attachment disorder among foster care social workers and their educational major. Therefore the null hypothesis was accepted. The results did indicate that the foster care social workers who had majored in social work were aware of attachment disorder. This finding was represented by the numerical of 42% in this group. Also significant was that 19% of those who majored in psychology agreed with attachment disorder along with 14% of those who majored in sociology.

Research question 3: What is the relationship between work experience and the awareness of attachment disorder among foster care social workers?

Chi square was also used to test this hypothesis at the .05 level of significance. The test results indicated that there was no statistically significant relationship among foster care social workers, their experience and awareness of
attachment disorder. Therefore the null hypothesis was accepted for this hypothesis. The crosstabulations demonstrated that those with foster care experience of 3 to 6 years has knowledge of attachment disorder. It was interesting to this researcher to discover that those who had less than 3 years experience, those with 10 to 15 years of experience and those with more than 15 years experience indicated to have equivalent levels of knowledge of attachment disorder. Only 10% of those with 7 to 9 years of experience demonstrated to have awareness of attachment disorder.

The major findings of this study consisted of 2 parts. The first part of the major finding was discovered in the limited information that was found by this researcher of attachment disorder in the social work literature. It is in this researcher's opinion that this study will enlighten other social workers to research and develop interventions for attachment disordered children.

Another major finding of this study was indicated in the presentation of findings chapter. It was discovered that of the 41 foster care social workers who participated in the study, 51% were aware of attachment disorder. This finding directly contradicts the three hypotheses that were tested.

There was no significant comparison to previous investigations. This researcher discovered through the
review of the literature that this study is the first of its kind.

The results of this study also highlighted some interesting findings for future research and implications for social work practice. This study discovered that although 51% of the foster care social workers who participated is aware of attachment disorder, 49% were not. It is this researcher's opinion that this phenomenon is caused by a possible lack of confidence of the foster care social workers may have when having to identify attachment disorder. This researcher believes that this issue could be resolved if more inservices and trainings were made available. It was also discovered within this study that a significant amount of the foster care social workers possess a MSW.

Implications for Social Work Practice

The implications for social work practice within this study is demonstrated by the need for foster care social workers on the MSW level to develop and implement innovative interventions to thwart the anti-social behaviors that often accompany children with attachment disorder.

The need is found within the literature review of the study. It is this researcher's intention within this study that interest is sparked to conduct more studies on this topic. As highlighted in Chapter I, there is an increase in
the number of children who are entering foster care with emotional disorders such as an attachment disorder.

Another implication that was identified within this study is found in Chapter V that only 4% of the BSW social workers were found to be aware of attachment disorder. It is imperative that agencies provide intensive training for BSW social workers about attachment disorder. These social workers work very closely with the child, parent and foster placement to meet the emotional and physical needs of the child. Therefore the trainings would enable the BSW to be effective in social work practice. Along with undergraduate social work programs providing a more in-depth foundation of attachment and the ontogeny of the disorder.
APPENDIX A

Questionnaire

Attachment problems may result from dysfunctional family dynamics, individual vulnerabilities on the part of a child, past traumatic events or unresolved grief which interferes with the child's forming new relationships. The signs and symptoms of attachment problems in a particular child will be the result of the way the parents behaved toward the child, the child's environment and the child's particular psychological traits. In general, children who have been severely neglected are the most likely to suffer from a lack of attachment, while those who have been intermittently neglected and/or abused will more than likely show abnormalities in the types of interpersonal relationships they develop.

The following is a list of behaviors of children. Indicate which of these behaviors you believe are directly related to a child at risk for attachment disorder. Thank you very much for your cooperation.

Andrea Warthen

Part I. Demographics

Place a mark (x) next to the appropriate item. Choose only one answer for each question.

1. My gender is: 1) ___ Male  2) ___ Female

2. My age group is: 1) ___ Under 30  2) ___ 30 - 39  3) ___ 40 - 49  4) ___ Over 50

3. My highest educational degree: 1) ___ Associate  2) ___ Bachelor's  3) ___ BSW
   4) ___ Masters  5) ___ MSW  6) ___ Specialist  7) ___ Doctorate

4. My educational major is: 1) ___ Social Work  2) ___ Sociology  3) ___ Education
   4) ___ Psychology  5) ___ Business/Admin  6) ___ Criminal Justice

5. My foster care experience is: 1) ___ Less than 3 Yrs  2) ___ 2 - 6 Yrs
   3) ___ 7 - 9 Yrs  4) ___ 10 - 15 Yrs  5) ___ More than 15 Yrs

Please go to the next page >> > >
Appendix Continued

Part II  Attachment Disorder

Circle (Yes) if you believe the child's behavior is Attachment Disorder.
Circle (No) if you believe the child's behavior is not Attachment Disorder.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td>6. The child acts cute or charms others to get them to do what he/she wants.</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>7. The child has trouble making eye contact when adults want him/her to.</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>8. The child is overly friendly with strangers.</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>9. The child pushes me away or becomes stiff when I try to hug him/her unless he/she wants something from me.</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>10. The child argues for long periods of time, often about ridiculous things.</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>11. The child has a tremendous need to have control over everything, becoming very upset if things don't go his/her way.</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>12. The child acts amazingly innocent, or pretends that things aren't that bad when he/she is caught doing something wrong.</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>13. The child does very dangerous things, ignoring how he/she may be hurt while doing them.</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>14. The child deliberately breaks or ruins things.</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>15. The child doesn't seem to feel age-appropriate guilt for his/her actions.</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>16. The child teases, hurts or is cruel to other children.</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>17. The child seems unable to stop him/herself from doing things on impulse.</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>18. The child steals or shows up with things that belongs to others with unusual or suspicious reasons for how he/she got them.</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>19. The child demands things instead of asking for them.</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>20. The child doesn't seem to learn from his/her mistakes and misbehavior (no matter what the consequence, the child continues the behavior).</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>21. The child tries to get sympathy from others by telling them that &quot;I&quot; abuse and/or neglect him/her.</td>
</tr>
</tbody>
</table>

Please go to the next page >>>>>>
Appendix Continued

Yes  No  22. The child "shakes off" pain when he/she is hurt, refusing to let anyone comfort him/her.

Yes  No  23. The child likes to sneak things without permission, even though he/she could have had them if he/she asked.

Yes  No  24. The child lies, often about obvious or ridiculous things, or when it would have been easier to tell the truth.

Yes  No  25. The child is very bossy with other children and adults.

Yes  No  26. The child hoards or sneaks food, or has other unusual eating habits (eats paper, raw flour, package mixes, baker's chocolate, etc.)

Yes  No  27. The child can't keep friends for more than a week.

Yes  No  28. The child throws temper tantrums (screaming fits) that last for hours.

Yes  No  29. The child chatters non-stop, asks repeated questions about things that make no sense, mutters or has other oddities in his/her speech.

Yes  No  30. The child is accident prone (gets hurt a lot) or complains a lot about every little ache and pain (needs constant Band-Aids).

Yes  No  31. The child teases, hurts or is cruel to animals.

Yes  No  32. The child doesn't do as well in school as he/she could with even a little more effort.

Yes  No  33. The child has set fires or is preoccupied with fire.

Yes  No  34. The child prefers to watch violent cartoons and/or TV shows or horror movies (regardless of whether or not you allow him/her to do this).

Yes  No  35. The child was abused/neglected during the first year of his/her life or had several changes of his/her primary caretaker.

End of questionnaire ............ Thank you very much.
APPENDIX B

17-Feb-99 SPSS Release 4.0 for Macintosh

-> TITLE 'A Study of Attachment Disorder among Foster Care Children'.
-> 'BY ANDREA WARTHEN • CAUSSW MSW Program'
-> 'SPSS • CAUSSW Continuing Education - Robert Waymer, Ph.D'

-> 'THESIS ADVISORS - Naomi T. Ward, MSW & Robert W. Waymer, Ph.D'.
-> DATA LIST FIXED /
-> ID 1-3
-> GENDER 4
-> AGEGRP 5
-> EDUCAT 6
-> MAJOR 7
-> EXPERI 8
-> ACTSCUTE 9
-> EYECONTX 10
-> STRANGER 11
-> PUSHAWAY 12
-> ARGUESLG 13
-> CONTROLS 14
-> INNOCENT 15
-> DANGERS 16
-> BREAKTGS 17
-> NOGUILT 18
-> TEASEOTHS 19
-> IMPULSE 20
-> STEALS 21
-> DEMANDS 22
-> MISBEHAV 23
-> SYMPATHY 24
-> NCOMFORT 25
-> SNEAKTGS 26
-> CHLDLIES 27
-> VRYBOSSY 28
-> HORDFOOD 29
-> LACKFRDS 30
-> TANTRUMS 31
-> CHATTERS 32
-> ACCIDENT 33
-> HANIMALS 34
-> DOSCHOOL 35
-> SETFIRES 36
-> CARTOONS 37
-> ABUSENEG 38
-> DISORDER 39.
Appendix B Continued

Compute Disorder =

\[
\frac{(\text{ACTSCUTE} + \text{EYECONTX} + \text{STRANGER} + \text{PUSHAWAY} + \text{ARGUESLG} + \text{CONTROLS} + \text{INNOCENT} + \text{DANGEROS} + \text{BREAKTGS} + \text{NOGUILT} + \text{TEASEOTH} + \text{IMPULSE} + \text{STEALS} + \text{DEMANDS} + \text{MISBEHAV} + \text{SNEAKTGS} + \text{CHLDLIES} + \text{VRYBOSSY} + \text{HORDFOOD} + \text{LACKFRDS} + \text{TANTRUMS} + \text{CHATTERS} + \text{ACCIDENT} + \text{HANIMALS} + \text{DOSCHOOL} + \text{SETFIRES} + \text{CARTOONS} + \text{ABUSENEG})}{30}.
\]

Variable Labels

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<thead>
<tr>
<th>Variable</th>
<th>Description</th>
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<tbody>
<tr>
<td>GENDER</td>
<td>'1 Gender'</td>
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<tr>
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<tr>
<td>EDUCAT</td>
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<td>'4 Educational Major'</td>
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<tr>
<td>EXPERI</td>
<td>'5 Foster Care Experience'</td>
</tr>
<tr>
<td>ACTSCUTE</td>
<td>'6 Acts cute'</td>
</tr>
<tr>
<td>EYECONTX</td>
<td>'7 Has trouble making eye contact'</td>
</tr>
<tr>
<td>STRANGER</td>
<td>'8 Is overly friendly with strangers'</td>
</tr>
<tr>
<td>PUSHAWAY</td>
<td>'9 Pushes me away or becomes stiff'</td>
</tr>
<tr>
<td>ARGUESLG</td>
<td>'10 Argues for long periods of time'</td>
</tr>
<tr>
<td>CONTROLS</td>
<td>'11 Has tremendous need to control'</td>
</tr>
<tr>
<td>INNOCENT</td>
<td>'12 Acts amazingly innocent'</td>
</tr>
<tr>
<td>DANGEROS</td>
<td>'13 Does very dangerous things'</td>
</tr>
<tr>
<td>BREAKTGS</td>
<td>'14 Deliberately breaks or ruins things'</td>
</tr>
<tr>
<td>NOGUILT</td>
<td>'15 No feeling of age appropriate guilt'</td>
</tr>
<tr>
<td>TEASEOTH</td>
<td>'16 Teases, hurts and cruel to other children'</td>
</tr>
<tr>
<td>IMPULSE</td>
<td>'17 Seeks unable to stop doing things on impulse'</td>
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<tr>
<td>STEALS</td>
<td>'18 Steals things that belong to others'</td>
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<tr>
<td>DEMANDS</td>
<td>'19 Demands things instead of asking for them'</td>
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<tr>
<td>MISBEHAV</td>
<td>'20 Misbehaves no matter the consequences'</td>
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<tr>
<td>SYMPATHY</td>
<td>'21 Tries to get sympathy telling of abuse'</td>
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<tr>
<td>NCOMFORT</td>
<td>'22 Shakes off pain refusing any comfort'</td>
</tr>
<tr>
<td>SNEAKTGS</td>
<td>'23 Sneak things without permission'</td>
</tr>
<tr>
<td>CHLDLIES</td>
<td>'24 Tell lies when truth would be easy'</td>
</tr>
<tr>
<td>VRYBOSSY</td>
<td>'25 Is very bossy with children and adults'</td>
</tr>
<tr>
<td>HORDFOOD</td>
<td>'26 Hoards or sneaks food'</td>
</tr>
<tr>
<td>LACKFRDS</td>
<td>'27 Can not keep friends more than a week'</td>
</tr>
<tr>
<td>TANTRUMS</td>
<td>'28 Throws tempter tantrums'</td>
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<tr>
<td>CHATTERS</td>
<td>'29 Chatters non stop asks repeated questions'</td>
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<tr>
<td>ACCIDENT</td>
<td>'30 Is accident prone - gets hurt a lot'</td>
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<tr>
<td>HANIMALS</td>
<td>'31 Teases, hurts or is cruel to animals'</td>
</tr>
<tr>
<td>DOSCHOOL</td>
<td>'32 Does not do well in school as could'</td>
</tr>
<tr>
<td>SETFIRES</td>
<td>'33 Set fires or is preoccupied with fire'</td>
</tr>
<tr>
<td>CARTOONS</td>
<td>'34 Perfers to watch violent cartoons on TV'</td>
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<tr>
<td>ABUSENEG</td>
<td>'35 Was abused or neglected'</td>
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<tr>
<td>DISORDER</td>
<td>'Attachment Disorder'</td>
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<td>VALUE LABELS</td>
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<td>4 'Over 50'</td>
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<td>4 '10 to 15 yrs'</td>
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<td>STRANGER</td>
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<td>PUSHAWAY</td>
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<td>2 'Yes'</td>
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<td>ARGUESLG</td>
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</tbody>
</table>
Appendix B Continued

- INNOCENT
  - 1 'No'
  - 2 'Yes'
- DANGEROS
  - 1 'No'
  - 2 'Yes'
- BREAKTGS
  - 1 'No'
  - 2 'Yes'
- NOGUILT
  - 1 'No'
  - 2 'Yes'
- TEASEOTH
  - 1 'No'
  - 2 'Yes'
- IMPULSE
  - 1 'No'
  - 2 'Yes'
- STEALS
  - 1 'No'
  - 2 'Yes'
- DEMANDS
  - 1 'No'
  - 2 'Yes'
- MISBEHAV
  - 1 'No'
  - 2 'Yes'
- SYMPATHY
  - 1 'No'
  - 2 'Yes'
- NCOMFORT
  - 1 'No'
  - 2 'Yes'
- SNEAKTGS
  - 1 'No'
  - 2 'Yes'
- CHLDDLIES
  - 1 'No'
  - 2 'Yes'
- VRYBOSSY
  - 1 'No'
  - 2 'Yes'
- HORDFOOD
  - 1 'No'
  - 2 'Yes'
- LACKFRDS
  - 1 'No'
  - 2 'Yes'
Appendix B Continued

- TANTRUMS
  - 1 'No'
  - 2 'Yes'

- CHATTERS
  - 1 'No'
  - 2 'Yes'

- ACCIDENT
  - 1 'No'
  - 2 'Yes'

- HANIMALS
  - 1 'No'
  - 2 'Yes'

- DOSCHOOL
  - 1 'No'
  - 2 'Yes'

- SETFIRES
  - 1 'No'
  - 2 'Yes'

- CARTOONS
  - 1 'No'
  - 2 'Yes'

- ABUSENEG
  - 1 'No'
  - 2 'Yes'

- DISORDER
  - 1 'Strongly Disagree'
  - 2 'Disagree'
  - 3 'Agree'
  - 4 'Strongly Agree'

- RECODE DISORDER (1 THRU 1.399 = 1) (1.4 THRU 1.599 = 2)
  (1.6 THRU 1.799 = 3) (1.8 THRU 2.999 = 4).

- MISSING VALUES
  - ACTSCUTE EYECONTX STRANGER PUSHAWAY ARGUESLG CONTROLS
  - INNOCENT DANGEROS BREAKTGS NOGUILT TEASEOTH IMPULSE STEALS
    DEMANDS MISBEHAV
  - SYMPATHY NCOMFORT SNEAKTGS CHLDDIES VRYBOSSY HORDFOOD LACKFRDS
  - TANTRUMS
  - CHATTERS ACCIDENT HANIMALS DOSCHOOL SETFIRES CARTOONS ABUSENEG (0).
Appendix B Continued

BEGIN DATA

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