Attachment Theory In Child Welfare

Exploring the Integration of Attachment Theory in Child Welfare Practice

By

Tanya Dubois

A Thesis Submitted to the Faculty of Graduate Studies of

The University of Manitoba

in partial fulfilment of the requirements of the degree of

MASTER OF SOCIAL WORK

Faculty of Social Work

University of Manitoba

Winnipeg

Abstract

This research thesis is a small exploration of attachment theory in child welfare practice. The researcher investigated the extent of knowledge that child protection workers had of attachment theory and the extent to which they integrated attachment theory into child welfare practice. A purposive non-probability sample was used to recruit General Authority child welfare workers in Manitoba. Five workers participated in the exploratory qualitative descriptive research study. Participants responded to a demographic survey investigating their education, training, years of service and the participants provided a brief description of attachment theory. Participants also reviewed vignettes and responded to semi-structured interview scripts eliciting practice information related to the vignettes. The data elicited was analyzed using content analysis. The degree of exposure to attachment theory, opportunities to engage in theory informed practice, and external and internal agency pressures were observed to influence theory integration into child welfare practice. Participants acknowledged the attachment theory concepts of transmission of parenting behaviours and attachment strategies through relationships. Participants considered the therapeutic capacity of relational and attachment focused interventions to bring about change to maladaptive parenting behaviours.

Acknowledgments

I would like to thank many people who have given their time and expertise to help me complete this Thesis. I would like to thank my committee members, Dr. Linda Burnside, Dr. Steven Feldgaire, and Tracey Miller who continued to provide support, direction, and encouragement. I would like to thank the five child protection workers who volunteered their time and shared their knowledge and experience.

There are several people in my life that have contributed greatly to not only the Thesis, but also my entire MSW degree. I find it difficult to put into words how much my advisor, friends, children and husband have helped me and express what they mean to me.

I would like to thank my advisor Kathryn Levine who has been such a large part of my life for so many years. Dr. Levine has spent countless hours supporting and instructing me at the University and she has even opened up her home to me. Her continued support, kindness, and patience have meant a lot to me and I thank her for going above and beyond to help me accomplish this goal. Thank you Dr. Levine, for sharing your knowledge, your expertise, and sharing of yourself. You are more than a mentor to me.

I would like to thank all of my friends and family who supported and encouraged me over the years. I would especially like to thank my friends Audrey Lumsden, Cindy Murdoch, and Laurie-Ann Johnson who consulted, directed, encouraged, and supported me over the years. Every time I encountered a hurdle the three of you were there consulting, validating, encouraging me and you all provided much needed free therapy to help me through. Your kindness and generosity will always be remembered.

Thank you to Cole and Blake. I have missed you both so much and I am sorry that it took so long to finish this thesis. Thank you for sharing your stuff animals to keep me company when I was writing, and for understanding when I was away from home working on my Thesis. You have both inspired me and you both kept me motivated to persevere and complete the Thesis.

Thank you to my husband and best friend Don. I would not have been able to graduate without the sacrifices that you have made so that I could complete my Thesis and achieve this goal. Thank you every time you dropped off a paper, for all of your computer expertise, for every time you calmed me down when I was frantic, and for everything else that you did so that I could work on my Thesis. Thank you for always telling me I could do this and for never losing faith in me. You mean the world to me.

Table of Contents

List of Tables

CHAPTER ONE: INTRODUCTION

Introduction

The purpose of this research study is to explore child protection workers' knowledge of attachment theory, and the degree to which child protection workers integrate attachment theory into child welfare practice. I started my career as a child protection worker with Winnipeg Child and Family Services in 2001 and continue to work in the field of child protection. I completed the required Competency-Based Training (CBT) through the General Authority previously as a Winnipeg Child and Family Services social worker. As a child welfare worker I work with families and consult with collaterals regarding interventions to positively impact parenting practices and reduce the risk of harm to children. Through experience, I observed how child protection workers struggled when foster placements broke down, and when closed protection files reopened despite receiving intensive service delivery and a plethora of interventions. As a protection worker I too struggled to understand why foster home placements were breaking down, why parents would not show up for scheduled appointment or visits, and how maladaptive parenting practices could be normalized within a family.

In 2006 I was fortunate to participate in a course at the University of Manitoba that focused on parent-child attachments. This course provided insight into how attachment strategies impact every aspect of a child's life from physiological development to social competencies. Attachment theory provided insight and context to the complex circumstances that I encountered as a protection worker in child welfare. The more knowledge I gained regarding attachment theory and its applicability to child welfare, the more insight I had regarding the factors that influence foster placement breakdowns, and insight into why parenting programs are limited in their ability to reduce the risk of a parent harming their child (Sanders & Pidgeon, 2011). The

attachment course provided new insight and context into assessing family functioning and provided an understanding of relationships, of coping strategies, the impact of trauma, and how these impact behaviours. The parent-child attachment course was the impetus for this research study.

The child welfare system has been entrusted to provide services that work toward the health and well-being of families including the physical, emotional, and psychological safety and well-being of children (The Manitoba Child and Family Service Act, 1985). The aim of child welfare practice is to reduce the risk of harm to children and to improve the well-being of children and their families through services and interventions (Mennen & O'Keefe, 2005). Workers are expected to make decisions based on 'snap shots' of family functioning that have long- lasting implications for both the children and their families. There are many factors that influence decisions and interventions in child welfare. Sometimes there are negative outcomes for children who enter into agency care, despite the best efforts and intentions of the child welfare system. "There is a long history of research attesting to the serious consequences of both abuse and neglect and the potentially negative consequences of being in foster care" (Mennen & O'Keefe, 2005, p. 577).

Child welfare workers traditionally receive an introduction to attachment theory during competency-based training through the Manitoba Core Competency Training Centre provided by the Child and Family Services under the General Authority of Manitoba. The traditional introduction provided over several hours covers key components of attachment theory such as the development of healthy attachments, attachment strategies, the impact of maladaptive attachment on neurological development, and techniques to increase family attachments (Manitoba Core Competency Training Centre, 2003).

Attachment theory provides a theoretical foundation for understanding relationships and the impact of attachment on a child's social, cognitive, emotional, and physiological development (Ainsworth, Blehar, Waters, & Wall, 1978; Bowlby, 1969; 1979; 1988). Attachment theory deciphers how relationships can be strengthened and supported or how they can become increasingly dysfunctional and destructive. Recognition of the importance of attachment relationships irrespective of the child remaining in the family home or in agency care is essential to more comprehensive child welfare services that bring about positive outcomes for children and families (Mennen & O'Keefe, 2005).

"Child welfare policy strives to use children's attachments as a guide to decisions about placement, but demands of the system can interfere with this ideal. Increased case loads, poorly trained workers, media attention, and political pressure often combine to lead to decisions that are not in the child's best interest" (Mennen & O'Keefe, 2005, p. 578). Services, interventions, and resources allocated to families may be insufficient in their capacity to bring about change if the worker's assessment and understanding of the presenting problem influencing the risk of harm to the child is inaccurate.

There is a degree of difficulty in case planning and reaching decisions in child welfare as every child and every family presents with complex issues, with a hierarchy of needs, the expectation that their needs will be addressed through service delivery, and the allocation of interventions. Child welfare practice from an attachment perspective recognizes that parenting behaviours do not occur in a vacuum. Parenting perceptions and behaviours develop in response to one's own childhood experiences and are perpetuated through generations of maladaptive parenting behaviours (van IJzendoorn, 1995). Parents who have experienced maladaptive parenting or who maintain unresolved attachment trauma require therapeutic empathy in child welfare

practice to build trust in the process and to be motivated to participate in the interventions (Mennen & O'Keefe, 2005).

There is significant research investigating the well-being and functioning of children in agency care. Comparatively, children in agency care struggle academically, have higher incidents of poor health, higher incidence of criminal activity, and as adults struggle financially, socially, and comprise a significant population of the homeless (Jones & Kruk, 2005). An attachment theory-based child welfare practice may provide insight into why children in care struggle academically, socially, with issues of substance abuse, and domestic violence in their adolescent relationships (Anderson & Alexander, 2005). Researchers such as Anderson & Alexander (2005), Bacon & Richardson (2001), De Wolf & van IJzendorn (1997), Howe (1996; 2005), and Mennen & O'Keefe (2005), have documented that children develop insecure or disorganized attachment strategies in response to abusive and neglectful parenting. These maladaptive attachment strategies develop out of the child's drive to survive in unpredictable and unsafe environments and their maladaptive coping mechanisms are expressed in their behaviours. "Whereas some behaviours may be functional within the parent-child relationship, they may be dysfunctional in other social contexts and may carry risks of developmental problems and social impairments" (Mennen & O'Keefe, 2005, p.580). The fact that children who enter into agency care maintain insecure or disorganized attachment strategies undoubtedly impacts their ability to adjust to foster care and cope within a child welfare system (Mennen & O'Keefe, 2005). These maladaptive attachment strategies continue and intensify in foster care as these foster families are unknown to the child and the rules of engagement are different for both the child and the family. In the parental home the child's attachment behaviours are survival strategies that help the child to cope in an unsafe and unpredictable environment (Howe, 2005). The unspoken

scripts and rules of conduct in the parent-child relationship are reinforced by their interactions and reactions as the abusive parent reacts to the child who reacts to the parent in a continuous cycle of maladaptive exchanges (Howe, 2005). The child adopts behaviours and psychological strategies in response to the parenting they receive and the emotional environment in which they are raised (Howe, 2005; Orme & Buchler, 2001; Wotherspoon, O'Neill-Laberge, & Pirie, 2008). In foster care the same strategies the child developed to survive in the family home can be disruptive, stressful, and overwhelming for the foster family (Howe, 2005; Lawler, Shaver, & Goodman, 2011; Orner & Buchler, 2001; Wotherspoon et al, 2008). Unable to manage the relational stress, lack of trust in adults combined with poor stress coping skills, the continual unknown, constant change, and lack of predictability synonymous with child welfare, children in care become psychologically and emotionally overwhelmed (Dozier et al., 2006; Howe, 2005; Wotherspoon et al, 2008). The stress and anxiety of the unknown can exacerbate the child's maladaptive attachment strategies, the behaviours may intensify, the child may become overwhelmed and the tension is released in periods of crisis driven behaviours (Howe, 2005; Wotherspoon et al, 2008). The foster parents who struggle to understand the child and make sense of the behaviours become overwhelmed and the foster relationship breaks down (Howe, 2005; Osmand, Scott, & Clark, 2008).

This research study will investigate the extent of knowledge that child welfare workers employed by Child and Family Services General Authority of Manitoba have of attachment theory, and the extent to which that knowledge informs and guides service delivery and interventions.

Research Question

The research objective can be broken down into two specific questions. The first question explores the extent of knowledge that child welfare workers employed by Child and Family Services General Authority have of attachment theory. The second research question relates to the degree to which attachment theory is integrated into practice influencing child welfare assessments, service delivery, and interventions. Child welfare is a difficult occupation with exceptional demands placed on the worker, the child welfare system, and the families who either voluntarily access services or are mandated to receive services due to protection concerns. Every child welfare situation presents with unique and complex issues. Child welfare workers rely on training and expertise to assess, and develop case plans to positively impact family functioning and reduce the risk of harm for the child. As a protection worker I wanted to know more about the development of dysfunctional parent-child relationships, the process of harm, to gain a better understanding of how to help the families, the children in agency care, and the foster parents. I believe that attachment theory provided insight into some of the behaviours I observed and child protection issues I encountered and informed guided how I engaged with families.

CHAPTER TWO: LITERATURE REVIEW

Defining Attachment

Attachment theory has a theoretical base in psychoanalysis, developmental psychology, and ethnology (Karen, 1990). Attachment and psychoanalytic theory describe similar phenomenon such as relatedness and autonomy in attachment theory and homogeny and autonomy in psychodynamic theory (Eagle, 1995). These theories understand pathology as resulting from endogenous factors, being influenced by environmental factors such as early childhood experiences influencing maladaptive behaviours (Eagle, 1995).

Attachment is an evolutionary biological adaptation of behavioural drives designed to increase the likelihood of offspring reaching maturity to reproduce and ensure the survival of the species (Newton, 2008). Attachment at the basic biological level is expressed in the behaviours of vulnerable offspring designed to elicit the attention and protection of a care provider by signalling distress such as crying and yelling (Howe, 2005). These behaviours activate the attachment system of the care provider, which prompts the care provider to alleviate the expressed distress of the child through close physical proximity and comforting behaviours (Bowlby, 1969).

Once the child has obtained the desired response and the attachment distress system is deactivated, the child engages in positive reciprocal attachment behaviours intended to maintain the care provider's proximity and attention (Ainsworth et al., 1978; Bowlby, 1969; Howe, 2005). These engaging behaviours include smiling, cooing, crying, facial expressions, and eye contact even at the earliest stages of life (Bowlby, 1969; Howe 2005). Attachment behaviours become more sophisticated as the offspring mature and can seek out the attention and protection of a primary care provider (Ainsworth et al., 1978; Bowlby, 1969). These sophisticated behaviours

include crawling toward the care provider and signalling the care provider with words (Bowlby, 1969). Care providers respond to the attachment cues of the offspring by returning eye contact, vocalizing back to the offspring, ensuring physical proximity and ultimately providing safety (Ainsworth et al., 1978; Bowlby, 1969). These early attachment exchanges are the building blocks of attachment bonds known as affectional bonds (Bowlby, 1969).

Attachment theory suggests that attachment behaviours meet emotional and psychological needs as much as survival needs (Ainsworth et al., 1978; Bowlby, 1969). The formation of loving, reciprocal, close parent-child relationships develop out of the primary attachment exchanges initiated to increase the child's safety (Berlin, 2008). The "development of reflective functioning, social competency, and self-esteem, affect regulation, attention, memory, cognition, and the quality of adult relationships" are impacted by the extent that the parent is able to be attuned to the child's needs and meet those needs in a responsive and loving way (Berlin, 2008, p. 338).

Key Concepts of Attachment Theory

Internal Working Models

Bowlby (1969) discussed the development of Internal Working Models that are established through early attachment experiences and early relationships. These early experiences and relationships influence the individual's self-concept, how they believe they are perceived by others, and how they will be treated by others (Bowlby, 1969). A child with attuned care providers who respond to the child's needs sensitively and appropriately develops an internal working model of the self as being worthy, as adults being trustworthy with good intentions, and the world as safe and predictable (Bowlby, 1969). A child with care providers who respond harshly, if at all to the child's needs, who are inconsistent and are unpredictable in their parenting

behaviours, then develops an internal working model of the self as unworthy, a belief that adults are inconsistent and untrustworthy, that care and affection are unpredictable and the world is unsafe (Bowlby, 1969). Internal working models are described as "a set of memories, emotions, and thoughts that determines a person's expectations and attitudes and that consequently shapes behaviours" (Mercer, 2006, p.38). Internal working models become ingrained throughout development and are maintained throughout adulthood influencing thoughts and behaviours (Bowlby, 1969). As internal working models are born out of early attachment experiences and relationships they provide an understanding and predictability of relationships (Bowlby, 1988). Relationships throughout the life span tend to reinforce the held perception of what can be expected from others and how to behave in relationships (Howe, 2005).

Categories of Attachment

Ainsworth, Blehar, Waters, and Wall (1978) noted how early parent-child attachments and relationships influenced the child's adaptive behaviours and categorized these observed adapted attachment behaviours of children into four categories; secure (B), insecure-ambivalent (C), insecure avoidant (A), and disorganized (D).

Secure

Secure attachments develop for a child who experiences care providers as attuned and responsive to their needs, and as safe and secure places to receive protection and comfort (Newton, 2008). The child's sense of security fosters learning and exploration as they have developed emotional confidence in their care providers to be attuned and responsive to their needs (Newton, 2008). The child's "openness to their own emotions and the overtures of others is thought to help children regulate their emotions and emotional responsiveness and adapt

creatively and successfully to changing circumstances and new challenges" (NICHD Early Child Research Network, 2006, p. 38).

Insecure

Children develop insecure attachments strategies in response to punitive, harsh, negative or unresponsive parenting, the children come to view adults as unpredictable, and untrustworthy and view themselves as unworthy of better care (Howe, 2005). In insecure attachment strategies, "parental love seems conditional on good behaviour or requires the child to meet the parent's own need to feel loved" (Howe, 2005, p. 28). To achieve homeostasis in the relationship the child learns to ignore their own physiological and emotional needs and to focus instead on their parent's needs (Byng-Hall, 2008). Bowlby (1979) discussed the drive for children to maintain relationships with care providers and that children who have adopted insecure strategies will present a false presentation of sufficiency and emotional well-being (Byng-Hall, 2008). Ambivalent (Anxious-resistant), Avoidant, and Disorganized are the three subgroups that comprise insecure attachment strategies.

Ambivalent Strategies

Children develop ambivalent attachment strategies in response to inconsistent, unpredictable, and unresponsive care providers (Tarabulsky et al., 2008). The care providers of these children tend to be preoccupied with their own attachment histories, impacting their ability to be consistent and responsive in both their parenting behaviours and abilities to focus on the needs of their children (Tarabulsky et al., 2008). Children with ambivalent attachment strategies will over-exaggerate a need (Byng-Hall, 2008), and will typically engage in immature, inconsistent, resistant and oppositional behaviours as a means of eliciting attachment behaviours from their care providers (Tarabulsky et al., 2008). Fear of abandonment drives the development of

ambivalent strategies and the child adopts behaviours to keep the parent involved sacrificing their psychological and emotional needs to maintain proximity (Tarabulsky et al, 2008). Parent-child relationships in which ambivalent strategies develop are superficially close and lack reciprocity and depth of emotion as the parent is preoccupied and inconsistent in their ability to meet the emotional needs of the child (Byng-Hall, 2008).

Avoidant Strategies

Avoidant attachment strategies develop in response to care providers who either misinterpret or disregard the attachment cues of the child and are negative, harsh, and punitive when they do respond. The child learns that in times of stress and fear the care provider is inaccessible and unresponsive therefore the child builds up physical and emotional distance avoiding both psychologically and physically the source of discomfort and stress (NICHD, 2006). "Avoidant infants learn to inhibit emotional signals, especially negative ones; in time, they may inhibit emotions and avoid emotionally charged situations. As a result, negative emotions-particularly distress and anger may become redirected toward inappropriate sources" (NICHD, 2006, p.39). The child who has adopted an insecure attachment strategy develops internal working models that maintain he/she cannot rely on others, that they are unworthy of support and comfort, and they are left to manage their emotional distress on their own (Belsky, 2002). Subsequently the child adopts an internal working model that reinforces that they are incapable of problem solving as they have been unsuccessful in engaging their care provider to alleviate the distress (Belsky, 2002).

Disorganized

Ambivalent and avoidant attachment strategies are organized strategies implemented to elicit a predictable response from the care provider (Howe, 2005). Children who lack a secure care

provider fail to develop a coherent attachment strategy to have their needs met (Howe, 2005; Newton, 2008; Schore, 2000) and have care providers that respond to cues for comfort and assurance with frightening or frightened responses (Hesse & Main, 2006; Howe, 2005; Main & Hesse, 1990). Children disorganized in their strategies have parents/caregivers that are violent, neglectful of every basic need, frightening and abusive (Newton, 2008), and develop disorganized strategies to reduce fear through withdrawal, disassociation, and distraction, and are distrusting and avoid close relationships (Baer & Martinez, 2006; Hesse & Main, 2006; Newton, 2008). Never certain if a behaviour will be ignored or elicit a frightening response (Hesse & Main, 2006; Howe, 2005), these children feel powerless to effect change, to improve their circumstances, which increases their vulnerability of further victimization (Newton, 2008). Subsequently these children "get what is needed in any way possible" (Newton, 2008, p. 31).

Children with disorganized attachments develop coping strategies that impede both the behavioural exploration and attachment systems (Main & Hesse, 1990) as the child's energy is spent on survival in response to a violent, frightening, and neglectful rearing environment (Newton, 2008). Children with disorganized attachments have internal working models that maintain that the world is unsafe, others are not to be trusted, they are worthless, and they are powerless (Howe, 2005). "So overwhelming and frightening is the experience of relational trauma, young minds have to employ a variety of defensive strategies to try to keep out of consciousness the painful thought that the attachment figure does not care, does not protect, but hurts and frightens" (Howe, 2005, p. 47).

Disorganized children develop defensive behaviour strategies including contradictory patterns 2005). The child can be seen to turn their head or entire body away from a care provider when being held, or younger children turning in circles when experiencing distress as there is no sense

of ‘a safe place’ or ‘a safe person’ to seek comfort from (Howe, 2005; Main & Hesse, 1990). These behaviours are understood as indicators of the anxiety and stress experienced by the child embroiled in the paradox of needing to seek comfort and safety from the potential source of fear, stress and pain (Baer & Martinez, 2006; Main & Hesse, 1990).

Disorganized attachments that result from child maltreatment can lead to power imbalances and role reversals that are expressed in the parent-child relationship and interactions (Carlson, Cicchetti, Barnett, & Braunwald, 1989; Howe, 2005). In disorganized attachments the parent abdicates their parenting role in setting boundaries, in providing comfort and guidance and instead engages in a more peer- based relationship with their child (Howe, 2005). “In the parent-child relationships of maltreated children, the children appear to be the sensitive, nurturing members of the dyad” (Carlson et al, 1989, p. 518). As a result the child assumes the alpha role in the parent-child relationship and can be become punitive and aggressive with their parent (Howe, 2005).

‘***Insecure-Other’***

The term ‘insecure-other’ appears in attachment literature such as that of Marvin, Cooper, Hoffman, and Powel (2002) and is associated in the same high-risk attachment category as disorganized and disordered strategies (Marvin, Cooper, Hoffman, & Powel, 2002). ‘Insecure-other’ is not a category of attachment like secure, insecure avoidant, insecure ambivalent and disorganized. Rather the non-normative behaviours associated with ‘insecure-other’ should be recognized as an attachment disorder (Kreppner, Rutter, O’Connor, and Sonuga-Barke, 2011).

The term insecure-other’ conceptualizes the anomalous behaviours commonly observed in institutionalized children. The behaviour patterns traditionally associated with assessing attachment categories are not applicable to the disordered patterns of behaviours observed in this

cohort (Kreppner et al., 2011; Rutter, Kreppner, & Sonuga-Barke, 2009). Institutionalized children designated as 'insecure-other' paradoxically manifested disturbances in their pattern of behaviours traditionally associated with attachment, but do not meet criteria for categorization as disorganized (Kreppner et al., 2011). Kreppner et al., (2011) contend that, "the category represented a failure to develop a discriminating or selective attachment relationship rather than an insecure attachment strategy" (Kreppner et al., 2011, p. 3).

Subsequently 'insecure-other' has been reassessed from a category of attachment to an attachment disorder as "the nature of the impairment is more akin to inappropriate social approach in the absence of an awareness of interpersonal boundaries"(O'Connor, Bredenkamp, & Rutter, 1999, p. 13), and is reflective of a lack of opportunity to develop selective attachments (Rutter et al., 2009). 'Insecure-other' is associated with 'disinhibited' behaviours related to interactions with strangers as opposed to 'inhibited' behaviours associated with care providers (Kreppner et al., 2011; Rutter et al., 2009). The 'disinhibited' attachment disorder is associated with a child's "lack of differentiation in social responses to different people, a willingness to go off with strangers and a lack of checking back with parents in anxiety-provoking situations"(Kreppner et al., 2011, p. 3), specific to a child's interactions with strangers and is associated with a child's behavioural responses to a care provider (O'Connor and Zeanah, 2003). The manifestation of the disinhibited behaviours associated with the 'insecure-other' attachment disorder appears to neither depend on the traditional stressors/anxiety provoking trigger of separation from the care provider, nor is the care provider understood to be a source of emotion regulation during the assessment process (Kreppner et al., 2011).

'Nonattachments'

Howe (1996) uses the term 'nonattachments' in describing a lack of affectional bonds that evolve out of a child's lack of opportunity to establish selective attachments or a healthy relationship with at least one individual. Subsequently the child is indiscriminate in their relationships with little understanding of relational reciprocity in which relationships are superficial, and people and relationships are interchangeable with little distress when these individuals are gone (Howe, 1996). Unable to cope with anxiety, with stress, and easily overwhelmed by negative emotions, unattached children are easily excited, quick to frustration and anger, impulsive, and unable to work through conflict (Howe, 1996; Jones & Kruk, 2005; & Pearson, 1996).

There exist different methods to assess or consider attachment strategies. The Strange Situation assessment categorizes attachment strategies by examining the predictable behaviours exhibited by infants in response to relational distress. These categorizes of attachment are secure, insecure-avoidant, insecure-ambivalent, and disorganized (Ainsworth et al., 1978). The Adult Attachment Interview is an assessment of adult mental representation of attachment, attachment relationships and their impact elicited through a structured interview tool designed to awaken the unconscious mind (Fish, 1996). The Dynamic Maturation Model is an assessment tool that guides treatment strategies designed to help the individual achieve psychological balance. The DMM includes a school age assessment divided into eight categories, an adolescent assessment divided into nine categories, and an adult assessment divided into twelve categories. These categories include Type B (balanced integration of affect and cognitive), Type A (cognitive focused), and Type C (affect focused) (Crittenden, 2006).

What Influences Decision Making in Child Welfare

In 2009 the General Child and Family Services Authority introduced Structured Decision Making to facilitate consistent, organized, and overt decision-making. The goal of Structured Decision Making (SDM) is focused on reducing child welfare referrals, reducing substantiated investigations, reducing injuries of children and reducing the number of children coming into agency care (Children's Research Centre, 2009). The structure and protocols of the SDM system aim to increase objectivity in the decision making process by moving away from subjective judgments toward fact driven decisions (CRC, 2009). The tool prompts workers to consider variables associated with both maltreatment and family strengths that are categorized and quantified to assess level or risk.

While the SDM tool helps at predicting the probability of future child maltreatment, issues regarding case planning, family interventions and decisions around apprehension remain subjective with internal and external influences guiding child welfare practice. Internal variables that influence child welfare decision making include the skill and experience of the worker, the skill and experience of their supervisor and the culture (customs) and support of the child welfare office (Blome, Bennett, & Page, 2010; Crea, 2010; Gupta & Blewett, 2007; Yoo & Brooks, 2005). Cultural norms (Crea, 2010), complex cases, worker burnout (emotional exhaustion), stress, opposition, and threats of violence, (Davidson-Arad, Englechin-Segal, Wozner & Gabriel, 2003), increased turnover of workers, high case loads, and increased expectations of paperwork are also known to influence child welfare decisions (Bassett & Johnson, 2004; Blome et al., 2010; Gupta & Blewett, 2007). Leadership style, the context of how the agency is structured, how it is managed, policies and procedures (Crea, 2010; Parton, 1998), and the extent to which supervisors support and train workers are believed to influence child welfare decision-making

(Blome et al, 2010; Yoo & Brooks, 2005). (attachment seeking behaviours followed by avoidance) and freezing behaviours (Main & Hesse, 1990), or approaching and then backing away from a care provider in times of distress (Howe,

External variables known to influence child welfare decisions include laws and policies, (Crea, 2010; Parton, 1998), and a move toward quantitative, forensic variables that justify agency involvement (Parton, 1998). Agency cutbacks, lack of resources, media and public scrutiny also influence child welfare decisions (Davidson-Arad et al., 2003). Gupta and Blewett caution that "professionals' judgments and recommendations, based on the need to safeguard and promote the welfare of a child, are frequently ignored if they fail to coincide with the organizations' current agendas and priorities" (Gupta & Blewett, 2007, p. 175).

Child Welfare Assessments

Risk Assessments

Child welfare workers aim to engage in empirically evidenced child welfare practice when assessing for known risk factors associated with child maltreatment and abuse (Institute for Human Services, 2001). The risk factors impacting the degree of vulnerability of maltreatment to the child include the child's age, behaviours, the constitutional make up, and temperament, the degree and location of injury sustained, and the existence of emotional harm (Institute for Human Services, 2001). Parental characteristics associated with risk include the ability of the parent to acknowledge the maltreatment and work toward protecting the child, impaired functioning that impacts the parent's ability to protect their child, parenting skills, the perpetrators' access to the child, the conditions of the physical home environment, previously investigated concerns of maltreatment, and the degree and frequency of crisis experienced by the family (Institute of Human Services, 2001).

Child welfare workers assess static and dynamic risk factors to assess the risk of harm that exists for a child (Craig, Browne, Stringer, & Beech, 2005). Static risk factors are comprised of enduring, rigid, and historic risk factors such as gender, criminal history, age, and developmental history (Craig et al., 2005). Dynamic risk factors are comprised of factors that are amenable to change through intervention such as substance abuse, domestic violence, and mental health issues (Craig et al., 2005).

The subjectivity of assessments and the external pressures influencing assessment decisions limits the degree of predictability of these assessments. Crea (2010) cautions that acturial risk assessments that are implemented in child welfare can be paradoxical as the worker's subjective judgement influences the risk assessment. "Most of the risks which social workers are expected to assess or manage are 'virtual' in the sense that they can neither be directly sensed (touched, heard, seen, or smelt), nor subjective to scientific evaluation in any quantified or probabilistic sense. They only exist (or are constituted) in theorems, formulae or procedures we draw upon to think about them" (Parton, 1998, p. 23). Parton contends that in child welfare, "where the key concern is risk, the focus becomes, not making the right decision, but making the defensible decision" (Parton, 1998, p. 21) despite the introduction of new forms, procedures and systems for making the child welfare decision process overt.

The capacity of risk assessments to predict future child maltreatment is limited as they fail to integrate such variables as treatment interventions, family functioning and protective factors that serve as a buffer to identified risk factors in the assessment process (Crea, 2010). The parents' capacity to recognize and respond appropriately to a child's needs such as a child in distress (crying, whining, having a tantrum, etc) is not a forensic variable commonly assessed in child welfare risk assessments. A move toward assessing and managing risk based on static and

dynamic risk variables including psychoanalytic factors such as the process of harm, the parent's attachment strategies, the parent's Internal Working Model (IWM) and their capacity to keep the child in mind may prove a more comprehensive means of addressing child maltreatment given the limitations and problems of the existing risk and abuse assessments.

Child Welfare Assessments of Abuse

Child welfare workers investigate concerns of child maltreatment and implement interventions to improve the physical, emotional, and psychological well being of children (Institute for Human Services, 2001). Child welfare workers assess the safety of the child, the extent of harm experienced by the child and the state of family functioning (Institute for Human Services, 2001). When assessing for sexual or physical abuse, workers are trained to look for physical and tangible 'markers' such as bruising, sexually transmitted diseases in young children, scratches, burns, etc (Institute for Human Services, 2001). Emotional abuse and neglect are discovered over periods of time through monitoring of concerning behaviours (Brandon, 1996). Subsequently emotional and psychological abuse are much more challenging to validate and quantify as they present 'markers' that are not easily detected and can be associated with other factors such as mental health or behavioural disorder (Institute for Human Services, 2001).

Assessments of Significant Harm Through an Attachment Theory Perspective

Child welfare workers assess for 'significant harm' by investigating a presenting concern in which a child is deemed at risk of harm (Institute for Human Services, 2001). Child welfare focuses on 'significant harm' as an indicator of the extent of abuse and maltreatment of a child (Brandon, 1996). In the province of Manitoba, child welfare workers are trained through the Manitoba Core Competency Training Program on how to conduct investigations and assess for significant harm. Through the competency training program workers are trained to look for

several factors when assessing the degree of risk of harm to a child. These factors are divided up into two categories comprised of the degree the child is vulnerable to maltreatment and the parent's characteristics (Institute for Human Services, 2001).

While assessments of risk and significant harm comprise a variety of variables to help workers predict future incidents of maltreatment, there are inherent limitations and difficulties in any tool that attempts to predict future behaviours or events. Duncan and Baker (2003) assert that assessing parental behaviour alone is insufficient as a predictor of harm or child maltreatment. Crittenden (2008) echoes this assertion commenting that in child welfare there is a tendency to focus on a presenting problem and little focus on psychologically what happens between parenting intention and action. Schofield (1996) suggests that attachment theory can inform assessments of 'significant harm' as it moves beyond assessing the categories of 'significant harm' to providing a framework for understanding the development of significant harm.

Crittenden (2008) contends that for a caregiver to engage in protective behaviours a series of events must occur. First the caregiver must acknowledge the child's cognitive and affective state, they must believe this information is relevant enough to prompt a response, review and attribute meaning to this information, and select an appropriate response. The potential for significant harm lies in the caregiver's distortion of information and selected response to the presenting stimulus (Crittenden, 2008). The significance of this understanding to child welfare is not just addressing the parenting response related to significant harm, but also the psychological processing of information influencing parenting behaviours related to significant harm.

Two scenarios may present the same in child welfare, however they may require different child welfare interventions to address the risk to the child such as assessing the difference between a parent disregarding their child's needs and a parent not being fully aware of the

child's needs. Of importance to child welfare assessments of significant harm is the parent's capacity to prioritize the child's needs, their response to a child's distress, and capacity to alleviate a child's distress while potentially leaving their own distress/anxiousness dysregulated (Rutter et al., 2009). "Parent's can sometimes be very aware of the distress of their child but unable to relieve it" (Schofield, 1996, p. 42), which is in contrast to an assessment of parent's disregard for the child's distress (Schofield, 1996).

Attachment, Unresolved Trauma, and Parenting

Unresolved attachment trauma impacts personality development, and coping abilities, subsequently predisposing these individuals to Post Traumatic Stress Disorder, to perceive more crisis and hinders their ability to connect how past loss and trauma influences present functioning (Crittenden, 2008; Schore, 2002; Webseter, Hackette & Joubert, 2009). Individuals with unresolved trauma are unable to manage attachment related threats so the subconscious isolates any information that presents as a threat to attachment allowing the individual to develop a 'false adaptation' (Bacon & Richard, 2001; Bailey, Moran, & Paderson, 2007; Crittenden, 2008; Webster et al., 2009). This coping strategy is costly and exhaustive "as the segregated attachment related material is at risk of resurfacing and disrupting the individual's thinking and behaviour in conditions where the attachment behavioural system is strongly activated" (Webster et al., 2009, p. 8). Subsequently the stress of this coping strategy is detoured out of the subconscious through externalized behaviours (Bacon & Richard, 2001; Webster et al., 2009). These externalized behaviours impact the parent's capacity to parent and protect the child, thereby placing the child at risk of harm (Webster et al., 2009).

Attachment theory provides information regarding the impact of trauma as it relates to the parent's capacity to keep their child safe and how it impacts the child's well-being. The impact

of trauma is stronger when associated with an attachment figure (Schore, 2001b), and is compounded the earlier the trauma occurs, the longer it occurs, and the severity of the trauma (Walker, 2007). A parent's ability to provide a 'safe haven' for their child despite their own childhood trauma is dependent on their ability to process and resolve those experiences (Crittenden, 2008; Howe, 2005; Walker, 2007). The impact of unresolved trauma on parenting behaviours is significant to child welfare practice as "the majority of parents who maltreat their children have problems mentalising their child's psychological condition"(Howe, 2010, p. 336).

Unresolved trauma has a greater influence on a parent's risk of maltreatment compared to resolved trauma (Crittenden, 2008; Howe, 2005). Parents with unresolved trauma are likely to re-enact the trauma they experienced with their own children as behaviours are re-enacted and patterns continue through generations (Crittenden, 208; Walker, 2007). A mother who experienced abuse by her father may re-enact the abuse with a male child or a parent who experienced corporal punishment is likely to enforce corporal punishment with their own children (Crittenden, 2008; Walker, 2007). Unresolved trauma is significant to child welfare practice as it impacts a parent's capacity to protect. "Women who have not resolved their abuse may be particularly vulnerable to its impact when they become parents, in that they have not yet learned more flexible forms of protecting, either for themselves or for their children" (Kwako, Noll, Outman, & Trickett, 2010, p. 419).

Additionally, parents with unresolved trauma may find the child's attempts to elicit attachment behaviours as frightening, which may trigger trauma responses from the parent that may be frightening to the child. Parents who abuse struggle to view their child as a separate entity with distinct emotional, physical, psychological needs as their own needs in childhood were unmet, leaving them feeling unrecognized (Howe, 2005). These parents are too consumed by their own

vulnerabilities and emotional dysregulation to be able to prioritize their child's needs (Howe, 2010). The parent and child enter into destructive, fear-based interactive loops with each trying to obtain psychological and emotional comfort in response to their fear and distress. Parent's experience of distress may be so overwhelming that it negates their capacity to be protective and appropriately responsive to their child (Crittenden, 2008), as "in moments of distress they shut down, fail to process information that would lead to protecting their child"(Crittenden, 2008, p. 174).

The Impact of Relational Dysfunction as it Applies to Child Welfare Practice

An understanding of the importance of early attachment relationships and subsequent relationships is important to child welfare practice as these relationships impact personality development and social competencies (Bowlby, 1979; Howe, 1996). Dysfunction in these early relationships can negatively impact an individual's sense of worth, how they resolve conflict in relationships, their parenting behaviours and how they perceive their children (Crittenden, 2008; Howe, 1996). Children whose parents are inconsistent in their response or neglect to respond to the child's needs learn that their behaviours either do not elicit a response, they are unworthy of a response, or their behaviour prompted an unwanted response from their care provider (Schofield, 1996). Abused children maintain existential anxiety, as the parent is both the source of danger and protection, which impact both the parent-child relationship and the child's later relationships. "Physically abused children are both loved and hated by their parents, and bear the physical signs of this ambivalence" (Finzi et al., 2000, p. 122). Predicting parenting behaviours, knowledge of what influences parenting behaviours and parenting perceptions is fundamental to child welfare practice as "parents and their personalities produce the social environment within which their children develop" (Howe, 1996, p. 3). A shift in the parent's perception of the child can

positively shift the parent-child relationship and positively influence the family environment in which the child is raised (Crittenden, 2008; Howe, 1996).

Impact of abuse and neglect

Children that enter into agency care due to abuse and chronic neglect are more likely to have immunological, autonomic, and behavioural pathology resulting from the stress of these experiences on the neural regulation system. (Oosterman et al., 2010). Children with disorganized attachments are more likely to have an over active sympathetic nervous system compared to children with organized attachment strategies (Oosterman et al., 2010). Additionally, children who have experienced abuse and neglect fail to develop physiological self-awareness if their care providers have been inconsistent or neglectful responding to the child's physiological needs (Schofield, 1996). The child may have their need for food neglected when they are hungry, their need for warmth neglected when they are cold, or their need for cooling down when too hot neglected, impacting the child's ability to regulate their physiological systems (Schofield, 1996). Eventually, with repeated physiological neglect, the child learns to ignore their physiological signals (Schofield, 1996). The child's physiological system remains in a state of dysregulation as the child has not learned to connect cause and effect or gain a mind and body connectedness, which may present as continuous eating with no sense of satiation, being inappropriately dressed for the weather, or unaware of their hunger (Schofield, 1996).

The experience of abuse and neglect is also understood to impact neurodevelopment and further compromise functioning (Perry, 2009). "Trauma, neglect, and related experiences of maltreatment such as prenatal exposure to drugs or alcohol and impaired bonding all influence the developing brain. These adverse experiences interfere with normal patterns of experience-guided neurodevelopment by creating extreme and abnormal patterns of neural and

neurohormonal activity" (Perry, 2009, p. 241). Subsequent incidents of trauma experienced by the child at different periods in the child's development impact the brain differently and previous exposure to trauma sensitizes the child to trauma, making them more vulnerable to future trauma (Perry, 2009). Perry cautions that child welfare workers need to be cognizant that "an overanxious, impulsive, dysregulated child will have a difficult time participating in, and benefiting from, services targeting social skills, self-esteem, and reading"(Perry, 2009, p. 243).

Moral development

Moral development is impacted by a child's ability to link cause and effect (Schofield, 1996). Maltreated children may struggle to connect cause and effect as their needs have been neglected by an unresponsive or abusive parent. A child who has experienced antagonism, criticism, emotional and psychological abuse struggles to trust others, and struggles to be self-reliant as they don't trust in their own abilities (Schofield, 1996). The development of cognitive processing, the ability to trust, a sense of worth, the ability to problem solve, and the ability to manage stress are negatively impacted by abusive and neglectful parenting (Howe, 1996; Schofield, 1996). "Maltreatment can lead to the child adopting the amoral codes of the abusive subculture, rejecting usual society codes in favour of ones which bring them a greater sense of approval and belonging within the context in which they are living" (Duncan & Baker, 2003, p. 100). Abuse and neglect may result in anger that is internalized over long periods of time, and when triggered, erupts in aggressive, destructive, out of control behaviour. "When a young person doubts that there can be any justice for them, they may feel compelled to enact their anger by taking away the rights of others, through destructiveness, stealing or other antisocial behaviour" (Duncan & Baker, 2003, p. 96).

Coping strategies, relational difficulties and conflict resolution

Working through an attachment perspective, workers need to be cognizant of their impact on the parent or child who may struggle with trust issues, have poor coping strategies, relational difficulties, are crisis driven and easily overwhelmed (Institute for Human Services, 2001). A parent or child's resistance, reluctance, controlling and potential threatening behaviours (such as threats of violence and violence toward workers) are not meant as personal attacks. Instead these behaviours can be understood as being fear-based related to relationship difficulties, poor stress coping strategies and distrust (Styron & Janoff-bulman, 1997). A parent's attachment strategy impacts how they manage emotional and relational stress, and influences conflict resolution strategies (Styron & Janoff-Bulman, 1997). "Abusive experiences provide a powerful setting for learning how to deal with conflicts and disagreement; disrespect, emotional insults, and physical violence are powerfully experienced by abused children and directly affect how they live their lives interpersonally" (Styron & Janoff-Bulman, 1997, p. 1021).

The dysfunctional attachment and coping strategies adopted by children in care as a result of neglectful and/or abusive parenting may be unintentionally reinforced through agency interventions as these children display behaviours that increase isolation and hinder their ability to maintain relationships (Anderson & Alexander, 2005; Duncan & Baker, 2003). "Caregivers need to be cognizant that foster children may hide/mask their need with behavioural miscues. Caregivers are encouraged to recognize alienating behaviour as a coping strategy develop in response to the child's previous care experiences" (Dozier, Higley, Albus, & Nutter, 2002). Foster children who are disorganized in their attachments often display alienating behaviours and problematic behaviours as miscues as they do not expect an adult to be responsive to their needs or abusive if they respond at all (Crittenden, 2008; Stovall-McClough & Dozier, 2004).

Implications for Child Welfare Practice

The degree of theory knowledge, training, and experience influences the depth and comprehension of the worker's observations, the type of data collected and assessments, which then guides service delivery and interventions. Knowledge of attachment strategies and how they influence parenting behaviours and coping strategies can guide child welfare assessments, interventions, and engagement with families. Parents with avoidant attachment strategies demonstrate anger to impede closeness and can implement acts of physical aggression and abuse to regain control over a child (Crittenden, 2008; Howe, 1999; Reder & Duncan, 2001). Parents with ambivalent strategies are dominated by their emotions and are preoccupied with how others view them (Crittenden, 2008; Reder & Duncan, 2001). Family life for a care provider with an ambivalent strategy can be chaotic and crisis-ridden as they lack a sense of predictability and consistency (Reder & Duncan, 2001). They have learned to gain control through coercive measures such as intimidation and complaining and subsequently may elicit compliance from the child by threatening rejection and abandonment (Reder & Duncan, 2001). Themes of control, fear of rejection and the need to exert their power over others dominate on a spectrum of disorganized attachment strategies of an abusive parent (Reder & Duncan, 2001). The child's attempts to elicit attachment behaviours from their parent may trigger anxiety and fear in the parent (Crittenden, 2008; Reder & Duncan, 2001).

Attachment focused practice recognizes the impact of relationships and trauma as it influences children and their families, and the importance of therapeutic interventions for parents and children who struggle with unresolved trauma as a child's well-being is directly impacted by dysfunction in the parent-child relationship (Broberg, 2000). As insecure attachment strategies influence parenting behaviours (Howe, 2005), preventative interventions aimed at reducing child

maltreatment focus on improving maternal sensitivity and attunemnt (Broberg, 2000), and helping the parent to mentalise and prioritize the child's needs (Broberg, 2000; Howe, 1996; Howe, 2005). Therapeutic interventions for parents focus on representational information, having the parent work through past attachment trauma as a means of having the parent recognize that the child is both dependent on and independent of them (Broberg, 2000). Leventhal contends that if child welfare workers "can help the parent view the child in a more positive way, than they will be able to help the parent's hand from striking the child or help the parent's hand be more nurturing, and thus, abuse and neglect can be prevented" (Leventhal, 1996, p. 647). Relationships can either reinforce negatively held notions of self and others or that relationships can be used therapeutically to change negatively held internal working models by reinforcing supportive, attuned, and secure attachment relationships (Bowlby, 1988; Crittenden, 2008). Child welfare case plan decisions and interventions can either trigger or reinforce existing attachment strategies or can be used therapeutically toward repairing and changing maladaptive relational patterns (Crittenden, 2008).

Attachment Theory Informed Child Welfare Practice with Foster Parents, Children in Agency Care and their Families

Children in Agency Care

Children who enter into agency care present with complex behavioural issues, at times mental health issues, substance abuse issues and criminal activity among other behaviours that increase their risk of harm and vulnerability (Institute for Human Services, 2001). Children who enter into agency care are more likely to have attachment dysfunction, and high needs that can be exhibited in their struggle to form and maintain relationships, anxiety difficulties due to

unresolved trauma, sexualized behaviours, ADHD/ADD, and conduct problems (Howe, 2005; Sng, 2009). These issues can overwhelm foster parents, families, collateral systems such as schools and mental health services, and child welfare workers. Children in care are frequently given labels such as manipulative or oppositional when they do not access or participate in the supports and services made available to them (Sng, 2009). Negative labels may also be attributed to a child in care by their peers and adults in the child's life such as workers, teachers, therapists, and foster parents if there is a lack of understanding or awareness regarding the child's maladaptive attachment strategy influencing the exhibited coping behaviour (Finzi, Cohen, Sapir, & Wiezman, 2000).

The attachment and coping strategies adopted by children who experience maltreatment impact the child's ability to engage with the worker or trust in the child welfare system (Anderson & Alexander, 2005; Crittenden, 2008; Sng, 2009). For children in agency care, anxieties of rejection and worthlessness dominate mental scripts and behaviours (Sng, 2009). Trauma induced anxiety can present as regression when the child feels threatened (Crittenden, 2008; Duncan & Baker, 2003), physiological issues such as enuresis, thoughts and dreams dominated by trauma, confusion, hyperarousal, and aggression (Duncan & Baker, 2003). Controlling behaviours, resistance to authority and bossiness exhibited by children in care can be understood as coping mechanisms for a child struggling with guilt, anger, and anxiety (Duncan & Baker, 2003). "When children are trapped with guilty feelings they develop a negative self-image, regarding themselves as a bad, shameful person. They are driven to silence, fearful of the judgements of others, and may become quiet and withdrawn, isolated from their peers, with no sense of fun and freedom" (Duncan & Baker, 2003, p. 94).

The Impact of Child Welfare Practice on Children and Foster Parents

An understanding of attachment bonds, how they develop, how they are expressed, and their continuity is an important component to child welfare practice as the continuity of the attachment strategies and behaviours of the child continue long after the child has been removed from the abusive environment (Anderson & Alexander, 2005; Crittenden, 2008). The impact of court directed services, the child's internal working model, attachment strategy, relational competencies, and coping strategies need to be considered by professionals when making foster placement decisions as they impact the child's adaptation to foster care (Anderson & Alexander, 2005). Workers need to consider that the attachment strategy of the foster parent impacts the foster child (Crittenden, 2008) and be aware of the misconception that the foster child will develop a secure attachment or abandon their maladaptive coping strategies resulting from their experiences by simply in a safe foster home (Anderson & Alexander, 2005).

Children in agency care may struggle with insecure or disorganized attachment strategies, maladaptive coping strategies and relational difficulties which may be expressed through difficult, manipulative and at times threatening behaviours (Crittenden, 2008). These same behaviours can lead to placement breakdowns and isolation among other negative outcomes when the behaviours are misunderstood. "Under such circumstances, it becomes self-evident that children may not receive the most helpful and effective responses to meet their individual needs. Likewise, carers who are not adequately informed, supported and resourced, may flounder in their response to children in their care and as a result experience excessive and unnecessary stress and fatigue" (Osmond et al., 2008, p. 269).

The Impact of Disruption in Child Welfare

While foster care provides the child respite from abusive parenting it also represents a disruption in the parent-child relationship and subsequent relationships such as siblings, extended family members, peers, and at times even community relationships (Dozier et al, 2006; Perry, 2009). Children in agency care may also experience additional disruptions such as changes in workers, care givers, placements, in schools, peer groups, and communities (Dozier, Albus, Fisher, & Sepulveda, 2002; Trout, Hagaman, Casey, Reid, & Epstein, 2008) or coming in and out of care (Dozier et al., 2006) compounding experiences of loss. While the intent of foster care and emergency placements are intended to provide safety, "they also present the potential for further harm, including the possibility that the child may 'drift' from one placement to another, never attaining permanent family living arrangements" (Kessler & Greene, 1999, p. 149). Placement disruption in foster care impacts a child's ability to form relations and may hinder the child's ability to experience the buffering effect of a stable, healthy attachment to at least one surrogate care provider (Dozier, Higley, Albus & Nutter, 2002). These disruptions are believed to compound existing impairments to the foster child's development, social competencies and coping strategies and may lead to physiological, emotional, and behavioural dysregulation for the child (Dozier et al., 2006). "The presence of new and unfamiliar individuals can actually activate already sensitized stress-response systems in these children, making them more symptomatic and less capable of benefiting from our efforts to comfort and heal" (Perry, 2009, p. 248)

Attachment Theory Informed Work with Foster Parents

Attachment theory informed foster care has the capacity to help children in care develop new relationships, change negative internal working models, mitigate developmental impairments related to abuse, and experience a sense of felt security (Osmond et al., 2008). "Maltreated

children are at risk of multidimensional failure in all facets of their life and alternative care providers can play a key role in the development of resilience as well as assisting children in mitigating and compensating for the effects of harm" (Osmond et al., 2008, p. 263). The ability to change maladaptive internal working models for children in care lies in the ability of the foster parent to provide safe, comforting, patient care giving with an understanding of the attachment history of the child, and an informed child welfare worker to support and guide the process (Cole, 2005; Crittenden, 2008). The foster child's ability to develop a secure attachment is influenced by the care provider's attachment strategy (Cole,2005; Crittenden, 2008) and it is through substitute care providers engaging in nurturing behaviours that a foster child is capable of developing healthy attachments (Dozier et al., 2006). Depending on the age of the child, when the child was placed and the length of placement, and attuned and secure foster parent may be the primary attachment figure for a child in care (Cole, 2005; Haight et al., 2003). Of importance to child welfare practice is the realization that maltreated children develop attachments to their maltreating parent or care giver and experience emotions of loss, stress, and depression as a result of separation from that parent or caregiver when they enter into care (Haight et al., 2003; Howe, 1996).

Attachment Theory Informed Family Visits in Child Welfare

Function of Family Visits in Child Welfare

When children enter agency care one of the primary service goals is to establish visits between the child in care and their family. Family visits are introduced to provide a continuity of connectedness for the child and family. The family visits are managed by the agency in a safe and structured environment and may be supervised by an agency worker. Family visits take place either in the child welfare office, in public settings such as restaurants, or in the family

home. Workers make decisions about the length and frequency of the visits, who participates in the visits and transportation issues (Institute for Human Services, 2001). Family visits provide a means for "maintaining and improving family relationships, allowing professionals to assess and intervene in critical areas where parenting may be deficient, formulating recommendations to judicial authorities regarding parental fitness, and enlisting the support and cooperation of foster parents"(Kessler & Greene, 1999, p. 149). Family visits also provide "supports for families coping with change in relationships, reassures the child about the parent's well-being, helps the child deal with reality, empowers parents and allows them to practice new behaviours, facilitates transitions to new living arrangements"(Loar, 1998, p. 43). Child welfare workers are continuously assessing family visits to help guide service goals, decisions about interventions, to assess the impact of existing interventions, potential changes to the existing configuration of visits, and decisions about reunification (Kessler & Greene, 1999).

Attachment Informed Assessments of Family Visits in Child Welfare

Child welfare workers observe family visits to assess the parent-child relationship, how the parent and child interact, the parent's attentiveness to the child, and their ability to read the child's cues and respond appropriately (Institute for Human Services, 2001). Workers are also assessing if the child is calm or distressed in the parent's presence during visits and the parent's capacity to calm the child if distressed (Haight et al., 2003). Workers must also be cognizant of what transpired before and after visits when assessing family visits (Haight et al., 2003; Howe, 2005).

In attachment focused assessment of family visits, parent and child behaviours are considered within the context of separation and loss such as "a child who clings to her mother during visits may actually be displaying secure use of the parent as a safe haven in a stressful situation, rather

than insecure attachment"(Haigt et al 2003., p. 201). When assessing parent-child interactions and the viability of visits, attachment informed assessments recognize that the child who experiences their parent as disengaged or has visits that are emotionally un-stimulating and unsatisfactory will have limited impact on the child's development of connectedness and cohesiveness (Haight et al., 2003). Workers must also consider the attachment strategy of the child and how this might be exhibited when the child experienced emotional distress (Crittenden, 2008; Haight et al., 2003). When a disorganized attachment has been identified, attachment relationships and means of interacting for the family will remain unchanged and could result in further trauma without the introduction of an appropriate therapeutic intervention (Crittenden, 2008; Haight et al., 2003). Loar (1998) expresses concern that in child welfare workers invest time in decisions specific to frequency and length of family visits, the physical environment of visits, and transportation as opposed to engaging in therapeutic visits to address maladaptive parenting.

The Emotional Impact of Family Visits

An attachment theory focused child welfare practice recognizes that coming into care and separation from existing relationships can be traumatic. This trauma may be re-enacted when families visit as both the parent and the child must re-experience reunion and separation with each visit (Kessler & Greene, 1999). An attachment focused child welfare practice also recognizes that both the parent and the child may experience strong, potentially overwhelming emotions of happiness, anxiety, fear, grief, loss, anger and ambivalence influencing how they interact during visits (Haight, Black, Workman, & Tata, 2001). Anticipation of these emotions can elicit unexpected behavioural responses from both the parent and child such as a parent cancelling a visit to avoid the painful emotions of separation, children presenting as apprehensive

in approaching their parent, seeming uncomfortable interactions during visits, and children acting out after visits (Crittenden, 2008: Haight et al., 2003; Howe, 2005).

The child's sense of connectedness to the parent and the state of the parent-child relationship are elicited during family visits as feelings of loss, separation and fear are triggered in both anticipating the visit and resuming contact (Haight et al., 2003). Emotions and how individuals respond and behave during times of stress are negotiated through parent-child attachment relationships over periods of time and experiences (Haight et al., 2001; Haight et al., 2003). These experiences are built up in the memory and influence the developing child's cognitive, social, emotional and communicative competencies, which influences how the child manages stress and potential emotional distress during visits (Haight et al, 2003).

To summarize, attachment theory encapsulates a multitude of variables that influence a person's functioning and comprehensive well being throughout the life span. Attachment theory suggests that attachments are an evolutionary adaptation that serve a biological function of protecting offspring as they engage in distinct behaviours to keep their parent's attention, and physical proximity. These behaviours also serve to maintain the parent's interest and investment in the offspring reaching adulthood. These instinctual behaviours and drives become more sophisticated over time and are carried throughout the lifespan. Attachment, emotional, and survival needs are expressed through behaviours. When these needs are met subsequent attachment behaviours are expressed to maintain the relationship in which the initial, immediate needs were met.

Attachment is believed to be relationship specific and transmitted through generations. Reciprocal exchange of positive attachment experiences builds and strengthens attachment bonds and are believed to have a positive impact on the recipients of these exchanges. Harsh and

rejecting responses have a negative impact on the recipient and lead to dysfunction in the attachment bond. Attachment experiences influence attachment strategies, internal working models of the self, of others and coping strategies. Attachment experiences are believed to influence physiological, psychological, social and cognitive development. Attachment experiences are also believed to influence moral development and relational competencies. These variables can be either reinforced or altered through relationships.

Attachments are segregated into categories of organized strategies of secure or insecure. Insecure attachments are further organized into subcategorizes of insecure avoidant and insecure ambivalent. A lack of an organized attachment is understood as a disorganized attachment. Attachment strategies develop and are reinforced by how a caregiver responds to the child's needs. The care provider's own attachment strategy is believed to influence their perception of the child and the child's needs further influencing how the parent responds to the child. Dysfunction in the care provider's attachment strategy can distort how they perceive the cues of the child and the child's attachment cues may trigger anxiety and anger in the care provider. Dysfunction in the caregiver's perception of the child and the child's attachment cues is perpetuated and reinforced in distorted and dysfunctional feedback loops as they act and react. This circular relational exchange continues unless their perceptions and responses are altered. Of significance to child welfare is how attachments influence a care provider's perceptions, parenting behaviours, and capacity to keep a child safe.

In the field of child welfare in the province of Manitoba, child protection workers implement assessment tools to help assess levels of risk related to child maltreatment. Child welfare workers receiving structured training in how to assess for different types of child maltreatment, agency policies and procedures, among other case management skills. Since 2009 workers have

received training in the implementation of Structured Decision Making, which is an evidence-based assessment tool developed to help child protection workers assess for variables associated with child maltreatment. Child protection workers are trained in risk assessments assessing the degree of vulnerability of the child, the parent's characteristics, static and dynamic risk factors, that combined provide information regarding risk of potential harm. Workers are trained to assess for significant harm, the potential for harm and abuse.

Even with training and assessment tools, external and internal variables influence child welfare decisions. Internal variables that influence child welfare decisions include office cultural norms, worker exhaustion, stress, workload demands, leadership style and experience. External variables influencing child welfare decisions include laws, court directed actions, agency policies, and the availability of resources. Even with evidenced based tools gaps exist in the predictability of the existing tools and assessment strategies as they fail to consider some of the underlying variables that influence child maltreatment. Psychoanalytic variables are not frequently considered or assess in child welfare assessments of risk or abuse. Variables such as the parent's capacity to manage the child's distress, the parent's perception of the child, the child's needs and the process of harm are not typically considered in child welfare assessments. The impact of unresolved trauma and the health of the parent-child relationship are not commonly considered when assessing for level of risk of future harm or abuse in child welfare.

A care provider's unresolved trauma impacts their capacity to manage threats to their attachment system. Any threats to the attachment system or activation of the system results in the care provider's needs being central, taking priority over the child's physiological, emotional, and psychological needs. Care givers with unresolved trauma perceive more crisis, they can be easily emotionally overwhelmed by anxiety and fear and subsequently they engage in

psychological survival strategies in which information that is threatening to their attachment system is segregated from their consciousness. Of significance to child welfare is the potential for the care provider's unresolved trauma to be re-enacted in the parent-child relationship.

Attachment bonds, even tenuous bonds that develop in the presence of abuse and maltreatment exist and continue when the child is removed from the family home. These bonds and the attachment strategies that the child developed in response to their rearing experiences influence and impact how they manage foster care and the child welfare system. As attachment strategies are influenced by relationships, child welfare workers need to be cognizant of the impact of child welfare decisions and interventions as family relationships are either strengthened and supported or disrupted and compromised through agency involvement.

The impact of child abuse and neglect is not negated for a child who has come into agency care by the provision of a safe foster home. The disruption of family, peer, and community relationships that sometimes occur when a child enters into foster care only compounds relational trauma and the child's well being. The potential for frequent foster placement changes, changes in workers, and subsequent changes of schools and communities only services to proliferate any trauma the child has experienced and hinder the child's capacity to develop relational competencies. The attachment strategy and coping strategies adopted by children in care in response to abuse and neglect can impact their adjustment to foster care. Children in care may perceive more crisis, they may experience overwhelming emotions of fear, anxiety and guilt. Children in care may engage in coping behaviours to alleviate the impact of these overwhelming emotions such as substance abuse, self-harming behaviours and aggression/violence.

The behavioural cues and miscues that children in care adopted in the family home to entice a response from their caregiver is specific to the relational dynamics between that parent and child. The child's behavioural cues and miscues may only serve to alienate the child in foster care as they experience new relationship rules and expectations. The attachment and coping strategy developed by the child in care can impact how systems, such as child welfare, school, mental health, and probation systems perceive and engage with the child. The child may be assigned negative labels such as defiant and oppositional as their behaviours are not assessed as coping and attachment strategies. This can further perpetuate trauma for the child, increasing their vulnerability for abuse and neglect, limiting their opportunities to develop health and secure relationships, and reinforce negatively held concepts of self. The attachment strategies of the foster parents also influences the foster child either perpetuating the child's disorganized or insecure attachment strategy or can help the child experience relational reciprocity, attunement, nurturing and has the potential to help the child build a secure attachment.

In child welfare, family visits are introduced to provide the child in care a continuation of family relationships and sense of connectedness. They also provide workers an opportunity to assess parent-child relationships and parenting behaviours in the context of parent-child interactions. This information helps to inform and guide child welfare decisions and interventions. Family visits can trigger overwhelming emotions for both the parents and the child. These emotion states may trigger maladaptive coping strategies for the parents expressed as being late or missing visits, attempting to control aspects of visits, refusing to meet with the worker or not following through with the agency plan. These emotion states may trigger maladaptive coping strategies for the child expressed as physiological maladies, encopresis and

enuresis, self-stimulation, anxiety, ‘clingyness’ before and after visits, nightmares, and inability to settle before and after visits.

Family visits also have the potential to perpetuate trauma for the child and parent. Family visit reunions and separations may exacerbate feelings of loss and lack of control. A child in care may experience fear and feel unsafe during a planned visit, as the intended physical safety of the visit may not alleviate the child feeling unsafe in the presence of an abusive parent. Similarly, emotionally disengaged parents, harsh, punitive or unstimulating interactions during visits may perpetuate trauma for the child. The emotions elicited during visits such as fear, loss, anger and anxiety may impact the child for days after a visit, further impacting their adjustment to foster care.

Attachment theory appears to provide insight into variables that influence parenting behaviours and the health of parent-child relationships. These variables appear to have the capacity to inform child welfare practice with respect to assessments of risk, significant harm and abuse. These variables also appear to have the capacity to inform child welfare case management and selection of interventions for the benefit of the child and family. What remains to be investigated are the variables that influence the integration of attachment theory into child welfare practice.

CHAPTER THREE: METHODOLOGY

The researcher's desire to engage in this research was both professionally and personally driven. Professionally the researcher was motivated to explore child welfare practice (decision making in child welfare) and to explore theory integration into child welfare practice. As a child protection worker, the researcher was also interested in further understanding the impetus for child maltreatment, the variables that impact family engagement, child welfare recidivism, and continued family dysfunction even after child welfare involvement. Personally the research was driven by the researcher's passion for child welfare and desire to be a more informed child welfare worker.

An exploratory, descriptive qualitative research method design was chosen as a means of exploring the two research questions that guided the study. The first question explored the extent of attachment theory knowledge of child protection workers in the General Child and Family Services Authority of Manitoba. The second question explores the degree to which they integrated their knowledge of attachment theory into child welfare practice such as assessments, service delivery, and interventions.

Research Design

A research design was required for this study that would explore the phenomenon of attachment theory in child welfare practice. The goal of the research study was to ascertain if child welfare workers were familiar with attachment theory and if they integrated their knowledge of attachment theory into their child welfare practice. The researcher decided upon a qualitative research study as it provided the researcher an opportunity to hear the 'voice' of General Authority child welfare workers in Manitoba, to explore their knowledge of attachment theory through their responses to a questionnaire and interview questions. The researcher's goal

was not to quantify their responses. The goal was to explore their knowledge and represent their voices.

An exploratory qualitative descriptive inquiry "is an investigation of the meaning of a life event for a group of people" (Parse, 2001, p. 58), and "presents a detailed description of what is happening in some setting or with a particular group of subjects, so that the point of view of the subjects can be understood" (Artiniar, 1988, p. 138). The intent of exploratory qualitative research design is not to answer questions per se, but to open up research, eliciting more questions for further research and examination (Parse, 2001). Qualitative descriptive studies intensely examine a phenomenon searching for themes and patterns (Parse, 2001), and are valuable in eliciting descriptive responses to a particular issue relevant in informing policy and practitioners (Sword et al., 2012). In descriptive inquiry, language drives communication and understanding, and provides "a comprehensive summary of an event in the everyday terms of those events"(Sandelowski, 2000, p.336). As descriptive inquiry documents the voice of a particular group (Sandelowski, 2000), the researcher felt that the study provided a means to document and preserve the voice of a group of child welfare workers in the General Authority.

In the province of Manitoba, child welfare workers acquire assessment skill training through the implementation of vignettes. Vignettes were implemented in the research study as they facilitate the analysis process in exploring the decision-making process and participants judgments by altering variables described in the case scenario (Alexander & Becker, 1978). Vignettes are word pictures, providing short descriptions of hypothetical case situations containing specific references to variables designed to explore and examine the decision-making process (Alexander & Becker, 1978; MacIntyre et al., 2011). They are valuable in their capacity to explore knowledge acquisition, perceptions and attitudes (MacIntyre et al., 2011) and "are

equally valuable in detecting subtleties and nuances that only 'insiders' are usually aware of" (Hughes & Huby, 2001, p. 384). Subsequently the introduction of vignettes in the study to elicit practice information presented as a good fit as the participants would already be familiar with this method of assessment.

The researcher developed two vignettes and an interview guide to ensure that all relevant topics identified in attachment and child welfare literature review were addressed. The vignettes were developed by combining child welfare variables described in the Structured Decision Making (SDM) tool, and attachment issues based on the researcher's knowledge and experiences (both as a protection worker and training in attachment theory). The questions in the open-ended interview scripts were the same for each vignette with only the names of the characters being changed to match the accompanying vignette. Each vignette consisted of a single parent (female) with either an infant child (vignette one) or two middle school aged children (vignette two). The vignettes were reviewed by a General Authority worker who trains child protection workers in attachment theory for accuracy and relevancy of child welfare and attachment theory. The variables described in the vignettes were designed to be dissimilar to explore if the participants integrated attachment theory into child welfare practice given a range of potential child welfare variables. Participants responded to semi-structured, open-ended interviews based on the information described in the vignettes.

Variables outlined in the SDM tool guided the variables presented in the vignettes. These included substance misuse/abuse, the age of the child(ren), extent of supports available to the family, previous child welfare involvement, issues of neglect, abuse, and history of child abuse. In vignette one the parent was identified as having substance abuse issues and in vignette two the parent was identified as experiencing unresolved trauma related to issues of child abuse and loss.

Participants were asked to assess family visits, the attachment strategies of the child(ren) and the parent, and the health of the parent-child relationship based on the information in the vignettes. Participants were asked to identify their primary and secondary goals for the families and the interventions they would implement if they were the protection worker for the family. Participants were also asked what family history they believed influenced the parent's parenting and the services they would provide the foster parents.

The intent of the interview questions was to explore the participants' knowledge of attachment theory concepts and if the participants' integrated theory into child welfare practice. Based on her own experiences and training, the researcher felt that questions such as 'what is your assessment regarding Rebecca and Sarah's family visits' and 'what would be your primary and secondary goal for the family' presented as child welfare practice questions. Questions such as 'what is Rebecca's attachment strategy' and 'what family history do you believe influences Rebecca's parenting of Sarah's represented more attachment focused questions. Prompts included questions that were designated to elicit information as to the variables that influenced the participant's decision making process such as 'how would your assessment of Rebecca's attachment strategy impact your work with Rebecca and the services you provide?' or 'what influences your decision regarding primary and secondary goals for the family' (found in appendix F).

Inclusion Criteria

As the research questions were specific to a particular group (child protection workers in the province of Manitoba employed by the General Authority), the researcher chose to engage in a purposive, non-probability sampling strategy. The specificity of the targeted research subjects necessitates purposive non-probability sampling as the researcher relied on her own judgement to

select the sample population believed to provide the most insight into the phenomenon under study (Rubin & Babbie, 1997). Inclusion criteria necessitated potential research participants be employed as protection workers and working in the field of child welfare under the General Authority of Manitoba. The researcher decided upon this specific target population as she was a child welfare worker with Child and Family Services General Authority at the time the study was conducted. Subsequently the researcher had received training in Competency Based Training, two training opportunities in the attachment theory training workshops funded by the General Authority as well as other training opportunities in attachment theory that had been funded by the General Authority (trauma, Patricia Crittenden's Dynamic Maturation Model, Sonja Valley training in attachment theory and attachment training level one and two at the Aulneau Renewal Centre). Subsequently these training opportunities and experiences served as the base with which the researcher considered the information shared by the participants in the research questionnaire.

At the time of the study the researcher was employed as a child welfare worker with Eastman Child and Family Services, and as such Eastman child protection workers were excluded from the research study to prevent bias influencing research results. Similarly, the two child welfare workers working for Jewish Child and Family Services were excluded due to existing relationships between the workers and the researcher to address any issues of bias influencing results. The Thompson, Churchill, and Flin Flon child welfare offices were excluded from the research study as these offices did not have designated child protection workers engaged in child welfare at the time of the study (these positions were filled by other family service workers such as foster care workers).

Upon receiving authorization from the Chief Executive Officer of the General Child and Family Services Authority to conduct the research study the researcher contacted child welfare offices under the Authority. The researcher consulted with an administrative assistant at each office, and provided information regarding the research study. Each contact person (administrative assistant) provided information regarding the number of child protection workers designated to that office and agreed to place a recruitment envelope in the mailbox of each protection worker. Issues of confidentiality were discussed in detail with the contact person prior to sending out the recruitment envelopes. From October 17th, 2012 to November 27th, 2012 one hundred and sixty five recruitment envelopes were either mailed or dropped off to the seventeen child welfare offices in the General Authority that met recruitment criteria. Each package of recruitment envelopes were accompanied by an attached cover letter addressed to the contact person in that office. These letters reiterated the instructions that the envelopes not be distributed by management, the need for confidentiality, contact information for the researcher, and an expressed appreciation for their contribution to the distribution of the envelopes.

Enclosed in each envelope the potential participant would find the following information:

- a note directing the potential research participant to contact the researcher prior to signing the consent form if they had any questions regarding the research,
- a recruitment letter identifying information regarding the researcher, the purpose of the study, and the data collection, data analysis methods, and dissemination of information of the study. The responsibilities of the researcher would also be included, information regarding how the collected data will be stored, who had access to the data, and what will become of the data once the study is concluded. Additionally identified would be the rights of the participant including any benefit or risk to the participant. The recruitment

letter also identified issues of confidentiality including any disclaimers regarding participation in the study.

- the consent form,
- a copy of the two vignettes and the semi-structured interview questions.
- a return envelope already designated with a return stamp,
- a form to be filled out regarding minimal demographic information such as name, date, time, and phone number where they could be reached by the researcher.
- a form was included in the initial envelope with directions for the participant to include the signed consent form in the return envelope,

Research Ethics

The researcher received authorization from the University of Manitoba Research Ethics Board to conduct the Thesis study. Each research participant's identity was kept confidential. Anonymity was not possible as participants provided their names, return addresses on the stamped return envelopes and contact information. Information elicited from the participants was kept confidential. The consent forms were locked in a filing cabinet with the researcher having the only key and access to the cabinet. Transcripts were kept in a separate filing cabinet with the researcher having the only key and access to the cabinet. The consent forms and interviews were coded with a code only known to the researcher to increase confidentiality. The transcribed interviews were stored on the researcher's password protected memory stick. Hand written journal notes and transcribed interviews with coding information were kept in a separate locked cabinet only accessible to the researcher. All together three separate filing cabinets were used to minimize the risk of breaching participant confidentiality.

Consent

Prior to commencing the interview the researcher inquired of each participant if they had reviewed the consent form prior to signing, and inquired if they had any questions regarding consent or other issues. The researcher reiterated that participation in the research study was voluntary, that participant could withdraw at any time without fear of consequence or retribution. Issues of confidentiality, storage of data, and data dissemination were discussed prior to the interview.

Data Collection

After the writer contacted Child Welfare offices listed under the General Authority, mailed out or dropping off recruitment packages, the researcher received return envelopes with signed consent forms and potential interview dates and times. The five participants who replied were contacted via their preferred contact means and interview dates and times were confirmed. Each participant selected a date and time in which the researcher would contact them by phone to participate in the study. Three of the participants engaged in the interviews during the day in their own office, two participants engaged in the interviews in their own homes in the evening and all of the interviews took over ninety minutes to complete. Information in the consent form was reviewed with the participant regarding issues of confidentiality, storage of research data, and data dissemination prior to commencing the interviews. All five participants expressed an interest in the research study and requested a summary of the research findings.

The researcher introduced a demographic questionnaire to explore each participant's opportunities for training in attachment theory and each participant provided a brief description of their understanding of attachment theory. Following the implementation of the questionnaire the researcher read out loud to the participant a vignette followed by the implementation of the

semi-structured interview script. This process was repeated for the second vignette. The researcher read the each vignette out loud to ensure that the participant was freshly aware of the data in the vignettes.

The researcher documented responses by hand and then repeated back to the participant each response as it was documented to ensure accuracy of documentation. The researcher noted that this procedure provided participants an opportunity to contemplate their responses and add additional information. Participants were provided an opportunity to ask questions or make comments following the semi-structured script interviews. The researcher debriefed with each participant following the interviews to ascertain if the questions presented or content of the vignettes elicited any emotional distress or upset for the participant. Participants were made aware of counselling and support services available in their area. Information elicited from the phone interviews were immediately transcribed into a word document on the researcher's computer following each interview. The transcribed data was compared to hand written data taken at the time of the interview to ensure accuracy of documentation.

Data Analysis

The researcher chose a content analysis approach to analyzing the data as it appeared to be a good fit for the study as it purpose is to achieve insight and knowledge of a phenomenon being studied (Hsieh & Shannon, 2005). In qualitative research methods, coding provides understanding of a social phenomenon and allows the researcher an opportunity to build on research as it progresses eliciting themes and trends until every potential category and theme emerging from the research data has been exhausted (Charmaz, 2006; Hsieh & Shannon, 2005). The researcher explored themes and concepts unit of data to categorize, organize, and better understand the data (Hsieh & Shannon, 2005).

Once the interview data had been verified for accuracy the data was transcribed on the researcher's computer. The transcribed data was compared to the hand written notes taken at the time of the interview to ensure accuracy of documentation. The researcher created an interview template in which typed transcription was inserted on the right half of a page leaving the left half of the page blank to manually insert codes and notes. Participants were given a code (i.e. C-3 or D-4), and each participant's code was inserted onto the top left hand corner of the corresponding transcribed interview template.

Using a content analysis approach, the researcher reduced data into classifications of smaller content categories (Elo & Kyngas, 2007; Weber, 1990). In order to begin the process of reducing the data into categories and classifications, the data was reviewed multiple times providing the researcher an opportunity to become immersed in the data (Sandelowski, 1995; Tesch, 1990). The researcher used her own judgement based on experience and knowledge of attachment theory and child welfare practice when distinguishing patterns and commonalities in the data as well as to develop codes, paraphrasing the participant's responses into larger concepts of what was being shared by the participants.

The researcher engaged in open coding, opening the data, interpreting the responses shared by the participants assessing for the larger concepts of the text through an analytical lens. The researcher observed that participants used language associated with attachment theory. Participants used such terms as anxious, nurturing, attunement, felt security, and bonding, which is language associated with attachment theory. This observed pattern was significant to the researcher and guided the coding process. The researcher contends that in child welfare, workers 'speak' (use jargon) a language specific to child welfare using such terms as apprehension, significant harm, child in care, and level of risk. Similarly, the researcher believes that

attachment theory maintains a language or jargon with specific terms associated with the theory such as nurturing, attunement, category of attachment, and internal working model. Subsequently, the researcher began the coding process by observing the language used and the concepts being described in the participants responses.

The researcher created five transcript templates titled ‘language and concepts’, one for each participant, analyzing each transcript sentence by sentence and then paragraph by paragraph. Each time a participant discussed an attachment theory concept the research highlighted the sentence in yellow. Each time a participant used a word or phrase associated with attachment theory the researcher circled the word. On the left hand side of the page the researcher inserted codes reflecting a condensed and comprehensive code of the concept being shared by the participant.

An example of this coding process is the response provided by participant D-4 who responded that the factors they consider when assessing the health of a parent-child relationship “as the amount of interactions that they present, interactions were not meeting the child’s needs and that there needs to be a back and forth, a give and take, reciprocity”. The researcher highlighted the entire sentence in yellow, denoting an attachment theory concept of reciprocity and attunement, and circled the word reciprocity as a word associated with attachment theory. On the left hand side of the page the researcher coded that the participant appeared to think of relationships as on a continuum, that behaviours informed their decisions, and that the child’s emotional/attachment needs were considered in the assessment process.

Another example of this process is participant C-3’s response to the question of what would be their primary and secondary goals for the family. Participant C-3 replied that their goals for the family include “having the child settle more because without the child settling the child

continues to struggle and mom continues to be avoidant. The secondary goal would be to have the worker bond with the parent, to build an attachment between the worker and the parent and then work on parent-child attachment". The researcher highlighted the entire response in yellow as the researcher assessed the entire passage as being attachment theory focused. The researcher felt the participant's response indicated theory issues of emotion regulation, the impact and influence of attachment strategies on relationships, and the transference of attachment strategies. The researcher circled the words bond, settle, and avoidant as being associated with attachment theory. On the left hand side of the page of the transcript the researcher coded transmission of attachment strategies, attachment transferred through relationships, anxiousness and coping strategies.

Each 'language and concept' transcript template was reviewed and compared in this manner until the researcher felt she could not elicit any new information with respect to this theme. Information elicited from two of the interviews in which the open coding phase of data analysis had been initiated had been submitted to the research advisor for review to ensure proficiency of coding procedures. The researcher then compared each interview further assessing for consistency of coding practices and looking for commonalities and disparities among the data. The researcher continued to add notes to her journal regarding observations throughout the coding process developing ideas and questions about the central themes emerging from the data.

The researcher assessed for commonalities among the codes and condensed common codes into categories. These categories were then further divided into subcategories, reflecting the context of the larger, encompassing categories. The researcher observed that participants commonly discussed attachment theory in terms of emotions, behaviours and/or concepts. A heading was created to categorize the data into attachment theory concepts with categories of

emotions, behaviours and concepts. Subcategories were then created from the larger heading categories. Heading categories like emotions were further subcategorized to include distress, felt security, comfort, loss and anxious while the subcategory of behaviours included attunement, nurturing, seeking and engagement. Additional headings of larger encompassing categories were developed including relationships, interventions, external pressures and unknown. All of these larger categories were condensed into subcategories of coded research data resulting in five primary categories and thirty-nine subcategories facilitating the process of further analyzing the data. Table one provides a graphic representation of the categories and subcategories created out of the open coding process.

Table One

Attachment Theory Concepts	Emotions- Distress Felt security Comfort/need to settle Loss Anxious Behaviours -Attunement Nurturing Eliciting/seeking Engagement Concepts –Transmission/coping, parenting and attachment Trauma Cues/miscues Bonding/attunement
Relationships	Relational reciprocity Attunement Nurturing Comfort and security
Interventions	Agency- child focused/mandate driven Parent focused/demonstrated Motivation and engagement Outsourced-Attachment focused/mentoring Therapy Second order change driven
External Pressures	Court CFS mandate and CFS ACT Time constraints Competing priorities
Uncertainty/Unknown	Attachment resources Managing child's distress Addressing reluctance/avoidance Goals/outcome of goals

Following the process of open coding the researcher engaged in the process of axial coding in which similar concepts and categories are interconnected and relationships among the categories are explored to further develop ideas about what is being shared in the data (Gibbs, 2010; Strauss & Corbin, 1990). To organize the data the researcher created further templates of the data to investigate the emerging questions when assessing for the relationships among the data. The templates were each titled by the question or hypothesis elicited from the open coding process and revision of journal notes.

Templates were created to investigate the emerging idea of a relationship between training opportunities in attachment theory and attachment theory focused child protection to theory integration in child welfare practice. One template created was titled ‘what is the impact of more attachment theory training opportunities’. The researcher compared and contrasted the number of years each participant has been engaged in child protection, their identified training opportunities in attachment theory, and incidents in which the researcher coded the participant as engaging in attachment theory focused child welfare practice on the templated transcripts. The researcher highlighted in pink each incident in which she assessed a participant to have engaged in attachment theory focused child welfare practice. Intervening conditions to the central idea were highlighted in yellow, and specifically described attachment theory concepts/theory integration into practice was highlighted in green. Causal conditions to the central idea were written in blue and action/interaction variables were given an asterisk. This process was repeated for every template. Through this coding process another central theme emerged in which the researcher observe participants demonstrated a tendency toward attachment theory and relationship focused child welfare practice and recognition of attachment theory concept regarding the development

of maladaptive parenting (experiences, attachment strategies, and coping strategies) that may lead to child maltreatment.

An example of this process is the transcribed response by participant D-4. When asked to identify her primary and secondary goal for the family, participant D-4 responded that the primary goal for the family is “the safety of the child” and the secondary goal for the family is “improving the parent-child relationship”. The researcher had previously coded participant D-4’s response under external pressures. Building on the existing codes, the researcher assessed the response from a relationship perspective coding it as an intervening condition. The researcher continued this process comparing and contrasting the data, organizing the data to better understand the relationships and connections among the data.

Through this process the researcher observed a relationship around the core theme of what appeared to influence theory integration into child welfare practice. The researcher created other templates to test other hypothesis. The other templates investigated if there was a connection between the degree of training (extent of training either Competency Based Training , Aulneau Renewal Centre workshops, or other) a worker receives and/or if knowledge of a client’s childhood history influenced the integration of attachment theory into child welfare practice. The researcher did not observe strong relationships among the other hypothesis that were tested.

Issues of validity were addressed in the design of the study and through the analysis process of the data. The researcher believes that internal validity has been achieved as the data suggests that the five participants have a working knowledge of attachment theory and that variables were discovered that influenced to degree to which theory is integrated into practice. The researcher contends that reliability would be achieved as the coding process was based on the researcher’s knowledge of attachment theory in coding theory concepts. Subsequently the researcher believes

that other researchers with knowledge of attachment theory, coding for concepts of the theory would achieve similar results with participants who have had training in the theory.

Issues of trustworthiness and credibility were addressed. Trustworthiness refers to the degree to which the research design, analysis process, limitations and strengths of the research are clearly understood by the reader (Elo & Kyngas, 2007; Hsiu-Fang & Shannon, 2005). The researcher built trustworthiness by detailing the variables that influenced the research design, providing step-by-step information as to how the researcher analyzed the research data providing examples of the process. Additionally, the researcher was cognizant of the study limitations throughout the research process and detailed the limitations impacting the study. The researcher attempted to attain credibility by remaining focused on the fact that the results of the study were limited to the experiences and information gathered from the five research participants.

CHAPTER FOUR: FINDINGS

Primary Analysis

Demographics

Between November 9th and December 11the of 2012, five participants were interviewed. All of the participants were employed as child welfare workers under the General Authority across the province of Manitoba. Years of employment ranged from six to twenty five years. None of the participants identified having worked for another child welfare agencies either inside or outside of the province of Manitoba. All of the participants had obtained a Bachelor of Social Work degree. Four of the five participants identified having completed Competency Based Training through the General Authority. Three of the four participants who had completed the Competency Based Training recalled that attachment theory was covered in the training. Two of the three participants who recalled attachment theory being covered in Competency Based Training identified the information as covering only the basics of attachment theory with issues of separation and loss being addressed. Participants had received either formal attachment theory training through workshops, Aulneau Renewal Centre Attachment training (level one and two), training in Patricia M. Crittenden's Dynamic-Maturational Model (DMM), Signs of Safety, and/or informal training through case consults (in office) and independent readings.

Participants were asked to describe their understanding of attachment theory. Attachment theory was expressed in terms of behaviours and relationships. Attachment theory was described in terms of relationships, "the connection between a parent and child" (participant E-5), "the relationship between the caregiver and the child" (participant G-7), and "how the parent and child relate" (participant D-4). Attachment theory was described in terms of behaviours; "occurs

as a result of nurturing"(participant E-5), "it impacts behaviours" (participant C-3), and "behaviours of the caregiver to the child" (participant F-6).

Participants identified issues regarding the impact of attachment on individual development and the transference of parenting behaviours. Participants C-3, E-5, F-6 and G-7 described attachment theory as the bond between a parent and child that results from parental nurturing and connection. Relationships were identified as a conduit of attachment between parent and child in which the relationship serves not only to keep the child safe and alive, but also a way for the child to develop social competencies.

Participants D-4 and F-6 discussed the impact of early childhood experiences in forming present parenting behaviours and that healthy attachments, like parenting behaviours are transmitted through family generations. Participants D-4 and F-6 identified the impact regarding the state of attachment strategies and parent-child relationships on the health of both the child and family functioning. Participants C-3 and D-4 identified the impact of attachment on individual development. Attachment theory was identified as a means of understanding how care giving behaviours impact a child's physiological development, the comprehensive well being of a child, and as an expression of need through behaviours. Participants C-3 and D-4 acknowledged that attachment disorders are expressed through maladaptive behaviours, which subsequently can be misdiagnosed as other issues such as ADD and ADHD.

Responses to Vignettes

The following is a summary of the variables described in vignette one (found in Appendix F).

Vignette One

Sarah (age 20 months) came into agency care due to concerns that her mother Rebecca (age 35) has a substance addiction that impacts her ability to parent and protect Sarah. A six-month

temporary order was suggested to provide Rebecca an opportunity for assessments and treatment. Rebecca has two older children who came into agency care due to her addiction issues. Rebecca and Sarah have supervised visits in the child welfare office. Rebecca brings junk food to the office and Sarah sits on the floor eating the junk food while Rebecca sits on the couch playing with her phone. Sarah tries to engage Rebecca during visits. Sarah typically leaves the visiting room, wanders around the child welfare office and engages in indiscriminate behaviours with strangers in the office. When visits end Sarah lashes out at Rebecca screaming at her and squirming in her embrace. Sarah experiences stomach problems, she is unable to eat, and she has engaged in self-stimulating behaviours following visits.

Attachment Strategies

Participants were asked to assess Rebecca's attachment strategy based on the information provided in vignette one. Three participants hypothesized that Rebecca had an avoidant attachment strategy. These participants attributed Rebecca's avoidant attachment strategy to Rebecca not being engaged and her lack of interactions with Sarah, concerns that Rebecca is withdrawn, she can't wait to leave the visits, and she is not talking to the worker after the visits. Other behavioural indicators that informed their assessment of an avoidant attachment strategy included Rebecca bringing food to occupy Sarah, that Rebecca does not seem interest in interacting with Sarah and that Rebecca does not seem comfortable in the role of mother. One participant did not categorize a strategy for Rebecca and instead assessed that Rebecca demonstrated avoidant behaviours. One participant identified that they didn't think Rebecca had an attachment strategy. This participant reasoned that the information provided in the vignette suggests that Rebecca was not attached in her family of origin and she is not attached to Sarah.

Participants were asked to assess Sarah's attachment strategy based on information provided in vignette one. Three participants reached different assessments regarding Sarah's attachment strategy. These assessments included Sarah having an anxious strategy, an avoidant strategy, and one categorized Sarah as being on the A-side of the Dynamic Maturation Model under compulsive caregiver or compliant. Two participants did not categorize Sarah's attachment strategy. Instead these two participants responded that as the worker they wanted a caregiver to build a strong/secure attachment with the child. Participants developed their assessment of Sarah's attachment strategy based on the behaviours described in the vignette. These behaviours included Sara trying to engage Rebecca during visits, being indiscriminate with strangers/going to strangers to have her needs met, and how Sarah responded to her mother when visits were over (lashing out, squirming in her mother's arms, and crying). Two participants postulated that Sarah's behaviours exhibited pre and post visit suggest that the visits cause her distress.

Assessment of Family Visits

When assessing the family visits for vignette one, three participants discussed the mother's assessed attachment to the child as influencing their assessment of the visits. One participant suggested that the mother was not attached to the child, which impacted the mother's ability to engage/be attuned to her child. Another suggested that the mother was not naturally bonding with the child and that the mother was missing the child's cues. A third participant who considered family visits through the parent-child attachment did not believe the parent-child attachment was balanced. Two of these three participants discussed the transmission of strategies and parenting behaviours (attunement, nurturing, bonding) through relationships postulating that the mother's lack of attunement and nurturing was related to an absence of these experiences in her own childhood. Participants identified that the variables that influenced their

assessment of the family visits included the mother's behaviours (such as a lack of engagement and interaction with the child) and the child's behaviours (such as being indiscriminate with strangers and resisting/lashing out at mom). One participant identified that they would stop the visits all together given the described stress/distress exhibited by the child.

Participants offered several changes to the family visits as described in vignette one. Participants considered concrete, tangible, and easily administered changes to family visits. Four of the participants identified that they would change the frequency of the visits and two of these four participants added that they would also change the length of the visits. The rationale behind changing length and/or frequency included the visits causing stress/distress/frustration for the child and the child's physiological symptoms (self-stimulation, stomach and toileting issues). Additionally participants felt that the child was seeking out attention from strangers (indiscriminate) because she was not getting her needs met (engagement, reciprocity, attunement) from her mother during the visits. Two participants suggested changing the environment of the family visits. These participants asserted that a change in environment might alleviate some of the child's stress/distress. One participant suggested a change in the child's diet to investigate if the child's physiological symptoms were related to stress/anxiety or due to other factors.

Participants also considered less concrete, long-term changes to family visits. Four participants considered therapeutic changes to the family visits. Four participants suggested working with the mother to improve her interactions with the child such as the worker or support worker building a relationship with the mother, engaging and guiding the mother as a means of altering how the mother interacts with her child. One of these four participants suggested the introduction of Modified Interaction Guidance so that the mother could review videotapes of her

interactions with her child to gain insight into how her interactions impact her child and their relationship. Two of these participants considered therapeutic work with both the mother and child and one other participant suggested engaging in therapeutic work with the foster parent and child to help the child bond to the foster parent. Participants considered therapeutic work with the mother, mother and child, and/or foster parent and child as a means of addressing attachment and relational issues, improving the parent's capacity to engage/be attuned to her child, and helping the mother experience more positive interactions with her child. Therapeutic work with the foster parent was believed to help the child to feel secure and bond with the foster parent.

Of significance is that irrespective of the assertion that they would decrease either length or frequency of the family visits in vignette one, three of the participants identified that the possibility of reunification influenced decisions regarding family visits. Participant F-6 stated if "the plan is for reunification they would look at more visits, more times throughout the week". Participant D-4 responded stated "if we are transitioning the child home I might keep the visits to two or three times a week".

Goals and Interventions for the Family in Vignette One

Participants were asked to identify the primary and secondary goals for the family in vignette one. Primary goals considered for the family consisted of assessments and security for the child. Three participants identified the implementation of assessments as their primary goal for the family. These assessments included parenting capacity, capacity to attach and an assessment of the parent-child relationship. Two participants considered the child's safety (felt and physical) as a primary goal for the family. Secondary goals for the family consisted of relationship/attachment focused interventions and assessment outcomes. Two participants

considered relationship and attachment focused interventions for the family including the worker building a relationship with Rebecca or building a strong/attuned parent-child relationship. Some participants combined their primary and secondary goals. These combined goals included addressing the addiction issue, assessing Rebecca's motivation and capacity for change, and one participant volunteered that their goals are for reunification (when possible). Some participants identified that their secondary goals would evolve out of the outcomes/success of their primary goals. Participants suggested that if it was determined that Rebecca could not parent and/or didn't have the capacity to attach to Sarah that their secondary goal would be to focus on Sarah's needs (getting her settled in foster care and building a bond between Sarah and her foster parent).

A common intervention suggested by participants was the implementation of assessments. Four participants considered attachment assessments and attachment therapy for Rebecca and three participants suggested addiction assessments. Other assessments considered were parenting capacity and psychiatric/mental health assessments. Participants provided a rationale for the assessments suggesting that they needed a clearer picture of what was going on for Rebecca. Additionally attachment assessments were believed to provide Rebecca with insight into how her behaviours impact her child and her relationship with her child.

Two participants contemplated the introduction of interventions that would help foster security (felt and physical) for the child. Some participants discussed interventions specific to visits such as building pleasant, and active visits in which Rebecca is supported and guided to positively engage and interact with Sarah. Some participants discussed interventions specific to the foster parents such as the foster parent engaging in therapeutic work building a strong bond/relationship between the foster parent and child and to help the child settle in foster care.

The following is a summary of the variables described in vignette two (found in Appendix F).

Vignette Two

Chrissy (age 9) and Alexis (age 10) were apprehended from their mother, Marsha (age 37) due to concerns of neglect, lack of supervision, Marsha's mental health impacting her functioning, and emotional abuse. Marsha signed a Voluntary Placement Agreement with the agency and disclosed that she had been struggling to care for the girls. Chrissy exhibited bizarre and at times aggressive behaviours at school and in the foster home. Alexis struggles with enuresis, an insatiable appetite, and at times encopresis.

Marsha became overwhelmed during her home visits with the girls as she yelled and screamed at the girls when she did engage with them. Following a suicide attempt Marsha disclosed that she had been in a relationship in which she had been sexually abused and that the trauma of this experience triggered memories of her childhood sexual abuse. Marsha reported that as a child she had been abandoned by her mother, she engaged in teenage prostitution and she relinquished a child that had been conceived while she was prostituting. Marsha's second child came into agency care when it was discovered that her first husband had molested their child. Marsha's second husband, the father of Chrissy and Alexis is deceased.

Attachment Strategies

Two participants assessed Marsha's attachment strategy as disorganized attributing this assessment to Marsha presenting as inconsistent or that Marsha's attachment strategy was reflected in children's behaviours. Marsha and her children were identified as having significant attachment issues. One participant speculated Marsha's attachment strategy to be avoidant, which they attributed to Marsha's lack of engagement, however they felt that more information was required to assess Marsha's attachment strategy. One participant assessed Marsha as being on the C-side/punitive and seductive of the DMM, which they attributed to Marsha's

demonstration of anger and present victimization. One participant did not assess Marsha's attachment strategy in terms of a category. Instead they asserted that Marsha got pregnant and was left with the responsibility of parenting.

Three participants assessed Chrissy's attachment strategy as disorganized or inconsistent. Participants attributed their assessment of a disorganized attachment as being related to Chrissy presenting as fairly reactive and acting out. The participant who assessed Chrissy as being on the C-side of the DMM attributed their assessment to the child's emotionally charged behaviours. This participant stated "the child's big display choking another child suggests that the child's feelings are so out of control they almost take over". One participant did not categorize Chrissy's attachment strategy. Instead they commented that the children (Chrissy and Alexis) were attached to each other and that Chrissy appeared less attached (to their mother) compared to Alexis. Two participants identified that they felt there was not enough information in the vignette to assess Chrissy's attachment strategy and one participant volunteered that the variables described in the vignette were too complex to assess the child's attachment strategy.

Two participants assessed Alexis' attachment strategy as disorganized, however no rationale was provided for their assessment of a disorganized strategy. One participant assessed Alexis' attachment strategy as either insecure avoidant or resistant. The participant attributed their assessment to the fact that Alexis' presented as more organized in her strategy compared to Chrissy as Chrissy externalizes and Alexis internalizes (issues). One participant assessed Alexis' attachment strategy as being on the A-side of the DMM because the child is not aware of her own body cues such as when she is hungry or soiled and she waits for direction. This participant postulated that Alexis' "behaviours may be related to her having adopted a care giver role in the family prior to coming into agency care". One participant did not categorize Alexis' attachment

strategy. Instead they assessed Alexis as being attached to her sister and more attached to their mother compared to Chrissy. The participant attributed this assessment to the hypothesis that maybe Alexis' benefited from having more contact with a nurturing secondary care provider (father).

Family visits

A consistent sentiment among the five participants was that the family visits as described in vignette two were not going well. Participants assessed that the visits were not going well, that they were too long, too much for Marsha and that Marsha was not ready. One participant commented, "Marsh can't manage" the visits and another participant commented that Marsha "doesn't seem to be enjoying her time with the children". Two participants attributed their assessments of the visits to Marsha not interacting with her children during visits and instead of parenting them she yells and screams at them.

Three participants ventured to offer interventions for the family visits. One participant suggested that the visits should discontinue and one participant felt that Marsha was not ready for family visits. The rationale provided was that Marsha appears to become easily overwhelmed caring for the girls. One participant pointed to the fact that during overnight visits Marsha called the foster parent to pick the girls up early. Another participant pointed to the fact that Marsha did not appear to enjoy the visits as "she yells more than she talks to the girls" and "she monitors the clock during visits". One participant suggested changing to location of the visits to the office to provide the worker an opportunity to assess how the family interacts.

Goals and Interventions for the Family in Vignette Two

Participants were asked to identify the primary and secondary goals they would have for the family described in vignette two. Participants appeared to prioritize Marsha's needs and not

mention any secondary goals, they combined primary and secondary goals, or conclude that further assessments were required to guide the goals. Three participants identified that their primary goal included Marsha's immediate safety and well-being. One participant reasoned that Marsha "is not in a place where she is healthy enough to work on the issues for the girls". This sentiment was presented by another participant who suggested that Marsha's issue impacted her ability to engage with the girls. One participant prioritized getting Marsha's suicidality under control.

Related to the primary goal of Marsha's immediate safety and well being was the recognition of her past trauma influencing her coping strategies and motivation to parent. Two participants discussed the impact of Marsha's trauma as influencing their assessment of goals for the family. One participant asserted that the family was rife with maladaptive behaviours and attachment issues. This participant stated "the kids are trying to cope and the mom is trying to cope by offing herself which is affecting the children" adding "the fact that mom came into care and lost contact with her own mother might be influencing her motivation to have her own girls returned, that she feels that her own mother abandoned her and she doesn't want to repeat the same pattern with her own girls".

Two participants considered attachment based assessments. One of the two participants suggested that they would introduce "the school aged attachment assessment tool and have mom complete an AAI". This participant felt that these assessments would provide insight into family dynamics and direct primary and secondary goals for the family. The other participant did not specify the type of assessment, however postulated that the presenting behaviours in the vignette appeared to be associated more with psychiatric issues than attachment issues.

One participant offered secondary goals for the family. Other participants felt that more information was needed to distinguish a secondary goal such as information elicited from suggested assessments.

Participants considered four different interventions for the family in vignette two. All five participants suggested mental health/psychiatric assessments and treatment interventions for the family. One participant considered all of the family members participating in the assessments, three suggested that Marsha complete assessment and treatment and one suggested assessments and treatment for the children. One participant rationalized that "these behaviours are so outlandish, they are concerned about the mental health of the child, wanting to know where these behaviours are coming from". Another participant stated "any direction from the mental health assessment would then direct the interventions". One participant considered an assessment of Marsha's cognitive development.

Participants also considered counselling as an intervention for the family, either group or individual. One participant considered attachment focused counselling such as New Directions or Aulneau for the family and one participant suggested therapy for the children. Similar to the rationale for introducing assessments, one participant identified that the outcome of the counselling assessment would direct interventions. Two participants considered relationship-focused interventions with Marsha (not specified) and the creation of family supports for Marsha. Three participants suggested the introduction of a nurturing and supportive foster home for Chrissy and Alexis. Participants identified that they felt Chrissy and Alexis required a foster home with safety, stability, consistency, routine, and meeting the children's basic needs. Participants considered a foster home where Chrissy and Alexis could develop attachments and sense of predictability and safety. Given Marsha's presenting issues one participant reasoned

that their interventions would not revolve around reunification stating that Marsha "is wanting and needing to be present in her kids' life, but not in the role as primary care giver".

Secondary Data Analysis

The Themes that Emerged

Relying on her experiences, knowledge, and judgement the researcher looked for patterns and themes in the data elicited from the five participants. The first pattern observed was the language used by the participants. This observation guided the initial coding and categorization process with the subsequent development of two prominent themes. The first category that emerged was that these five participants demonstrated a tendency toward relationship and attachment theory focused child welfare practice and an attachment theory informed understanding regarding the development of maladaptive parenting (experiences, attachment strategies, and coping strategies) that can lead to child maltreatment. The second category that emerged was an observed relationship between opportunities for attachment theory training and attachment theory focused child welfare practice (theory focused case consults and supervision) positively influencing theory integration into child welfare practice. Several subcategories emerged out of these two themes emphasizing the participant's knowledge of attachment theory and insight into the variables that influenced theory integration into child welfare practice.

Relationship Between Attachment Theory Training Opportunities and Opportunities to Engage in Attachment Theory Focused Child Welfare Practice (Case Consults and supervision) and Theory Integration into Child Welfare Practice.

The five participants completed a demographic questionnaire in which they were asked to identify if they had attended competency-based training through the General Authority and if they could recall if attachment theory was covered during the training. The participants were

also asked to identify any training they have received in attachment theory. Four of the five participants identified completing competency based training and three of these four participants recalled that attachment theory had been discussed in the training. Three participants identified some additional training in attachment theory (beyond competency based training). Two participants identified multiple opportunities to participate in attachment theory workshops through the General Authority and the Aulneau Renewal Centre in addition to independent readings in attachment theory. These two participants identified having opportunities to engage in attachment theory focused child welfare practice in the work place through case consults (open consults during staff meetings with other child welfare workers) and supervision (consults and direction from the worker's Supervisor). Through continued analysis of the data the researcher observed that the five participants could be conceptualized into two groups.

Group A represented two participants who identified having had opportunities to engage in attachment theory focused child welfare practice (case consults and supervision) and had more training opportunities in attachment theory. Group B represented three participants who identified less training in attachment theory compared to Group A and they did not identify opportunities to engage in attachment theory focused child welfare practice.

Attachment Theory Language and Concepts

A pattern observed in the data was the language used by the participants in response to the questionnaire and interview questions. All of the participants responded using attachment theory concepts and attachment theory focused language such as attunement, transmission of parenting behaviours, and attachment strategies. Participants in Group A were more likely to use formal or refined attachment theory terms such as 'circle of repair' and the Dynamic Maturation Model. Participants in Group B were more likely to use more general language and terms such as

nurturing when answering the questionnaire and interview questions. The differences between the two groups is illustrated by the following responses to the question of the factors that informed their assessment regarding Sarah's attachment strategy for vignette one. Participant C-3 (Group B) replied "when leaving the visits the child is crying, lashing out at mother, squirming, she doesn't feel comfortable in the mother's arms. That the child is indiscriminate with strangers, she will go to anyone to have her needs met". Participant D-4 (Group A) responded to the same question "that Sarah approaches other people, that she is indiscriminate. There was potential for security as Sarah was still 'checking in' as shown in the circle of repair. That she is still looking for a secure base to have her attachment needs met. That she is resisting mom, but there is a history there, that Sarah is resisting physical interactions with mom, but she is showing mom toys". The participants appeared to consider the child's behaviours to inform their assessment of the child's attachment strategy and both described the child as indiscriminate and looking to have her needs met. Participant D-4 (Group A) considered the behaviours in context of the circle of repair, of the child needing a secure base, and potential for security.

The five participants identified attachment theory concepts related to emotion states (distress, felt security, loss, and anxiousness), and behaviours (attunement, nurturing, attachment seeking, and engagement). Participants in Group B distinguished categories of attachment (secure, insecure avoidant, insecure ambivalent, and disorganized). Participants in Group A provided a more refined understanding of attachment categories referring to Patricia Crittenden's Dynamic Maturation Model when distinguishing attachment strategies. Participants were asked to assess the child's attachment strategy. In response to vignette one participant F-6 (Group B) assessed the child's attachment strategy as "an anxious attachment strategy" and for vignette two they assessed the children's' attachment strategies as "disorganized based on the behaviours described

in the vignette". In response to the same question for vignette one participant G-7 assessed the child's attachment strategy as "being on the A-side, the compulsive caregiver or compliant category of the DMM. Sara identifies some care giving to her parent, trying to get her parent involved. Acting out to get her mother interested in what she is doing". In response to assessing the children's attachment strategies in vignette two participant G-7 responded, "the younger child maybe hasn't had any of her needs met, on the C-side of the DMM. That the child's big display of choking another child suggests that the child's feelings are so out of control that they almost take over. That the older child is on the A-side of the scale. That she is waiting for direction, not recognizing cues of her own body when hungry or soiled. The older child's behaviours may be related to her having adopted a care giver role in the family prior to coming into agency care".

Familiarity of Attachment-Focused Resources and Interventions

In reviewing the data the researcher observed that the participants who identified experiencing theory informed practice (case consults and supervision) appeared to be more consistent in integrating attachment theory into practice based on their interview responses. As this pattern was explored a relationship emerged between knowledge of attachment-focused resources and interventions and theory integration into practice. The data suggests that participants who were familiar with attachment focused assessments and interventions available in Manitoba appeared more likely to suggest attachment focused interventions in response to interview questions.

Participants were asked what kind of interventions they would implement for the family. The researcher observed that participants in Group B identified attachment-focused interventions available and discussed the purpose of those interventions. For vignette one participant E-5 (Group B) responded "attachment training for the mother, attachment experiences for the kid,

and active visits". In response to the same question for vignette two participant E-5 responded, "that the children need intensive psychiatric care of some sort. That a nurturing and supportive home is needed where the children can develop attachment". When asked how their assessment of the child's attachment strategy would impact their work with the child and the services they would provide participant E-5 identified that they "believed there were programs to teach parents to attach to their child"

The researcher observed that participants in Group A suggested more refined attachment based assessments and therapeutic interventions such as the Modified Interaction Guidance (MIG), the Adult Attachment Interview, and the Strange Situation. The researcher also observed that participants in Group A appeared to have a more comprehensive understanding of the role of these interventions. Participant G-7 (Group A) commented that attachment assessments provide direction for child welfare practice and that it is about "how patterns develop and the introduction of the MIG to develop new patterns of behaviours". An example of this is participant G-7 (Group A) who suggested interventions such as AAI, MIG, and the Strange Situation commenting "these interventions provide strong information for direction on how to work with this family". Participant G-7 further commented that the information obtained from these formal outsourced attachment focused interventions "would ultimately provide direction of whether they would be looking at reunification or permanency planning" for the child.

The researcher observed that when comparing the responses participants in Group B appeared less likely to integrate their expressed knowledge of attachment theory into practice. Additionally some participants in Group B identified that they did not know how their knowledge of attachment strategies would influence their child welfare decisions. When asked how their assessment of the child's attachment strategy would impact their work with the child,

participant C-3 (Group B) responded that they “didn’t know how Sarah’s attachment strategy would impact their work with her and the services they would provide”. Similarity participant E-5 (Group B) responded “they didn’t know 100% how their assessment of Rebecca’s attachment strategy would impact their work with Rebecca and the services they would provide”.

External Pressures

The researcher observed a common theme of intervening conditions in the research data in which participants identified external pressures that influenced their child welfare decisions and practice. Participants’ responses suggested a dichotomy between the child welfare practice they would ideally like to engage in and the constraints in child welfare practice that can dictate practice. The external variables that participants identified as influencing practice included time constraints, the Child and Family Service mandate/ACT, court directed services and goals, and competing priorities. The participants identified that they felt they needed to prioritize immediate child safety and well-being over long-term relational health. Participant D-4 (Group A) stated that “the primary goal for the family is safety for the child and the second goal for the family is improving the parent-child relationship” adding that “there are times when we work with families and there is no time for the secondary relationship goals, safety is the only goal”.

The participants suggested that protection workers are expected to work with families focusing on child safety that adhere to time lines designated by the Child Welfare Act and the court. Participants suggested that the time lines allowed by the court to complete assessments and interventions did not provide sufficient time to introduce outsourced attachment focused work into child welfare practice as these interventions may entail wait lists and long-term therapeutic work. The data suggests that the five participants struggle to achieve a balance between relational and attachment focused child welfare practice and the external variables that influence

child welfare practice. Participant F-6 (Group B) summarized this sentiment commenting, "sometimes we have to please the court and that it is important to remember to hear the child and what is needed".

Complexities and Competing Priorities

The researcher observed that participants in Group A appeared consistent in their integration of attachment theory focused child welfare practice as they suggested attachment theory focused interventions for the parent, the child and the foster parent in both vignettes. Participants in Group B appeared less likely to consider attachment-focused interventions for vignette two, suggesting mental health and psychiatry interventions. Participants in Group B were more likely to suggest relationship and attachment theory focused interventions for vignette one such as agency directed (worker, support worker or foster parent) relationship building with the parent. The researcher observed a pattern in the data to suggest that as the complexities of the variables increased that the participants appeared to be less likely to consider the mother's relational and emotional needs and focus instead on the child or foster parent's needs.

In response to the question of what interventions they would introduce if they were the child protection worker for the family for vignette one, participant F-6 (Group B) responded that they would consider "a psychiatric assessment and a parenting capacity assessment, the introduction of a support worker, that they would figure out visits, that the foster parent and mom would be on board". This participant added "that the visits need to be a pleasant experience for the child and to help mom through the visits as well". In response to the same question for the second vignette, participant F-6 responded, "mom needs to be hooked up with psychiatry" and "a good assessment of mom's cognitive functioning". This participant added that "it sounds like mom needs long term therapy, that mom is wanting and needing to be present in her kids life, but not

in the role as primary care giver". In response to the question of what interventions they would introduce if they were the child protection worker for the family for vignette one, participant G-7 (Group A) participant responded that they "would introduce the strange situation, AAI, and MIG". In response to the same question for vignette two this participant responded that they would implement "Aulneau or New Directions working through an attachment perspective. Counselling in a group or individual. That the outcome of the assessments would guide the interventions".

Tendency Toward Relationship and Attachment Focused Child Welfare Practice and Attachment Theory Informed Understanding of Maladaptive Parenting That Can Lead to Child Maltreatment

The data suggests that the participants considered relationships and attachments as having therapeutic potential to bring about positive change to the parent's attunement to and relationship with her child. The participants discussed the opportunity for both the parent and the child to experience secure relationships and attachments to agency workers (worker, support worker, and/or foster parent). Participants discussed the potential for the parent and child to transfer those relationship experiences to the parent-child relationship and attachment. Participant C-3 concluded that given the mother's described attachment strategy in vignette one that "the parent needs to build a connection with the worker before she is going to attach to the child. That the worker needs to validate mom, follow up with her to get the mother to do the work that is needed to build an attachment to the child". Participants suggested that the worker could help the parent to build a connection to her child, and to learn how to have better interactions with the child.

The researcher observed a pattern in the data regarding a tendency of the participants to provide what the researcher understood to be relationship and attachment theory responses to

vignette questions. The researcher compared and categorized relationship and attachment theory informed responses to explore this pattern further. As the categories were explored five themes emerged that were then developed into subcategories of the propensity of participants to respond to the interview questions from what appears to be a relationship and attachment theory focused framework. These five subcategories are described below.

Family Visits Causing Stress/Anxiety for the Child

Participants expressed concern that the visits as described in the vignettes were causing the children distress/anxiety before, during and after the visits. Participants identified physiological symptoms experienced by the child described in vignette one as markers of distress as well as a cause for serious concern. Participants suggested that during visits the mother was not meeting the child's emotional needs and that there was a lack of attunement and connection between the parent and child. The participants hypothesized that this lack of attunement and connection in the parent-child relationship was causing stress for both parent and child. Participant F-6 commented, "They have been separated and need to reconnect. They need to build up connections, picking up cues. Mom and child are both leaving the visits unsatisfied". Participant F-6 commented that the child "may be looking to be rescued" adding that "the physical symptoms are an expression that she is not enjoying and maybe dreading the visits". Participant C-3 commented "that mom was not engaged in visits and that the visits were causing stress for the child" adding that "the visits have an impact on the child's anxiety". Participant G-7 expressed concern about the visits commenting "the mother's lack of interactions during visits, leaving the visits early, lack of direction to the child, that it is not a balanced attachment relationship". Participant G-7 further assessed that the child adopted coping strategies (such as self stimulation) to manage her felt discomfort and anxiety.

When asked about the kind of changes the participant would make to family visits the consistent response among participants was to either decrease the frequency and/or length of the visits to relieve the stress on the child. Participants identified that they wanted the child to feel more secure. Participants suggested the introduction of relationship-focused interventions to improve the parent-child attachment and relationship. Participants D-4 and E-5 suggested worker or support worker directed interventions and participants F-6 and G-7 suggested outsourced attachment focused resources to improve the parent-child attachment and relationship. The researcher would note that the participants did not discuss addressing the parent's distress/anxiety associated with visits when suggesting changes to the family visits. The focus of the family visits interventions appeared to be reducing the child's emotional upset such as reducing the frequency or duration of the visits. Participants did not discuss maintaining the visits with a focus on supporting the mother during the visits or asking the mother what she needed to feel more secure or engaged during the visits.

The Degree to Which the Parent is Attuned to the Child

Participants identified that the degree to which a parent is attuned to their child informs their assessments of family visits. Participants considered the frequency and quality of the interactions between the parent and child and they assessed the degree to which they observed relational reciprocity in the parent-child relationship. This was assessed through the parent and child's behaviours and sense of connection between the parent and the child. This is illustrated by participant Participants F-6 and G-7 considered the parent's capacity to read the child's attachment cues as a marker for assessing family visits. When discussing their assessment of the family visits participant G-7 commented, "it feels like the child has to up the ante to get the parent's attention".

Recognition of the Impact of Trauma on Parenting Behaviours

Participants identified that as attachment strategies and parenting behaviours are transmitted through relationships that the parent in vignette one might have experienced trauma in her childhood, which is expressed in her present parenting, coping and attachment strategies. Participants hypothesized that a parent's previous experiences with Child and Family Services may trigger trauma for the parent, which may influence present parenting behaviours. Participants hypothesized that the parent in vignette one doesn't follow through because she was previously unsuccessful in having her children returned to her care. This is illustrated by participant C-3 who commented "a long standing addiction resulting in her children coming into agency care, no reunification with her children as indicators of trauma that would impact Rebecca's parenting of Sarah". Participant C-3 added "maybe she doesn't follow through because she was not successful previously having her children returned to her care". Participants further suggested that the mother in vignette one potentially re-experiences trauma with each family visit as it is a reminder that her child is not in her care. Participants postulated that the parent's present addiction issues and avoidant behaviours could be unhealthy coping strategies developed in response to past trauma. This is illustrated by participant F-6 who commented, "Rebecca's past trauma impacts her parenting huge. That mom's focus is on herself and her own needs. That it is difficult to focus on someone else's needs when your own needs are not being met".

The Transmission of Attachment Strategies and Parenting Behaviours

Participants identified parenting behaviours and attachment strategies as being transmitted through relationships and influenced by early childhood experiences. Participant D-4 conveyed this idea commenting that they "questioned if mother's own needs were borderline met as a child

as attachment strategies are repeated. We can assume she was raised under similar circumstances as strategies are transferred". Similarly when asked how their assessment of the parent's attachment strategy would impact their work with the parent, participant E-5 replied "Rebecca did not experience these behaviours and as such she doesn't know how to give them to a child". Participants suggested that if the parent could experience a positive, attuned, supportive, nurturing and validating relationship that these felt states and experiences could be transferred by the parent to the parent-child relationship.

The Role of the Foster Parent to Positively Influence the Foster Child's Sense of Security

Participants were asked about the impact of the family visits for the foster parent and the services that they would provide the foster parent. The participants discussed the foster parent as having an important role in building healthy relational bonds and positively influencing a foster child's sense of security. Participants suggested the foster parent build in routines for the foster child and are available to the child before and after visits to provide nurturing and predictability for the child. The researcher observed a consistent pattern in the participants' responses in which the participants supported the specialization of foster parents through training in issues of attachment, separation and loss for an informed understanding for the impetus of displayed maladaptive coping strategies or emotion dysregulation experienced by the child. This type of specialization was believed to inform, support and guide the foster parent in helping the child settle and feel more secure. For Vignette two, participant G-7 suggested attachment training for foster parents "for a better understanding of where these kids are at". Participant G-7 added that they would share the attachment assessments conclusions with the foster parent "so the foster parents could have a better understanding of the girls and how to manage their behaviours". Additionally participants felt that foster parents should receive validation for their hard work in

fostering and recognition for fostering success. The researcher would note that participants did not suggest that parents receive training in issues of attachment, separation and loss for a better understanding of how these variables influence their emotion states and parenting behaviours. Participants did discuss validating the mother's experiences, her emotion states, and work with the agency as a means of building a relationship with the mother.

Absolute Thinking About Relationships and Attachments

The researcher observed that the participants in Group B appeared to describe and conceptualize attachments and relationships in absolute terms based on the language they used and the responses they provided to interview questions. Participants in Group B appeared to be more likely to engage in absolute thinking about relationships describing relationships as either good or bad and absolute thinking about attachments describing the parent and child as either attached or not attached. This is illustrated by participant C-3 who commented "you can't assess the attachment of a child when the child is unsettled" or participant E-5 who commented, "if there is an existing attachment already".

When asked about their assessment of the family visits in Vignette one, participant E-5 (Group B) responded, "mother has no attachment to Sarah". Participant C-3 (Group B) responded to the same question commenting, "we can teach skills, we cannot teach a bond. You cannot teach a parent to feel for a child". When asked about their assessment of the mother's attachment strategy participant E-5 responded that the mother Rebecca is "not attached in her family of origin and that Rebecca is not attached to her child". Participant F-6 (Group B) responded to the same question commenting that they "didn't think that mom had an attachment strategy, that if she did it would be avoidant". The researcher observed that the participants that appeared to engage in absolute thinking about relationships and attachments in response to vignette questions

also appeared to describe the parent in deficit terms. These participants described the parent using such language as unmotivated, withdrawn, and disinterested. These participants appeared to conceive of the parent and the parent's behaviours in deficit terms such as being late for visits, not being prepared to meet with worker following the visits as indicators of a lack of motivation. Participant E-5 provides an example of this phenomenon describing the parent as "an empty vessel" adding that the parent "has nothing to give".

The researcher observed that these participants did not consider the mother's behaviours from an attachment perspective understanding them to be coping strategies or an expression of an attachment strategy to deal with fear, powerlessness, and issues related to separation, loss, and trauma.

The Development of Maladaptive Parenting that Can Lead to Child Maltreatment

Participants discussed the importance of relational reciprocity between the parent and the child, the parent's attunement to the child, and the parent prioritizing the child's needs as factors that guide child welfare practice. Participants considered variables such as relational health, a parent's ability to prioritize the child's needs, and parent-child attachment as they relate to the parent's ability to parent and protect the child. Participant D-4 suggested that a change in parent-child attachment could impact child maltreatment stating, "if we have a parent with a better attachment we have a parent better able to protect". Participants appeared to consider attachment theory concepts of attunement, reciprocity, and relational health as potential means of reducing the risk of child maltreatment. Participants suggested that if they could improve the parent's capacity to read the child's cues, to prioritize the child's needs, and engage in positive interactions with the child that they could impact the risk of child maltreatment. Participants hypothesized that if they could change how the parent views and understands the child's

behaviours, to view behaviours as a means of communicating a need, that they could change the context and content of the parent-child relationship, which could impact the risk of maltreatment to the child.

Participants provided responses to Vignette questions suggesting familiarity with the attachment theory concept of attachment strategies and parenting behaviours being transmitted through relationships and relational experiences. Participants suggested that the mother in Vignette one may have been neglected, a child in agency care, or had care givers with substance abuse issues in her own childhood, which are presently influencing her parenting and attachment behaviours with her own child. Participants postulated that the mother didn't receive nurturing and attunement in her own childhood impacting her capacity to be nurturing and attuned to her own child. Participant E-5 identified that "this mother doesn't know how to interact with her child. That if the mother learned how to interact with her child they would both benefit from a positive relationship and that would reduce the risk of maltreatment for the child". Participant D-4 identified "we need to see mom and child interacting better, the child will show us when she is feeling safer with mom, looking for reciprocal behaviours". Participant F-6 identified that they believed that by addressing relational issues, by increasing the parent's attunement to the child and by increasing the parent's capacity to respond appropriately to the child through child welfare interventions that the risk of maltreatment to the child could be reduced.

CHAPTER FIVE: DISCUSSION OF FINDINGS AND COCLUSION

Discussion of Findings

Integration of attachment theory into child welfare practice

The researcher observed a relationship among several variables that appeared to influence the five participants integration of attachment theory into child welfare practice. These variables include external pressures, familiarity of attachment focused resources, complexities of cases, training opportunities and work place experience in integrating theory into practice.

Variables Influencing Child Welfare Practice

Participants identified court directed interventions, the Child and Family Service Act and child welfare mandate, time constraints and competing priorities as influencing their child welfare practice. Participants suggested that these external variables influence the capacity to which they are able to engage in relationship and attachment focused child welfare practice. Participants expressed an awareness of the relationship work that could be introduced in child welfare practice and the reality of time constraints preventing them from prioritizing relationship and attachment focused work over prioritizing the child's immediate need for safety.

This phenomenon is explored in the literature by Crea (2010) and Parton (1998) who draw attention to the impact of external pressures such as child welfare laws that impact child protection workers' opportunities to integrate theory into child welfare practice. Other researchers exploring the decision making process in child welfare practice identify increasing expectations, higher demands for documentation, and larger case loads as influencing workers' decisions (Basset & Johnson, 2001; Blome et al, 2010; Gupta & Blewett, 2007). Child welfare practice driven by public scrutiny (Davidson-Arad et al., 2005) and a need for quantifiable forensic assessments (Parton, 1998) are also associated with influencing child welfare decisions.

Financial variables such as budgetary constraints and limited resources (Davidson-Arad et al., 2005) also appear to influence child welfare decisions.

The literature suggests a relationship between work place culture, experience, and familiarity of resources as influencing child welfare practice. Blome et al., (2010) and Yoo & Brooks (2005), draw a connection between the worker and supervisor's experiences and the culture of the work environment as influencing child welfare practice. Leadership style (Crea, 2010) and the extent to which a supervisor supports and trains workers through supervision in evidence based practices is also believed to influence child welfare decisions (Blome, et al 2010; Yoo & Brooks, 2005). The researcher postulates that irrespective of a worker's fondness for a particular theory, that it is training opportunities and whether or not that theory is supported within the culture and context of the work environment that influences theory integrated into child welfare practice.

Relationship and Attachment Focused Child Welfare Practice

The researcher was unable to distinguish strong relationships, strong conclusions, or develop theory out of the data elicited from the five participants due to several complicating factors (small sample population and complex vignette used to elicit data). The data that was elicited suggests that the five participants were aware of attachment theory concepts such as attachment strategies, transmission of maladaptive parenting practices, and relationships as both conduit of behaviours and a therapeutic tool.

Relationships as a Conduit for the Transmission of Attachment Strategies and Parenting Behaviours

Participants discussed the role of relationships in transmitting attachment strategies and parenting behaviours. The participants hypothesized that the parent in vignette one was unable

to demonstrate nurturing behaviours or be attuned to her child as the parent did not receive nurturing or experience attunement from her parents in her own childhood. The participants hypothesis regarding the transmission of parenting behaviours and attachment strategies is consistent with theories presented by Ainsworth, 1978; Belsky, 2002; Bowlby, 1969, 1979, 1988; Byng-Hall, 2008; Crittenden, 2008; De Wolfe & van Ijzendorn, 1997; Fraiberg, Goodart, & Shapiro, 1975; Hinde, 2005; Howe, 1995, 1996, 2005, 2010 who contend that parenting behaviours are transmitted through generations, that early experiences influence the development of attachment strategies and internal working models that are carried throughout the lifespan. Attachment is understood to be relationship specific, and strategies develop in response to the parenting a child receives and the emotional environment in which the child is raised (Bowlby, 1969, 1979, 1988; Crittenden, 2008; De Wolfe & van Ijzendoorn, 1997; and Howe, 2005).

Therapeutic Capacity of Relationships

The five participants acknowledged the therapeutic capacity of nurturing, attunement, and supportive relationships to bring about change in their responses to vignette questions. The participants discussed the potential for the worker, and/or the foster parent or support worker to establish a supportive relationship with the parents, demonstrating trust attunement, and guidance for the parents. The participants suggested that these positive relationship experiences for the parents could be internalized by the parent and then transferred to the parent-child relationship. The expressed expectation is that therapeutic change would occur through the parent experiencing these positive emotion states and relational reciprocity and transfer them to the parent-child relationship.

Foster parents were considered in a therapeutic capacity to help the foster child build supportive and nurturing relationships, helping the child to develop a sense of ‘felt security’.

This position is supported by Reder and Duncan (2001) who contend that in child welfare relationships can be used therapeutically to change negatively held internal working models by reinforcing supportive, attuned, and secure attachment relationships. This is also consistent with Cole (2005) who asserts that foster care relationships can be used therapeutically to promote the foster child's sense of 'felt security'. Cole (2005) encourages the use of foster parents as therapeutic vehicles for children in foster care toward building healthier relational competencies and to reinforce new positive internal working models.

Exploring Interventions to Reduce Child Maltreatment

Participants were asked how the interventions they chose would reduce the risk of maltreatment to the child. In response to vignette one participants identified that they would increase the parent's ability to read the child's cues and help the parent to prioritize the child's needs. Participants suggested that they would help the parent to engage in positive interactions with the child. Participants also suggested that they would help the parent to perceive the child's behaviours (clingy, indiscriminate with strangers, lashing out) as a means of communicating a need. Participants hypothesized that this would then change how the parent perceives the child and the context of the relationship. Participants included the introduction of therapeutic relationships as an intervention to reduce the risk of child maltreatment. Participants postulated that either an agency worker (worker, support worker, and/or foster parent) or therapist/counsellor could establish a therapeutic relationship with the parent. Participants hypothesized that a therapeutic relationship would provide the parent an opportunity to experience trust, support, and nurturing and the parent could transfer these experiences to their relationship with their child. Participant postulated that the parent did not demonstrate nurturing

and attuned behaviours with their child because they had not experienced attunement and nurturing in their childhood relationships.

Researchers such as Crittenden (2008) and Howe (2005) have asserted that a parent's capacity to provide a 'safe haven' for their child is dependent on the parent's processing of relational information. Attachment theory literature contends that a change in how the parent perceives the child, the child's presenting behaviours and their selected response to those behaviours can reduce the risk of maltreatment to the child (Crittenden, 2008; Howe, 2005; Leventhal, 1996). Howe explores the idea of therapeutic relationships positively impact parenting behaviours in his 2010 article 'The safety of children and the parent-worker relationship in cases of abuse and neglect'. Howe (2010) asserts that through worker-family relationships, child welfare workers role model attuned, attentive, nurturing behaviours necessary to help the parent to internalize new ways of interacting with their child, mentalizing the child's needs and internal emotional state. "To help a parent feel less confusion and stress as she attempts to deal with her child's needs, behaviours, and vulnerability, the parent may be helped by being in a relationship with a worker who is able to hold the parent's feelings in mind and also hold the child in mind for the parent" (Howe, 2010, p. 337). Similarly, Crittenden (2008) suggests that child welfare workers assume the role of transitional attachment figure shifting the focus of practice to focusing on the process of harm as opposed to a focus on the incident of harm, as a means of reducing child maltreatment.

Specialization of Foster Parents

Participants discussed the important role that foster parents have in impacting the foster child's adjustment to foster care. Participants considered foster parents becoming specialized in attachment theory, which would include training relevant topics of attachment, separation, and

loss. Participants felt that this type of specialization would help the foster parents recognize the foster child's behaviours as cues/miscues, and as an expressions of attachment and coping strategies.

Children who enter into agency care do so with attachment issues and coping strategies developed in response to maladaptive parenting which impacts their ability to adjust to foster care (Mennen & O'Keefe, 2005). The trauma foster children experienced prior to entering into care and emotions of loss, separation, and fear once they are in care may compound a foster child's ability to adjust to foster care (Haight, et al., 2003; Howe, 1996). Insecure or disorganized attachment strategies, maladaptive coping strategies, behavioural and psychological strategies the foster child has developed may become exacerbated as the child tries to cope with change, loss, and new rules of engagement and expectations (Howe, 2005). These behaviour and psychological coping strategies may be overwhelming for foster parents and lead to foster home breakdown (Howe, 2005; Lawler, Shaver, & Goodman, 2001; Orner & Buchler, 2001; Wotherspoon, et al., 2008) as the foster parents struggle to understand what is going on for the foster child or how to help them (Howe, 2005; Osmand, Scott, & Clark, 2008). Insufficient knowledge regarding attachment issues of loss, separation, and strategies to manage relational and attachment dysfunction could negatively impact how a foster parent views the foster child, they expectations they may have of the child and how they respond to the child (Crittenden, 2008; Osmand, et al., 2008). Cole (2005) contends that in child welfare workers should consider foster parents beyond being a safe environment. Foster parents who are able to recognize the child's cues and miscues, respond in a nurturing manner, model attuned and attentive behaviours and help the child build trust and experience relational reciprocity are believed to help the foster

child to develop healthy relationships and attachments (Cole, 2005; Crittenden, 2008; Dozier et al., 2006).

Limitations

The researcher recognizes that her lack of experience and expertise in designing and engaging in qualitative research has contributed to the limitations of the present research study. The researcher had to create two tools (questionnaire and Vignettes accompanied by a semi-structured interview guide) to test the research questions that guided the study. Subsequently the researcher acknowledges that there are potential concerns regarding the capacity of the tool to truly elicit information regarding the extent of knowledge that child protection workers possess and if that knowledge has been integration into child welfare practice. The researcher did elicit the knowledge and expertise of professionals in the development of these tools as they were reviewed by both the research advisor and an advisor in the General Authority of Child Welfare who trains child protection workers in attachment theory. The tools were not tested on a sample population due to time constraints related to research deadlines outside of the researcher's control. Subsequently, the researcher acknowledges that the tools are limited as additional experts in the field of attachment theory and child welfare practice could have been canvassed to provide direction with respect to the tools. Additionally, the researcher could have conducted a 'test run' of the tools on a sample population to extrapolate any difficulties or confusion with the tools that could impact the study.

The researcher acknowledges the limitations associated with the complex variables described in the second vignette. In an attempt to create two vignettes that were dissimilar to elicit information regarding theory integration information the research did not consider the extent of the complexities of the variables described. Additionally, participants might have experienced

fatigue by the time the first interview had been completed and the second vignette had been read out loud. The researcher believes that the complex and complicating variables described in vignette two might have distracted and overwhelmed participants.

In hindsight the researcher recognizes that the order of the vignettes should have been shuffled for a better understanding of the variables that may have influenced the responses provided to the second vignette. Similarly the researcher questions if more vignettes could have been created with a range of child welfare and attachment issues provided to a bigger research group to get a fuller, more comprehensive exploration of the extent of knowledge that child welfare workers have of attachment theory and if that knowledge is integrated into child welfare practice.

The researcher recognizes that an obvious limitation to the research study and capacity of the researcher to draw credible conclusions from the research data is due to the small number of child protection workers that agreed to participate in the study. One hundred and sixty five recruitment envelopes were distributed to General Authority Child Welfare offices that met recruitment criteria. Only five workers agreed to participate in the research study. This raises several questions regarding the recruitment package developed by the researcher and the means with which the researcher chose to recruit participants. The researcher questions if the rather large recruitment envelope (fifteen pages in total) that each worker received may have overwhelmed or dissuaded potential participants. The researcher further questions if recruitment via e-mail might have been a better medium to recruit participants in this technological age as opposed to mail or hand delivered recruitment packages.

The researcher recognizes that the participants who participated in the study may have had a bias toward attachment theory influencing their decision to participate in the study. The

participants expressed an appreciation for attachment theory and relationship focused child welfare practice, which may have influenced their responses and the research findings. The researcher further acknowledges that her own bias toward attachment theory and relationship focused child welfare practice may have influenced the researchers observations, interpretations of the data, and conclusions. To address the issue of potential researcher bias the data that was elicited was verbally verified with the participants at the time of the interviews to ensure accuracy of documentation to address any validity issues (Richard & Unrau, 2005). The researcher refrained from validating or correcting the participants' responses and reviewed data during the analysis process multiple times in an attempt to minimize researcher bias influencing interpretation of the data. Additionally, to minimize researcher bias the research advisor reviewed the data at the beginning stages of the coding procedures to ensure accuracy of coding procedure. The researcher acknowledges that additional coders could have been introduced to ensure consistency of findings and minimize the potential for researcher bias in the analysis phase of the research study.

The researcher acknowledges that a concern with the study is that the central themes were developed following the final interview. The researcher did not have an opportunity to re-interview the five participants to obtain further data or explore context of developing themes and patterns as the data was analyzed. The researcher believes that more context could have been elicited to investigate the emerging themes further to build consistency and strength to the research findings and conclusions. As such the researcher struggles with a sense that there are unanswered questions specific to the variables that influence the integration of attachment theory in child welfare practice.

In reflection the researcher believes that the study does provide an opportunity to explore decision making in child welfare practice and variables that influence theory integration into child welfare practice at a period in time. The researcher contends that the present study, irrespective of flaws, provides an opportunity to acknowledge the complexities and extenuating circumstances that influence child welfare practice and the pressures that workers experience. The researcher contends that this study draws attention to the importance of supporting, guiding, and training child welfare workers.

Conclusion

As stipulated earlier the researcher acknowledges the design flaws in this study. One of the design flaws of the study was the recruitment strategy the researcher implemented. Child welfare workers in the General Authority of Manitoba were chosen as the study population as the researcher was aware that attachment theory is discussed in CBT and that it is an expectation that workers attend CBT. Subsequently the researcher concluded that she would restrict her study population to workers she presumed would have had opportunities to participated in CBT. Additionally the researcher was aware that the General Authority funded attachment training workshops for their child welfare workers as well as other attachment training opportunities (such as through the Aulneau Renewal Centre). Subsequently the researcher presumed that General Authority child welfare workers might have had opportunities for training in attachment theory beyond CBT.

At the time of the study the researcher was employed as a child protection worker in the General Authority of Manitoba and as such was familiar with such variables as training opportunities, how workers are trained in CBT, and the move toward standardized practice at the time the study was initiated. Additionally the researcher recognized the practice variables such

as budgetary restraints, increased workloads, and time constraints she experienced that impacted her ability to integrate attachment theory into child welfare practice. The researcher was curious if other child welfare workers in the General Authority with training in attachment theory integrated that knowledge in child welfare practice.

Once the researcher designated her research population she then engaged in a recruitment strategy to elicit child welfare workers to participate in the study. Given the number of child welfare workers employed by the General Authority at any given time and the expanse of geography covered by the General Authority the researcher concluded that over the phone interviews might augment the number of potential participants the researcher could access. The researcher decided to mail out or hand deliver recruitment envelopes that details the study, research ethics, the vignettes and interviews, demographic questionnaire, and consent. In retrospect the recruitment envelopes may have been overwhelming or intimidating, encumbering potential participants. Potentially the recruitment envelopes were filed away to be reviewed later or workers ignored the large manila envelope all together. The researcher could have sent out an agency wide e-mail regarding the study with attached recruitment information that might have elicited more participants' as workers would have at the very least viewed part of the invitation to participate in a research study.

Another flaw in the research design was the development of the second vignette. The researcher developed two vignettes that varied in the child welfare issues described in them. The researcher developed the vignette by referring to variables workers are expected to consider when engaging in forensic assessments such as mental health, substance/addiction issues, history of child abuse, and behavioural issues for children. The researcher did not anticipate that the

variables in the second vignette would be too complex and distracting, and would not be appropriate for the study.

In retrospect the researcher could have requested authorization from the General Authority to implement four of their training vignettes in the research study. This would ensure that the variables in the vignettes were appropriate for the study and elicited child welfare practice information. Additionally the researcher could have staggered or shuffled the order in which the vignettes were introduced to ascertain if issues such as participant fatigue influenced research results.

The researcher's fondness for attachment theory, child welfare practice, and attachment theory informed child welfare practice was the impetus for the study. The researcher acknowledges the potential for researcher bias toward attachment theory informed child welfare could have influenced how the researcher interpreted the data. The researcher elicited the help of her advisor to review the coding process for the first two interviews to ensure that the researcher coded correctly and objectively. In hindsight the researcher could have enlisted another coder to review the data to ascertain if they reached the same conclusions of the data to mitigate researcher bias. This process could have been reviewed by research ethics and discussed with the research participants.

The researcher is unable to assert that the research questions were answered. Given the research design issues outlined the researcher is unable to draw conclusions regarding the extent of knowledge of attachment theory that child welfare workers in the General Authority. The research data provided insight into variables that influence theory integration into child welfare practice. The research is unable to draw conclusions regarding the degree to which the five child welfare workers that participated in the study integrate attachment theory into practice. The

researcher believes that important information was elicited from the study regarding the phenomenon of attachment theory in child welfare practice as well as variables that influenced child welfare practice.

The researcher observed that training in theory either formal (workshops and training seminars) or informal (readings, opportunities to engage in theory informed practice (case consults and supervision) appear to influence theory integration into child welfare practice. The researcher speculates that experience in attachment informed child welfare practice provided opportunities to discuss and become aware of attachment focused resources and interventions. This may have influenced if participants considered these resources and interventions in response to interview questions. The researcher observed that in response to the demographic questionnaire participant G-7 identified training in MIG, which may have influenced this interventions being considered during the interview.

The literature and data elicited draws attention to the culture of the work environment, whether or not management supports the integration of a particular theory into child welfare practice, and whether or not colleagues adhere to the theory and integrate theory into practice influences theory integration into practice. The researcher suggests that the propensity of the worker to embrace a theory and want to integrate it into practice would also influence theory integration. Two of the participants expressed an appreciation for attachment theory and identified that they had pursued their interest of attachment theory through independent study (readings and other training opportunities). The participants' interest in the theory, pursued opportunities to learn more about the theory, and having a work culture that supports theory integration into practice could have influenced the study results in which these two participants

appeared more likely to consider attachment focused child welfare compared to the other three participants.

The participants identified variables such as the Child and Family Services Act/mandate, court directed practice, and time constraints as influencing their child welfare decisions. Participants identified a need to prioritize the child's safety over relationship work as guiding child welfare decisions. In child welfare the primary goal is child safety. The means to which a worker attempts to minimize risk and increase a child's safety is subjective to that worker's interpretations and assessments of parenting behaviours that place the child at risk.

The five participants appeared to demonstrate a tendency toward relationship and attachment theory focused child welfare practice in response to the interview questions. Participants responded to interview question using attachment theory language such as attunement, felt security, cues, bonding, and nurturing. Participants appeared to engage in attachment theory assessments of the family visits. Participants considered the emotional impact of the visits, wanting to help the mother engage in nurturing and reciprocal interactions with the child, wanting to build in opportunities for the foster child to settle, and provide the child with recovery time between the visits. Participants discussed the role of relationships in transmitting parenting behaviours and the therapeutic capacity of relationships and considered building a supportive and nurturing relationship with the parent. Participants hypothesized that parents who do not demonstrate nurturing, supporting, and attuned behaviours with their children did not experiences these types of relationships in their childhood. Participants suggested that if the parent could experience a supportive and nurturing relationship that this felt experience could be transferred to her relationship with her child.

Participants considered the impact of relational trauma on the development of coping strategies, attachment strategies, and parenting behaviours. Participants suggested relationship and attachment theory focused interventions such as building a nurturing, supporting relationship with the parent, and/or introducing MIG, Aulneau Renewal Centre and New Directions therapy. The participants hypothesized that if they could help the parent mentalize and prioritize the child's needs, to understand the child's behaviours as a means of communicating a need, to help the parent engaging in a nurturing, reciprocal relationship with their child that they could reduce the risk of child maltreatment.

Recommendations for Social Work Practice

Prior to providing recommendations for social work practice the researcher wants to draw attention to and provide recognition regarding the difficult, complex, and at times emotionally difficult occupation of child protection worker in the field of child welfare. The recommendations that follow evolved out of the information elicited during the interviews, the analysis of the data, and the themes that developed out of the analysis. The recommendations are identified as either recommendations for child welfare workers, child welfare management (Supervisors, Program Managers, and Senior Program Managers), and for child welfare policies.

In the province of Manitoba there appears to be a move toward attachment theory information child welfare practice in the General Authority of Child Welfare. The core training provided to child welfare workers titled Competency Based Training that included fundamental concepts of attachment theory has recently expanded to include training in Circle of Security, Circle of Trust, Signs of Safety, the physiological influence of attachment, emotion regulation, attunement, and behaviours that influence attachment strategies. Training opportunities are available to child protection workers through workshops funded by the General Authority that explore attachment

theory as it relates to child welfare and training through the Aulneau Renewal Centre. The General Authority of child welfare has recently (since 2009) introduced new practice tools into child welfare. The Structured Decision Making tool considers relationship-based variables such as the presence and strength of the family relationships and their social relationships. Similar to attachment theory, the SDM tool accounts for variables such as a parents coping strategies and childhood experiences of abuse as influencing parenting behaviours. The information elicited in the tool is used to inform assessments to guide child welfare practice.

Implications for Management and Policies

The first recommendation suggested by the researcher is related to management and agency policies around training opportunities. Although training opportunities are available to General Authority child protection workers, spots available in workshops are limited which by extension limits the number of workers trained in any given theory or specialty that may prove beneficial to child welfare practice. Competency based training is also subject to limitations in the number of workers that can participate at any time in the training. A reality of working in the field of child welfare is that a child or family in immediate need of protection or intervention takes precedence over any training opportunities. Subsequently a worker might have to miss a training opportunity that might not be made available for several months, a year, or ever again. The researcher recommends that management and those that create policies continue to provide more opportunities for training in this ever crisis driven and demanding fieldwork that is child protection. This recommendation is intended to recognize the importance of training opportunities to not only inform child welfare practice, but also recognizing the importance of training opportunities might lead to better outcomes for the families the system is entrusted to help. This recommendation extends to include opportunities for experienced child protection

workers to participate in Competency Based Training as new training material has been introduced. This recommendation evolved out of the research findings when asked about the attachment theory material provided in CBT participants responded that only limited information regarding attachment theory was shared or they could not recall if any information was shared. Additionally in the process of the research study the researcher was made aware of the new attachment theory training material that was not previously integrated into CBT until a few years ago. The implication is that a small percentage of child protection workers in the General Authority of child welfare have had exposure to attachment theory and more recent exposure compared to more experienced workers. The researcher views this recommendation as an extension of the present SDM tools that prompt workers to consider attachment theory concepts into child welfare decisions and practice.

Implications for Workers, Management, and Policy

Another recommendation is the inclusion of foster parents in training opportunities and a shift in considering foster parents as a specialized resource in child welfare. This recommendation evolved out of the research participants expressed appreciation for the therapeutic and important role of foster parents. Foster parents were understood as providing opportunities for the foster child(ren) to experience attunement, relational reciprocity, predictability and safety. Foster parents were understood to provide therapeutic work with both the foster child, the biological parent, and were considered as part of the child welfare intervention plan for the family. The research participants suggested the specialization of foster parents through training in attachment theory to help the foster parent in reading the child's cues, increasing attunement, providing an emotionally safe environment and opportunity to develop a secure attachment. The research

participants expressed intent of the specialized foster parent is to provide better outcomes for the children who enter agency care.

Implication for workers and management

The third recommendation that evolved out of the research study is the importance of child protection workers having a working understanding of unresolved trauma as it applies to parenting and case planning in child welfare. The researcher would note that the SDM tool that child protection workers in the General Authority are expected to implement inquires as to whether a parent has experienced child abuse in their own childhood as this variable is believed to influence parenting. What is not considered in the SDM tool is whether the parent has had an opportunity to resolve that trauma. The researcher suggests that more work is needed in acknowledging that child abuse in a parent's childhood in and out itself is not the predictor of future abuse. Rather, whether the trauma is resolved/unresolved and how it impacts parenting and the parent's capacity to protect their child is a predictor of potential for future abuse.

Connected to this recommendation for training in unresolved trauma as it impacts parenting and a parent's capacity to protect is to be cognizant to not proliferate trauma for the children and parents engaged in the child welfare system. Participants in the study acknowledge the potential for child welfare interventions to proliferate trauma for families through such child welfare practices, family visits, sanctioned programming for parents (such as monitoring, assessments and treatments), and overwhelming expectations placed on parents in order to be reunited with their child (ren), if at all. Participants clearly identified the need for workers to be cognizant of the impact that they have on families and to engage in responsible, informed, and least intrusive child welfare practice. Training in trauma, resolved and unresolved as it impacts parenting and child safety is recommended for workers to be aware of the issues that impact parenting

behaviours and child safety. Additionally training for management in trauma to support and their front line staff during supervision and case planning.

The fourth recommendation to come out of the research findings is the importance of attachment theory focused case consult opportunities and supervision to influence the integration of theory into child welfare practice. This recommendation evolved out of the observed difference among the participants. What was observed is that participants who identified opportunities to experience and practice attachment theory informed child welfare practice through group case consults and supervision were more likely to be consistent in their integration of theory into practice across both Vignettes irrespective of complexities of the scenarios. Participants who did not identify these opportunities were less likely to consistently integrate theory into practice if at all. Subsequently the researcher recommends opportunities for group discussion, case consults and supervision in child welfare in which theories are explored, considered, and critiqued in child welfare offices as a means of influencing theory integration into child welfare practice.

Recommendations For Future Research

The researcher contends that some intriguing questions related to child welfare practice emerged out of the present research study influencing two recommendations for future research. The first recommendation for future research is related to the question of what influences child welfare practice in Manitoba. The researcher is curious about the experiences of other child welfare workers in the province of Manitoba. The researcher would open up the study beyond workers in Child and Family Services General Authority. The researcher restricted her study to this population group as she was a protection worker in Child and Family Services General Authority at the time the study was conducted and as such she was familiar with the type of

training opportunities available to these workers. This training included Competency Based Training, Child and Family Services General Authority training in attachment theory and Aulneau Renewal Centre training in attachment theory (training in trauma and attachment theory for child welfare workers). The researcher used her training experience as a baseline when interpreting the training data elicited from the participants. The researcher contends that other child welfare workers in the province experience variables that influence their child welfare practice that might not have been elicited by the five participants. The researcher postulates that information elicited from a large same population of child welfare workers in the province of Manitoba could be the catalyst toward examining the variables that influence child welfare practice specific to Manitoba. This could initiate a move toward considering policy or practice means of either working around variables deemed harmful or restrictive to child welfare practice or removing those variables all together.

The second recommendation for future research is related to the researcher's observation of the tendency of the five participants to consider relationship and attachment focused child welfare practice (when external variables did not take precedence over relationship focused child welfare practice). The researcher recommends a study of a larger child welfare worker population in the province of Manitoba to ascertain if there is a tendency of child welfare workers toward relationship and attachment based child welfare practice. This recommendation is of personal interest to the researcher as she has a fondness for attachment theory informed child welfare practice and would be very interested in a larger study of this phenomenon with well thought out measurement tools and means of analyzing the data. The researcher contends that child welfare practice is a difficult occupation and that any examination and insight into

what workers do and how they do it builds upon present work toward best practice for better outcomes for the families we are entrusted to serve as protection workers.

REFERENCES

Adshead, G. & Bluglass, K. (2001). Attachment representations and factitious illness by proxy: relevance for assessment of parenting capacity in child maltreatment. *Child Abuse Review*, 10, 398-410.

Ainsworth, M., Blehar, M., Waters, E., & Wall, S. (1978). *Patterns of attachment*. Hillsdale, NJ: Erlbaum.

Allen, B. (2011). The use and abuse of attachment theory in clinical practice with maltreated children, part 11: *Treatment. Trauma, Violence, & Abuse* 12 (1), 13-22.

Alexander, C, S. & Becker, H, J. (1978). The use of vignettes in survey research. *Public Opinion Quarterly*, 43(1), 93-104.

Anderson, C., L. & Alexander, P.C. (2005). The effect of abuse on children's development: An attachment perspective. In P. Forrest Talley (Eds), *Handbook for the treatment of abused and neglected children* (3-18). New York: Haworth Social Work Practice Press.

Anisfeld, E., Casper, V., Nozyce, M., & Cunningham, N. (1990). Does infant carrying promote attachment? An experimental study of the effects of increased physical contact on the development of attachment. *Child Development*, 61, 1617-1627.

Antle, B.F., Barbee, A.P., Christensen, D.N., & Sullivan, D.J. (2009). The prevention of child maltreatment recidivism through the Solution-Based Casework model of child welfare practice. *Children and Youth Services Review*, 31, 1346-1351.

Artrian, B, A. (1988). Qualitative Methods of Inquiry. *Western Journal of Nursing Research,* 10(2), 138-149.

Atkinson, L., Raval, V., Benoit, D., Poulton, L., Gleason, K., Goldberg, S., et al. (2005). On the relation between maternal state of mind and sensitivity in the prediction of infant attachment security. *Developmental Psychology*, 41(1), 42-53.

Avery, L., Matthews, J.D., Hoffman, K., Powell, B., & Cooper, G. (2008). Project same page: An evaluation of an attachment training seminar. *Journal of Public Child Welfare,* 2(4), 495-509.

Aunola, K. & Nurmi, J. (2005). The role of parenting styles in children's problem behaviour. *Child Development*, 76(6), 1144-1159.

Axford, N., Green, V., Kalsbeek, A., Morpeth, L., & Palmer,C. (2009). Measuring children's needs: how are we doing*? Child and Family Social Work*, 14, 243-254.

Bacon, H.,& Richardson, S. (2001). Attachment theory and child abuse: An overview of the literature for practitioners. *Child Abuse Review*, 10, 377-397.

Baer, J, C. & Martinez, C, D. (2006). Child maltreatment and insecure attachment: a meta-analysis. *Journal of Reproductive and Infant Psychology*, 24(3), 187-197.

Bakermans-Kranenburg, M, J., van IJzendoorn, M, H., & Juffer, F. (2003). Less is more: Meta-analyses of sensitivity and attachment interventions in early childhood. *Psychological Bulletin*, 129, 195-215.

Baradon, T. (2002). Psychotherapeutic work with parents and infants-psychoanalytic and attachment perspectives. *Attachment & Human Development*, 4, 25-38.

Barnett, M.A., Quackenbush, S.W., & Sinisi, C.S. (1996). Factors affecting childrens', adolescents', and young adults' perceptions of parental discipline. *The Journal of Genetic Psychology*, 157, 411-424.

Barth, R. P. (1999). After safety, what is the goal of child welfare services: permanency, family continuity or social benefit? *International Journal of Social Welfare*, 8, 244-252.

Bassett, J, D. & Johnson, J, A. (2004). The role of clinical consultation in child protection investigations. *Smith College Studies in Social Work*, 74(3), 489-504.

Beckett, Chris., McKeigue, Bridget., & Taylor, Hilary. (2007). Coming to conclusions: social workers' perceptions of the decision-making process in care proceedings. *Child and Family Social Work*, 12, 54-63.

Belsky, J., Fish, M., & Isabella, M. (1991). Continuity and discontinuity in infant negative and positive emotionality: Family antecedents and attachment consequences. *Developmental Psychology*, 27(3), 421-431.

Belsky, J., Spritz, B., & Crnic, K. (1996, March). Infant attachment security and affective-cognitive information processing at age 3. *Psychological Sceince*, 7(2), 111-114.

Belsky,J. (1997). Theory testing, effect-size evaluation, and differential susceptibility to rearing influence: the case of mothering and attachment. *Child Development*, 64, 598-600.

Belsky, J. (1999). Interactional and contextual determinants of attachment security. In Cassidy, J. & Shaver, P., R. (Eds), *Handbook of Attachment* (pp. 249-264). New York: Guilford Press.

Belsky, J., & Pasco Fearon, R, M. (2002). Early attachment security, subsequent maternal sensitivity, and later child development: Does continuity in development depend upon continuity of caregiving? *Attachment & Human Development*, 4, 361-387.

Belsky, J. (2002). Developmental origins of attachment styles. *Attachment and Human Development*, 4, 166-170.

Berlin, Nancy. (2008). Tripartite therapy with older children: mutuality in the relationship of a parent-child attachment. *Journal of Child Psychotherapy*, 34(3), 335-363.

Berg, L, B. (2001). *Qualitative research methods for social sciences*. Allyn & Bacon Publishing. Boston:MA.

Bernier, A., Ackerman, John. P., Stovall-McClough, K. Chase. (2004). Predicting the quality of attachment relationships in foster care dyads from infants' initial behaviours upon placement. *Infant Behaviour and Development*, 27, 366-381.

Berzoff, Joan. (2011). Why we need a biopsychosocial perspective with vulnerable, oppressed, and at-risk clients. *Smith College Studies in Social Work*, 81, 132-166.

Blome, W, W., Bennett, S., & Page, T. (2010). Organizational Challenges to Implementing Attachment-Based Practices in Public Child Welfare Agencies: An example Using the Circle of Security Model. *Journal of Public Child Welfare*, Vol. 4, 427-449.

Bohr, Y., Halpert, B., Chan, J., Lishak, V., & Brightling, L. (2010). Community-based parenting training: do adapted evidence-based programmes improve parent-infant interactions? Journal of Reproductive and Infant Psychology, 28(1), 55-68.

Bor, W., Sanders, M., R., & Markie-Dadds, C. (2002). The effects of the Triple P-Positive Parenting Program on preschool children with co-occurring disruptive behavior and attentional/hyperactive difficulties. *Journal of Abnormal Child Psychology*, 30, 571-587.

Bowlby, John. (1969). *Attachment and Loss, Volume 1, Attachment*: New York: Basic Books, Inc., Publishers

Bowlby, John. (1979). The making & breaking of affectional bonds. *British Journal of Psychiatry*, 130, 127-160).

Bowlby, John. (1988). *A secure base: Parent-child attachment and healthy human development*. New York: Basic Book, Inc.

Brandon, Marian. (1996). Attachment in child protection assessments: implications for helping. In David Howe (Eds.), *Attachment and loss in child and family social work* (18-35). Vermont: Ashgate Publishing Company.

Braungart-Reiker, J, M., Garwood, M,M.,Powers, B, P., & Wang, X. (2001). Parental sensitivity, infant affect, and affect regulation: predictors of later attachment. *Child Development*, 72, 252-270.

Bretherton, I.,& Waters, E. (Eds.). (1985). Growing points of attachment theory and research. *Monographs of the Society for Research in Child Development*, 50, Nos 1-2.

Bretherton, I. & Munholland, K., A. (1999). Internal working models in attachment relationships: A construct revisited. In Cassidy, J., & Shaver, P., R. (Eds), *Handbook of attachment* (pp. 89-111). New York: Guilford Press.

Bretherton, I. (2005). In pursuit of the internal working model construct and its relevance to attachment relationships. In K. E. Grossmann, K. Grossmannthe, & Waters, E. *Attachment from infancy to adulthood: the major longitudinal studies*. Guilford Press: New York.

Brewster, A, A., & Brooks, D. (2005). The role of organizational variables in predicting service effectiveness: An analysis of a multilevel model. *Research on social Work Practice*, 15(4), 267-277.

Broberg, AG. (2000). A review of interventions in the parent-child relationship informed by attachment theory. *Acta Paediatrica Supplement*, 434, 37-42.

Byng-Hall, John. (2008). The crucial roles of attachment in family therapy. *Journal of Family Therapy*, 30, 129-146.

Byng-Hall, John. (2008). The significance of children fulfilling parent roles: implications for family therapy. *Journal of Family Therapy*, 30, 147-162.

Cain, C., S. (2006). *Attachment disorders: Treatment strategies for traumatized children.* Maryland: Rowan & Little Field Publishers Inc.

Carlson, V., Cicchetti, D., & Braunwald, K. (1989). Disorganized/disoriented attachment relationships in maltreated infants. *Developmental Psychology*, 25, 525-531.

Cassidy, J. & Berlin, L., J. (1994). The insecure/ambivalent pattern of attachment: Theory and research. *Child Development*, 65, 971-991.

Cerezo, M, Angeles., D'Ocon, Ana.,& Dolz, Laura. (1996). Mother-child interactive patterns in abusive families versus nonabusive families: An observation study. *Child Abuse & Neglect*, 20, 573-587.

Children's Research Centre. (2009). *Structured Decision Making*. NCCD.

Children's Research Centre. (2009). *Manitoba Structured Decision Making System for Child Protection Services*. NCCD.

Cowan, P., A. (1997). Beyond meta-analysis: A plea for a family systems view of attachment. *Child Development*, 68, 601-603.

Chang, L., Schwartz, D., Dodge, K.A., & McBride-Change, C. (2003). Harsh parenting in relation to child emotion regulation and aggression. *Journal of Family Psychology*, 17, 598-606.

Charmaz, K. (2006). *Constructing grounded theory: A practical guide through qualitative analysis*. London: Sage Publications Ltd.

Cicchetti, D. & Carlson, V. (1989). *Child maltreatment: Theory and research on the causes and consequences of chid abuse and neglect*. Cambridge University Press. New York:New York.

Clark, D.B., & Baker, B.L. (1983). Predicting outcome in parent training. *Journal of Consulting and Clinical Psychology*, 51(2), 309-311.

Cole,S.A. (2005). Infants in foster care: relational and environmental factors affecting attachment. *Journal of Reproductive and Infant Psychology*, 23 (1), 43-61.

Cole, S. A. (2006). Building secure relationships: Attachment in kin and unrelated foster caregiver-infant relationships. *The Journal of Contemporary Social Services*, 87(4), 497-508.

Charmaz, K. (2006). *Constructing Grounded Theory: A Practical Guide Through Qualitative Research Analysis.* London:Sage

Craig, L., A., Browne, K., D., Stringer, I., & Beech, A. (2005). Sexual recidivism: A review of static, dynamic and actuarial predictors. *Journal of Sexual Aggression*, 11 (1), 65-84.

Crea, T, M. (2010). Balanced decision making in child welfare: Structured processes informed by multiple perspectives. *Administration in Social Work,* 34, 196-212.

Cresswell, J. (2007). *Qualitative inquiry and research design: Chosing among five approaches*. Thousand Oak, California:Sage Publicatins, Inc.

Crittenden, P. M. (2006). *A Dynamic-Maturational Model of Attachment*. Australia and New Zealand Journal of Family Therapy, 27, 105-115.

Crittenden, P., McKinsey (2008). *Raising Parents: Attachment, Parenting and Child Safety*. Portland,Oregon: Willan Publishing.

Crnic, K.A., Ragozin, A.S., Greenberg, M.T., Robinson, N.M., & Basham, R.B. (1983). Social interaction and developmental competence of pre-term and full-term infants during the first year of life. *Child Development*, 54, 1199-1210.

Dallos, R. (2006). *Attachment Narrative Therapy: Integrating narrative, systematic and attachment therapies*. New York: Open University Press.

Daniel, B. (1999). Beliefs in child care: Social work consensus and lack of consensus on issues of parenting and decision-making. *Children & Society*, 13, 179-919.

Daniel, B. (2000). Judgements about parenting: What do social workers think they are doing? *Child Abuse Review*, 9, 91-107.

Darling, N. (1993). Parenting style as context: An integrative model. *Psychological Bulletin*, 113(3), 487-496.

Davidson-Arad, B., Englechin-Segal, D., Wozner, Y., & Gabriel, R. (2003). Why social workers do not implement decisions to remove children at risk from home. *Child Abuse and Neglect*, 27, 687-697.

de Graff, I., Speetjens, P., Smith, F., de Wolff, M., & Tavecchio, L. (2008). Effectiveness of The Triple P Positive Parenting Program on behavioral problems in children: A meta-anaysis. *Behavior Modification*, 32, 715-735.

De Wolf, M. S., & van IJzendoorn, M, H. (1997). Sensitivity and attachment: A meta-analysis on parental antecedents of infant attachment. *Child Development*, 68, 571-591.

Deater-Deckard, K., et al. (2003). The development of attitudes about physical punishment: An 8 year longitudinal study. *Journal of Family Psychology*, 17, 351-360.

Dey, I. (1999). *Grounding grounded theory: Guidelines for qualitative inquiry*. San Diego:Academic Press.

Dix, T., Ruble, D.N., & Zambarano, R.J. (1989). Mother's implicit theories of discipline: Child effects, parent effects, and the attribution process. *Child Development*, 60, 1373-1391.

Dozier, M., Stovall, C., Albus, K. E., Bates, B. (2001). Attachment for Infants in Foster Care: The Role of Caregivers State of Mind. *Child Development* (September/October), 72(5), 1467-1477.

Dozier, M., Higley, E., Albus, K., E., & Nutter, A. (2002). Intervening with foster infant's caregivers: Targeting three critical needs. *Infant Mental Health Journal*, 23(5), 541-554.

Dozier, M., Albus, K., Fisher, P, A., & Sepulveda, S. (2002). Interventions for foster parents: Implications for developmental theory. *Development and Psychopathology* 14, 843-860.

Dozier, M. (2003). Attachment-based treatment for vulnerable children. *Attachment & Human Development*, 5(3), 253-257.

Dozier, M. & Koback, R. R. (1992). Psychophysiology in attachment interviews: Converging Evidence for Deactivating Strategies. *Child Development*, 63, 1473-1480.

Dozier, M., Peloso, E., Lindhiem, O., Gordon, .K., Manni, M., Sepulveda, S., & Ackerman, J. (2006). Developing Evidence-Based Interventions for Foster Children: an Example of a Randomized Clinical Trial with Infants and Toddlers. *Journal of Social Issues*, Vol. 62(4), 767-785.

Drake, B., Johnson-Reid, M., Way, I., & Chung, S. (2003, November). Substantiation and Recidivism. *Journal of Child Maltreatment*, 8(4), 248-260.

Drury-Hudson, J. (1999). Decision Making in Child Protection: The Use of Theoretical, Empirical and Procedural Knowledge by Novices and Experts and Implications for Fieldwork Placement. *British Journal of Social Work*, 29, 147-169.

Duncan, S. & Baker, T. (2003). What are the significant dimensions of harm to a child. In Reder, P., Duncan, S., & Lucey, C. (Eds.), *Studies in the assessment of parenting* (90-104). Brunner-Routledge:Hove

Dunne, C. (2011). The place of literature in grounded theory research. *International Journal of Social Research Methodology*, 14 (2), 111-124.

Eagle, Morris. (1995). The developmental perspectives of attachment and psychoanalytic theory. In Goldberg, S., Muir, R., & Kerr, J. (Eds.), *Attachment Theory*. London: Analytic Press.

Edwards, M.E. (2002). Attachment, mastery, and interdependence: A model of parenting processes. *Family Process*, 41 (3), 389-404.

Egeland, B., Jacobvitz, D., & Sroufe, L.A. (1988). Breaking the cycle of abuse. *Child Development*, 59, 1080-1088.

Elo, S. & Kyngas, H. (2007). The qualitative content analysis process. *JAN Research Methodology*, 107-115.

Engel, Rafael, J., & Schutt, Russel, K. (2005). *The practice of research is social work*, Thousand Oaks, CA:Sage Publications.

E. Waters (Eds.), *Attachment from infancy to adulthood: The major longitudinal studies*. New York:Guilford.

Eyer, D., E. (1992). *Mother-infant bonding*. Brighamton, N.Y: Vail-Ballou Press

Emberly, J., A., M. (2008). *Relaxation therapy for those with cancer: A grounded theory*, University of Manitoba.

Fairchild, S. (2006). Understanding attachment: reliability and validity of selected attachment measures for preschoolers and children. *Child and Adolescent Social Work Journal*, 23(2), 325-338.

Finzi, R., Cohen, O., Sapir, Y.,& Weizman, A. (2000). Attachment styles in maltreated children: A comparative study. *Child Psychiatry and Human Development*, 3(2), 113-128.

Fish, B. (1996). Clinical implications of attachment narratives. *Clinical Social Work Journal*, 24(3), 239-253.

Fonagy, P., et al. (1991). The capacity for understanding Mental States: The reflective self in parent and child and its significance for security of attachment. *Infant Mental Health Journal* 12(3), 201-212.

Fonagy, P. (1999). Psychoanalytic theory from the viewpoint of attachment theory and research. In Cassidy, J. & Shaver, P., R. (Eds), *Handbook of attachment* (pp. 595-624). New York: Guilford Press

Fraiberg, S., E. Adelson, and V. Shapiro. (1975). Ghosts in the nursery: A psychoanalytic approach to impaired infant-mother relationships. *Journal of the American Academy of Child Psychiatry* 14, 1387-1422.

Frederick, J. & Goddart, C. (2008). Living on an island: Consequences of childhood abuse, attachment disruption and adversity in later life. *Child and Family Social Work*, 13, 300-310.

George, C. & Solomon, J. (1999). Attachment and caregiving: The caregiving behavioral system. In Cassidy, J. & Shaver, P., R. (Eds), *Handbook of attachment* (pp. 649-666).

Gershoff, E.T. (2002). Corporal punishment by parents and associated child behaviors and experiences: A meta-analytic and theoretical review. *Psychological Bulletin*, 128, 539-579.

Gibbs, G.R. (2010). *Grounded Theory: Stages of Coding*. University of Huddersfield.

Gillham, Bill. (2007). *Developing a questionnaire* (2nd Edition). New York: Continuum International Publishing Group.

Gough, D. (2002). Child protection for abused children: Levels of response assessment, attachment relationships and systematic research synthesis. *Pediatrics International*, 44, 561-569.

Grinnel, R., M., Jr. & Unrau, Y. (2005). *Social work research and evaluation*. New York: Oxford University Press.

Groves, R., Fawler, Jr., F., Couper, M, Lepkowski, J., Singer, E., & Tourangeau, R. (2004). *Survey Methodology*. Hoboken, New Jersey: John Wiley & Sons, Inc.

Grused, J.E., & Goodnow, J.J. (1994). Impact of parental discipline methods on the child's internalization of values: A reconceptualization of current points of view. *Developmental Psychology*, 30, 4-19.

Gupta, A. & Blewett, J. (2007). Change for children? The challenges and opportunities for the children's social work workforce. *Child and Family Social Work*, 12, 172-181.

Hackman, M., Chaffin, M., Funderburk, B., & Silovsky, J.F. (2009). Change trajectories for parent-child interaction sequences during parent-child interaction therapy for child physical abuse. *Child Abuse & Neglect*, 33, 461-470.

Haight, W. L., Black, J.E., Workman, C.L., & Tata, L. (2001). Parent-child interaction during foster care visits. *SocialWork*, 46(4), 325-338.

Haight, Wendy, L., Kagle, Jill, D.,& Black, James, E. (2003). Understanding and supporting parent-child relationships during foster care visits: Attachment theory and research. *Social Work*, 48, 195-207.

Hart, C.H., & DeWolfe, M.D., Wozniak, P., & Burts, D.C. (1992). Maternal and paternal disciplinary styles: Relations with preschoolers' playground behavioural orientations and peer status. *Child Development*, 63, 879-892.

Hesse, E. & Main, M. (2006). Frightened, threatening, and dissociative (FR) parental behaviour as related to infant D attachment in low risk samples: description, discussion, and interpretations. *Development and Psychopathology*, 18, 309-343.

Hinde, R. A. (2005). Ethology and attachment theory. In K.E. Grossmann, K. Grossmann, & E. Waters (Eds.), *Attachment from infancy to adulthood: The major longitudinal studies*. New York: Guilford.

Hinings, Diana. (1996). Maintaining relationships between parents and children who live apart. In Howe, David (Eds), *Attachment and loss in child and family social work* (101-113). Vermont: Ashgate Publishing Company.

Hoffman, K., T., Marvin, R., S., Cooper, G., & Powell, B. (2006). Changing toddlers' and preschoolers' attachment classifications: the circle of security intervention. *Journal of Consulting and Clinical Psychology*, 74, 1017-1026.

Houston, Stan. (2001). Transcending the fissure in risk theory: critical realism and child welfare. *Child and Family Social Work*, 6, 219-228.

Howe, David. (1995). *Attachment Theory for Social Work Practice*. New York: Palgrave Publishing.

Howe, David. (1996). Attachment theory in child and family social work. In D. Howe (Eds.), *Attachment and loss in child and family social work* (1-17). Vermont: Ashgate Publishing Company.

Howe, David. (2005). *Child Abuse and Neglect. Attachment, Development and Intervention.* New York: Palgrave Macmillan.

Howe, David. (2010). The safety of children and the parent-worker relationship in cases of child abuse and neglect. *Child Abuse Review*, 19, 330-341.

Hughes, D. (2004). An attachment-based treatment of maltreated children and young people. *Attachment & Human Development*, 6(3), 263-278.

Hughes, R., & Huby, M. (2001). The application of vignettes in social and nursing research. *Journal of Advanced Nursing*, 37(4), 382-386.

Hsieh, H. & Shannon, S, E. (2005). *Three approaches to qualitative content analysis*. Qualitative Health Research, November, 15(9), 1277-1288.

Institute for Human Services (May 2011). *Family-Centred child protective services (Core 101).* Revised by Manitoba Core Competency Training Centre, August 2003.

Isreal, M., & Hay, I. (2006). *Research ethics for social scientists*. London: Sage Publications.

Jacobson, S., W. & Frye, K., F. (1991). Effect of maternal social support on attachment : Experimental evidence. *Child Development*, 62, 572-582.

Jones, L. & Kruk, E. (2005). Life in government care: *The connection of youth to family. Child and Youth Care Forum*, 34(6).

Johnson, Rebecca., Browne, Kevin., & Hamilton-Giachritsis. (2006). Young children in institutional care at risk of harm. *Trauma, Violence, & Abuse*, Vol. 7(1), 34-60.

Kaiser, K. (2009). Protecting respondent confidentiality in qualitative research. *Qualitative Health Research*, 19(1), 1632-1641.

Karen, Robert. (1990, February). Becoming attached, what children need. *The Atlantic Monthly*, 34-70.

Kessler, M.L.,& Greene, B.F. (1999). Behavior Analysis in Child Welfare: Competency Training Caseworkers to Manage Visits Between Parents and Their Children in Foster Care. *Research on Social Work Practice*, 9 (2), 148-

Klein Velderman, M., Bakermans-Kranenburg, M.J., Juffer, F., & van IJzendoorn, M.H. (2006). Effects of attachment –based interventions on maternal sensitivity and infant attachment: differential susceptibility of highly reactive infants. *Journal of Family Psychology*, 20(2), 266-274.

Knapp, P.A., & Deluty, R.H.(1989). Relative effectiveness of two behavioral parent training programs. *Journal of Clinical Child Psychology*, 18(4), 314-322.

Korbin, J, E. (1987). Incarcerated mothers' perceptions and interpretations of their fatally maltreated children. *Child Abuse & Neglect*, 11, 397-407.

Krane, J. & Davies, L. (2000). Mothering and child protection: rethinking risk assessment. *Child and Family Social Work*, 5, 35-45.

Kreppner, J., Rutter, M., Marvin, R., O'Connor, T., & Sonuga-Barke, E. (2011). Assessing the Concept of 'Insecure-Other' Category in the Cassidy-Marvin Scheme: Changes Between 4 and 6 Years in the English and Romanian Adoptee Study. *Social Development*, 20, 1-16.

Krippendorff, K. (1980). *Content Analysis: An introduction to it methodology, Vol. 5*. Sage Publications. Beverly Hills:California.

Krippendorff, K. (1986). *Information Theory: Structural models of qualitative data*. Sage University. Newbury Park:California.

Kuczynski, L. (2003). *Beyond bidirectionality: Bilateral conceptual frameworks for understanding dynamics in parent-child relationships*. In L. Kuczynski (Ed.) (2003). Handbook of dynamics in parent-child relations (pp. 3-24). Thousand Oaks, CA: Sage.

Kwako, L, E., Noll, J, G., Putnam, F, W. & Trickett, P, K. (2010). Childhood sexual abuse and attachment: an intergenerational perspective. *Clinical Child Psychology and Psychiatry*, 15(3), 407-422.

Landau, R. (1989). Affect and attachment: Kissing, hugging, and patting as attachment behaviors. *Infant Mental Health Journal*, 10(1), 59-69.

Lansford, J.E., et al. (2005). Physical discipline and children's adjustment: Cultural normativeness as a moderator. *Child Development*, 76, 1234-1246.

Law,S. (2009). Recovery: *The experts experience of formal and informal supports*. University of Manitoba.

Lawler, Micheal. J. (2008). Maltreated children's emotional availability with kin and on-kin foster mothers: A sociobiological perspective. *Children and Youth Services Review*, 30, 1131-1143.

Leifer, M., & Smith, S. (1990). Towards breaking the cycle of intergenerational abuse. *American Journal of Psychotherapy, XLIV*, 116-128.

Leighton, Sharon. (2010). Using a vignette-based questionnaire to explore adolescents' understanding of mental health issues. *Clinical Child Psychology and Psychiatry*, 15(2), 231-250.

Leung, C., et al. (2003). An outcome evaluation of the implementation of the Triple P-Positive Parenting Program in Hong Kong. *Family Process,* 42, 531-544.

Levenson, J.S., & Morin, J.W. (2006). Risk Assessment in Child Sexual Abuse Cases. *Child Welfare,* Vol. LXXXV (1), 59-81.

Leventhal, John, M. (1996). Twenty years later: We do know how to prevent child abuse and neglect. *Child Abuse & Neglect*, 20, 647-653.

Lewis, M., Feiring, C., & Rosenthal, S. (2000). Attachment over time. *Child Development,* 71, 707-720.

Liberman, Alicia. F., Weston, Donna. R., & Pawl, Jeree. H. (1991). Preventive intervention and outcome with anxiously attached dyads. *Child Development,* 62, 199-209.

Liberman, Alicia. F., Van Horn, Patricia, Grandison, Carina. M., & Pekarsky, Judith. H. (1997). Mental health assessments of infants, toddlers, and preschoolers in a service program and a treatment outcome research program. *Infant Mental Health Journal,* Vol. 18(2), 158-170.

Lichtenstein Phelps, J., Belsky, J., & Crnic, K. (1998). Earned security, daily stress, and parenting: A comparison of five alternative models. *Development and Psychology*, 10, 21-38.

Lindsey, Elizabeth, W. (2001). Foster family characteristics and behavioural and emotional problems of foster children: Their implications for child welfare, family life education, and marriage and family therapy. *Family Relations,* 50(1), 19-22.

Loar, L. (1998). *Making visits work*. Child Welfare League of America, 27(1),41-58.

Long, A., McCarney, S., Smyth, G., Magorrian, N., & Dillon, A. (2001). The effectiveness of parenting programmes facilitated by health visitors. *Journal of Advanced Nursing*, 34(5), 611-620.

Lyons-Ruth, K., Connell, D.B., Grunebuam, H.U. & Botein, S. (1990). Infants at social risks: maternal depression and family support services as mediators of infant development and security of attachment. *Child Development,* 61, 85-98.

Lyons-Ruth, K., Yellin, C., Melnick, S., & Atwood, G. (2003). Childhood experiences of trauma and loss have different relations to maternal unresolved and Hostile-Helpless stats of min on the AAI. *Attachment and Human Development,* Vol.5 (4), 330-352.

Maccoby, E., E. & Feldman, S., S. (1972). *Mother-attachment and stranger-reactions in the third year of life. Monographs of the society for research in child development,* 1972. 37 (1, serial No. 146). Stanford University.

MacIntyre, G., Green Lister, P., Orme, J., Crisp, B.R., Manthorpe, J., Hussein, S., Moriarty, J., Stevens, M., & Sharpe, E. (2011). Using vignettes to evaluate the outcomes of student learning: Data from the evaluation of the new social work degree in England. *Social Work Education,* Vol. 30, No2, 207-222.

MacMillan, Harriet.L., Thomas, B. Helen., Jamieson, Ellen., Walsh, Christine. A., Boyle, Michael. H., Shannon, Harry. S., & Gafni, Amiram. (2005). Effectiveness of home visitation by public-health nurses in prevention of the recurrence of child physical abuse and neglect: a randomised controlled trial. *Lancet*, 1786-1793.

Mah, J.W. T., & Johnston, C. (2008). Parental social cognitions: Considerations in the acceptability of and engagement in behavioral parent training. *Clinical Child Family Psychological Review*, 11, 218-236.

Main, M. & Hesse, E. (1990). Parent's unresolved traumatic experiences are related to infant disorganized attachment status: Is frightened and/or frightening parental behaviour the linking mechanism? In M.T. Greenberg, D. Chichetti, & E.M. Cummings (Eds), *Attachment in the preschool years: Theory, Research, and Intervention,* 161-182. Chicago: University of Chicago Press.

Manitoba (1985). *Manitoba Child and Family Services Act*. Government of Manitoba.

Manitoba Core Competency Training Centre (2003). Core competencies.

Marotta, S. A. (2002). An ecological view of attachment theory: Implications for counseling. *Journal of Counseling & Development*, 80, 507-510.

Marvin, R., Cooper, G., Hoffman, K., & Powell, B. (2002). The Circle of security project: attachment-based intervention with care-giver-pre-school child dyads. Attachment *& Human Development*, 4, 107-124.

Mennen, F. & O'Keefe, M. (2005). Informed decisions in child welfare: The use of attachment theory. *Children and Youth Service Review*, 27, 577-593.

Mercer, J. (2006). *Understanding attachment: Parenting, child care and emotional development*. Westport. Conneticut: Praeger Publishers.

Middlemiss, Wendy. (1996). Parental educational program: effectiveness and retention. *Psychological Reports*, 1307-1310.

Miljkovitch, R., Pierrehumbert, B., Bretherton, I., & Halfon, O. (2004). Associations between parental and child attachment representations. *Attachment & Human Development*, 6(3), 305-325.

Morran, P. & Ghate, D. (2005). The effectiveness of parenting support. *Children & Society*, 19, 329-336.

Morrison Dore, M., & Lee, J., M. (1999). The role of parent training with abusive and neglectful parents. *Family Relations*, 48, 313-325.

Munroe, E. (1998). Improving social workers' knowledge base in child protection work. *British Journal of Social Work*, 28, 89-105.

Newton, Ruth, P. (2008). *The Attachment connection*. Oakland CA: new Harbinger Publications, Inc.

National Institute of Child Health and Development. Early Child Care Research Network. (2006). Infant-mother attachment Classification: risk and protection in relation to changing maternal caregiving quality. *Developmental Psychology*, 42(1), 38-58.

Nicholson, B., Anderson, M., Fox, R., & Brenner, V. (2002). One family at a time: A prevention program for at-risk parents. *Journal of Counseling and Development*, 80, 362-370.

Nilson, W. J., (2003). Perceptions of attachment in academia and the child welfare system: The gap between research and reality. *Attachment and Human Development*, 5(3), 303-306.

Nilson, W, J., Affronti, M., Coombes, M, L. (2009). Veteran Parents in Child Protection Services: Theory and Implementation. *Family Relations* 58 (December), 520-535.

Nighswander, M, L, R. (2008). *Just waiting: Child care in Winnipeg*. University of Manitoba.

O'Connor, T.G., Bredenkamp, D., Rutter, M., & The English and Romanian Adoptees (ERA) Study. (1999). Attachment Disturbances and Disorders in Children Exposed to Early Severe Deprivation. *Infant Mental Health Journal*, Vol. 2(1), 10-29.

O'Connor, T.G., & Zeanah, C.H. (2003). Attachment disorders: Assessment strategies and treatment approaches. *Attachment & Human Development*, Vol.5 (3), 223-244.

Oliver, P. (2004). *Writing your thesis*. Sage study skill. London.

Oppenheim, D. & Goldsmith, D., F. (2007). *Attachment theory in clinical work with Children.* New York, NY: Guilford Press.

Orme, J.G. & Buehler, C. (2001). Foster Family Characteristics and Behavioural and Emotional Problems of Foster Children: A Narrative Review. *Family Relations*, Vol. 50(1), 3-15.

Osmond,J., Scott, T., & Clark, J. (2008). The knowledge of caring: revisiting the need for knowledge support of carers. *Child and Family Social Work*, 13, 262-273.

Oosterman, M., Clasien, De Schipper, J. Fisher, P., Dozier, M., & Schuengel, C. (2010). Autonomic reactivity in relation to attachment and early adversity among foster children. *Development and Psychopathology*, 22, 109-118.

Oyen, A., Landy, S., & Hilburn-Cobb, C. (2000). Maternal attachment and sensitivity in an at-risk sample. *Attachment & Human Development*, 2(2), 203-217.

Page, Timothy. F., & Cain, Daphne. S. (2009). *"Why don't you just tell me how you feel?": A case study of a young mother in an attachment-based group intervention*. *Child Adolescent Social Work Journal*, 26, 333-350.

Parse, R, R. (2001). The lived experience of contentment: A study using the Parse Research Method. *Nursing Science Quarterly*, 14(4), 330-338.

Parse, R, R. (2001). *Qualitative inquiry: The path of science. National League for Nursing*. Sudbury, MA.

Parton, N. (1998). Risk, advanced liberalism and child welfare: the need to rediscover uncertainty and ambiguity. *British Journal of Social Work*, 28, 5-27.

Pearson, Kate. (1996). Care leavers and their babies. In Howe, David (Eds.), *Attachment and loss in child and family social work* (146-162). Vermont:Ashgate Publishing Company.

Perry, B, D. (2009). Examining child maltreatment through a neurodevelopmental lens: clinical applications of the neurosequential model of therapeutics. *Journal of Loss and Trauma*, 14, 240-255.

Phelps, J,L., Belsky, J., & Crnic, K. (1998). Earned security, daily stress and parenting: A comparison of five alternative models. *Development and Psychopathology*, 10, 21-38.

Radey, M., & Randolph, K.A. (2009, December). Parenting sources: How do parents differ in their efforts to learn about parenting? *Family Relations*, 58, 536-548.

Ralph, A., & Sanders, M. (2006). The Teen Triple P-Positive Parenting Program: A preliminary evaluation. *Youth Studies Australia*, 25, 41-48.

Rea, L. & Parker, R. (2005). *Designing and conducting survey research* (3rd edition). San Francisco, California: John Wiley & Sons, Inc.

Reder, P., & Duncan, S. (2001). Abusive relationships, care and control conflicts and insecure attachments. *Child Abuse Review*, 10, 411-427.

Royse, D. (1999). *Research methods in social work* (3rd edition). University of Kentucky: Wadsworth Thomson Learning.

Rubin, A. & Babbie, E. (1997). *Research methods for social work*, 3rd edition. Pacific Grove, USA: Brooks/Cole Publishing Company

Rudy, D., & Grused, J.E. (2001). Correlates of authoritarian parenting in individualist and collectivist cultures and implications for understanding the transmission of values. *Journal of Cross Cultural Psychology*, 32, 202-212.

Rutter, M., & O'Connor, T., G. (1999). Implications of attachment theory for child care policies. In Cassidy,J. & Shaver, P., R. (Eds.), *Handbook of attachment*, (pp. 823-839). New York: Guilford Press.

Ryan, Ellen. (2002). Assessing sibling attachment in the face of placement issues. *Clinical Social Work Journal*, Vol. 30(1), 77-93.

Saint-Jacques, M., Drapeau, S., Lessard, G., & Beaudoin, A. (2006). Parent Involvement Practices in Child Protection: A Matter of Know-How and Attitude. *Child and Adolescent Social Work Journal*, 23(2), 196-215.

Sandelowski, M. (1998). Writing a good read: strategies for re-presenting qualitative data. *Research in Nursing & Health*, 21, 375-382.

Sandelowski, M. (2000). Whatever Happened to Qualitative Description? *Research in Nursing and Health*, 23, 334-340.

Sanders, M, R., Cann, W., & Markie-Dadds, C. (2003). The Triple P-Positive Parenting Programme: A universal population-level approach to the prevention of child abuse. *Child Abuse Review*, 12, 155-171.

Sanders, M., & Pidgeon, A. (2011). The role of parenting programmes in the prevention of child maltreatment. *Australian Psychologist*, 46, 199-209.

Salveron, M., Lewig, K., & Arney, F. (2009). Parenting groups for parents whose children are in care. *Child Abuse Review*, 18, 267-288.

Schofield, Gillian. (1996). Attachment theory, neglect and the concept of parenting skills training: the needs of parents with learning disabilities and their children. In Howe, David (Eds.), *Attachment and loss in child and family social work* (36-58). Vermont: Ashgate Publishing Company.

Schofield, G. & Beek, M. (2009). Growing up in foster care: providing a secure base through adolescence. *Child and Family Social Work*, 14, 255-266.

Schore, Allan.N. (2000). Attachment and the regulation of the right brain. *Attachment and Human Development*, Vol. 2(1), 23-47.

Schore, A. (2001b). The effect of early relational trauma. *Infant Mental Health Journal*, 22(1-2), 201-209.

Schore, A, N. (2002). Dysregulation of the right brain: a fundamental mechanism of traumatic attachment and the psychopathogenesis of posttraumatic stress disorder. *Australian and New Zealand Journal of Psychiatry*, 36, 9-30.

Scott, D. (1998). A qualitative study of social work assessment in cases of alleged child abuse. *British Journal of Social Work*, 28, 73-88.

Scott, S., & Dadds, M., R. (2009). Practitioner review: when parent training doesn't work: theory-driven clinical strategies. The Journal of Child Psychology and Psychiatry, 50(12), 1441-1450.

Spoth, R. & Redmond, Cleve. (1996). A theory-based parent competency model incorporating intervention attendance effects. *Family Relations*, 45, 139-147.

Slade, A. (2005). Parental reflective functioning: An introduction. *Attachment & Human Development*, 7(3), 269-281.

Sledjeski, E.V., Dieker, L.C., Brigham,R., & Breslin, E. (2008). The use of risk assessment to predict recurrent maltreatment: A classification and regression tree analysis (CART*). Prevention Science*, 9, 28-37.

Sng, Rebecca. (2009). Family therapy for kids without families: Working systemically with children and young people in residential care. *The Australian and New Zealand Journal of Family Therapy*, 30(4), 247-259.

Stovall-McClough, K, C. & Dozier, M. (2004). Forming attachments in foster care: infant attachment behaviours during the first two months of placement. *Development and Psychology*, 16, 253-271.

Strauss, A. & Corbin, J. (1990). *Basics of Qualitative Research: Grounded Theory Procedures and Techniques*. Newbury Park, California:Sage Publishing, Inc.

Styron, Thomas, & Janoff-Bulman, Ronnie. (1997). Childhood attachment and abuse: Long-term effects on adult attachment, depression, and conflict resolution. *Child Abuse and Neglect*, 21, 1015-1023.

Suchman, N., Mayes, L., Conti, J., Slade, A., & Rounsaville, B. (2004). Rethinking parenting interventions for drug-dependent mothers: from behavior management to fostering emotional bonds. *Journal of Substance Abuse Treatment*, 27, 179-185.

Sword, W., Heaman, M, I., Brooks, S., Tough, S., Janssen, P, A., Young, D., Kingston, D., Helewa, M, E., Akhtar-Danesh, N., & Hutton, E. (2012). Women's and care providers' perspectives of qualitative prenatal care: a qualitative descriptive study. *BMC Pregnancy and Childbirth*, 12(29), 1-18.

Tang, Fangcheg., Mu, Jifeng., & Mclachlan, Douglas.L. (2010). Disseminative capacity, organizational structure and knowledge transfer. *Expert Systems with Applications*, 37, 1586-1593.

Tarren-Sweeney, Michael. (2008). The mental health of children in out-of-home care. *Child and Adolescent Psychology*, 21, 345-349.

Tarabulshy, G., St.-Laurent, D., Cyr, Chantal., Pascuzzo, K., Moss, E., Bernier, A., Dubois-Comtois, K. (2008). Attachment-based intervention for maltreating families. *American Journal of Orthopsychiatry*, 78(3), 322-332.

Tesch, Renata. (1990). *Qualitative Research Analysis Types and Software Tools.* Harvard: Sage Publications.

The Graduate School Purdue University (2006). *A manual for the preparation of graduate thesis seventh revised edition.* http://www.gradschool.purdue.edu/downloads/thesis/graduate-thesis-manual.pdf.

Thoburn, June. (1996). Psychological parenting and child placement. In Howe, David (Eds.), *Attachment and loss in child and family social work* (129-145). Vermont: Ashgate Publishing Company.

Thomas, K., Riggs, R. & Stothart, K. (2013). The meaning of changing expectations: A qualitative descriptive study. *Nursing Science Quarterly,* 26(1), 59-67.

Thompson, R, A. (1997). Sensitivity and security: New questions to ponder. *Child Development,* 68, 595-597.

Thompson, R.W., Grow, C.R., Ruma, P.R., Daly, D.I., & Burke, R.V. (1993). Evaluation of practical parenting program with middle and low-income families. *Family Relations,* 42, 21-25.

Thorne, S., Kirkham, S, R., & MacDonald-Emes, J. (1997). Interpretive description: a noncategorical qualitative alternative for developing nursing knowledge. *Research in Nursing and Health,* 20, 169-177.

Trout, A, L., Hagaman, J., Casey, K., Reid, R., & Epstein, M, H. (2008). The academic status of children and youth in out-of-home care: A review of the literature. *Children and Youth Services Review,* 30, 979-994.

Trowell, J. (2004). Reflections of 'an attachment-based treatment of maltreated children and young people'. *Attachment & Human Development,* 6(3), 279-283.

Turner, M. Karen, & Sanders, M.R. (2006). Help when it's needed first: A controlled evaluation of brief, preventative family intervention in a primary care setting. *Behavior Therapy,* 37, 131-142.

Turney, D. (2012). A relationship-based approach to engaging involuntary clients: the contribution of recognition theory. *Child and Family Social Work,* 17, 149-159,

van den Boon, D.C. (1994). *The influence of temperament and mothering on attachment and exploration: An experimental manipulation of sensitive responsiveness among lower-class mothers with irritable infants.* Child Development, 65, 1457-1477.

van den Boom, D.C. (1997). Sensitivity and attachment: Next steps for developmentalists. *Child Development,* 64, 592-594.

van IJzendoorn, M.H., Juffer, F., & Duyvesteyn, M.G.C. (1995). Breaking the intergenerational cycle of insecure attachment: a review of the effects of attachment-

based interventions on maternal sensitivity and infant security. *Journal of Child Psychology and Psychiatry*, 36, 225-248.

van IJzendoorn, M., H. (1995). Adult attachment representations, parental responsiveness, and infant attachment: A meta-analysis on the predictive validity of the Adult Attachment Interview. *Psychological Bulletin*, 117, 387-403.

Vaughn, B., Egeland, B., & Sroufe, L. A. (1979). Individual differences in infant-mother attachment at twelve and eighteen months: stability and change in families under stress. *Child Development*, 50, 971-975.

Walher, R.G., & Meginnis, K.L. (1997). Strengthening child compliance through positive parenting practices: What works? *Journal of Clinical Child Psychology*, 26, 433-440.

Walker, J. (2007). Unresolved loss and trauma in parents and the implications in terms of child protection. *Journal of Social Work Practice*, 21 (1), 77-87.

Walker, J. (2008). Communication and social work from an attachment perspective. *Journal of Social Work Practice* 22(1), 5-13.

Waters, E. (1978). The reliability and stability of individual differences in infant-mother attachment. *Child Development*, 49, 483-494.

Waters, E., Hamilton, C., E., & Weinfield, N.,S. (2000). The stability of attachment security from infancy to adolescence and early adulthood: general introduction. *Child Development*, 71, 678-683.

Weber, Robert., P. (1990). *Basic Content Analysis* (2nd ed.). Harvard University: Sage Publications.

Webster, L., Kiss-Hackett., & Joubert, D. (2009). The association of unresolved attachment status and cognitive processes in maltreated adolescents. *Child Abuse Review*, 18, 6-23.

Weinfield, N., S., Sroufe, L., A., & Egeland, B. (2000). Attachment from infancy to early adulthood in a high-risk sample: Continuity, discontinuity, and their correlates. *Child Development*, 71, 695-702.

Wellington, J. & Szczerbinski, M. (2007). *Research methods for the social sciences*. Continuum International Publishing Group. London.

Williams, Richard., Alexander, David. A., Bolsover, Denise., & Bakke, Fiona. K. (2008). Children, resilience and disaster: recent evidence that should influence a model of

psychosocial care. *Child and adolescent psychiatry*, 21, 338-344.

Wilks, Tom. (2004). The use of vignettes in qualitative research into social work values. *Qualitative Social Work*, Vol. 3(1), 780-87.

Wilkins, D. (2012). Disorganised attachment indicates child maltreatment: How is this link useful for child protection social workers*? Journal of Social Work Practice*, 26(1), 15-30.

Wotherspoon, E., O'Neill-Laberge, & Pirie, J. (2008). Meeting the Emotional of Infants and Toddlers in Foster Care: The Collaborative Mental Health Care Experience. *Infant Journal of Mental Health*, Vol. 29(4), 377-397.

Yoo, J. & Brooks, D. (2005). The role of organizational variables in predicting service effectiveness: An analysis of multilevel model. *Research on Social Work Practice*, 15(4), 267-277.

Yoo, J., Broks, D., & Patti, R. (2007). Organizational constructs as predictors of effectiveness in child welfare interventions. *Child Welfare*, 86, January/February, 53-78.

Zeanah, C., H. & Barton, M., L. (1989). Introduction: Internal representations and parent-infant relationships. *Infant Mental Health Journal*, 10(3), 135-141.

Zeanah, C, H. (2007). Constructing a relationship formulation for mother and child. In Oppenheim & Goldsmith, D, F. (Eds). *Attachment theory in clinical work with children*. The Guilford Press. New York:New York.

APPENDIX A

Attention research participant. Please feel free to contact me prior to signing the consent form if you have any questions regarding the study, the form, or other issues related to the study. I can be reached at 1-204-[redacted] or 1-204-[redacted] by phone or by e-mail. My mailing address is [redacted] Winnipeg, Manitoba, R2Y 1C1. Thank You

APPENDIX B

Invitation to Participate in Research Study

Attachment Theory in Child Welfare: How does theory impact practice?

This is an invitation to participate in a research study to examine the degree theory impacts child welfare practice. My name is Tanya Dubois and I am a Graduate student in the Faculty of Social Work. This research project is a component of my MSW degree program through the University of Manitoba. The purpose of the research study is to explore the impact of theory in the practice of front line child protection work. I have been employed as a child protection worker in the General Authority since 2001 and have always been impressed by the degree of knowledge and skill front line protection workers maintain to carry out their duties and engage with families. Child welfare is a difficult occupation with increasing demands and responsibilities placed on protection workers to reduce the risk of harm to children.

Research participants will be asked questions related to their experience and training as a front line child protection worker. Participants will be asked to review two vignettes and then asked questions related to the vignettes using a semi-structured interview. The intent of the vignettes and related questions is to ascertain the decision making process in child welfare and the degree that theory impacts child welfare practice. The interviews will only be conducted between October, November, and December of 2012. Any requests to participate after December 12th, 2012 will be respectfully declined. The researcher anticipates that the interview will take approximately sixty minutes. Participants determine their preferred contact dates and times and will be contacted at their chosen dates and time.

Interviews will be conducted over the phone, they will be recorded and transcribed. The transcriptions will be kept in a locked filing cabinet only accessible to the researcher. The consent forms will be kept in a separate locked cabinet also only accessible to the researcher. The consent forms and interviews will be coded with the researcher having the only key to the code. The transcribed information will be stored on a computer file only accessible to the researcher. Participants will not be named in the study. Three months after the research is completed the information on the computer file will be deleted. All information related to the research participant will be deleted or destroyed to ensure participant confidentiality. All information collected in the process of the research study is confidential and will only be shared with research advisor as required.

The benefit of participating in this research project is to explore what influences and guides front line child welfare service deliver and interventions. The interview provides an opportunity to reflect and acknowledge the degree of skill and knowledge that front line child protection workers possess in order to carry out their professional duties. The researcher will provide recommendations to the General Authority regarding potential training opportunities for protection workers, which would directly benefit participants.

As there are several procedures in place throughout the study to increase participant confidentiality the researcher does not foresee any risk associated with participation in the study. The writer does not foresee any risk to the participant's employment status or position in the Agency in either participating or declining to participate in the study.

Authorization from the General Authority implies the Authority's consent to workers participating in the study voluntarily.

The research study results will be disseminated with the completion of the written Thesis and presented as part of the oral defense of the Thesis. Study results will be shared with the General Authority in the form of recommendations. The General Authority will not be made aware as to who has participated in the study and who has declined to participate in the study.

Please feel free to contact me if you have any questions, are requesting additional information, or you have concerns regarding the research or your participation in the research project. Please feel free to contact the Research Ethics Board by phone at # 204-474-7122 or by fax at #204-269-7173.

You are free to withdraw from the research project at any time and are free to refrain from answering any questions you prefer to omit, without prejudice or consequence. Participants are free to withdraw from the study at any time during the study. You should feel free to ask for clarification or for new information throughout your participation. The writer is obligated to report any information obtained in the course of the study that would suggest there is a risk of harm to the participant or child welfare concerns to the proper authorities. Throughout the research project please feel free to ask questions or if you require further information once the research project is completed please feel free to contact the researcher at (204)-[redacted] or 1-204-[redacted] The Research Ethics Board may also be contacted by phone at #(204) 474-7122 or by fax at #(204) 269-7173.

APPENDIX C

Please return along with your signed consent form in the return envelope. Please do not return vignettes and interview guides.

Name:_____

Preferred method of contact:
E-Mail:_____

Phone Number:_____

Mailing:_____

Dates and times you would be able to participate in the research interview (please provide two in case of scheduling conflicts). I will send confirmation regarding the date and time through your preferred method of contact upon receiving your information.

Date and time 1:_____

Date and time 2:_____

Any questions regarding this research study please feel free to contact the researcher using the contact information provided below. The Research Ethics Board may also be contacted by phone at #(204) 474-7122 or by fax at #(204) 269-7173.

Thank You,

Tanya Dubois
Phone1: #1-204-[redacted]
Phone 2: #1-204-[redacted]
E-mail at [redacted]work) or [redacted]home)
Mail to attention Tanya Dubois [redacted] Winnipeg, Manitoba R2Y 1C1

APPENDIX D

UNIVERSITY OF MANITOBA | Faculty of Social Work

521 Tier Building
Winnipeg, Manitoba
Canada R3T 2N2
Telephone (204) 474-7050
Fax (204) 474-7594
Social_Work@UManitoba.CA

Research Title: Attachment Theory in Child Welfare: What is the extent of knowledge child welfare workers posses of attachment theory and how does it inform and guide child welfare service delivery and interventions.

Researcher: Tanya Dubois By phone at # 204-[redacted] by e-mail [redacted]
Primary Advisor: Kathy Levine By phone at #204-[redacted] or by e-mail [redacted]

This consent form, a copy of which will be left with you for your records and reference, is only part of the process of informed consent. It should give you the basic idea of what the research is about and what your participation will involve. If you would like more detail about something mentioned here, or information not included here, you should feel free to ask. Please take the time to read this carefully and to understand any accompanying information.

My name is Tanya Dubois and I am a Graduate student in the Faculty of Social Work. This research project is a component of my Master's of Social Work degree program through the University of Manitoba and focuses on attachment theory in child welfare practice. I have been employed in the field of child welfare since 2001 and I am presently employed as a protection worker with Eastman Child and Family Services under the General Authority. The purpose of the research study is for both the completion of my Master's thesis as well as professional skill development and growth. The research project will explore the extent of knowledge that front line child welfare workers have of attachment theory and if this knowledge informs their child welfare practice.

Participation in the research study is voluntary. Research participants will be asked to review two vignettes and then asked questions related to the vignettes to ascertain if attachment theory influences child welfare practice. The interviews will be conducted between October of 2012 to December 2012. Any requests to participate after December 12th, 2012 will be respectfully declined. The researcher anticipates that the interview will take approximately sixty minutes. Participants will be asked to provide two possible dates and times in which they can participate in the interview and they will then be contacted at their chosen dates and times. Interviews will be conducted over the phone, they will be audio recorded and then transcribed. The researcher will review the consent form with the participant prior to commencing the interview.

The transcriptions will be kept in a locked cabinet only accessible to the researcher. The consent forms will be kept in a separate locked filling cabinet only accessible to the researcher. The information will be stored on a pass word protected lap top owned by the researcher and only accessible to the researcher. The consent forms and interviews will be coded to ensure confidentiality. The researcher alone will maintain the key to the code. Participant identifiers such as name, age, gender, and office location will not be identified in the study to increase confidentiality and anonymity. All information collected in the process of the research study is confidential and will only be shared with the research advisor as required. Research participants will be provided with a summary of the research within three months of the completion of the research study.

The benefit of participating in this research project is to explore what influences and guides front line child welfare service deliver and interventions. The interview provides an opportunity to reflect and acknowledge the degree of skill and knowledge that front line child protection workers possess in order to carry out their professional duties. The researcher will provide recommendations to the General Authority regarding potential training opportunities for protection workers, which would directly benefit participants.

As there are several procedures in place throughout the study to increase participant confidentiality the researcher does not foresee any risk associated with participation in the research study. The information elicited is to assess the degree of exposure workers have had to attachment theory and if it directly impacts their work. Subsequently the writer does not foresee any risk to the participant's position in the Agency in either participating or declining to participate in the study. Authorization from the General Authority implies the Authority's consent to workers participating in the study voluntarily.

The research study results will be disseminated with the completion of the written Thesis and presented as part of the oral defence of the Thesis. Study results will be shared with the General Authority in the form of recommendations.

This consent for is one component in the process of informed consent. This form is intended to provide an understanding of the research being conducted and what is requested of the research participant. Please feel free to contact me if you have any questions, are requesting additional information, or you have concerns regarding the research or your participation in the research project. Please feel free to contact the Research Ethics Board by phone at # 204-474-7122 or by fax at #204-269-7173. Please read through the consent form thoroughly to fully understand the information identified in this form.

Your signature on this form indicates that you have understood to your satisfaction the information regarding participation in the research project and agree to participate as a subject. In no way does this waive your legal rights nor release researcher, sponsors, or involved institutions from their legal and professional responsibilities. You are free to withdraw from the research project at any time and are free to refrain from answering any questions you prefer to omit, without prejudice or consequence.

The General Authority will not be made aware of which employees have agreed to participate in the study or which employees have declined to participate. Declining to participate in the

research study will not impact your employment with the Agency or affect your position in the Agency.

Participation in the research study is voluntary. In signing this form you become a research participant in this research project. Your continued participation should be as informed as your initial consent. Participants are free to withdraw from the study at any time during the study. You should feel free to ask for clarification or for new information throughout your participation. The writer is obligated to report any information obtained in the course of the study that would suggest there is a risk of harm to the participant or child welfare concerns to the proper authorities. Throughout the research project please feel free to ask questions or if you require further information once the research project is completed please feel free to contact the researcher at (204)-[redacted] or 1-204-[redacted]. The Research Ethics Board may also be contacted by phone at # (204) 474-7122 or by fax at # (204) 269-7173.

A summary of the research findings will be made available to any participant that indicates an interest in obtaining a summary. Please sign in the space provided if you would like a copy of the research findings. Yes, I would like a copy of the summary of research findings _____(Please print name). Please indicate where you would like the information forwarded_____
_____.

_____
Participant's printed name

_____ _____
Participant's Signature Date

_____ _____
Researcher's Signature Date

APPENDIX E

Research Participant Demographic Information

1. How long have you been employed as a child welfare worker in the General Authority?

2. Have you worked for any other child welfare agencies in or outside of the province of Manitoba?

3. Can you please describe your professional training including degrees, competency based training levels, or other training throughout your professional career?

4. Can you recall if attachment theory was covered in competency-based training through the General Authority?

5. What is the degree of exposure you have had to attachment theory? (Example through degrees, readings, supervision, etc).

6. In a sentence or two could you please describe what ‘attachment theory’ means to you.

APPENDIX F
Vignettes

Vignette One

Sarah, a twenty-month-old girl was apprehended from her mother Rebecca at a drinking party. Within the past six months the Agency had investigated four other allegations of Rebecca drinking heavily while caring for Sarah. Rebecca is a thirty five year old single parent. Rebecca has two older children who were apprehended from her and placed in Agency care five years ago due to her drinking behaviours. The Agency requested a six-month temporary order for Sarah to remain in Agency care while her mother completed drug testing and addiction counselling. Rebecca continued to deny having a drinking problem and continued to be resistant to Agency involvement. Rebecca has a history of being avoidant with child welfare workers. Rebecca would not answering her door when workers attend to her home and not answering her phone or returning phone calls. When Rebecca did meet with the worker she was always polite and never confrontational. Rebecca had a history of consenting to the Agency's expectations, but never following through with any of them. For months Rebecca remained adamant that she was not intoxicated the night Sarah was apprehended from her care and she remained stuck on this point throughout each meeting with the worker and even during visits with Sarah. Rebecca is not in agreement with the six month temporary order as she is adamant that she does not have a drinking problem and she is seeking legal counsel to have Sarah returned home immediately.

Rebecca and Sarah's family visits were scheduled for three times a week for 90 minutes each visit. A support worker was assigned to supervise the visits due to concerns regarding Rebecca's ability to manage Sarah's behaviours during visits and to ensure that Rebecca was sober during visits. Frequently Rebecca would be fifteen to twenty minutes late for the visit and on several occasions she did not show for the visits. Each time Rebecca attended a visit she would give Sarah junk food such as chips, pop, and cookies. Sarah would sit on the floor eating her treats while Rebecca sat on the couch text messaging on her cell phone occasionally looking up from her phone to talk to Sarah. During the visits Sarah would sit beside the toy box and when she became disinterested in the toys she would through the toys around the room. Rebecca watched on from the couch in the visiting room and would occasionally make comments such as 'be careful' and 'that's not nice'. Occasionally Sarah would pull out a toy from the toy box and show her mother the toy. Rebecca would look up from her cell phone long enough to identified the name of each toy presented to her then resume her text messaging. The support worker has noted that Rebecca rarely plays with Sarah and if she does it is from the comfort of the couch in the visiting room.

Rebecca presents as unsure of how to act during the visits and appears to become quickly bored playing with Sarah. At times Rebecca appears to be oblivious that the child is even in the room with her. When it is time to end the visit Sarah frequently lashes out at her mother screaming and squirming in her embrace at the end of the visit. Sometimes Rebecca will leave a few minutes before the visit is scheduled to end. Rebecca has never attended a visit under the influence of a substance. Rebecca has expressed that she is not emotionally able to meet with the worker following visits with Sarah.

At some point during each visit Sarah would leave the visiting room and wander around the office with her mother following a few feet behind her. Sarah would throw things around the office; she would run up and down the hallways and rummage through worker's desks. Sarah would approach strangers and frequently she would demonstrate indiscriminate affection toward strangers in the office either hugging their legs or trying to sit on their laps all under her mother's watchful eye. Workers would frequently redirect Sarah back to the visiting room or intervene and would reinforce that it was not safe to hug or sit on the lap of a stranger. Rebecca would verbally direct Sarah to stop or ask her to return to the visiting room, however she would not approach Sarah or correct her behaviours.

The foster mother has shared with the worker that the night prior to visits Sarah engaged in 'needy' behaviours clinging to the foster mother and demanding to be carried. The foster mother further shared that following family visits Sarah has stomach problems, that she is unable to eat for the rest of the day and that Sarah seems to have bowel problems with bouts of diarrhoea. The foster mother expressed concern that on a couple of occasions Sarah has engaged in self-stimulating behaviours the night following a family visit. Foster mother identified that Sarah's self-stimulating behaviour makes her uncomfortable and that the stomach problems following the visits are becoming problematic as the child is constantly in the bathroom or soiling her underwear.

Vignette Interview Guide

Vignette One

1. **What is your assessment regarding Rebecca and Sarah's family visits?**

Prompt:

-What concerns do you have for the visits?
-What behaviours do you look for when assessing family visits?
-What factors do you consider when making decisions about the length, frequency, and continuity of family visits?
-What kind of impact do you believe the visits have for Rebecca?
-What kind of impact do you believe the visits have for Sarah?
-What kind of impact do you believe the visits have for the foster parent?
-If you would make changes to the family visits would changes would you make and why?

2. **What would you assess as Rebecca's attachment strategy?**

Prompts:

-What factors inform your decision regarding Rebecca's attachment strategy?
-How would your assessment of Rebecca's attachment strategy impact your work with Rebecca and the services you provide?

3. **What would you assess as Sarah's attachment strategy?**

Prompts:

-What factors inform your assessment regarding Sarah's attachment strategy?
-How would your assessment of Sarah's attachment strategy impact your work with Sarah and the services you provide?

4. **How would you assess the health of the parent-child relationship for Rebecca and Sarah?**

Prompts:

-What factors do you consider when assessing the health of a parent-child relationship?
-What do the interactions during visits suggest about the parent-child relationship?

-How do you integrate your assessment of the health of the parent-child relationship into your case planning for the family?

5. What would be your primary and secondary goals for the family?

Prompts:

-What influences your decisions regarding primary and secondary goals for the family?

6. What family history do you believe influences Rebecca's parenting of Sarah?

Prompts:

-What indicators of trauma were identified in the vignette?
-How do you think Rebecca's trauma impacts her parenting?

7. What kind of interventions would you implement for this family if you were the case manager?

Prompts:

-How did you come to that decision regarding the interventions you would implement for the family as a case manager?
-What would be your expectations regarding the interventions and why do you believe it would be helpful for the family?
-How would the intervention (s) chosen reduce the risk of maltreatment to the child?

8. What services would you provide for the foster parents?

Prompts:

-How would you help the foster parents provide care for Sarah?

Vignette two

The Agency apprehended Chrissy (age 9) and Alexis (age 10) from their mother Marsha (age 37) due to concerns of neglect (Marsha leaving Alexis to care for Chrissy, the children attending to school in dirty clothes and coming to school hungry), lack of supervision (Marsha would not supervise the girls and they would be out of the home until late at night), Marsha's mental health (Marsha struggles with depression and has identified hearing voices), and emotional abuse (Marsha has threatened to kill herself in front of the girls and on two occasions has attempted suicide prior to the girls coming into Agency care). Marsha disclosed to the Agency that she had been struggling to parent the girls and that she was prepared to work with the Agency to have her girls returned to her care. The Agency signed a Voluntary Placement Agreement with Marsha for both of the girls. Marsha is in receipt of income assistance as she has identified that the stress of working full time is too much for her to manage.

The girls are in the same foster home, however they present with different coping strategies and are at very different stages of settling into foster care. Chrissy has been described as feral in one school assessment prior to the children coming into Agency care. The school identified that Chrissy would crouch under her desk and hiss at the other students. On one occasion Chrissy was choking a male classmate and the more the student struggled and demonstrated distress the louder Chrissy laughed at him. The victim received medical attention due to bruises left on his neck as a result of the assault. Since coming into Agency care Chrissy's school has reported that she has been able to sit in her desk chair and she has stopped hissing at the other students. Chrissy continues to exhibit bizarre behaviours such as smelling things (smelling people, paper, anything new in her environment) and she engages in indiscriminate affection with strangers hugging them and asking to sit on their laps.

Alexis has periods of enuresis at night with more frequent incidents following a visit. Foster parent has identified that there have been times in which Alexis has soiled herself and sat in her soiled clothes until she was directed to bath and change her clothes. The foster mother has identified that Alexis who weighs 87 pounds eats as much at meal times as the foster father who weighs 210 pounds. According to the foster mother the only reason Alexis stops eating is because she has been directed to stop eating and the food has been removed from the table. Alexis and Chrissy do not have any friends at school or in the community and only play with each other.

Every Tuesday and Thursday Marsha has supervised family visits in her home with the girls from 3:30 p.m. to 6:30 p.m. The role of the family support worker supervising the family visits is to transport the girls to and from the visits, to ensure that the girls are supervised, and to monitor and support Marsha's parenting of the girls. Marsha had expressed a desire to have the girls return to her care prior to the termination date of the Voluntary Placement Agreement. Subsequently visits were increased to include one overnight on Friday nights and the existing visits were increased by an hour each (3:30 p.m. to 7:30 p.m.). The foster mother disclosed to the worker that for five consecutive Friday nights since the visits were extended Marsha has contacted her late at night requesting that she come and pick up the girls. According to the foster mother Marsha has identified feeling overwhelmed in caring for the girls overnight.

The support worker has documented in her reports that Marsha rarely engages with the girls during visits, that she yells at the girls more than talks to them and that Marsha is constantly monitoring the clock counting down to when the visit is expected to end. The support worker has noted that the girls generally watch television while Marsha prepares supper and then the girls resume watching television while Marsha cleans up after support interacting very little with the girls in the interim.

Seven weeks after increasing the visits at Marsha's request Marsha was hospitalized after a suicide attempt. Following her medical treatment in hospital Marsha was transferred to a mental health institution for four weeks for treatment. Marsha identified that she has been involved in an abusive intimate relationships for the past five months in which she was being sexually abused. Marsha disclosed that this triggered negative emotions and flash backs of being sexually abused as a child.

Marsha disclosed that when she was thirteen her mother remarried and that her stepfather sexually abused her from the age of thirteen to fourteen. Marsha informed that when she disclosed the sexual abuse to her mother that her mother sided with her stepfather who denied the abuse. Marsha was placed in Agency care and she never heard from her mother again. Marsha reported that from the age of fifteen to seventeen she engaged in prostitution and became pregnant as a result. Marsha disclosed that she had attended to the hospital identifying extreme stomach pains and that the doctor told her she was pregnant and in labour. Marsha shard that she didn't know she was pregnant and that she had two hours to mentally prepare herself to become a mother. Marsha identified feeling ill prepared for parenthood and relinquished guardianship of her baby a few weeks later. Marsha's second child was apprehended at age four following an Agency investigation in which it was discovered that the child's father, Marsha's first husband, had sexually molested their child. Marsha does not have any contact with her second child.

Marsha's second husband, the father of Alexis and Chrissy is deceased. Marsha identified that she was prostituting when she met Alexis and Chrissy's father and that shortly after they met they married and had Alexis and Chrissy in close procession. Marsha has no family connections and has limited supports. Marsha struggles with depression and anxiety, which impact her daily functioning. Marsha believes that she is capable of caring for Alexis and Chrissy and denies that her own childhood abuse impacts her ability to parent and protect her girls. Marsha further denies that her mental health impacts her ability to parent her girls.

Vignette Interview Guide

Vignette Two

1. What is your assessment regarding Marsha and her children's family visits?

2. What would you assess as Marsha's attachment strategy?

3. What would you assess as Alexis and Chrissy's attachment strategy?

4. How would you assess the health of the parent-child relationships for Marsha and her daughters?

5. What would be your primary and secondary goals for the family?

6. What family history do you believe influences Marsha's parenting?

7. What kind of interventions would you implement for this family if you were the case manager?

8. What services would you provide for the foster parents?

APPENDIX G

UNIVERSITY OF MANITOBA | Research Ethics and Compliance
Office of the Vice-President (Research and International)

Human Ethics
208-194 Dafoe Road
Winnipeg, MB
Canada R3T 2N2
Phone +204-474-8880
Fax +204-269-7173

APPROVAL CERTIFICATE

October 4, 2012

TO: **Tanya Dubois**
Principal Investigator
[redacted]

FROM: [redacted]
Psychology/Sociology Research Ethics Board (PSREB)

Re: **Protocol #P2012:057**
"Knowledge of Attachment Theory in Child Welfare"

Please be advised that your above-referenced protocol has received human ethics approval by the **Psychology/Sociology Research Ethics Board**, which is organized and operates according to the Tri-Council Policy Statement (2). It is the researcher's responsibility to comply with any copyright requirements. **This approval is valid for one year only**.

Any significant changes of the protocol and/or informed consent form should be reported to the Human Ethics Secretariat in advance of implementation of such changes.

Please note:

- **If you have funds pending human ethics approval, the auditor requires that you submit a copy of this Approval Certificate to the Office of Research Services, fax 261-0325 - please include the name of the funding agency and your UM Project number. This must be faxed before your account can be accessed.**

- **if you have received multi-year funding for this research, responsibility lies with you to apply for and obtain Renewal Approval at the expiry of the initial one-year approval; otherwise the account will be locked.**

The Research Quality Management Office may request to review research documentation from this project to demonstrate compliance with this approved protocol and the University of Manitoba Ethics of Research Involving Humans.

The Research Ethics Board requests a final report for your study (available at: http://umanitoba.ca/research/orec/ethics/human_ethics_REB_forms_guidelines.html) **in order to be in compliance with Tri-Council Guidelines.**

APPENDIX H

The General Child and Family Services Authority

June 6, 2012

Tanya Dubois
Child and Family Services, Eastman Region
20 First St. S.
Beausejour, MB R0E 0C0

Dear Tanya:

Please be advised that in March 2012, I met with my Executive and Regional Directors regarding your request to have front line child protection workers from General Authority agencies and service regions participate in a research study investigating the extent of knowledge that front line protection workers have of attachment theory and how it impacts and guides service delivery and interventions in child welfare. At this meeting my Directors agreed to have their front line protection workers participate in your research study.

By way of this letter, the General Child and Family Services Authority is providing you with authorization and consent required by the Ethics Committee for you to conduct your thesis research with child protection workers employed by General Authority child and family services agencies and service regions.

If you have any further questions, please feel free to contact my Senior Manager, Christy Holnbeck, at 984-9286.

Sincerely,

[redacted]

Chief Executive Officer

CH/dmb

Doreen Duffin
Board Chair

Jay Rodgers
Chief Executive Officer

Email:
jay.rodgers@gov.mb.ca

301-180 King Street
Winnipeg, Manitoba
Canada
R3B 3G8

Phone (204) 984-9360
Toll Free 1-866-803-2814
Fax (204) 984-9360