Foster Mothers' Experience of Parenting a Foster Child with Attachment Problems: An Empirical Phenomenological Investigation

Cynthia Byers

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FOSTER MOTHERS’ EXPERIENCE OF PARENTING A FOSTER CHILD

WITH ATTACHMENT PROBLEMS:

AN EMPIRICAL PHENOMENOLOGICAL INVESTIGATION

A Dissertation

Submitted to the McAnulty College and

Graduate School of Arts and Sciences

Duquesne University

In partial fulfillment of the requirements for

the degree of Doctor of Philosophy

By

Cynthia C. Byers

December 2009
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ABSTRACT

FOSTER MOTHERS’ EXPERIENCE OF PARENTING A FOSTER CHILD WITH ATTACHMENT PROBLEMS:
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By
Cynthia C. Byers
December 2009

Dissertation Supervised by Constance Fischer, Ph.D.

This dissertation explored foster mothers’ experiences of parenting a foster child who displayed problematic attachment. This topic is important because research suggests foster children presenting with attachment problems often experience disrupted foster placements, which are known to be detrimental to their continued development.

An introductory letter seeking foster mothers with difficult to care for foster children between the ages of 2 and younger than 6 years was sent by seven foster care agencies in Allegheny County to all of those agencies’ foster mothers. Foster mothers were not told in advance that the study involved attachment-disordered foster children. Six foster mothers volunteered. The Kinship Center Attachment Questionnaire (KCAQ), Achenbach Child Behavior Checklist 1½-5, and a Demographic Questionnaire were completed by each foster mother before a semi-structured, qualitative research interview.
was conducted. Following each interview, the KCAQ was used to determine if a foster child displayed problematic attachment. One participant was disqualified as a result. A natural division emerged among the five remaining foster mothers: four requested their foster child’s removal and one foster mother who was adopting. The data were analyzed using an adaptation of the empirical phenomenological method advanced by Giorgi. Results included a General Holistic Summary that offered a powerful life-world description of the foster mother’s experience, as well as a detailed account of losing a foster child due to the foster mother’s request for that child’s removal.

Additionally, attributes essential to the successful foster parenting of an attachment-disordered foster child were identified. Several ways in which the Child Protective System and mental health professionals may hinder a foster child making a successful adjustment to foster placement were described. Specifically, a foster child’s traumatic removal from care was illustrated and concerns regarding the damaged caused by this type of agency intervention were articulated. Problems associated with being assigned an attachment-relevant diagnosis were noted (e.g., limitations of the DSM-IV-TR, difficulties making a differential diagnoses) and the adverse effects of being inappropriately diagnosed discussed. Foster mothers’ general complaints regarding the Child Protective System (e.g., lack of information, lack of support) were delineated and recommendations for training professionals and foster mothers presented.
DEDICATION

This dissertation is dedicated to my son, Lucas, whose loving support, not to mention his sarcastic sense of humor...yes, I know you won the bet, has kept me going through all those times when I wanted to give up. You have taught me much about what it means to be lovingly attached to another human being, and I am forever grateful. I love you more than anyone or anything and from the depths of my soul!
ACKNOWLEDGEMENT

I would like to acknowledge the unwavering support and empathic understanding offered to me through every step of the dissertation process by Dr. Constance Fischer. I will never be able to thank you enough for all of your help! Also, I would like to thank and acknowledge my committee, Dr. Anthony Barton and Dr. Susan Nathan, for sticking by me when my good intentioned plans fell through and for giving guidance when asked.

I would like to acknowledge all of the foster mothers, who took part in the study. They gave selflessly not only of their time, but also of their emotional energy in order to help me understand their experience of parenting.

I would like to acknowledge my friend Linda Pasqualino for listening to me when I needed to vent seemingly endless frustrations and for helping me in ways too numerous to list. Your name should be on the title page of this dissertation too! Much love!

I would like to acknowledge my friends, Tori and Patrick Rock, for all of their loving help and support, not to mention the many late night conversations over drinks in their backyard Tiki bar. And to Tori especially, you have been there for me through so much. I cannot begin to tell you what your friendship has meant. I love you!

Finally, I would like to acknowledge Bob Harold, who came into my life at exactly the right time. Your strength and support in my time of mourning, your sometimes not-so-gentle pushes to get me writing, and your general loving presence in my life made it possible for me to finally finish this dissertation. I hope we are together for years to come. I adore you and love you with all my heart!
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Chapter One

Introduction

1.1 The Experience to be Investigated

There were 800,000 children served by the public foster care system and 514,000 children actually residing in foster placement during the federal fiscal year 2005 as noted by the U.S. Department of Health and Human Services (Administration for Children & Families, 2007). Children who are living in foster care have not only experienced the potentially traumatic loss of their families, but prior to their removal, they are also likely to have suffered from abuse (physical, sexual, or emotional) and/or neglect by their primary caregivers. Maltreatment by primary caregivers could adversely affect a child’s overall level of functioning, and in fact, many researchers have shown that children in foster care display a higher percentage of clinically significant behavioral problems such as hyperactivity, noncompliance, and aggression (McNeil, Herschell, Gurwitch & Clemens-Mowrer, 2005), as well as emotional and/or developmental difficulties (Barth, Lloyd, Green, & James, et al., 2006; Halfon, Mendonca, & Berkowitz, 1995), when compared to children living in the general population.

An additional difficulty associated with inadequate parental care involves disrupted forms of attachment (i.e., insecure, disorganized), which research has shown to be of special concern to foster children. The idea that children become “attached” to their
primary caregivers derives to a large degree from the theoretical contribution of John Bowlby. In short, Bowlby (1969, 1973, 1980) posited that human infants are instinctively predisposed to remain in close proximity to specific individuals, attachment figures, in order to ensure their survival. As a result of the interactions between a child and his or her primary caregiver, a distinct pattern of attachment develops, which is dynamic in that the responses of both parties contribute to the ongoing experience of the other, as well as to the growth of the attachment bond. Over time, complex attachment relationships are thought to build and are believed to be fairly resistant to change.

Further, Bowlby thought that a primary caregiver’s interactions with a child under conditions of “healthy development” would result in that child forming a “secure” attachment bond with that caregiver. Secure attachment allows a child to use his or her primary caregiver(s) as a “secure base” from which to explore a world perceived to be supportive and nurturing. Some additional benefits that result from being securely attached have been summarized by Dozier, Stovall, Albus, & Bates (2001), who noted that securely attached children “show more competent problem solving skills as toddlers, more independent and confident behaviors with teachers as preschoolers, and more competent interactive behavior with peers at school age than do other children (p. 1467).”

Conversely, as subsequent researchers have suggested, there are specific patterns of insecure (Ainsworth, Blehar, Waters & Wall, 1978) and disorganized attachment (Solomon & George, 1999), which will be explicated later, that are thought to be largely the result of problematic caregiver/child interactions. Children displaying insecure attachment patterns (avoidant or ambivalent) are not necessarily at risk for psychological disorders (Dozier et al., 2001); however, these children do tend to approach their primary
caregivers in ways that can be difficult to understand and which can leave substitute
caregivers at a loss as to how to respond appropriately. Children who exhibit
disorganized patterns of insecure attachment are at greater risk for a multitude of
problems including, but not limited to aggressive peer behavior (Lyons-Ruth,
Easterbrooks & Cibelli, 1997) and dissociative symptomatology (Carlson, 1998).
Disorganized patterns of attachment, which are described later in this work, are
characterized by the lack of an organized strategy for approaching a primary caregiver.

Recent estimates of the prevalence of insecure (i.e., avoidant, ambivalent) and
disorganized styles of attachment among children who have experienced maltreatment
and/or children living in foster placement are varied. van Ijzendoorn, Schuengel, &
Bakermans-Frankenberg (1999) found that 48% of children known to have suffered from
maltreatment displayed insecure attachment patterns. Cassidy & Mohr (2001) noted that
in a review of the literature conducted by Lyons-Ruth & Jacobvitz, 14% of infants drawn
from low-risk samples displayed disorganized attachment as compared to 80% of the
infants included in the maltreated sample. Focusing specifically on children residing in
foster care, Cole (2006) found that 25-29% of foster caregiver-infant dyads displayed
disorganized attachment. McWey’s (2004) study of slightly older children in foster
placement noted a full 85.5% of the children assessed were insecurely attached.

Information regarding the incidence of insecure/disorganized attachment in foster
children is of particular importance in light of research that suggests the quality of a
child’s attachment to his or her primary caregiver might affect the stability of that child’s
placement in foster care (Penzerro & Lein, 1995, Newton, Litrownik, & Landsverk,
2000). Disrupted foster placements often end in the child experiencing multiple
placements, which McWey (2004) among others, has noted are “almost universally considered disadvantageous to children” (Barth et al., 2007, p. 2), due at least in part to the reinforcement of a child’s maladaptive attachment style.

Significantly, although some researchers have attempted to analyze the various ways in which attachment problems might disrupt a child’s placement in foster care (Cole, 2006; Schore, 2003a), as well as understand the characteristics that distinguish good foster parenting (Dozier & Lindhiem, 2006; Orme & Buehler, 2001), there have been no qualitative research studies intent on discerning a foster caregiver’s experience of parenting a child who displays problematic attachment. Anecdotal accounts offered by clinicians suggest foster parents may experience feelings of isolation, depression, frustration, blame, stress, and anger; however, these descriptions fall woefully short of illuminating the life-world in which these foster parents could be struggling daily.

This research fleshed out the everyday life-world of the foster mother, in order that the experience could be more fully appreciated. A more complete understanding of this phenomenon is important for several reasons. First, helping potential foster parents to understand concretely what it is like to deal with an attachment-disordered child could promote more realistic expectations and thereby reduce the incidents of failed placements for this population. Second, a depthful exploration of the experience uncovered previously unacknowledged aspects of the phenomenon, which suggested more effective ways for foster agencies and clinicians to support foster parents. Third, the dissertation uncovered some effective means of dealing with the special problems presented by attachment-disordered children, which could be passed on to other foster parents, foster agencies, and clinicians. Finally, it is possible that study results might prove to be useful
to other people attempting to help attachment-disordered children and their caregivers (i.e., biological parents, adoptive parents, school personnel).

1.2 Motivation and preconceptions

My motivation for conducting this study stemmed from a personal experience of providing therapy to an attachment-disordered child and a succession of that child’s foster mothers. As a result of that three year relationship, I had some definite expectations regarding any potential study conclusions. In short, I expected that foster mothers would reveal feelings of anger, and perhaps even hatred, for their foster child mingled with feelings of love, pity, and sadness. Further, I believed that foster mothers would feel that their foster child’s behavior “pulled” them to respond in certain ways that may not have been appropriate. I anticipated that foster mothers would consider themselves to be inadequate parents and tend to blame their foster care workers for providing an insufficient, unrealistic picture of their foster child prior to placement, as well as not providing adequate, ongoing system support. Finally, I believed that ultimately the attachment-disordered child would prove to be beyond the capabilities of the typical foster mother who has had no specialized psychological training.

In order to ensure that these assumptions constituted a resource rather than a confounding bias, I conducted a rigorous analysis of all participant data. The method I choose for this endeavor, which will be explicated later in this work, helped me to challenge, refine, and correct my assumptions. In the end, I was able to augment my overall understanding and knowledge of the phenomenon by way of the actual accounts of each participating foster mother.
Chapter Two

Literature Review

2.1 The Theory of Attachment

Before beginning, it seems appropriate to offer a few words in defense of those persons who have involved themselves in attachment research over the decades so that the reader might not get distracted from the task at hand; namely, understanding the foster mother’s experience. Often times, researchers who have typically focused their efforts on understanding the relationship of a female caregiver and her child have been accused of blaming mothers for any negative outcomes experienced by their children. I am not interested in debating whether or not this might be so. In reality, there are more mothers filling the role of primary caregiver then there are fathers, and without question, this was absolutely more so the case in the past when attachment theory was initially put forth. It is partially for this reason (i.e., access to primary caregivers) that I chose to look at the experience of foster mothers only; however, because there is little written in the literature regarding fathers as primary caregivers, focusing on mothers makes dialoguing with the literature much easier. Additionally, there is also a good possibility that the experiences of mothers might differ from those of fathers in significant ways, and therefore, it seemed unwise to randomly try to merge the experiences of the two.
The literature review that follows is comprised of the following components. The first section is devoted to tracing the history of attachment theory from Bowlby, to Ainsworth, and on to the more recent work of Main and Solomon. This section will also make the different types of attachment patterns (i.e., secure, anxious, ambivalent, disorganized) explicit. A second section will give details regarding the specific types of behaviors and/or relational styles typically seen in attachment-disordered children. And finally, I will address the reasons I believe the current study is necessary.

The Origins of Attachment Theory – John Bowlby

Attachment theory was officially introduced by the psychoanalyst John Bowlby (1969, 1973, 1980), although aspects of this theory were also discussed by other researchers. Bowlby explored young children’s reactions to being in a strange place without their mothers, and ultimately posited that the underlying psychoanalytic “metapsychological superstructure,” which Bowlby had studied as an analyst, was unsatisfactory when it came to making sense of the experiences of these children. Bowlby suggested a “new paradigm” based in part on psychoanalytic theory, but also incorporating ideas derived from Piaget’s theory of cognitive development, psychobiology, and the disciplines popular at the time; namely, ethology (behavioral biology) and control theory. Bowlby hoped that making this shift away from classical psychoanalysis would allow him to “dispense with many abstract concepts, including those of psychic energy and drive, and to forge links with cognitive psychology” (Bowlby, 1980, p. 38), neurophysiology, and developmental psychology.

One of the most salient features of Bowlby’s theory of attachment involves the concept of behavioral systems, an idea that is fundamental to ethology. Bowlby noted
that behavioral systems (e.g., attachment system, exploratory system, caregiving system) evolved in order to allow a species to survive within its “environment of evolutionary adaptedness” or its ecological niche. In the case of the attachment system, which can also be noted in species other than humans, the function of the diverse attachment behaviors (e.g., smiling, crying, calling, clinging) is to make certain that the infant stays in close proximity to his or her primary caregiver (attachment figure) thereby facilitating protection. Importantly, the behaviors relevant to the attachment system are by no means unique to that system and can also be seen functioning in other systems. For instance, vocalizing is a behavior noted in multiple systems (e.g., attachment, caregiving).

The factors that are thought to activate a particular behavioral system are complex and involve aspects specific to the organism (e.g., hormones, central nervous system arousal, illness), as well as to the environment (e.g., environmental danger, unfamiliar situation, absence of the attachment figure). It is also possible that more than one behavioral system may be activated at the same time and that these systems may be in competition with one another. For instance, a toddler may approach a new toy (exploratory behavioral system) offered by a stranger in such a way that the toddler reaches for the toy, but then pulls away (wary/fearful behavioral system), while additionally, the child is also repeatedly looking back toward his or her mother to ensure her continued availability (attachment behavioral system). Typically, it is thought that the more strongly activated behavioral system will prevail with regard to overt behavior; however, it is not uncommon to observe behaviors triggered by conflicting behavioral systems occurring either simultaneously (e.g., child approaches his or her mother while looking back at a toy) or sequentially (e.g., child raises his or her arms in order to be
picked up, but then fights to get down). The factors thought to result in the termination of a behavioral system are complex. A child whose attachment behavioral system had been highly activated would require close bodily contact in order to terminate the system.

Another key component of attachment theory involves the concepts of “working models” and “cognitive maps.” Bowlby (1969, 1973, 1980) thought that over time and experience a child would develop increasingly complex internal representations of his or her attachment figures, the self, and the environment. As cognitive growth continued and these internal representations became firmly established, the child under conditions of “healthy development” would be able to more effectively plan his or her behaviors in order to elicit the desired response from attachment figures (“goal-corrected behavior” or the ability to adjust target goals based on feedback), as well as to internally sustain his or her relationship with that attachment figure for longer periods without direct bodily contact (e.g., visual connectedness, use of symbolic representation). Children who experienced less than adequate developmental conditions would be expected to demonstrate a wide range of problematic behaviors such as turning away from comfort.

Bowlby (1969, 1973, 1980) viewed emotions from a control-systems perspective as “appraising processes” in that they provide an organism with sensory input to be used when making decisions about behavior. Special attention was given to the role played by the feelings of fear, anxiety, security, and anger, although as Ainsworth (1978) pointed out, attachments also imply strong affective responses of “love, grief, jealousy and indeed the whole spectrum of emotions and feeling” (p. 23). Bowlby felt that in the “course of evolution each species develop[ed] a bias to respond with fear to certain ‘natural clues to an increased risk of danger’” (Ainsworth et al., 1978, p. 20). This instinctual fear gives
the organism a survival advantage in that a response (e.g., fight, flight) happens without
the organism having to have had prior experience with a particular dangerous situation.

Importantly, the experience of fear tends to increase the activation of the
attachment system, which then leads the organism to seek proximity to the attachment
figure. If the attachment figure is unavailable, either through an actual absence or due to
the organism’s expectation (internal working model) that the caregiver will be
unresponsive, the individual then faces an especially frightening situation. Bowlby noted
that there were two types of potential fear-provoking experiences in this instance: the
signal of danger apparent in the environment, which he labeled “alarm,” and the lack of
accessibility to the attachment figure, which was identify as “anxiety.” Anxiety was not
defined as resulting from the absence of an attachment figure, but instead hinged on the
perceived unavailability of that figure. If an attachment figure is perceived to be
inaccessible or unresponsive, “separation distress (grief) occurs, and the anticipation of
the possible occurrence of such a situation arouses anxiety” (Ainsworth, et al., 1978, p.
21). Feelings of security are thought to be the polar opposite of feelings of “anxiety” or
“alarm.” A child who has developed a working model of his or her attachment figure as
responsive and available may feel secure in the presence of the attachment figure, as well
as when he or she is alone if the situation is not overly fear-provoking.

Further, Bowlby (1969, 1973, 1980) noted the situations that might lead to
attachment-relevant anger, the first of which grew directly from his work with young
children who had experienced maternal separation. Bowlby found that a child’s initial
response to separation was typically to intensify his or her attachment behavior using any
and all means available in order to regain proximity to the primary caregiver. In the long
term, however, a child’s display of attachment behaviors might become less pronounced and/or more irregular, and perhaps, even drop out altogether. Ultimately, upon reunion with the attachment figure, a child would resume his or her attachment behaviors at a level of even higher intensity then before the separation, but anger was very likely to occur initially. A second more frequent source of attachment-relevant anger can be noted at those times when a child’s attachment system has been activated, but the attachment figure responds inappropriately (e.g., unresponsiveness, rebuffing attachment needs).

Finally, Bowlby (1969, 1973, 1980) outlined four phases in which attachment was thought to progress. The initial preattachment phase, “Orientation and Signals without Discrimination of Figure” (p. 266), begins at birth and continues until approximately eight weeks of age. During this phase, an infant is unable to discriminate between the various persons present in the environment and tends to respond to all people alike. Typical behaviors include orienting the self towards others, “tracking movements with the eyes, grasping and reaching, smiling and babbling” (Bowlby, 1969, p. 266), which correspond to the reflex schemata of Piaget. In addition, an infant might also stop crying when presented with a face or hearing a voice. Bowlby noted these behaviors tended to increase the likelihood that the baby would come into close proximity with a caregiver.

In phase two, “Orientation and Signals Directed towards One (or More) Discriminated Figure(s)” (Bowlby, 1969, p. 266), the infant begins to respond in the same manner as explicated above; however, now these behaviors are directed toward his or her primary caregiver more explicitly then to others. This phase is typically well underway by age 12 weeks and lasts until about six months. Piaget’s second and third substages of sensorimotor development roughly correspond with this phase.
In “Maintenance of Proximity to a Discriminated Figure by means of Locomotion as well as Signals” (Bowlby, 1969, p. 267) or phase three, the infant becomes increasingly more discriminating in his or her treatment of others. Bowlby notes that the child’s behavioral “repertoire of responses extends to include following a departing mother, greeting her on her return, and using her as a base from which to explore” (Bowlby, 1969, p. 267). Alternative attachment figures are selected, strangers tend to be treated increasingly with caution and/or withdrawal, and the child develops new capacities for locomotion and language. This phase is thought to continue until some time in the child’s third year, and is coincident with the onset of Piaget’s stage 4; sensorimotor development, as well as the emergence of the concept of persons as having permanence.

In phase four, “Formation of a Goal-corrected Partnership” (Bowlby, 1969, p. 267), the growing relationship between a child and his or her attachment figure becomes much more complex. The child is less egocentric and “capable of seeing things from his mother’s point of view, and thus of being able to infer what feelings and motives, set-goals and plans might influence her behavior” (Ainsworth et al., 1978, p. 28). Bowlby called this relationship a “partnership” and believed the phase continued into adulthood.

Interestingly, various contemporary authors (Siegel, 1999; Schore, 2003a; Schore, 2003b; Cozolino, 2006) have offered support for Bowlby’s theories based on our current understanding of the brain. Schore (2003a) in particular posits that Bowlby’s theory of attachment, when viewed through the lens of neurobiology, is very literally a theory that explains the development of a human being’s capacity for the regulation of affective states. Schore integrates cutting edge neuropsychobiological research explicating what is actually taking place in the infant brain during those all important attachment
transactions. Fundamental is the finding that “the maturation of the infant’s brain is experience-dependent” (Schore, 2003a, p. 184) and that early experiences, even those presented while the child is still in utero, are essentially “imprinted into the neurobiological structures that are maturing during the brain growth spurt of the first two years of life” (Schore, 2003a, p. 185).

In order to illustrate the regulatory function of the attachment relationship, Schore (2003a) notes that during “attachment transactions the secure mother, at an intuitive, nonconscious level, is continuously regulating the baby’s shifting arousal levels and therefore emotional states” (p. 134). For example, without even thinking about it, the secure mother might place a pacifier in her infant’s mouth upon hearing the child begin to fuss. In essence, with mother’s assistance, this infant who is not yet capable of resolving his or her distressing internal state alone suddenly and quite miraculously feels better with mother’s help. Further, secure mothers tend to facilitate “the interactive generation of high levels of positive affect in coshared play states, and low levels of negative affect in the interactive repair of social stress, that is, attachment ruptures” (Schore, 2003a, p.181), which allows the infant to push the limits of his or her ability to regulate both positive and negative affective states without becoming dysregulated for long periods. Over time as the infant continues to experience the influences of the primary caregiver’s regulatory competence, the infant’s abilities to regulate his or her own affective responses to the stressful external and/or internal world begin to develop.

Identification of Attachment Styles – Mary Salter Ainsworth

Mary Salter Ainsworth is one of the early attachment pioneers who introduced the first standardized laboratory method for studying an infant’s attachment to his or her
mother: namely, the “strange situation“ (Ainsworth et al., 1978). Ainsworth’s initial interest in attachment derived from the teachings of William Blatz whose hypothesis, which he later dubbed the “security theory,” put forth that a young child, who was secure in his or her parental relationship, would use the parents as a home base from which to explore the world. Blatz posited that an insecurely attached child would not trust in his or her parents’ continued support, and as a result, would tend to stick close to his or her home base. Ainsworth would later confirm this hypothesis through extensive field observations conducted with infant-mother dyads of Ganda people in Uganda.

In hopes of further understanding infant attachment, Ainsworth and her colleagues (1978) combined the results of four studies each of which focused on the child’s behavior in the “strange situation.” The “strange situation” consists of eight episodes that are intended to increasingly activate an infant’s attachment behavioral system. Initially, special attention was given to three patterns: use of the mother as a secure base, distress at separation, and fear of a stranger. However, it was discovered over the course of the project that an infant’s response at the time of reunion with his or her mother was perhaps of greatest importance. The following Summary Table (Table 2.1) taken from Patterns of Attachment: A Psychological Study of the Strange Situation (Ainsworth et al., 1978, p. 37) outlines the sequence of steps in the “strange situation:”
**Table 2.1** Summary of Strange Situation Episodes

<table>
<thead>
<tr>
<th>Number of Episode</th>
<th>Persons Present</th>
<th>Duration</th>
<th>Brief Description of Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Mother, baby, &amp; observer</td>
<td>30 secs.</td>
<td>Observer introduces mother and baby to experimental room, then leaves.</td>
</tr>
<tr>
<td>2</td>
<td>Mother &amp; baby</td>
<td>3 min.</td>
<td>Mother is non-participant while baby explores; if necessary, play is stimulated after 2 minutes.</td>
</tr>
<tr>
<td>4</td>
<td>Stranger &amp; baby</td>
<td>3 min. (^a) or less</td>
<td>First separation episode. Stranger’s behavior founds that of baby.</td>
</tr>
<tr>
<td>5</td>
<td>Mother &amp; baby</td>
<td>3 min. (^b) or more</td>
<td>First reunion episode. Mother greets and/or comforts baby, then tries to settle him again in play. Mother then leaves, saying “bye-bye.”</td>
</tr>
<tr>
<td>6</td>
<td>Baby alone</td>
<td>3 min. (^a) or less</td>
<td>Second separation episode.</td>
</tr>
<tr>
<td>7</td>
<td>Stranger &amp; baby</td>
<td>3 min. (^a) or less</td>
<td>Continuation of second separation. Stranger enters and gears her behavior follow that of baby.</td>
</tr>
<tr>
<td>8</td>
<td>Mother &amp; baby</td>
<td>3 min.</td>
<td>Second reunion episode. Mother enters, greets baby, then picks him up. Meanwhile stranger leaves unobtrusively.</td>
</tr>
</tbody>
</table>

\(^a\) Episode is curtailed if the baby is unduly distressed.

\(^b\) Episode is prolonged if more time is required for the baby to become re-involved in play.

Evaluation of the “strange situation” research data led to the development of a classification system consisting of three main groupings (A, B, C), which continue to be utilized in attachment research. Infants classified as Group A were thought to display avoidant attachment toward their mothers, while Group B infants were noted to be securely attached, and Group C infants showed resistant/ambivalent attachment. A synopsis of the “strange situation” behavior for the three main groupings, which was outlined more completely by Ainsworth (1978), is offered below:

**Group A (Avoidant Attachment):**
- Conspicuous avoidance of proximity to or interaction with the mother at reunion
- Little or no tendency to seek interaction or contact with mother
- When picked up, did not tend to cling to the mother or resist being put down
- No active tendency to resist contact except for squirming to get down
- Tended to treat the stranger like the mother, although with less avoidance
- No distress at separation or distress is due to being left alone not mother’s absence
**Group B (Secure Attachment):**
- Baby wants proximity and/or contact with mother especially upon reunion
- Seeks to maintain contact once it is achieved
- Responds to mother’s return with more than casual greeting
- Does not tend to resist or avoid contact or interaction with mother
- May be friendly with stranger, but clearly more interested in mother
- May not be distressed at separation, but if distressed seems due to mother’s absence

**Group C (Resistant/Ambivalent Attachment):**
- Displays conspicuous contact-resisting/interaction-resisting behavior to mother
- Gives the impression of being ambivalent towards mother
- Shows little/no tendency to ignore mother during reunion unlike avoidant infants
- May display generally “maladaptive” behavior
- Tends to be angrier or conspicuously passive

Ainsworth and her colleagues also explored the relationship between an infant’s “strange situation” behavior and the behavior of his or her mother during the test situation and while at home and discovered that maternal behavior was “significantly associated with the security-anxiety dimension of an infant’s attachment relationship with his mother” (Ainsworth et al, 1978, p. 152). Mothers of securely attached Group B infants tended to be “substantially more sensitive, accepting, cooperative, and psychologically accessible to their babies than A or C mothers” (Ainsworth et al., 1978, p. 146).

Data concerning the behavior of Group A mothers revealed four maternal behaviors closely associated with infant avoidance: “(1) rejection; (2) especially rejection communicated through aberrant reactions to close bodily contact; (3) submerged anger; and (4) a generally compulsive kind of adjustment” (Ainsworth et al., 1978, p. 152). These behaviors were assumed to be related to a mother’s being less aware of and/or less responsive to their infant’s signals. A low level of emotional expressiveness was noted in Group A mothers, which was thought to be related to “efforts to control expressions of anger” (Ainsworth et al., 1978, p. 152). The baby’s avoidant response was viewed as a reaction to the rejection implicit in their mother’s unexpressed anger.
Group C infants were underrepresented in the study, but comparative observations were made. Mothers of Group C and Group A infants were both relatively insensitive to their infants signals. Group C mothers, however, were less rejecting of their infants and “showed no aversion to close bodily contact; yet they were inept in holding their babies and manifested little affectionate behavior when in contact with them, but rather used holding time largely for routines [e.g., feeding]” (Ainsworth et al., 1978, p. 300).

Disorganized/Disoriented Attachment – Main and Solomon

Mary Main and Judith Solomon (1990) identified a pattern of disorganized/disoriented attachment, which they labeled Type D, based on their analysis of infants whose “strange situation” behavior was “unclassifiable” according to the Ainsworth classification system. These researchers observed what appeared to be “fearful, odd, and/or contradictory” (Lyons-Ruth, Bronfman, Atwood, 1999, p. 33) behaviors during the separation-reunion portion of the “strange situation,” which they hypothesized represented a behavioral and physiological breakdown in an infant’s ability to maintain caregiver proximity. In contrast, infants classified as secure or insecure were thought to display “organized” strategies for interacting with caregivers, although infants with insecure patterns were believed to be less functional than infants with secure patterns “either because [an infant’s] distress [did] not lead to appropriate behaviors for consolation (avoidant pattern), or because the attachment behaviors [were] not effective in alleviating the distress (ambivalent pattern)” (Spangler & Grossman, 1999, p. 103).

Main and Solomon (1990) developed a system for rating disorganized/disoriented attachment to be used during administration of the “strange situation,” in addition to assigning an Ainsworth attachment classification of secure/insecure. Utilizing this
framework, the quality of infant-parent attachment could theoretically be assessed with “respect to two conceptually different behavioral dimensions, the security of the attachment relationship, as well as the coherence or organization of a specific attachment pattern” (Spangler & Grossman, 1999, p. 96). A brief summary of Main and Solomon’s indices of disorganization and disorientation follows (Figure 2.1):

**Figure 2.1 Indices of Disorganization and Disorientation**

<table>
<thead>
<tr>
<th>Indices of Disorganization and Disorientation (For Infants 12-18 Months Observed with Parent Present)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Sequential Display of Contradictory Behavior Patterns</td>
</tr>
<tr>
<td>* Very strong displays of attachment behavior or angry behavior suddenly followed by avoidance, freezing, or dazed behavior.</td>
</tr>
<tr>
<td>* Calm, contented play suddenly succeeded by distressed, angry behavior.</td>
</tr>
<tr>
<td>2. Simultaneous Display of Contradictory Behavior Patterns</td>
</tr>
<tr>
<td>* The infant displays avoidant behavior simultaneously with proximity seeking.</td>
</tr>
<tr>
<td>* Simultaneous display of other opposing behavioral propensities.</td>
</tr>
<tr>
<td>3. Undirected, Misdirected, Incomplete, and Interrupted Movements and Expressions</td>
</tr>
<tr>
<td>* Seemingly undirected or misdirected movements and expressions.</td>
</tr>
<tr>
<td>* Incomplete movements.</td>
</tr>
<tr>
<td>4. Stereotypies, Asymmetrical Movements, Mistimed Movements, and Anomalous Postures</td>
</tr>
<tr>
<td>* Asymmetries of expression or movement (e.g., swift “tic” that lifts only one side of face).</td>
</tr>
<tr>
<td>* Stereotypies (e.g., hair twisting without visible function).</td>
</tr>
<tr>
<td>* Assumption of anomalous postures (e.g., huddled, prone, depressed posture for more than 20 seconds, unless clearly tired).</td>
</tr>
<tr>
<td>* Mistimed movements (e.g., movements which have a jerky, automaton-like (unmonitored) quality).</td>
</tr>
<tr>
<td>5. Freezing, Stilling, and Slowed Movements and Expressions</td>
</tr>
<tr>
<td>* Freezing/stilling suggestive of more than momentary interruption of activity with trance-like expression.</td>
</tr>
<tr>
<td>* Slowed movements and expressions suggesting lack of orientation to the present environment.</td>
</tr>
<tr>
<td>6. Direct Indices of Apprehension Regarding the Parent</td>
</tr>
<tr>
<td>* Expression of strong fear or apprehension directly upon return of parent or when parents calls.</td>
</tr>
<tr>
<td>* Other indices of apprehension regarding the parent (e.g., offering objects to the parent with tense arm and over an unusual distance, as though to avoid parental “reach” space).</td>
</tr>
<tr>
<td>7. Direct Indices of Disorganization or Disorientation</td>
</tr>
<tr>
<td>* Any clear indices of confusion and disorganization in first moment of reunion with parent (e.g., raising hand or hands to mouth directly upon the return of parent with a confused or wary look).</td>
</tr>
<tr>
<td>* Direct indices of confusion or disorientation beyond the first moments or reunion with the parent (e.g., disorganized wandering, especially when accompanied by disoriented expression; rapidly pursuing parent to door, protesting departure, then smiling at door as in greeting as door closes).</td>
</tr>
</tbody>
</table>

Solomon and George (1999), in an effort to link disorganized/disoriented attachment historically with Bowlby’s earlier investigations, suggested that Bowlby’s observation of the reunion experiences of children who had endured prolonged separation
from their mothers constituted examples of disorganized/disoriented behavior rather than
avoidant or ambivalent attachment. These authors proposed that the behaviors noted in
Bowlby’s classic observations overlapped with some, but not all, of the indices outlined
above by Main and Solomon, namely: “(a) behavioral stilling and slowed movements; (b)
undirected, misdirected, incomplete, and interrupted movements; (c) simultaneous
display of contradictory behavior patterns; and (d) sequential display of contradictory
behavior patterns” (Solomon & George, 1999, p. 23).

Solomon and George (1999) suggested that Bowlby’s concepts of “defensive
exclusion” and “segregated systems” offered a viable means of making sense of
disorganized/disoriented behaviors. Bowlby (1980) defined “defensive exclusion” as a
special case of the normal “selective exclusion” process (i.e., the routine, adaptive
exclusion of extraneous information from an organism’s further processing) and regarded
“defensive exclusion” to be “at the heart of psychopathology“ (Bowlby, 1980, p. 65).
Bowlby noted that a child may adaptively exclude painful memories from consciousness
in the moment (selective exclusion); however, if during later life, the same sorts of
information continue to be barred, the process becomes maladaptive (defensive
exclusion). Bowlby identified two qualitatively different types of defensive exclusion:
(1) “deactivation” wherein information and perceptual appraisals linked to a behavioral
system’s activation are blocked from consciousness, and (2) “cognitive disconnection” in
which information regarding a situation or individual is “disconnected“ from awareness.

Bowlby posited that “segregated systems” resulted from the continued “defensive
exclusion” of attachment-related information and feelings from consciousness. They
were considered most likely to develop under conditions of prolonged separation from an
attachment figure or from the punishment/rejection of a child’s attachment behavior and/or feelings, including threats to abandon the child both literally and emotionally. Information isolated from awareness in this manner was not thought to be actually lost, but instead, could be unexpectedly called up by attachment-relevant cues, which were considered to be unique to the individual. As Solomon and George (1999) note, circumvention of the segregating processes would theoretically result in an individual displaying attachment behaviors and/or feelings that were “likely to seem dysregulated, that is, irrational, unpredictable, out of context, and out of control” (p. 7). Bowlby believed it was possible to infer the presence of “segregated systems” based on behavioral markers: (a) absence of expected attachment behavior, along with attempts to “block” attachment activating stimuli, (b) presence of dysregulated behavior, affect, and/or thought, and (c) alternations of these extremes. Solomon and George (1999) proposed that disorganized/disoriented attachment behaviors might actually be the outward reflection of an underlying “segregated system.”

Researchers have attempted to determine the precursors of disorganized/disoriented attachment (Type D). For instance, Main and Hesse (1990) proposed that Type D attachment is the result of frightened or frightening caregiver behaviors directed toward the infant. These kinds of caretaker behaviors, which can be very subtle and difficult to observe, are thought to result from a caregiver’s unresolved fear related to past loss or trauma and tend to place the infant in the untenable position of having to seek protection from the same person who is triggering his or her fear and distress. Evidence in support of this theory has been documented; however, this model does not appear to account for all incidents of Type D behavior. Martins and Gaffan (2000) found
significant evidence linking maternal depression to Type D attachment and suggested that a caregiver’s apathy, sadness, withdrawal, irritability, and criticism “might lead to frightened or unpredictable [caregiver] behaviour“ (p. 744). Lyons-Ruth (1999) proposed a relational diathesis model focusing on hostile versus helpless states of mind in order to explain the origins and generational communication of Type D attachment. A contingency detection approach to understanding the etiology of Type D attachment was put forth by Koos & Gergely (2001) suggesting that an infant’s early experience of the unpredictable lack of contingent control over his or her caretaker’s behavior blocks the later development of the infant’s ability to handle “less-than-perfect social contingencies” (p. 397). Finally, Spangler & Grossmann (1999), point out that the individual characteristics of a particular infant (e.g., more intense negative vocalizations) play a contributing role to the development of Type D attachment in that infants presenting with especially difficult traits stress primary caregivers beyond their parenting capacities.

2.2 Maladaptive Attachment Behaviors in Children Ages 2 to 6 years

Children who do not have healthy attachments with a loving caregiver...

- Do not trust caregivers or adults in authority.
- Have extreme control problems, manifested in covertly manipulative or overtly hostile ways.
- Do not develop a moral foundation: no empathy, no remorse, no conscience, and/or compassion for others.
- Lack the ability to give and receive genuine affection or love.
- Resist all effort to nurture or guide them.
- Lack cause and effect thinking.
- Act out negatively, provoking anger in others.
- Lie, steal, cheat, and/or manipulate.
- Are destructive, cruel, argumentative and/or hostile.
- Lack self-control - are impulsive.
- Are superficially charming and engaging.

The following section will take a closer look at the behaviors of attachment-disordered children between the ages of 2 and less than 6 years-old in order to develop a clearer picture of the potential challenges faced by the substitute caregivers of interest to this study. The reader will note a difference between the tone and focus of the first two segments, which clarify the behaviors displayed by avoidant, ambivalent, and disorganized/disoriented children, and the final segment on Reactive Attachment Disorder (RAD). This dissimilarity reflects two distinct lines of research: (1) developmentally oriented attachment research focused on the child’s relationship with his or her primary caregiver, and (2) research intent on refining the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR) diagnostic criteria for RAD.

Insecure, Avoidant, and Ambivalent Attachment Behavior

Research focused on the behavioral characteristics of children whose attachment style was classified as avoidant or ambivalent offer a less comprehensive picture than the literature intent on disorganized/disoriented attachment and RAD. Researchers exploring the experiences of insecurely attached children in general have noted that these children experience more rejection and lower quality peer relationships (Wood, Emmerson, & Cowan, 2004), display less developed social skills, and demonstrate more externalizing behaviors in early childhood (Lyons-Ruth et. al, 1997) than securely attached children.

Cassidy (1988), while studying the internal representations of self in six-year-olds, found that insecure/avoidant children tended to dismiss the importance of attachment relationships, as well as defensively idealize either themselves and/or their attachment figures. Cassidy speculated that an insecure/avoidant child would have difficulty openly acknowledging the significance of his or her attachment relationship because “admitting
that nurturing and responsive relationships are important when faced with the lack of such a relationship might arouse extremely painful emotions or prompt either anger or clinginess, which might increase the risk of alienating the attachment figure” (Cassidy, 1988, p. 131). Further, Cassidy noted that, although insecure/ambivalent children were underrepresented in her study and no clear patterns were discerned, the responses given more closely resemble those of the insecurely rather than securely attached children.

Disorganized/Disoriented Attachment Behavior

Main and Hesse (1990) proposed that children who were initially classified disorganized/disoriented (Type D) as infants during the “strange situation” would ultimately develop a controlling stance; hostile-punitive or solicitous-caregiving, as a means of organizing their otherwise disorganized relationship with a primary caregiver. Subsequent research (Wartner, Grossman, Fremmer-Bombik, & Suess, 1994) has offered support for this hypothesis and suggests controlling strategies will be in place by age six.

Jacobvitz and Hazen (1999) used detailed case studies of mother-child exchanges taken from the longitudinal work of Hazen in 1994 to track the development of a child’s controlling strategies, as well as to illustrate how these strategies might be reflected in peer interactions. These authors found qualitative evidence that the length of time it took a Type D child to develop a coherent controlling strategy correlated with the level of disturbance in the mother’s parenting. Further, a controlling-caregiving strategy was thought to develop in mother-child dyads where the mother assumed a more domineering approach. These children would “act overbright, cheerful, or solicitous, attempting to meet their caregivers’ needs by humoring and assisting them” (Jacobvitz & Hazen, 1999, p. 133). In the case of Sam, illustrated below, Sam’s mother was noted by the authors to
be punitive, rejecting, humiliating, and intolerant of Sam’s typical 2-year-old negativity:

**Disorganized/disoriented behavior - Sam at 18 months:**
In the first reunion, Sam approached his mother with his eyes cast down. When he was about two feet away, he looked up at her, rising suddenly to his toes and making gasping noises with sharp intakes of breath as he did so. He quickly looked down again, bared his teeth in a half-grimace/half-smile, and turned away. Hunching his shoulders and holding his arms and legs stiffly, he tiptoed to the chair on the other side of the room. He sat motionless in the chair for 30 seconds, grasping the armrests and staring straight ahead with a dazed expression (p. 131).

**Controlling-caregiving behavior - Sam at 56 months:**
Sam’s mother asked Sam to bring over a box of dress-up clothes. She proceeded to dress herself up with hats, jewelry, and a feather boa, asking Sam to help her, which he did. She said, “I love this! How do I look?” When Sam just smiled, she took a duck puppet and made it bite his ear. He looked down and said, “Stop, Mommy,” in his soft, wheedling voice, still smiling. His mother smiled back and complied with his request (p. 137).

Controlling-punitive behaviors were thought to develop in children whose mothers appeared to be more withdrawn and who tended to abdicate their parental role. Children who display controlling-punitive strategies were noted to “act bossy toward the caregiver, typically in a rejecting or humiliating way” (Jacobvitz & Hazen, 1999, p. 133) thus controlling and organizing the relationship. The shift from disorganized to controlling-punitive behavior is illustrated in the interactions of Tim and his mother:

**Disorganized/disoriented behavior - Tim at 18 months:**
When his mother returned after a brief separation, Tim ran to greet her with outstretched arms, then immediately fussed and squirmed to be put down. She put him down, and he became very quiet and subdued. He walked to every electrical outlet in the room, pointed to each and said, “Hot.” He then wandered around aimlessly for 55 seconds, periodically crying and fussing (p. 131-132).

**Controlling-punitive behavior - Tim at 32 months:**
After a few brief attempts to complete a puzzle, Tim tried to leave. His mother said, “Hey! I thought you were going to help me, you little…” Tim then hurled the puzzle pieces around the room. His mother made several escalating threats: “Then you won’t get your train back with this behavior, and you won’t get your puzzles, either”; and later, “Say bye-bye, camera, bye-bye, friends, Tim has to go to sleep.” Tim ignored the threats, then ordered his mother to pick up the pieces (“Mamma do it”). His mother began to pick them up, then whined in a childlike
tone, “I have to do this all by myself. Mama is not happy!” Lying on the floor, Tim smiled up at her and said in a mocking voice, “No, Mama is happy!” His mother picked up all of the puzzle pieces, while saying, “No more puzzles! Tim has to go to bed! (p. 139)”

Behaviors Associated with Reactive Attachment Disorder

I did not conceptualize attachment in terms of the DSM-IV-TR’s (2000) diagnosis of Reactive Attachment Disorder (RAD) for the purpose of this study, although RAD is a relevant attachment diagnosis. As Wilson (2001), points out, some authors have noted that the DSM-IV-TR criteria for RAD does not integrate well with the current developmentally focused attachment disorder research, and instead, tends to look more at the “reactive” nature of a child’s behavior. The diagnostic criteria for RAD, which according to a report made by the APSAC Task Force (Chaffin, Hanson, Saunders, Nichols, Barnett, Zeanah, Berliner, Egeland, Newman, Lyon, LeTourneau, & Miller-Perrin, 2006), “is one of the least researched and most poorly understood disorders in the DSM” (p. 80). Basically, the criterion for RAD is thought to allow for a diagnosis only in those extreme cases, and thereby fails to identify many attachment-disordered children.

Given these complaints, I chose to adopt the framework suggested by Hughes (1999) that envisions attachment disorders as existing along a continuum from mild to severe and easily encompasses the patterns of secure and insecure attachment that have been identified in the literature. Inclusion in this study did not require a diagnosis of Reactive Attachment Disorder; however, it was theoretically very possible that a participant foster child may have been diagnosed with RAD. The DSM-IV-TR diagnostic criteria for RAD (2000, p. 130) are noted in Figure 2.2:
Figure 2.2 Diagnostic Criteria for 313.89 Reactive Attachment Disorder

### Diagnostic Criteria for 313.89 Reactive Attachment Disorder of Infancy or Early Childhood

**A.** Markedly disturbed and developmentally inappropriate social relatedness in most contexts, beginning before age 5 years, as evidenced by either (1) or (2):

1. Persistent failure to initiate or respond in a developmentally appropriate fashion to most social interactions, as manifest by excessively inhibited, hypervigilant, or highly ambivalent and contradictory responses (e.g., the child may respond to caregivers with a mixture of approach, avoidance, and resistance to comforting, or may exhibit frozen watchfulness)
2. Diffuse attachments as manifest by indiscriminate sociability with marked inability to exhibit appropriate selective attachments (e.g., excessive familiarity with relative strangers or lack of selectivity in choice of attachment figures)

**B.** The disturbance in Criterion A is not accounted for solely by developmental delay (as in Mental Retardation) and does not meet criteria for a Pervasive Developmental Disorder.

**C.** Pathogenic care as evidenced by at least one of the following:

1. Persistent disregard of the child’s basic emotional needs for comfort, stimulation, and affection
2. Persistent disregard of the child’s basic physical needs
3. Repeated changes of primary caregiver that prevent formation of stable attachments (e.g., frequent changes in foster care)

**D.** There is a presumption that the care in Criterion C is responsible for the disturbed behavior in Criterion A (e.g., the disturbances in Criterion A began following the pathogenic care in Criterion C).

Specify Type:

- **Inhibited Type:** if Criterion A1 predominates in the clinical presentation
- **Disinhibited Type:** if Criterion A2 predominates in the clinician presentation

Sheperis, Renfro-Michel, & Doggett (2003) note the difficulties inherent in making a differential diagnoses based on DSM-IV-TR criteria and suggest that this is due to the significant overlap of symptomatology between RAD and other disorders (e.g., ADHD, Oppositional Defiant Disorder). In an effort to bring clarity, these authors offer a comprehensive assessment of the various symptoms associated with RAD and stress that these symptoms tend to manifest in different domains, namely: “a) behavioral, b) cognitive functioning, c) affect modulation, d) social, e) physical/sense of self, and f)
spiritual/moral development” (p. 78), along a continuum from mild to severe.

Sheperis et al. (2003) paint a picture of the RAD child as an egocentric figure who has a grandiose sense of his or her own self-importance. This superficially charming child may often seem “pouty, sulky, and sullen…and [will] not appear to gain pleasure from normal activities” (p. 79). This child tends to display intense anger and rage when faced with even minor attempts to control his or her behavior, can be aggressive and violent and/or passive-aggressive, does not typically show remorse for his or her own behavior or compassion and/or empathy for others, and seems to actually enjoy watching others suffer either physical and/or emotional pain. Behaviorally, this RAD child may be self-destructive, suicidal, self-mutilating, and self-defeating. He or she may be a pathological liar who also frequently steals items from both inside and outside of the home. This child may have low self-esteem, lack self-control, and lack the ability to trust, show real affection, and/or develop intimacy with others. These authors also point out that, although controversial, some researchers have noted that the sexually abused RAD child may also display predatory behaviors such as “sexualized attitudes, excessive masturbation, sexual grooming of other children and adults, and sexualized play” (p. 79).

2.3 Anticipated benefits of the research study

The current study was intended to help flesh out the everyday life-world of the foster mother in order that the experience could be more fully appreciated. A more complete understanding of this phenomenon is important for several reasons. First, helping potential foster parents to understand concretely what it like to deal with an attachment-disordered child prior to that child’s placement could promote more realistic expectations and thereby reduce the incidents of failed placements for this population.
Second, a depthful exploration of the experience could potentially uncover as yet unacknowledged aspects of this phenomenon, which might suggest more effective ways for foster agencies and clinicians to support foster parents. Third, it is possible that foster mothers may have discovered effective ways of dealing with the problems presented by attachment-disordered children (e.g., parental attitude), which might prove to be useful to other foster parents, foster agencies, and/or clinicians. Finally, it could be expected that study results might prove to be helpful for people other than foster parents who are also parenting attachment-disordered children (i.e., biological parents, adoptive parents).

Promotion of more realistic expectations for foster parents

Orme & Buehler (2001), in their review of foster family characteristics, note evidence that foster mothers who receive good preparation prior to the placement of their foster child demonstrate superior ability in handling that child. It is possible that preparing a foster mother by giving her realistic, accurate information about her foster child might help to decrease any potential negative feelings (e.g., disappointment, inadequacy) she might experience should attachment related difficulties surface.

Realistic information might also lead to an increase in a foster mother’s feelings of commitment toward her foster child. Caregiver commitment was noted to be an important predictor of stability in parent-child relationships (Dozier & Lindiemi, 2006; Lindhiem & Dozier, 2006). In addition, a foster mother whose expectations are more accurate may feel a higher level of “parental acceptance” or feelings of responsibility for the child. Orme & Buehler (2001) note that high levels of “parental acceptance” are associated with an increase in the social and emotional adjustment of children.

Study results could be used to provide prospective foster mothers with a realistic
description of what it is like to parent an attachment-disordered foster child. Helping foster mothers to understand their foster child’s difficulties prior to placement and allowing them to make an informed decision about their continued involvement could afford a reluctant or inappropriate foster mother the chance to back out before the child was actually in the home, thereby eliminating a potentially destructive failed placement.

*Find more effective ways of supporting foster parents*

Research into the predictors of positive foster care outcomes has consistently noted the importance of adequate, relevant foster agency support for foster parents and children. Redding, Fried, & Britner (2000) state that a supportive foster agency is crucial in maintaining successful foster placements, and they identify five key programmatic supports, namely: “(1) information about children, especially diagnostic information; (2) resources to help foster parents care for children, especially help in finding medical and recreational resources that do not exist within the agency; (3) relevant training and consultation regarding treatment of individual children; (4) respite care for foster parents; and (5) emotional support for discontented foster children who complain about their foster parents” (p. 439), which their review of the literature found to be often lacking. Further, Fish & Chapman (2004), considered the “lack of support for the parent-child relationship during placement” (p. 121) in foster care to be a contextual risk factor for the development of mental health problems in foster children. Mental health difficulties, especially those involving children’s externalizing behaviors, were noted by Newton et al., (2000) to be the strongest predictor of foster placement disruption.

I anticipated that results of the current study would provide an explicit, coherent account of the foster mothers’ experience that would prove to be directly sharable with
other foster parents. In addition, it was very possible that study results would uncover important aspects of a foster mother’s experience that have not already been acknowledged. In light of the need for a high level of relevant foster agency support, developing a full appreciation for the intricacies of parenting an attachment-disordered child might identify not only additional areas in which further support is needed, but also suggest more effective ways in which to offer that support to foster parents and children.

Discover effective ways of dealing with attachment-disordered children

Researchers (Redding et al., 2000; Newton et al., 2000; James, 2004) have historically addressed the issue of failed foster placements from the perspective of problem identification and classification. Importantly, however, not all foster children suffering from behavioral and/or attachment problems experience failed placements. The current study will focus not only on the potentially negative aspects of the experience of parenting an attachment-disordered child, but also on any positive facets, thereby allowing for a fuller picture to evolve. It is possible the results of this study will uncover strategies or methods that have proven to be effective when used by the foster mothers.

Results useful to people other than those working with foster children

Researchers conducting studies involving attachment-disordered children in the educational system, as well as those looking to help children find successful adoptive homes, are also focused on developing a greater understanding of attachment-disordered children in order to assist all parties (e.g., adoptive parents, biological parents, school personnel, clinicians, social workers) affected by a child’s disordered attachment. I anticipated the results of this study would prove to be of use to people other than individuals involved with the foster care system.
Chapter Three

Research and Method

3.1 Participants and Collection of Data

Study participants were located by contacting twelve Allegheny County foster care agencies. Seven agencies agreed to distribute an introductory letter (Appendix A) describing the project to all active foster mothers. Study criteria included: (1) have a foster child between the ages of 2 and younger than 6 years, who (2) is difficult to care for, and (3) who has been in placement with the current foster mother for three months prior to the interview. I was contacted via telephone by seven interested foster mothers, and following the specified procedures, I informed each foster mother of all aspects of the research study so that they might make an informed decision about participating.

Six of the seven foster mothers who originally made contact were interviewed, although only five of these interviews were used in the data analysis. One foster mother was determined to be ineligible due to her foster child’s low T-score (T=33) on the Kinship Center Attachment Questionnaire, which will be discussed later in this work. Nevertheless, this foster mother’s interview was transcribed and is available for review (Appendix B). Regrettably, the seventh foster mother, who was parenting two foster children I suspected to be attachment-disordered, appeared so overwhelmed that we decided it would not be in her best interest to participate. All six of the interested
research participants, who collectively were fostering a total of seven foster children (one set of twins), were sent copies of the consent form (Appendix C) for review and asked to complete the Kinship Center Attachment Questionnaire, which is as yet unpublished and not duplicated in this work (contact diane.halpern@claremontmckenna.edu), the Achenbach Child Behavior Checklist for Ages 1½ -5 (CBCL/1½-5), and a Demographic Questionnaire (Appendix D) all to be returned during the interview.

A tape recorded, semi-structured, qualitative research interview was then conducted with each of the six consenting foster mothers at a location of her choice. This type of interview format was chosen because it has been shown to be “particularly suited for studying people’s understanding of the meanings in their lived world” (Kvale, 1996, p. 105). A sequence of topics to be investigated and a series of possible questions were developed prior to the interview to guide the discussion (Appendix E). A general level of openness was maintained throughout the interview, however, which allowed for “changes in sequence and forms of questions in order to follow up [on] the answers given” (Kvale, 1996, p. 124) and to more completely flesh out each narrative. Specifically, each foster mother was asked to speak about three potentially difficult parenting situations; setting limits, giving comfort, and separating then reuniting, in hopes of facilitating access to any cognitive and affective memories associated with these events.

Foster mothers were asked to describe a specific experience after which they were prompted as needed to tell what happened before, during, and after the incident, as well as to relay their foster child’s response (e.g., verbal, physical, emotional), their own cognitive process, and any emotional reactions. Examples of similar situations were requested and further probing was done to ascertain if there were any instances in which
a foster child had responded differently and if there were any strategies that had worked. Next, I investigated how each foster mother felt as a person, a woman, and a mother as the result of her foster parenting experience (e.g., what was her world like, what seemed possible or not possible). And finally, at the interview’s end, foster mothers were given a chance to share advice for other individuals parenting attachment-disordered children.

All participant foster mothers were given a $20 Giant Eagle gift card and arrangements were made for them to receive a Summary Report (Appendix F) upon study completion. I personally and immediately transcribed all tape recordings prior to any subsequent research interviews in order that changes to the process could be made if necessary. I did note a tendency for all of the foster mothers, as well as myself, to focus more on a particular foster child’s behavioral problems rather than on the foster mother’s experience. As a result of this realization, I attempted to monitor this tendency during subsequent interviews and took steps to redirect the conversation when needed.

Scoring of the Kinship Center Attachment Questionnaire (KCAQ) and CBCL/1½-5 was also completed after each interview in order to determine if a particular participant met the criteria for study inclusion. As noted above, one participant was removed from the study at this juncture due to their foster child’s low KCAQ Total Score.

3.2 Determining Study Eligibility

Because I was unable to conduct diagnostic interviews with each participant foster child, the Kinship Center Attachment Questionnaire or KCAQ (Kappenberg & Halpern, 2006) was used as a screening tool to determine if a foster child had attachment problems. The KCAQ is 20-question instrument designed to test for problematic attachment in children between the ages of 2-years and younger than 6 years of age. On
this instrument, the primary caregiver rates the child on a Likert Scale ranging from 0 (never/rarely) to 6 (almost always) on pertinent attachment questions (e.g., “When my child gets hurt, he/she refuses to let anyone comfort him/her”). The KCAQ is not intended to identify a child’s attachment type (i.e., avoidant, ambivalent, disorganized) or to diagnosis a child with RAD, but instead functions only as an indicator of attachment problems. My decision to use the KCAQ despite the fact that it is unpublished was not made lightly. I also considered using the Randolph Attachment Disorder Questionnaire (RADQ), which is a 30-item instrument for children ages 5 to 18-years. Cappelletty, Brown, & Shumate (2005), however, found that the RADQ “ha[d] not been adequately validated” (p. 84) for use with foster children. In the end, I felt the KCAQ, which has been statistically evaluated and found psychometrically sound, was a suitable measure.

Importantly, I was not able to establish either by reading the available literature or direct communication with one of the authors, D. F. Halpern (personal communication, June 6, 2007), the exact Total Score that might signify a problematic attachment. Dr. Halpern noted that T-scores two Standard Deviations (SD) above a Mean value resulted in failed adoptions and advised that a “red flag” be set at 1.5 SDs requiring that the KCAQ be augmented by clinical judgment. Unfortunately, numerical values for this Mean and SD were not given. A literature review gave Mean values of 34.10 and 35.80 with associated SDs, which seemed to be a bit large for the sample size (SD of 14.9 for N=17; SD of 12.7 for N=42, respectively). Extrapolating, I calculated an average Mean value of 34.95, but did not feel comfortable determining the SD. Consequently, I considered a foster child’s KCAQ T-score compared to the Extrapolated Average Mean value, as well as the child’s placement history, early history of caregiving, and specific
behavior problems, when determining the likelihood of attachment difficulties.

Results of KCAQ Administration

The KCAQ was administered to all participant foster mothers, and the resultant KCAQ T-scores for each of the foster children are summarized in Table 3.1 along with a comparison of each participant’s KCAQ T-score to the KCAQ Extrapolate Average Mean T-score derived from the work of Kappenberg & Halpern (2006). The Mean T-Score for the population (N=6) of the current data set was calculated at 47.17 (Variance of 11.14, SD of 3.34), which is 12.22 points above the Extrapolate Average Mean T-score. The KCAQ T-scores for all but one of the participant foster children fell at least 10 points above the Extrapolated Average KCAQ Mean value of 34.95 with the highest KCAQ T-score (T=53) falling almost 20 points above the Extrapolated Average Mean. Note that pseudonyms were used throughout text.

Table 3.1 Comparison of KCAQ T-scores with Extrapolated KCAQ Mean Value

<table>
<thead>
<tr>
<th>Participants</th>
<th>KCAQ Extrapolated Mean T-score</th>
<th>KCAQ Participant T-score</th>
<th>Difference from the KCAQ Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carl</td>
<td>34.95</td>
<td>45.00</td>
<td>10.05</td>
</tr>
<tr>
<td>Andy*a</td>
<td>34.95</td>
<td>50.00</td>
<td>15.05</td>
</tr>
<tr>
<td>Aden*a</td>
<td>34.95</td>
<td>43.00</td>
<td>8.05</td>
</tr>
<tr>
<td>Dean</td>
<td>34.95</td>
<td>53.00</td>
<td>18.05</td>
</tr>
<tr>
<td>Hannah</td>
<td>34.95</td>
<td>46.00</td>
<td>11.05</td>
</tr>
<tr>
<td>Daniel</td>
<td>34.95</td>
<td>46.00</td>
<td>11.05</td>
</tr>
</tbody>
</table>

*a Twins living with the same foster mother

Review of Early Placement History in Participant Foster Children

Given that the KCAQ T-scores did not offer conclusive evidence as to the presence of attachment problems, information was also gathered from the Demographic Questionnaire and the foster mother interviews about prior placement history (e.g., number of placements, reason for removal from placement). Further, the age at which each foster child was first removed from the care of his or her biological mother was also
noted. Table 3.2 summarizes this early historical information. It is important to realize that in most cases all of this historical data represents a “best guess” as none of the foster mothers had been given a full disclosure of their foster child’s history. Those instances in which a foster mother suspected her foster child had experienced additional unreported foster placements were also noted.

Table 3.2 Early Placement History of Participant Foster Children

<table>
<thead>
<tr>
<th>Participants</th>
<th>Age</th>
<th>Age at First Placement</th>
<th>Total # of Placement</th>
<th>Total # of Failed Placement</th>
<th>Reason for Removal</th>
<th>Current Status with Study Foster Mother</th>
<th>Time out of foster Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carl</td>
<td>5yr</td>
<td>~1 yr 6mo</td>
<td>4</td>
<td>4</td>
<td>Behavior</td>
<td>Removed</td>
<td>3 weeks</td>
</tr>
<tr>
<td>Andy^</td>
<td>4yr 3m</td>
<td>2yr 6mo</td>
<td>2</td>
<td>2</td>
<td>Behavior</td>
<td>Removed</td>
<td>2 weeks</td>
</tr>
<tr>
<td>Aden^</td>
<td>4yr 3m</td>
<td>2yr 6mo</td>
<td>2</td>
<td>2</td>
<td>Behavior</td>
<td>Removed</td>
<td>2 weeks</td>
</tr>
<tr>
<td>Dean^</td>
<td>5yr</td>
<td>Pre-4-yrs</td>
<td>2</td>
<td>2</td>
<td>Behavior</td>
<td>Removed</td>
<td>~ 3 yrs</td>
</tr>
<tr>
<td>Hannah</td>
<td>2yr 5m</td>
<td>Birth</td>
<td>1</td>
<td>1</td>
<td>Behavior</td>
<td>Pending</td>
<td>0</td>
</tr>
<tr>
<td>Daniel^</td>
<td>3yr 6m</td>
<td>18-mo</td>
<td>2 or 3</td>
<td>1 or 2</td>
<td>Behavior</td>
<td>Adoption</td>
<td>0</td>
</tr>
</tbody>
</table>

^ Twins living with the same foster mother
^ Information regarding the actual age Dean was removed from his biological mother was not available
^ Daniel was most likely also in-and-out of foster placement prior to age 18-months

Review of Early Caregiving History for Participant Foster Children

The history of a participant foster child’s early experiences of caregiving was also considered to be an important indicator of attachment problems. Unfortunately, this type of historical information was not consistently available. The lack of historical facts was due in part to the Child Protective System’s mandate to guard the confidentiality of all children under its care, but also because the history of some of the foster children was actually unknown. Despite this, however, some of the participant foster mothers did have access to varying amounts of historical data, which had been provided by caseworkers, prior foster parents, and/or biological parents. Table 3.3 presents a summary of the available early caregiving history for each of the six participant foster children:
Table 3.3 Available History of Early Caregiving for Participant Foster Children

<table>
<thead>
<tr>
<th>Participants</th>
<th>Details of Early Caregiver History</th>
</tr>
</thead>
</table>
| Carl         | • No history available regarding the biological parents.  
               • History of early sexual abuse details of actual abuse not known.  
               • History of physical abuse when Carl was about 3-years-old in home of a previous foster family. Carl lived in this foster home for 22 months.  
               • Removed from the foster home he lived in prior to Julie’s after 6-8 weeks due to an incident of sexual acting out.  
               • Carl was court ordered to continue visits with this foster mother, and this turned out to be very anxiety provoking for Carl. |
| Andy and Aden| • No history available regarding the biological parents.  
               • History of severe neglect.  
               • One twin was reported to be “favored” by the biological parents.  
               • No limits or boundaries set at one of their previous foster homes. |
| Dean         | • Biological mother was very young and had issues related to mental retardation.  
               • Biological mother was raised in the foster care system.  
               • Biological father was much older. |
| Hannah       | • Biological mother was young and lived with her family of origin who were unsupportive, unloving, and verbally aggressive (e.g., yelling, swearing).  
               • Biological mother’s family of origin had mental health problems, as well as issues related to mental retardation.  
               • Hannah spent first 5-months of her life in five different hospitals and never lived in the home of her biological mother.  
               • Observations of biological mother with Hannah showed very inappropriate interactions (e.g., played only with cell phone and pop bottle).  
               • Biological father was the victim of murder. |
| Daniel       | • No history available regarding the biological parents.  
               • Likely that Daniel was in-and-out of the home of his biological parents prior to age 18-months. |

**Behavioral Problems Exhibited by Participant Foster Children**

I compiled a list of the difficulties typically exhibited by children with attachment problems. This information was extracted both from the attachment literature and from foster mother interviews. The list does not include all of the behavioral difficulties displayed by each of the foster children, although it is fairly comprehensive. Information regarding the behavior exhibited by a particular foster child was gathered from various sources (i.e., interview, CBCL/1½ -5, KCAQ); however, the foster mothers were never presented with this specific list for review. As a result, it is possible that I may have failed to note some of the behavioral difficulties experienced by each foster child.
Table 3.4 Summary of the Behavioral Problems Exhibited by Participant Foster Children

<table>
<thead>
<tr>
<th>Behaviors</th>
<th>Carl</th>
<th>Andy</th>
<th>Aden</th>
<th>Dean</th>
<th>Hannah</th>
<th>Daniel</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inability to give affection</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Inability to receive affection</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Superficial emotional responses</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ability to be charming</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Problems with boundaries/limits</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Lack cause/effect thinking</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Engage in dangerous behaviors</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Defiant</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Disrespectful</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Overtly hostile</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physically aggressive</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Destructive</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Temper Tantrums</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provoking others</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Manipulative</td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lying/stealing/cheating</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Swearing</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cruel to animals</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No empathy/remorse</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not able to accept guidance</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Impulsivity</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Excessive screaming/crying</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Developmental regression</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hoarding food/unusual eating</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preoccupation with fire/death</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sexual acting out/masturbating</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*aTwins living in same foster home

Study Eligibility and the CBCL/1½-5 DSM-Oriented Scales

The Achenbach Child Behavior Checklist for Ages 1½ -5 or CBCL/1½-5 (Achenbach & Rescorla, 2000) was administered to each of the participant foster mothers resulting in six sets of data (Table 3.5), which I examined for common response patterns. Specifically, I looked at the DSM-Oriented Scales, which have been evaluated and found to be consistent with the various DSM-IV-TR (2000) diagnoses being considered, the Empirically Based Scales, which assess a range of behavioral difficulties, and the three “grouping” scales, Internalizing, Externalizing, and Total Problem Scales. Since the CBCL/1½-5 does not explicitly measure a child’s level of attachment, I had initially intended to utilize the instrument only as an additional indicator of a foster child’s overall
level of behavioral functioning. Once I began to organize this data, however, it became apparent that the results, in particular that of the DSM-Oriented Scales, could possibly disqualify all of the foster children from study participation. When reviewing Table 3.5 below, note that a T-score of 70 or above indicates an elevation into the Clinical Range while T-scores between 65 and 70 fall within the Borderline Clinical Range.

*Table 3.5* Results of the CBCL/1½-5 DSM-Oriented Scales for Boys and Girls

<table>
<thead>
<tr>
<th>Participants</th>
<th>Affective Problems</th>
<th>Anxiety Problems</th>
<th>Pervasive Developmental Problems</th>
<th>Attention Deficit/Hyperactivity Problems</th>
<th>Oppositional Defiant Problems</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carl</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>T=72</td>
</tr>
<tr>
<td>Andy</td>
<td>T=67</td>
<td>T=72</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aden</td>
<td>T=67</td>
<td>T=66</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dean</td>
<td>T=68</td>
<td></td>
<td></td>
<td></td>
<td>T=80</td>
</tr>
<tr>
<td>Hannah</td>
<td>T=67</td>
<td>T=71</td>
<td>T=76</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Daniel</td>
<td></td>
<td>T=71</td>
<td></td>
<td></td>
<td>T=67</td>
</tr>
</tbody>
</table>

*Twins living with the same foster mother*

The CBCL/1½-5 DSM-Oriented Scales revealed that all of the participant foster children scored high on the Pervasive Developmental Problems Scale, which assesses the likelihood of Asperger's Disorder and Autistic Disorder. In fact, four of the foster children had T-scores in the Clinical Range. The DSM-IV-TR (2000) warns that in order to meet criteria for Reactive Attachment Disorder (RAD) the disturbance in a child’s behavior must “not meet criteria for a Pervasive Developmental Disorder” (p. 130); it made sense then that this warning would also apply to the current study. In order to further investigate, I reviewed the actual CBCL/1 ½-5 responses (Table 3.6), which contributed to the elevated T-scores on the Pervasive Developmental Problems Scale.


Table 3.6 Responses to CBCL/1 ½-5 - Pervasive Developmental Problems Scale

<table>
<thead>
<tr>
<th>Questions Specific to the Pervasive Developmental Problems Scale</th>
<th>Carl</th>
<th>Andy*</th>
<th>Aden*</th>
<th>Dean</th>
<th>Hannah</th>
<th>Daniel</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Afraid to try new things</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>4. Avoids looking others in the eye</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>7. Can’t stand having things out of place</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>21. Disturbed by any change in routine</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>23. Doesn’t answer when people talk</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>25. Doesn’t get along with other children</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>63. Repeatedly rocks head or body</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>67. Seems unresponsive to affection</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>70. Shows little affection towards people</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>76. Speech problems</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>80. Strange behavior</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>92. Upset by new people or situations</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>98. Withdrawn, doesn’t get involved with Others</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

*Twins living with the same foster mother

An examination of the specific questions, which are taken into account in order to determine the presence of Pervasive Developmental Problems, uncovered some degree of overlap between the characteristics of children with attachment problems and those who display symptoms of Pervasive Developmental Disorders (e.g., “seems unresponsive to affection,” “shows little affection towards people”). Further, inspection of the individual scores revealed that some of the CBCL/1 ½-5 responses did not reflect an accurate assessment of a particular foster child’s behavior in light of the content their foster mother’s interview. For instance, Andy and Aden, as well as Daniel, were noted to have no difficulties accepting affection from others on the CBCL/1 ½-5; however, the interviews painted quite a different picture. Unfortunately, this particular revelation resulted in even higher Pervasive Developmental Problem Scale T-scores.

In hopes of coming to some final conclusion regarding the diagnosis of each participant foster child, I consulted the DSM-IV-TR (2000). A comparison of the symptom criteria for both Autistic Disorder (p. 75) and Asperger’s Disorder (p. 84)
revealed a common requirement, which must be met in order to make an accurate diagnosis; namely, the presence of at least one symptom from the following list:

3. Restricted, repetitive, and stereotyped patterns of behavior, interests, and activities, as manifested by at least one of the following:

   (a) encompassing preoccupation with one or more stereotyped and restricted patterns of interest that is abnormal either in intensity or focus
   (b) apparently inflexible adherence to specific, nonfunctional routines or rituals
   (c) stereotyped and repetitive motor mannerisms (e.g., hand or finger flapping or twisting, or complex whole-body movements)
   (d) persistent preoccupation with parts of objects

Given this information, I posited that if I were to show that a participant foster child did not exhibit any of these symptoms, I would eliminate the possibility of Autism and Asperger’s Disorders. The only CBCL/1½-5 item that appeared to directly assess this particular symptom grouping was the question “Repeatedly rocks head or body.” As noted in Table 3.6, all of the foster mother’s responded “not true” to this item suggesting the DSM criteria did not fit.

The foster mothers’ responses to questioning regarding any “strange behavior” were then explored (Table 3.7):

Table 3.7 Clarification of CBCL/1½-5 Responses to Question of Strange Behavior

<table>
<thead>
<tr>
<th>Participants</th>
<th>Strange Behaviors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carl</td>
<td>Found in closet some times eating</td>
</tr>
<tr>
<td>Andy*</td>
<td>Obsessive and repetitive actions</td>
</tr>
<tr>
<td>Aden*</td>
<td>Obsessive and repetitive actions</td>
</tr>
<tr>
<td>Dean</td>
<td>Behaviors noted to be present, but not described</td>
</tr>
<tr>
<td>Hannah</td>
<td>None</td>
</tr>
<tr>
<td>Daniel</td>
<td>None</td>
</tr>
</tbody>
</table>

*Twins living with the same foster mother

The only relevant “strange behaviors” noted by the foster mothers were the “obsessive and repetitive actions” displayed by the twins, Andy and Aden. The specifics of the
twins’ “obsessive” behavior was not readily available; however, their “repetitive actions”
consisted of a peculiar set of hand motions. Each twin would reportedly raise both of his
hands to about eye level with the palms pointing outward, curl his fingers down as if
holding on to something, and then stand in this position (“as if looking out a window”).
My initial impression upon hearing the description was to imagine a child standing in a
play pen. I shared this observation with the twins’ foster mother, Brenda, and found that
at least one other individual who had been able to observe the behavior first hand had had
the same thought. Brenda indicated that the twins had suffered severe neglect while
living with their biological parents, and it was suspected they had been left for extended
periods in a play pen. It seemed that the twins’ “repetitive actions” were most likely not
symptomatic of a Pervasive Developmental Disorder, but instead, due to severe neglect.

In order to determine if there might be a better way to understand the behaviors
exhibited by participant foster children, I consulted the *Diagnostic Classification of
This volume prepared by the Zero to Three National Center for Infants, Toddlers, and
Families provides a more developmentally based system for classifying behaviors.
Specifically, I was interested in determining if the diagnosis Deprivation/Maltreatment
Disorder (2005, p. 18) might more appropriately describe the symptoms (See Figure 3.1).
Despite the fact that some of the participant foster children were slightly older than the diagnostic criteria required, the conditions seemed applicable. I felt that based on these diagnostic criteria, and in light of the prior discussion regarding Pervasive Developmental Disorders, that a diagnosis of Deprivation/Maltreatment Disorder fit more appropriately. At this point, I finally felt comfortable concluding that all of the participant foster children were indeed suffering from problems related to attachment and trauma.

**Result of the Remaining CBCL/1½-5 Administration**

Information gathered from the Empirically Based Scales and the three grouping Scales (i.e., Internalizing, Externalizing, Total Problems) of the CBCL/1½-5 was assessed in order to determine if there were any common response patterns among the
participant foster children. T-scores taken from the Empirically Based Scales are summarized below in Table 3.8. T-score elevations of 70 or above indicate problems falling in the Clinical Range while T-scores between 65 and 70 represent problems in the Borderline Clinical Range. There did not appear to be any obvious commonalities in the resultant CBCL/1½-5 profiles, although it was interesting to note that none of the participant foster children were found to have elevations in the Anxious/Depressed Scale.

*Table 3.8 CBCL/1½-5 Empirically Based Scales for Boys and Girls*

<table>
<thead>
<tr>
<th>Participants</th>
<th>Emotionally Reactive</th>
<th>Anxious/Depressed</th>
<th>Somatic Complaints</th>
<th>Withdrawn</th>
<th>Sleep Problems</th>
<th>Attention Problems</th>
<th>Aggressive Behavior</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carl</td>
<td></td>
<td></td>
<td></td>
<td>T=77</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Andy</td>
<td>T=67</td>
<td></td>
<td></td>
<td>T=67</td>
<td>T=80</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aden</td>
<td>T=67</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>T=76</td>
<td></td>
</tr>
<tr>
<td>Dean</td>
<td></td>
<td></td>
<td></td>
<td>T=74</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hannah</td>
<td></td>
<td></td>
<td></td>
<td>T=65</td>
<td>T=73</td>
<td>T=73</td>
<td>T=67</td>
</tr>
<tr>
<td>Daniel</td>
<td>T=69</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>T=71</td>
<td>T=69</td>
</tr>
</tbody>
</table>

*a Twins living with the same foster mother*

Further, the participant foster mothers’ responses to the Internalizing, Externalizing, and Total Problems Scales of the CBCL/1½-5 were summarized and appear below in Table 3.9. As noted prior, T-score elevations of 70 or above indicate problems falling in the Clinical Range while T-scores between 65 and 70 represent problems in the Borderline Clinical Range. Although all of the participant foster children were found to have elevated T-scores in all three of the grouping scales there did not appear to be any other specific pattern.
### Table 3.9 CBCL/1½-5 Internalizing, Externalizing, and Total Problems Scales

<table>
<thead>
<tr>
<th>Participants</th>
<th>Internalizing Problems</th>
<th>Externalizing Problems</th>
<th>Total Problems</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carl</td>
<td>T=60</td>
<td>T=67</td>
<td>T=62</td>
</tr>
<tr>
<td>Andy(^a)</td>
<td>T=62</td>
<td>T=66</td>
<td>T=67</td>
</tr>
<tr>
<td>Aden(^a)</td>
<td>T=60</td>
<td>T=63</td>
<td>T=65</td>
</tr>
<tr>
<td>Dean</td>
<td>T=61</td>
<td>T=74</td>
<td>T=67</td>
</tr>
<tr>
<td>Hannah</td>
<td>T=64</td>
<td>T=70</td>
<td>T=68</td>
</tr>
<tr>
<td>Daniel</td>
<td>T=68</td>
<td>T=65</td>
<td>T=68</td>
</tr>
</tbody>
</table>

\(^a\)Twins living with the same foster mother

### 3.3 Introduction of Participants

I had initially intended to interview foster mothers who were actually parenting foster children with attachment problems at the time of the interview; however, it quickly became apparent that this was going to be a difficult group to access. Foster agency personnel were not able to assist in the identification of foster mothers known to be parenting attachment-disordered children due to agency concerns over confidentiality. Therefore, I was forced to rely only on volunteers. Only one of the foster mothers interviewed, Karen, was planning to adopt her foster son. Interestingly, Karen was a child therapist who had an extensive background in child development, as well as knowledge of the effects of trauma and inadequate attachment on children. All of the remaining participant foster mothers had already given their official 30-day notice requesting that their foster child be removed and were either waiting for their child’s removal or the child had already left the home. In the following section, I will introduce each of the participant foster mother/foster child groupings, as well as give some personal observations of each interview in order to provide contextual background. Names of all foster mothers and their foster children are pseudonyms.
Julie and Carl - The First-Time Foster Mom

Julie was my first research participant, and setting up her appointment proved to be rather difficult. Julie was a bit nervous about having someone come to her home and was not open to driving in to Duquesne University. Finding an alternative location ended up taking a couple of weeks, but after one failed meeting and many phone calls, Julie and I finally met in a small, shabby basement room of a local library, which served mainly as a space for storage. The interview itself start out in a slightly strained manner; however, Julie proved to be a very powerful storyteller who was able to give me an emotional, heartfelt account of her parenting experiences, which left both of us in tears. Perhaps most poignant were Julie’s stories regarding the recent removal of her foster child. In these accounts, Julie’s deep feelings of anger, sadness, and worry were clearly visible. In general, Julie gave me the impression that she had been overwhelmed by and perhaps disillusioned with her experience as a foster parent.

Julie was a 55-year-old Caucasian woman who lived in Allegheny County along with her husband. At the time of the interview, there were no children living in Julie’s home as Carl had recently been removed due to his increasing behavior problems. Julie and her husband had been foster parents for approximately 4½ months, and Carl was the couple’s first and only foster child, although Julie had raised two of her own biological children into adulthood. Both Julie and her husband had taken an active role in parenting Carl, but Julie had served as his primary caregiver. Julie’s husband worked full time while Julie worked part time as a substitute teacher. The household income was undisclosed, although the family was at least middle class. Julie stated she had originally become a foster parent because she “wanted to help hurting children.” Regarding
discipline, Julie said that she believed in “setting boundaries” and using “time outs.”

Carl was a 5-year-old bi-racial boy (Caucasian and African-American) who had lived with Julie and her husband for approximately 4½ months. According to the Background Questionnaire completed by Julie prior to the interview, Carl had three siblings who were also in foster placement with different foster parents or who had already been adopted. Carl had initially been removed from the home of his biological mother when he was approximately 1-year, 6 months and had resided in three separate foster homes prior to his placement with Julie. Carl had been removed from all four of these foster homes (including Julie’s) at the request of his foster parents due to their inability to handle Carl’s behavior. Carl’s CYF goal at the time of the interview was adoption, and Carl had had no recent interaction with his biological parents. Carl had no reported medical conditions, developmental delays, or mental health diagnoses.

_Brenda, Andy, and Aden - The Foster Agency’s Shining Star_

I met with Brenda in her spacious home, which was well outside the City limits of Pittsburgh in a more rural, open setting. Brenda had initially scheduled the interview so that it would coincide with her youngest foster son’s nap time. We were not able to get started immediately upon my arrival as planned, however, due to Brenda and her husband spending quite a bit of time hurriedly carrying out the multiple tasks that needed to be completed before their foster son awoke. Finally, after Brenda’s husband’s left for the store and Brenda completed several phone calls, we each took a deep breath and began the interview. During the interview, Brenda gave the impression of being very confident in her ability to parent and proud that her foster agency considered her to be one of their best. Brenda’s overall positive feelings about her parenting abilities seemed to make it
more difficult for her to deal with the reality that her foster twins had proven to be too much for her to handle.

Brenda was a 39-year-old Caucasian woman who lived in Allegheny County along with her husband, two older biological children (specific ages not given), and a 3-year-old foster son, “Randy,” whom the couple was adopting. The twin 4-year-old boys, Aden and Andy, who are the foster children relevant to this study, had been removed from Brenda’s home two weeks prior to the research interview. Brenda and her husband both took an active role in parenting. They had been foster parents for about three years and had fostered ten children. This was a dual earning family with an annual household income of about $95,000. Brenda stated that she had originally become a foster parent because she “always had a calling for it” and the “timing was right.” Regarding discipline, Brenda said her approach “depend[ed] on the child;” the smaller children “have time outs or toys taken away,” while the older children “have privileges taken.”

Aden and Andy were twin 4-year, 3-month old Caucasian boys who had been living with Brenda and her family for approximately 15-months prior to their removal from that home due to their increasing behavioral problems. According to the Background Questionnaire completed by Brenda before the interview, the boys had lived in one additional foster placement before coming to stay with Brenda, which had also ended in a request for the boys’ removal. Aden and Andy’s CYF goal was reunification, and they had regular visits with their biological parents, after which time the boys often experienced an escalation of inappropriate behaviors (e.g., tantrums, spitting). Brenda stated the boys had no reported medical problems or mental health diagnoses, although the boys had been receiving Wraparound services, which require a mental health
diagnosis that was unknown to Brenda. Brenda indicated that the twins were going to have an evaluation soon to determine if they might have a disorder the name of which she was unsure, but from the description given sounded to me like Autistic Disorder.

Anna and Dean - The Professional Foster Mother

I met with Anna in her urban home, which is situated in an area of Pittsburgh that is often considered to be rather unsafe. In fact, Anna’s house was the only home in the immediate area that looked to be well cared for, and it stood out in clear contrast to the other nearby buildings many of which were boarded over. Anna herself was very inviting and seemed to take her role as a research participant extremely seriously even offering to complete additional KCAQ and CBCL/1½-5 forms, which I picked up at a later date. In general, Anna gave me the impression that she was also serious about being a foster mother. Anna indicated that she attended foster parent support groups and seemed to be well regarded by her foster agency.

Anna was a 49-year-old African-American woman who lived in Allegheny County along with her four biological children (ages not given), one of whom is an adult, and four foster children. Anna had intended to talk about one of the foster children, Jody, who was actually living in her home at the time of the interview. Jody, however, did not appear to be experiencing any significant attachment problems (KCAQ T-score of 5). After some exploration, I discovered that Anna had once fostered another child, “Dean,” who seemed to be a good fit for this study. Anna had served as the foster parent for approximately 50 foster children over the past 12 years. Anna was a single parent; however, it did appear that she received some parenting assistance from her older, biological children. The annual household income was about $60,000. Anna stated she
became a foster parent because she loves children. Regarding discipline, Anna said she believed in using “time outs.”

Dean was a 5-year-old African-American boy who, along with his 4-year-old sister, Miriam, had lived with Anna and her four biological children several years prior. Dean and Miriam resided in at least one other foster placement before moving in with Anna. That placement ended after Dean attempted to set his foster mother’s shower curtain on fire. Anna also ended up requesting that Dean be removed after approximately five months due to problems she encountered dealing with his behavior. Dean’s sister was also removed from the home at that time, although this was due only to CYF’s wish to keep the children together. Anna was unable to complete a Background Questionnaire for Dean. Anna stated that Dean and his sister had had “little visits” with their biological father, although it did not appear as if Dean had had any contact with his biological mother while living with Anna. Dean did not have any reported medical problems and no mental health diagnoses. Interestingly, the foster mother who had originally served as the foster parent for Dean’s biological mother ended up adopting Dean and Miriam.

Joyce and Hannah - The Registered Nurse

I met with Joyce in her home, which was located in the heart of a fairly well-to-do area of Pittsburgh. Joyce’s house looked as if it were a little cottage torn from the pages of a fairy tale complete with a white picket fence and frilly, flowery furniture. Joyce herself gave the impression of being a kindly grandmother, but she proved to be a force with whom others should pay attention when it came to advocating for her foster children. In contrast to Joyce’s apparent strength, was her slight stature and rather frail appearance, which made it difficult to imagine Joyce handling the physically demanding
problems of a foster child with behavioral difficulties. Joyce expressed her belief that she was getting a bit too old, but nevertheless she seemed very committed to doing whatever it took in order to make sure that the her foster children were given the best of care.

Joyce was a 71-year-old Caucasian woman who lived in Allegheny County along with her husband, three foster children, one adopted child, and Hannah. Joyce and her husband had been foster parents for approximately 24-years and had fostered over 100 children. Joyce was a retired Registered Nurse who looked after the daily needs of the family while her husband worked as a Manager for a major Pittsburgh firm. The annual household income was about $39,000. Joyce stated that she originally became a foster parent as a way of “saying thanks and giving back.” Joyce felt that because of her nursing background she could offer specialized help to medically compromised foster children. Regarding discipline, Joyce said, “discipline is good if used constructively to teach,” but you have to “stick to it” and have “continuity.”

Hannah was a 2-year, 5-month old Caucasian female who had been living with Joyce and her family for two years. According to the Background Questionnaire completed by Joyce prior to the interview, Hannah and her twin sister, who died when Hannah was only 25-days old, had been born prematurely. Hannah’s CYF goal had initially been reunification; however, that goal had recently changed to adoption, and Joyce had asked that Hannah be removed from her home as soon as the pre-adopt parents had their FBI clearances. Joyce admitted feeling badly about requesting Hannah’s removal, but Hannah’s problematic behaviors were becoming too much for Joyce to handle. Hannah had supervised visitation with her biological mother one time per month for two hours each visit. In addition, Hannah spent every weekend with her pre-adopt
family, who lived a sizeable distance outside of Pittsburgh. Hannah had had some significant medical problems (e.g., Bronchial Pulmonary Dysplasia, feeding problems), which had resolved for the most part, although she continued to struggle with global developmental delays. Hannah had not been diagnosed with any mental health problems.

Karen and Daniel - The Child Therapist

I met with Karen in her work office, which was located in a busy department that focused on helping young children who suffer from developmental problems. At first, I was concerned that meeting in an office setting would lead to a more business like and/or less personal interview; however, Karen’s small office, which was decorated with photos of her family and pictures drawn by her foster child, made this seem less likely. Further, Karen herself was engaging, inviting, and quickly made me feel at home by coming over to sit next to the tape recorder rather than at her desk. As the interview progressed, it became clear that Karen was a skilled therapist who was able to talk about her experiences working with her foster child in a thoughtful and self-reflective manner. At times, I found myself struggling to hold the stance of “researcher,” as I felt drawn to talk with Karen about her various experiences as a therapist, and in fact, after the interview we did discuss therapeutic issues unrelated to Karen’s foster child.

Karen was a 45-year-old Caucasian woman who lived in Allegheny County along with her partner and Daniel. No other children resided in that home, but Karen and her partner had served as respite foster parents for one other foster child. The couple had been foster parents for approximately one year and had no biological or adopted children of their own. Karen did have extensive experience working with children as a therapist and her partner’s job required a broad knowledge of child development. Both Karen and
her partner had taken an active role in parenting Daniel. This was a dual earning family with an annual household income of about $85,000. Karen stated that she had originally become a foster parent in order to “have a positive impact on the lives of children.” Regarding discipline, Karen indicated that she believed “children need clear boundaries and rules that are consistently and lovingly enforced.”

Daniel was a 3-year, 6-month old Caucasian boy who for the past 5-months had been living full time with his foster mother, Karen, and her partner. Karen and her partner had also provided respite care for Daniel when he had been living with a former foster family. According to the Background Questionnaire completed by Karen prior to the interview, Daniel was an only child who had lived in approximately 1 or 2 other foster homes in addition to Karen’s since the time he was 18-months-old. Karen stated it was also likely that Daniel had been in-and-out of foster placement for short periods prior to age 18-months. Daniel’s current CYF goal was adoption; however, Daniel was still allowed visitation with his biological mother, who reportedly missed a lot of these visits. Daniel had no reported medical problems or mental health diagnoses, although Karen explained that Daniel would “probably qualify” for a mental health diagnosis, but “CYF had chosen not to follow-up.” Karen and her partner had decided “not to push the issue” for fear that it might jeopardize Daniel’s adoption.

3.4 Analysis of Data

I used a variant of the empirical phenomenological method advanced by Giorgi (1985) to complete the analysis of each of the interview transcripts. This method consists of four essential steps: getting a sense of the whole interview, demarcating the units of meaning apparent in the text, characterizing each unit of meaning in terms of what it has
to say about the person’s lived world, and then synthesizing these lived world characterizations into what I called an Individual Holistic Summary that took into account all aspects of a particular participant’s narrative. I did not attempt to spell out the implicit lived world of each of the foster mothers. Instead, I stayed very close to what was explicitly reported augmenting each analysis with descriptions of such things as facial expressions and gestures where appropriate.

I felt that my goals for conducting this research were best served by staying with the content of what was said as that content speaks very directly to other foster mothers, as well as professionals (e.g., CYF, foster care agencies, judicial system), whom I felt would be most likely to benefit from the study’s findings. I did not attempt to draw out implicit lived meanings. Once all of the Individual Holistic Summaries were complete, I perform a fifth step that involved the formulation of a General Holistic Summary. In this final step, I attempted to integrate the five Individual Holistic Summaries showing all aspects of the foster mothers experience as they appeared in relation to one another without any one component standing out as being more essential.

Getting a Sense of the Whole – Perusing

I began by reading through the interview transcripts for each of the participant foster mothers in order to develop a general sense of the overall experience. This proved to be a very time-consuming activity, which I was unable to conduct in one sitting. Next, I choose one transcript and read through that text several times before beginning to analyze the content. Focusing on one individual transcript at a time and then completing multiple readings of that text allowed me to develop a more comprehensive understanding of a participant’s experience. The transcripts of all foster mother
interviews that were analyzed can be found in Appendix G.

Demarcating Units of Meaning

Next, I reviewed the chosen transcript once again, but this time with the intent of demarcating shifts in meaning as they occurred within the text. The “natural meaning units” that emerged from my reading of a participant’s narrative were then numbered sequentially and recorded verbatim as they appeared in the transcript in a column oriented to the left side of the page. Occasionally, researcher questions, which were recorded using bold font, were included along with a participant’s response in order to help guide the reader. Space was allocated on the right side of each page for another column in which the characterizations of meaning for each of the numbered units were later recorded. This process of identifying units of meaning was continued until I had evaluated an entire transcript.

In order to facilitate the identification of meaning units, I assumed a specific attitude in which I was attuned to the various aspects of a foster mother’s experience (e.g., orientation to past, present, and future, thoughts and feelings, relationships to self, world, and others) as they related to the question: “How does this phenomenon show a foster mother's experience of parenting a foster child who has difficulties attaching to primary caregivers?” Approaching the subject matter in this manner allowed me to “set some limits or controls on the analysis and to thematize only a particular aspect” (Giorgi, 1985, p. 12) of the much more complex picture. At times, I found that it was extremely difficult to hold this special attitude, and I tended to lose focus especially after spending a long period of time working on one particular transcript. In the end, I found that it was very helpful to keep a copy of my orienting question close by for frequent consultation.
Characterization of Meaning Units

Step three, involved the utilization of a “meaning condensation” procedure. Meaning condensation involves a process wherein “long statements are compressed into briefer statements in which the main sense of what is said is rephrased in a few words” (Kvale, 1996, p. 192). In order to carry out this task, I followed Giorgi’s suggestion to look at each unit of meaning individually and then through a “process of reflection and imaginative variation” (Giorgi, 1985, p. 17) analyze the multiple possibilities inherent in each utterance in hopes of understanding and then transforming the participant’s complex description into a condensed lived-world version.

The characterized meaning units, which emerged after the application of the meaning condensation step, reflected a more everyday way of speaking and were made up of a mixture of a participant’s actual verbiage, as well as my own wordings. Sticking close to a foster mother’s own language and terminology permitted each characterization to maintain close contextual ties to the original transcript. In addition, I was able to eliminate all nonessential components of a foster mother’s report while keeping in mind that I did not want to risk the loss of some essential meaning. It is important to note that all of the characterizations illuminate to a high degree my own understanding of the psychological reality of a particular foster mother’s experience. I did, however, attempt to remain cognizant of my own personal perspective throughout the data analysis. But realistically, I was not able to fully suspend my own preconceptions.

The characterization of the meaning units were recorded in the right-hand column of the page on which the meaning units had already been entered. The characterizations were numbered following the same numeric sequence as the meaning units and lined up
in order to coincide with each unit. Giorgi (1985) advised that the work of condensation should be carried out on all meaning units before any formal attempt was made to comprehend the whole of a subject’s experience. I was not able to follow this ideal; however, as I often found myself wondering about how a particular participant’s responses might be reflective of the broader structure of the phenomenon. Any thoughts or feelings that emerged as I was working through an individual text were recorded for future consideration and did influence my analysis of subsequent transcripts.

There were also times during the work of condensation when I realized that an individual meaning unit had actually captured more than one aspect of the experience. I dealt with this situation by splitting the specific meaning unit up into parts, re-numbering the remaining units, and then continuing with the condensation process. In addition, as I completed the remaining transcripts, I occasionally noted that I had missed certain aspects of meaning when analyzing a past text, which I would then go back to and adjust as needed. In this way, I ended up dialoging between transcripts as the analysis progressed. Unfortunately, after completing the meaning condensations for all of the transcripts, I noticed that I had often augmented a particular foster mother’s meanings by adding extraneous materials that she had not actually said (e.g., “He started acting out against the dogs” was transformed inadvertently into, “He was mean.”) In hindsight, I could have corrected this situation by consulting with a colleague as I conducted each analysis. Instead, I reviewed my own work for any other leaps of interpretation. Documentation of each participant’s meaning units, as well as the characterizations of those units of meaning can be found in Appendix H.
Developing the Individual Holistic Summaries

After the meaning condensation procedure had been applied to all of the original meaning units, I began the task of synthesizing and integrating all of the characterizations that had been identified in a particular text in order to come up with a “consistent description of the psychological structure of the event” (Giorgi, 1985, p. 19). The resultant narrative, or Individual Holistic Summary as I labeled it, continued to reflect the lived context of the participant’s experience and contained a summary of all of the insights gained from the characterized meaning units in one participant’s account.

I struggled a bit initially when trying to determine exactly how to integrate all of the characterized meaning units. I had a couple of false starts when analyzing my first transcript, and it was not until I actually had to completely start over demarcating the meaning units that I finally came up with a viable method. Basically, I discovered that the copious amount of extremely small meaning units that I had initially identified were too difficult and cumbersome to manage when attempting to integrate the data. In the end, I demarcated larger units of meaning, which resulted in fewer characterizations that were much easier to synthesize, but still captured the participant’s experience.

Once the issue of meaning unit size had been resolved, I separated all of the characterizations of meaning into groups based on subject matter. I accomplished this task by looking at each characterization individually and then noting any commonalities among the characterizations. As the work continued, I assigned each of the groupings a name, which was based on the overall topic content of each group. These names changed over the course of the analysis as the meaning of a grouping became more apparent. After all of the characterizations had been placed in groupings, I went back through each
group in order to make sure each characterization was in the right place, to determine if there were any characterizations that should be in multiple groups, and to organize all of the characterizations in a particular subject group in a manner that made sense in terms of telling the story. Next, each of the subject groupings were organized in an order that suggested a format for the Individual Holistic Summary. All groupings were then recorded with each of the characterized meaning units supporting a particular grouping listed below the heading. The groupings for all participants are located in Appendix I.

I then began writing the Individual Holistic Summary using the subject groupings, as well as the individual characterizations of meaning as a guide for constructing the narrative. In addition, as the analysis of each subsequent transcript progressed to the point of writing the Individual Holistic Summary, I attempted to adopt a similar organizational format whenever possible, although as new aspects of a foster mother’s experience, which I had not noted in a previous text, came to the fore, I adjusted the narrative format as needed. As the writing progressed, I also found myself often returning to an earlier analysis in order to evaluate that description in light of the new or different information gleaned from that later work. In this way, I continued the process of dialoguing among each of the Individual Holistic Summaries.

The General Holistic Summary

I synthesized all of the Individual Holistic Summaries into one General Holistic Summary, which articulated in narrative form the foster mothers’ reported experience. My goal in writing the General Holistic Summary was to try to stay very close to what was explicitly stated in order that the overall text might speak in a real world way to those most likely to benefit from the findings (e.g., other foster mothers, CYF, foster care
agencies). Further, I also wanted to ensure that the General Holistic Summary would be robust enough to account for the possibility of difference among foster mother reports, as well as those aspects that might run consistently throughout each subject’s description. Toward this end, I did not focus only on finding some essential aspect of the experience, but also included those components that stood out as being disparate or contrasting.

I began the process of writing the General Holistic Summary by rereading each of the Individual Holistic Summaries in order to review the experiences of all participant. In a first attempt to organize these materials, I tried to break down each of the Individual Holistic Summaries into smaller parts much like the meaning units only larger. Next, I attempted to group these larger units together in hopes of finding a common format. Unfortunately, this strategy for integrating all of the material was unsuccessful.

Next, after consulting with my dissertation committee chair, I attempted to capture informally in writing what I believed to be true of the foster mother’s experience loosely following the temporal sequence suggested during the interviews with participant foster mothers (e.g., preconceptions, initial experience with foster child, response to worsening behavior). I then returned to the Individual Holistic Summaries and compared each with my informal understanding in order to include any additional aspects of the experience that I had missed initially. I also noted at this juncture that I had inadvertently captured the foster mother’s experience of losing a foster child, which I decided to include in the General Holistic Summary as well. Finally, I used all of the information gathered in this way to prepare the final General Holistic Summary.
Chapter Four

Results

4.1 Individual Holistic Summaries

In this chapter, I will present the results of my research. First, the Individual Holistic Summaries for each of the five participant foster mothers will be offered for review. These Individual Holistic Summaries represent the end result of a process that began with a semi-structured qualitative research interview. Each of the interviews was transcribed and analyzed following an adaptation of the empirical phenomenological method proposed by Giorgi (1985), which was described fully in the previous chapter. The Individual Holistic Summaries are intended to capture the essence of the whole of each foster mother’s experience while retaining some conspicuous connections to that foster mother’s lived world. Note that all of the names used throughout the chapter when referring to participant foster mothers, foster children, and any other family members have been altered in order to protect the confidentiality of all participants.

In the remainder of the chapter, I will present the General Holistic Summary. This comprehensive summary was developed through a process of integrating and synthesizing all of the separate Individual Holistic Summaries using the procedure described in Chapter Three. The General Holistic Summary will provide an answer to
the research question: What is the experience of foster mothers’ parenting a foster child who has difficulties attaching to primary caregivers?

Julie and Carl – The First-Time Foster Mom

Foster Family Constellation: Julie, the 55-year-old Caucasian foster mother, Julie’s husband, and Carl, the couple’s 5-year-old, bi-racial foster son.

Julie had quickly fallen in love with Carl and had not attempted to contain her feelings as she had been advised to do. Julie felt that she could not help but love Carl; he had been such a sweet, little boy calling her “Mom” right from the start and opening the door for Julie to love him as part of her family. Julie and her husband had even considered adopting Carl, but decided against this after his behavior worsened. At this point, they realized that they were getting too old take care of him properly. Julie had been shocked and caught off guard by Carl’s increasing behavioral difficulties because her initial expectations had been so positive. She noted that at times she had actually felt guilty because Carl’s behavior could push her right to the brink leaving her “want[ing] to smack his behind.” Julie did not do this, however, because she knew that not only was physical discipline disallowed by her foster agency, but it would have scared Carl.

Julie noted that as Carl’s behavior changed, not only did she struggle to understand what was happening, but she was also constantly worried about Carl. She agonized over such things as car safety locks because she never knew what Carl might do. Julie feared Carl might actually hurt himself during a temper tantrum or when engaging in a dangerous behavior. For instance, she described feeling absolute panic once when Carl pretended to get out of Julie’s moving car.

Further, Julie was shocked by the reports that Carl was both sexually abused and
sexually abusive (specific details not given). At the same time, however, she was skeptical and confused because Carl never did anything in Julie’s home that would reflect this history. Julie was angry that CYF had put restrictions on Carl (e.g., no sibling visits, not to be around other children), which she had not always followed because it had been too hard to watch Carl suffer. Despite her doubts, however, Julie had been cautious about any physical contact with Carl and had walked “on pins and needles” due to fears she might send a confusing sexual message. Julie had also been afraid to leave Carl unsupervised for even a second due to worries he might do something “horrendous” to another child or her dog. Later, as Carl’s behavior regressed (e.g., enuresis, encopresis, eating with fingers), Julie watched in frustration unable to get the foster agency to help.

Julie and her husband struggled with their decision to request Carl’s removal. Julie noted with sadness that as Carl’s behavior deteriorated, it became so “very, very hard to just keep trying” everyday. When she finally got word that Carl was actually leaving, Julie cried and experienced huge feelings of anger toward the foster agency because in her opinion they had refused to help. In the end, Carl was taken away abruptly by his foster caseworker without even being allowed to say goodbye to Julie or his foster family. Julie said that she had been “haunted” for days by the fear that Carl would think Julie had abandoned him just like everyone else.

After Carl left, Julie said her biggest problem was dealing with feelings that she had failed Carl by letting him go. She noted, however, that there had been no other alternative at the time. Julie reached out to her foster agency for help handling the painful emotions associated with Carl’s departure, but was surprised to find that her caseworker did not understand (“Why do you feel you’ve failed?”). Julie was able to get
emotional support from her husband and felt they had been lucky to have each other in order to talk about what happened and express their feelings (e.g., so much hope for Carl, pain of Carl’s loss). Julie said that her sense of failure had finally disappeared, and she realized that she and her husband had done the best they could under the circumstances.

As a foster parent, Julie seemed to place a great deal of importance on understanding the causes of Carl’s problems and then trying to take these into account when dealing with his behaviors. Julie explained that remembering Carl had been through a lot often gave her and her husband strength to get through Carl’s next outburst. She noted, however, that it was difficult to think about the reasons for his behavior in the midst of having to react to a situation. Julie tried to put herself in Carl’s shoes as best she could and realized that not only were his behaviors abnormal, but she believed they had been “learned” through his experiences. Julie said that because there had been no professional help she often felt like an amateur psychologist who was trying to figure out why a 5-year-old would have such negative behaviors. Finally, Julie’s daughter who had a Master’s degree in special education suggested that Carl might be experiencing attachment problems. This information gave Julie a sense of direction when asking others (e.g., caseworkers) for assistance. Still, Julie never received any specific advice.

Julie felt she and Carl had gone through a “honeymoon period,” which had quickly ended as Carl’s behaviors worsened (e.g., throwing things, screaming). Julie found herself arguing with Carl “all” the time especially if Carl had been asked to do something he did not want to do. Despite the arguing, however, Julie had been careful to give Carl reassuring messages (e.g., “No matter what you do, we’re gonna love you”) so that he would not feel rejected. Julie got the feeling that Carl’s behaviors (e.g., make dog
yelp, kick or bite Julie) were actually a purposeful attempt to get a certain response from her, which he often got when Julie was caught off guard.

In general, Julie felt that Carl’s behaviors were not triggered by anything specific, and this made it difficult to figure out what exactly would set him off. Julie speculated that Carl did not know right from wrong, but then at times his behavior seemed to be so provoking. Julie laughingly described one grocery store incident that had been a horrible scene at the time. Carl had tried to provoke Julie’s husband (e.g., swearing, throwing a fit), and had to be removed from the store because Julie had not wanted others to watch him kicking and screaming. Julie had stayed to pay for the groceries, which she felt was easier without Carl, but then she had been left to embarrassingly explain Carl’s behavior.

Julie was Carl’s primary caregiver and not only did the burden of dealing with his behavior fall mainly on her, but also Carl was harder on Julie. Carl’s behavior would often wear Julie out as he could not be left alone for a second, and as a result, Julie often relied heavily on friends and family. Julie tried various means to manage Carl’s behavior (e.g., natural consequences, reasoning with Carl, time outs, naps, letting Carl do things alone, rewards) with unreliable results. Carl’s actions were at times so over-the-top (e.g., purposely wet himself) that Julie had no idea what to do. In desperation, Julie would often call the foster agency’s hotline, and although sympathetic, they were of no help.

Julie had been about to give up, when she tried acting more like a “regular mom” who gave physical closeness (e.g., hugging game). Julie said that Carl had responded positively to this for a time, and she had been happy to take whatever success she could get. Julie saw hope that Carl actually wanted to improve himself while listening to his prayers at night (“Dear God, help me be better tomorrow”), but as the situation worsened,
Julie and her husband ran out of ideas.

Julie said that trying to set boundaries for Carl had been especially difficult and attempts typically ended up in a battle (e.g., throwing things, hitting, kicking). Julie speculated that Carl never really had boundaries either in his birth family or at other foster homes. In fact, Carl had actually been taken away from a previous foster home after allegations that he was being physically abused by his foster parents. One of the ways in which Carl began to challenge Julie’s boundaries was by taking things that did not belong to him (e.g., Julie’s jewelry, money) while forcefully asserting that they were his (e.g., “I found it…it’s mine.”). Julie explained to Carl that what he was doing was actually stealing, and Carl would back down (“I was borrowing”); however, before reaching this point, Carl could get very angry. Carl also began to take food (e.g., entire bowls of candy), which he would typically eat while sitting alone in his closet. Julie said that she could laugh about this behavior now, but it had been very upsetting to her at the time. She did not like being forced to keep food out of Carl’s reach.

Heartbroken, Julie started to believe that she was to blame for Carl’s problems as his behavior deteriorated and regressed. It was only when Carl acted out in front of other people that Julie began to feel a little relief (“Hey, see it’s not just me”). Further, Julie described what seemed to be a real conundrum. The more Julie and her husband truly loved Carl and did things to show their affection for him, the more fearful Carl seemed to become and the more negative behaviors he exhibited. Julie said she believed that they had been doing a good thing by treating Carl as if he were family and trying to give him the kinds of experiences that she had given her own children. Carl, however, had not responded as Julie had hoped. For example, Julie described trying to make Christmas
extra special for Carl, but Carl had not been very excited. Julie had ended up feeling disappointed because she had so wanted Carl to be happy. Julie believed her family got the brunt of Carl’s anger, as opposed to the people at daycare, because the family had loved him the most. Looking back, Julie felt Carl had probably not known how to act when treated as if he were family and speculated that this had caused him real problems.

Julie described her attempts to get close to Carl as frustrating because the more she felt love for him the more he seemed to have difficulties. Julie said that Carl never really showed any affection or a desire to be cuddled, although he would sporadically want to sit on Julie’s lap. In general, Julie tended to allow Carl to take the lead and do what he wanted when it came to getting physically close. After a time, however, Julie tried showing Carl some real affection (e.g., be a “regular mom”) and started to play the hugging game with Carl after baths. The hugging game actually did allow Julie to give Carl some level of physical closeness, which he appeared to really like at first. Then Carl’s responsiveness diminished. Julie speculated that any kind of close physical or emotional contact was scary for Carl even if it were only a nonthreatening game.

Julie did not feel that she had had any particular problems separating from or reuniting with Carl. She said that Carl never had any problems going to daycare and would always be ready to leave in the morning. Julie explained that she had developed a routine of asking Carl if he wanted a hug, which he might respond to with a yes or a no. He would never cry, however, or get upset when leaving for daycare. Once at daycare, Carl typically did well with only occasional behavioral disturbances. As time went on, however, bouts of enuresis became frequent. Interestingly, Carl’s behavior problems increased when Julie would show up to take him home. Carl often did not want to leave,
although this was not always the case. Julie expressed feeling apprehensive when it came
time to retrieve Carl from daycare as she never knew if Carl was going to cause a scene
(e.g., throw himself on the ground). In general, Julie had not been especially disturbed by
Carl’s behavior and had not taken his refusal to leave personally. Julie felt Carl had
merely wanted to continue playing with the other children, whom he really liked.

Julie said that dealing with the foster care agency had been so unbelievably
confusing and difficult that it had almost been funny at times. Julie noted that on a
regular basis she had been given incorrect information (e.g., that as a foster mother she
was not allowed to work), as well as conflicting instructions. As a result, she often felt as
if she was being lied to, and ultimately, did not know what to think. Julie also
complained that the Child Protective System in general had been very slow (e.g., 4½
months to get a “30 day review”) and its decisions difficult to understand (e.g., Carl had
been allowed to visit with an ex-foster mother who had accused Carl of sexual abuse).

Further, Julie felt she had been trapped when it came to finding therapeutic
services for Carl. Julie, who had been unhappy with Carl’s therapist, had not been
allowed to make any alternative arrangements. Unfortunately, neither would the foster
care agency. Julie even took the initiative and approached CYF herself, but then her
foster caseworker became angry and was not appreciative. Julie could not understand
why the “experts” continued to let Carl suffer. She felt the foster agency had provided
Carl with no help, and this angered and frustrated both Julie and her husband.

Julie had been especially exasperated by CYF. Julie said CYF was extremely
hard to deal with and expressed with absolute disbelief her understanding that Allegheny
County CYF is considered to be the “quintessential” CPS agency in the US. Julie said
unequivocally that this had not been her experience. She had rarely been able to get her CYF case worker to even return phone calls, and then when calls were returned, the message left was typically the exact opposite of what Julie had been told to do during a previous phone contact. Julie said that she had been absolutely disgusted and believed the entire system needed to be revamped. In the end, Julie admitted that she did not know exactly who had dropped the ball with Carl (e.g., foster care caseworker, the foster agency, CYF caseworker), but she did know was that the system had failed in Carl’s case.

Julie offered some advice to other foster mothers who might be struggling to parent foster children with attachment problems. First, Julie suggested that foster mothers gather as much information about their foster children, as well as any available services, on their own and not depend on the foster agency. Julie expressed her wish that she had been more assertive and not trusted her foster agency as much. She stressed that Carl had been her first foster child, and she really had not known how to navigate the system. Second, Julie felt that it was very important to have a support system (e.g., church, friends, family) in order to get parenting help and/or just to have someone with whom to talk. Third, Julie counseled foster mothers to keep on loving their foster children no matter what. Julie said this could be difficult because foster parents put so much into parenting a child who does not ultimately belong to them. Julie advised foster parents to do it anyway. Finally, Julie suggested that when the going gets tough, foster mothers should take a step back and learn to appreciate the good in their foster children.

In the end, Julie expressed her belief that in many ways she had been lucky to have Carl and would never regret being his foster mother. Julie tearfully said she missed the good times she and Carl had spent together and often reflected on the special
memories they had made. Julie thought of Carl as an innocent baby in whose life she had wanted to make a difference by letting him know what it is like to be loved. Julie wondered if she had actually been successful at this because of the way that Carl had been taken from the family. She hoped Carl had felt her love and prayed for the chance to see Carl again in order to tell him directly. Julie thought that she and her husband were going to take a little break from fostering. She said that they had really loved Carl and “when you love somebody and they go, you need time to heal from that.”

*Brenda, Andy, and Aden* - *The Foster Agency’s Shining Star*

Foster Family Constellation: Brenda, the 39-year-old Caucasian foster mother, Brenda’s husband, two older biological children (ages not given), Randy, the couple’s 3-year-old foster son who was soon to be adopted, and the 4-year, 3-month old, Caucasian twin foster sons, Andy and Aden.

Brenda expressed feelings of deep care for the twins that continued despite her significant conflicting emotions of anger and frustration. Brenda’s feelings of love and concern for the boys remained so strong that she was planning to become a respite care foster parent. In this way the twins could continue to spend time with the family on a regular basis. In general, it did seem as if Brenda and her entire family regarded all of their foster children as actual family members with whom they would allow themselves to become emotionally bonded. This mindset left Brenda struggling with the fact that she had basically sent away two family members after her request for the twins’ removal. Allowing the twins to come back for visits, as long as her actual family was not overly disturbed by their behavior, appeared to offer Brenda one way of reconciling this conflict in order for her to remain the “good” mother. Brenda felt the twins would be better off in
the end with a foster family who could provide the one-on-one attention they needed.

Brenda had been extremely concerned about the twins’ well-being and safety due in part to their behavioral problems (e.g., over sensitivity, temper tantrums, not defending themselves, no fear of strangers, manipulation, instigation, no responsibility for their actions), but also because the boys were developmentally off target. Brenda said she had been constantly comparing the twins to Randy, as well as to other young children, and had noted many subtle, yet sometimes obvious, differences. Brenda struggled to make sense of how such young children could act out so aggressively at times without showing remorse. Then in the next minute be so passive and trusting of strangers that they seemed to have little regard for their own safety. Brenda often turned in frustration to the boys’ service providers for answers. At one point, the twins’ Behavioral Specialist Consultant (BSC) told Brenda that the twins were not “wired right,” which seemed to make sense to Brenda. Still, she struggled with feelings of anger and was deeply disturbed by the twins’ behavior (e.g., burning game, telling others that she was dead). Despite this, however, Brenda believed that the twins had gotten a little better over time with assistance.

Brenda had been especially worried about the twins’ influence on Randy. Brenda noted that at first it had been Randy acting aggressively toward the twins. Randy’s reactions, however, had been viewed as “normal” by Brenda and others involved in Randy’s care (e.g., PCP). After all the twins were taking away Randy’s possessions, as well as his parents’ attention. As the twins’ problems became more obvious, however, Randy, who did not have any preexisting difficulties, began to imitate the twins’ disrespectful behaviors. In addition, the twins began to act out physically against Randy (e.g., threw a desk on him) and would involve him in their inappropriate activities (e.g.,
the burning game), which made Brenda extremely angry.

In desperation, Brenda tried everything she could think of in order to help the boys “mesh” (e.g., explain their bad influence, help from BSC). But, Brenda and her husband finally lost their patience. They worried that Randy might be getting the wrong message about his parents (e.g., not very loving) as trustworthiness caregivers. Finally, it became clear that the twins were having no positive social impact on Randy. Brenda’s “natural instinct” as a mother kicked in, and she decided to “save” Randy whom she feared would end up looking to others as if he were very disturbed.

Brenda agonized over her decision to send the twins away. She actually put off making the decision for some time while she struggled to reconcile her personal beliefs about herself as a woman/mother (e.g., do everything to the best of her ability, better-than-average parent) with the fact that the twins’ behavior was getting worse. The foster care agency’s attempts to convince Brenda to adopt the twins by appealing to her competitive nature (e.g., only Brenda could control them) also did not help matters.

As part of the decision-making process, Brenda sought out the opinions of various people and took solace in the fact that many were in agreement regarding the twins’ removal. Brenda did note, however, that people who had never been foster parents tended to have difficulty understanding her predicament. Having a high level of support and validation from others increased Brenda’s confidence in her decision. In addition, Brenda’s decision was influenced by the twins’ negative impact on her family (e.g., family stress, twins getting all the attention), which ultimately forced Brenda to conclude that her family’s well-being came first. Brenda had only occasional doubts after making her final decision, although she could not help but feel guilty about letting the twins go.
During the interview, Brenda was still very upset about the twins’ removal. She seemed to be wracked with guilt despite the attempts of others to make her feel better. Brenda described how the professionals who had been working with the twins had taken great pains to make sure their transition out of the home had gone smoothly. In fact, Brenda had been so focused on the twins that Randy’s response had not been considered until the last minute. Brenda worried that Randy was more likely to react negatively; however, Randy seemed to take the loss in stride. Brenda said tearfully that it had been extremely difficult to say goodbye to the twins without crying. Brenda feared that her tears might have made the twins upset and the ending more difficult.

Following the twins’ removal, Brenda offered comfort to herself as best she could (e.g., it is in the twins’ best interest that they get one-on-one attention, she had done the best job that she could). She was still, however, struggling to let go of her role as mother to the twins (e.g., couldn’t take down their pictures). Brenda acknowledged, however, that she was looking forward to getting back to her life (e.g., reconnecting with friends) and was planning to take a hiatus from fostering in order to recover from the experience.

Brenda considered the developmental needs of her children when parenting and focused on teaching the necessary skills that were required at their developmental level. Brenda said that at first the twins had been so clearly behind developmentally that she basically ignored Randy’s growth until she could catch the twins up. Interestingly, Brenda noted that initially the twins showed no imagination, and it had actually been Randy who taught them how to play. Brenda stressed that she had worked in a very repetitive manner with the twins often reminding them to do tasks over-and-over, but noted that the twins did learn. Brenda seemed to take a great deal of pride in her ability
to teach children, and said that she had taught the twins so well that they had not been able to qualify for DART or preschool transportation. Brenda had been surprised when service providers seemed upset by the twins’ progress, but noted that she was not the kind of foster parent who sat back when a foster child clearly required her assistance.

Brenda said dealing with the twins’ negative behaviors had been extremely difficult. Brenda described how she had initially addressed the twin’s behavior in a forceful manner by saying “No.” As the boys got older, however, they became more-and-more defiant. Brenda noted with frustration that all of the usual parenting strategies (e.g., time outs, choices, taking toys away), which had worked in the past with her other children, had been basically useless with the twins. The twins seemed to be intent on battling Brenda for control of the relationship. Brenda worked closely with the twin’s service providers, but it was Brenda who received the brunt of the twin’s defiance. Brenda’s pediatrician advised that the boys needed “tough love” because they had no boundaries, but no parenting strategy was discovered that would help Brenda enforce those necessary boundaries. At best, Brenda used distraction and/or redirection when the twins were crying, but noted that typically nothing worked on their “bad” behaviors.

Brenda considered herself to be a “better-than-average” parent. Despite this, however, she struggled to understand not only why the twins’ behavior progressively worsened (e.g., at right age for problems to surface), but also how these very young children might have developed such severe problems. Brenda realized that the twins had not learned the behavior in her home; however, this knowledge did not alleviate her feeling that there had to be an answer. Brenda indicated that she would get so frustrated by the boys’ bad behavior that she would start to doubt her abilities as a mother (e.g., Am
I doing it right?; Is it me?). Questioning her parenting skills typically left Brenda feeling guilty that she had missed something important, which again focused her on the search for answers. This pattern (frustration, self-doubt, and then guilt) seemed to repeat itself over-and-over leaving Brenda feeling as if she were going crazy. Relief came when other people started to comment that the twins’ behavior did not seem to be normal.

Brenda said that it had been very difficult to give comfort to the boys. Brenda noted that at times she had been “beside herself” due to her inability to emotionally connect with the twins as she had done with her other children. Brenda described one incident in which she tried to offer comfort to a wounded Andy who pulled away from her while flailing like an infant who does not want to be held. She explained that only after she had sat down next to Andy and talked him through his feelings had he been able to calm down. Brenda felt that this story gave a clear illustration of how the twins had not only been unable to self-sooth, but also had difficulty accepting comfort from others.

Further, Brenda described the twins’ reluctance to accept hugs and kisses or to be cuddled, and noted that there was always something missing in their responses. Brenda felt that the boys knew how to say and do the right things, but they did not have the capacity to show real emotions (e.g., love, compassion, empathy) like Randy. For example, Brenda described how she would have to tell the boys to “squeeze” back when they were giving hugs. In addition, Brenda found herself always asking the boys if it was okay to give a hug or a kiss as they had been taught to do at school. This was hard for Brenda to get used to because she was accustomed to giving affection spontaneously. Brenda noted that the twins’ expressed their own desire for affection only occasionally and speculated that these requests might be tied more to their experience of pleasure in
the moment (e.g., having fun playing) rather than to a real expression of love.

Brenda felt that separating and reuniting with the twins was for the most part no problem. When asked about the transition to preschool, Brenda indicated that the twins had no difficulties; they were happy to go to school and happy to come home. Brenda explained that the boys tended to “live in the moment,” and as a result, she believed they never really missed anyone (“Out of sight, out of mind”). Brenda noted that this had been changing prior to the twins’ removal and described an incident when the twins got upset after being playfully told they would be left behind. She had been shocked that the twins had shown signs of feeling close to family after almost a year of living in the home. Brenda did not make a connection between the twins’ growing ability to feel closeness and her own efforts to give the boys the experience of love (e.g., hugs, kisses).

Brenda offered advice to other foster mothers who might be parenting difficult children with attachment problems. First, Brenda pointed out the importance of getting a disturbed foster child professional help as soon as possible. Brenda explained that the process of getting a foster child into therapy is long and could take years. She noted that the twins still do not have a diagnosis and are just now undergoing screening. Second, Brenda stressed the importance of having a parenting partner, as well as other family and friends with whom you can vent your frustrations. Third, Brenda advised that taking on more than one disturbed foster child at a time is not a good idea. Brenda felt that had the twins been split up she might have been able to continue fostering one of the boys. Finally, Brenda noted that it is very difficult to give generic advice as all foster children and parents are different. Brenda said the fit between a foster child’s unique problems and a foster parents’ ability to tolerate that foster child’s behavior should be considered.
Anna and Dean - The Professional Foster Mother

Foster Family Constellation: Anna, the approximately 45-year-old African-American foster mother (at the time), Anna’s four older biological children (ages not given), several additional foster children (ages not given), Dean’s 4-year-old African-American sister, Miriam, and Dean, the 5-year-old African-American foster son.

Anna did not seem to feel the same love for Dean that she felt for Dean’s sister, Miriam. Anna struggled to make sense of Dean’s behavior and often compared Dean to her other foster children noting that Dean was just “really bad.” Dean’s behavior was unpredictable, and at times, made Anna feel angry and frustrated. Anna noted that Dean seemed to be a very mad little boy, who looked at her with such intense anger, that it made Anna fear he would do her bodily harm. Anna said that she had a theory Dean might actually kill her or do something to her family while she was sleeping. Anna knew this was unlikely because of Dean’s young age; however, it did not keep Anna from waking up in the night to make sure that Dean was not “creeping around.” In the end, Anna could not take it anymore. She felt bad about asking for Dean’s removal, but she was not willing to continue fostering Dean even if he got help (e.g., medication).

Anna spent a great deal of time worrying about what Dean might do either to Anna herself (e.g., kick hard, accuse her of sexual abuse), other people (e.g., act out sexually on another child), or to Anna’s possessions (e.g., destroy TV screen, dump bleach on the carpet). At times, her worry seemed to reach almost paranoid levels (e.g., Dean was possessed by the Devil). Anna felt she had to watch Dean 24/7, and warned others (e.g., daycare provider) to do the same. She explained that she did not want an
angry Dean to do any damage or injure anyone. Further, Anna was also very concerned that Dean (the “bad” child) would somehow corrupt his sister (the “sweet little girl”) by manipulating Miriam into going along with his schemes. At times, it did seem as if Miriam was following along with her brother. At other times, however, Miriam sided with Anna’s attempts to control Dean (e.g., telling Dean to stop), which made the difference between the “bad” Dean and the “sweet little” Miriam more apparent.

Anna struggled with her decision to remove Dean from the home, although once decided, Anna refused to change her mind despite the foster agency’s efforts to do so. Anna said that Dean’s behavior pushed her to the brink, and noted that she could no longer risk jeopardizing her family (e.g., losing her Act 33/34 Clearances, losing other foster children). Anna also stressed that her over-focus on Dean had been keeping her from spending time with her own family, and she longed for things to get back to normal.

In contrast, Anna also strongly felt that sending Dean away was akin to “kicking” the child out, which she hated to do. Anna noted that she did not want to add to the overall suffering experienced by foster children. It did seem as if Anna’s overarching love for children and desire to help made it harder for her to admit that Dean was too difficult. In the end, Anna had to “be real” and admit she did not know what to do for Dean, who seemed to need more one-on-one attention than she could give. Tearfully, Anna noted that she had not beaten herself up over her final decision to send Dean away, but did cry at the time. Anna still appeared to be curious about Dean’s progress, and took solace in the fact that Dean and his sister had not been separated.

Anna did not have any specific strategy for handling Dean’s problem behaviors, but would instead try whatever she could think of in hopes of stumbling across something
that would make Dean “act nicely.” Anna even tried praying over Dean as she feared he might have been possessed by the Devil. Anna also consulted with her foster care agency and was advised to restrain Dean when he was acting out. Anna would sit behind Dean holding him tightly while Dean would kick and basically have a tantrum in her arms. During these sessions, Anna would tell Dean anything that came to mind in order to make him stop (e.g., Nice boy’s don’t act like that, “I’m taking Miriam to the store, and you’re not going”). Eventually, Dean would calm himself, although Anna felt this was the result of his being worn out from all the activity. The only thing that really worked was to let Dean have his own way, which Anna was not willing to do. Anna felt that Dean’s hard life had made him into a defiant, little adult who refused to take instructions from anyone.

Anna struggled to make sense of Dean’s behavior and admitted that at times she had been shocked that he could do such “outrageous” (e.g., threw butter on floor) and mean things (e.g., pull hair of case workers while they were driving) without even being angry. Anna was confused even more when Dean would listen and be nice as if nothing were wrong. Anna felt Dean’s behavior did not make any sense; Dean was such a physically, beautiful child how could he be so mean. Anna said that she hypothesized about the effects that Dean’s early history had on his behavior (e.g., angry at his mother and father, didn’t want a substitute mom), but noted that she really did not know much about his background. Anna complained that no one had warned her about the intensity of Dean’s behavior and that she had to discover his triggers on her own (e.g., trigger word “no”). Anna blamed Dean’s behavior problems on the fact that they had been ignored, and Dean had gone undiagnosed. She expressed her strong conviction that you have to understand what’s wrong with a child in order to determine how to help.
Anna felt that Dean was not a loving child. He never acted in a loving manner toward others nor did he want hugs and/or comfort. Anna said she took care of Dean’s basic needs (e.g., food, shelter, clothes) and would talk to him, but she did not love Dean like she loved his sister, Miriam. Miriam was very affectionate in comparison. It did seem as if Anna and Miriam had been very close while Dean was left out. Anna speculated that something must have happened to Dean that made him reluctant to risk closeness, and she chose not to force the issue.

Part of Anna’s unwillingness to engage Dean on an emotional level hinged on her fear that he may have been sexually abused. Anna seemed anxious that if she did not keep a distance between herself and Dean others might think something “strange was going on.” Anna did not take Dean’s coolness personally despite the fact that she felt great anger because of his behavior. Anna believed that Dean did like her on some level; he just did not want to live with her or any other foster parent. Anna felt that because Dean had been unable to get his own way and return to his family, he was going to make Anna’s life miserable until the very end.

Anna said that Dean did not seem to care in the least if she went away and left him at daycare. Dean would just “get on with things” and walk away, which compared to his sister’s more age appropriate reaction to being left alone, seemed very strange to Anna. Further, Anna did not feel that Dean’s behavior at daycare had any connection to his being separated from Anna. Instead, his behavior tended to fluctuate as it did at home; sometimes he was fine, but at other times he would give the daycare teachers a “run for their money.” Anna explained that when reuniting with Dean he would never come running over. Dean just matter-of-factly “took care of business” like a little adult
helping his sister to get her coat in preparation for the trip home. Anna did not appear to be particularly disturbed by Dean’s unusual responses, but seem instead to be more focused on the very close relationship she had had with Miriam. It is possible that Anna’s closeness with Miriam made the lack of connection with Dean easier to overlook.

Anna expressed her concern that CYF and her foster care agency had given her only minimal facts regarding Dean’s behavior, although she thought they had knowledge that Dean had been experiencing additional problems. Anna said she certainly had not expected that Dean’s behavior would be so “horrible” or that her family would have had to put up with so much based on the reports that she had been given. Anna did not believe this information had been held back maliciously, but noted that without a complete account of Dean’s problems she had been unable to make an informed decision about whether to foster Dean. Anna felt that it was not fair to expect a foster parent to blindly approach a difficult child. She expressed her fear that should a foster parent “snap” under the stress a foster child might get hurt. Sadly, Anna thought that having accurate information about Dean upfront may have helped her to better understand the underlying motivations for his behavior (e.g., triggered by “no”). As a result, she might have handled Dean differently and possibly eliminated the need for his removal.

Anna offered advice to other foster mothers who might be parenting foster children struggling with attachment problems. Anna said you can give your foster child all the love possible, but that won’t necessarily make the problems go away. Anna advised foster parents to sit back and quietly observe their foster children taking the child for a mental health evaluation immediately should anything “strange” be noted (e.g., “Don’t wait and see what happens”). Anna stressed the need to let someone (e.g., CYF,
foster care agency) know about any concerns a foster parent might have regarding the foster child because the process of signing a child up for therapy is long and involves a lot of paperwork. Anna felt that Dean was a good example of a foster child who would have benefited from early therapeutic intervention, but noted that no one had taken Dean’s behavioral problems seriously enough to get him help.

*Joyce and Hannah - The Registered Nurse*

Foster Family Constellation: Joyce, the 71-year-old foster mother, Joyce’s husband, three other foster children (ages not given), one adopted older child, and Hannah the couple’s 2-year, 5-month, Caucasian foster daughter.

Despite her request for Hannah’s removal, Joyce said she felt very attached to Hannah and already missed her when she left for visits with her pre-adopt family. Joyce’s attachment seemed partially based on her belief that as a nurse with specialized knowledge she was responsible for Hannah’s complex, medical needs. Joyce was Hannah’s nurse, and although she was clearly very committed to sticking with Hannah (e.g., “I don’t throw kids away because they are not perfect.”), this stance allowed Joyce a certain degree of emotional distance. In general, Joyce tended to focus more on helping the foster children in her charge, as well as their families, rather than on how much she loved these children. This shift from “loving a child as if he or she were your own” to “helping a child who is ultimately going to be removed” might reflect the stance of a seasoned foster mother who has had to repeatedly give away her foster children.

Joyce said that she did not have a wish to adopt Hannah; however, she seemed conflicted about Hannah’s removal. On the one hand, Joyce appeared reluctant to blame Hannah (e.g., it’s not Hannah’s behavior, it’s my advanced age), while on the other hand,
she noted multiple times that Hannah, as well as Hannah’s birth mother, posed a danger to the welfare of Joyce’s family. In the end, focusing on Hannah as a “dangerous child” seemed to reframe Joyce’s decision in terms of “Hannah versus the family.” Joyce noted that she felt much sorrow for having to let Hannah go, but said there was nothing that she could do about that. Interestingly, despite her belief that the matter was out of her hands, Joyce often tried to convince people (e.g., foster agency, CYF) that she was doing the right thing sometimes in the face of significant pressure to change her mind (e.g., friends, foster agency). Joyce’s reluctance to reflect on how parenting such a difficult child may have affected her personally suggested that Joyce may have been guarding herself against feeling some difficult emotions (e.g., sadness, guilt) related to Hannah’s departure.

Joyce spent a great deal of time worrying about Hannah’s future and was concerned about the kind of child Hannah would become, especially if she did not continue learning. Joyce was particularly worried that Hannah’s new mother would be unable to care for her as well as Joyce had done, although Joyce seemed sincerely happy that Hannah was truly wanted. Joyce was especially concerned that Hannah’s new mother, who worked outside of the home, would not be able to provide Hannah with enough one-on-one attention. Further, Joyce noted that both she and Hannah’s services providers had been giving the pre-adopt mother written instructions and handouts in order to supplement the limited resources available in the new family’s rural community. Joyce expressed frustration that these instructions were not being followed, and there was little continuity between the two homes especially regarding issues related to boundaries and structure. In addition, Joyce said that she had been providing Hannah’s pre-adopt mother with information concerning Hannah’s specific behavioral issues because she was
worried that CYF and the foster agency had not done so. Joyce felt that Hannah’s pre-adopt mother should have full knowledge of Hannah’s difficulties.

Joyce approached Hannah first as a nurse who was treating a sick child, rather than as a mother, even though Hannah’s physical ailments had virtually resolved. Joyce stressed her aggravation that she did not know exactly why Hannah was having such excessive behavioral problems as there was no diagnosis and no MRI testing. She wondered at times if perhaps this information was available but just not being shared. It did seem as if Joyce were looking for a medical diagnosis for Hannah’s problems. Joyce felt that the best she could do was to try to “treat” Hannah’s behavioral symptoms (e.g., tantrums, defiance, provoking); however, this effort was frustrating and tended to focus Joyce even more on trying to decipher what was wrong (e.g., lack of communication skills, inadequate cognitive development, genetic inheritance, behavior as expression of underlying feelings, learned behavior). In the end, Joyce had to face the fact that she actually had no definitive explanation for Hannah’s behavior problems, but took comfort in her belief that Hannah had not learned the behavior while living with Joyce.

As a foster mother, Joyce saw herself as a teacher whose job it was to show Hannah how things were going to be. She did not appear to take into account issues related to attachment when parenting. Joyce expressed a great deal of frustration that Hannah’s birth mother had never appropriately worked with Hannah, despite Joyce’s assistance. Joyce stressed that it took an awful lot of work to get Hannah to make even one small breakthrough, although she believed that Hannah could improve when she was taught correctly. The idea of teaching Hannah applied to all facets of Hannah’s behavior including emotional aspects (e.g., developing close relationships); Hannah was better
with closeness because Joyce taught her how to give hugs and kisses (e.g., “I’ll kiss your boo boo.”). Joyce discussed emotional topics (e.g., hugs and kisses, saying I love you) in a rather detached, logical manner; although it was clearly apparent that Joyce had deep feelings for Hannah (e.g., keeping Hannah longer than the 30-day notice, tearing up during interview). Keeping some emotional distance and approaching Hannah’s behavior from a logical perspective seemed to be important for Joyce when dealing with Hannah.

Joyce noted that Hannah had difficulties with limits, boundaries, and structure from the time she first became mobile, and Joyce no longer had complete control. She said that Hannah really knew how to press her buttons, as well as those of her birth mother. Hannah was described as being defiant, provoking (e.g., “What are you going to do about it?”), and needing Joyce’s almost constant attention. Joyce felt that her responsibilities in the home (e.g., other foster children) made it very difficult to provide Hannah with the kind of attention she seemed to crave. At times, Joyce would actually ignore Hannah if she was merely “attention seeking” versus asking clearly for something. Joyce tended to attribute Hannah’s disruptive behaviors to Hannah’s always wanting her own way, and noted that Hannah would often become belligerent (e.g., biting, clawing, tantrums, bully other children), if things were not going in her favor.

In addition, Joyce stressed the need for Hannah to have physical boundaries and structure (e.g., play pen, car seat) in order to keep her from becoming over-stimulated. She felt that Hannah loved being over-stimulated, however, and noted that sometimes Hannah’s high activity level could actually lead to a positive outcome (e.g., could find her own things to play with). Ultimately, Joyce believed that overstimulation led to Hannah’s becoming more difficult for Joyce to handle.
Joyce felt the best parenting strategy was to be “firm” and to let Hannah know that you were not going to back down or go away. Joyce described specific interventions she used to manage some of Hannah’s disruptive behaviors (e.g., redirecting, distracting with objects, removing Hannah from the scene, ignoring/not reacting to Hannah’s acting out). Joyce noted, however, that it was very difficult to break a pattern of behavior once it had started. Hannah seemed to have a “one-track-mind” and could not easily be dissuaded from pursuing a particular course of action (e.g., “I’m going to do what I set out to do, and you’re not going to change me from doing it.”). Joyce attributed this to Hannah’s wanting her own way, but noted that Hannah “can’t be the boss all the time.”

Interestingly, Joyce felt that Hannah listened better to her husband and indicated that she would at times threaten his involvement as a way of controlling Hannah. Joyce speculated that her husband’s success was due to his firm tone of voice; however, it did seem that Joyce and Hannah were involved in a significant battle for control of their relationship while Joyce’s husband was not. Joyce expressed her belief that it was very important for Hannah to have a firm father figure who could serve as a backup parent.

Joyce described Hannah as demanding and difficult to get close to and noted that giving Hannah comfort had always been extremely challenging. Joyce said that trying to pick Hannah up could actually be dangerous as Hannah did not cling or hold on to anyone, but instead pushed away and wiggled out of your arms as if saying, “I don’t want you to do that.” Joyce felt Hannah did not actually want human contact, including that of her birth mother, and this was obvious to other people (e.g., Children’s Institute). Joyce happily noted that Hannah now seemed to be learning how to be affectionate (e.g., calling Joyce and her husband mommy and daddy, giving hugs and kisses), although she still
would fight to get away at times. Joyce talked about her fear that Hannah’s lack of
closeness might have been hard for another family to handle and expressed her joy that
Hannah was now able to be close. Joyce speculated as to why Hannah was doing better
(e.g., getting older, better communication skills), but thought it might actually have
something to do with her 11-year-old daughter, Cathy. Joyce believed that the child-to-
child interaction between Hannah and Cathy was important to Hannah development.

Joyce spoke emotionally about her initial experiences of separating and reuniting
with Hannah. She described throwing kisses and lovingly saying goodbye (e.g., “Bye,
bye darling”) to Hannah before visits with her pre-adopt family; however, Hannah would
not give any love in return. Joyce said it was almost as if Hannah didn’t care that she was
leaving. Coming home was no better as Hannah typically seemed “startled” to see Joyce
and the family (e.g., “Where did you come from?”). Joyce felt as if there was a wall
between Hannah and other people and noted “an emptiness” about her, which left Joyce
feeling as if Hannah had not been a “real” little girl.

Joyce said her inability to connect with Hannah had left her feeling empty and
worried that Hannah did not like her, although Joyce seemed to find relief in the fact that
Hannah was also disconnected from her birth mother. In contrast, Joyce described with
delight the “light bulb moment” when Hannah gave Joyce her first real hug. Joyce said it
was very exciting to feel that Hannah really did like her. Joyce explained that in that
moment she finally felt emotionally connected to Hannah (e.g., making eye contact,
smiling), who in some profound way had become more “real.”

Joyce had some specific complaints regarding the Child Protective System (CPS).
First, Joyce said the complex requirements of CPS made it more difficult to do such
things as collaborate with Hannah’s service providers. For instance, Joyce noted that initially, when Hannah’s CYF goal had been reunification, Hannah’s service providers had spent time working with Hannah’s birth mother rather than with Joyce. Joyce was in effect out of the loop, although she was the person who was most responsible for Hannah’s care. In addition, Joyce noted that the complexities of the CPS system were also affecting the progress of Hannah’s adoption, which had been delayed in part because her pre-adopt parents did not yet have their FBI clearances. The adoption process was further complicated because once adopted Hannah was going to be moving out of Allegheny County. This meant that CPS personnel working on the adoption had to navigate the rules of multiple counties, and no one wanted to step on anyone else’s toes.

Second, Joyce had concerns that CPS was not always upfront and honest with information regarding foster children. Joyce felt that it was very important that foster and adoptive parents receive as much information as possible in order to ensure a good fit between prospective foster parents and their foster children. Foster and pre-adopt parents should be allowed to make an informed choice as to whether they are willing and/or able to do what is necessary to take care of their foster child. Joyce was worried about Hannah in particular because she did not feel that CYF had given Hannah’s pre-adopt parents all of the details of Hannah’s history and special needs. Joyce took it upon herself to be as honest as possible with everyone involved (e.g., birth parents, pre-adopt parents) in order that Hannah receive the best quality of care. Joyce complained that the caseworkers could not be particularly honest because they had to follow the CPS guidelines and protect the confidentiality of the biological parents.

Joyce had some advice for other foster mothers who are parenting difficult foster
children. First, be as loving as you can be even if you are not getting any love back. Hopefully, at some point, maybe after “151 repetitions” of the same lesson, there will be a break through, and the “light bulb will go off.” Second, believe in your foster child and don’t give up even though it’s difficult. You have to keep working because it takes a lot of time. Progress comes in baby steps, which you can see only when you look back. Third, try to be a positive role model. If you have negative thoughts, it won’t work. Just say to yourself, “Tomorrow, hopefully, it will be a better day.” Fourth, if your foster child does not have a diagnosis, get one. Find out what is actually going on so that you can do what you need to do to get help. There are a lot of service providers available, but you need to communicate with them and let them teach you how to work with your foster child. Finally, it’s important to understand that adopting or fostering a child is really an educational process for the new parents. Often times, adoptive/foster parents say to themselves, “Oh, I need a baby so bad, and this is my baby,” but it takes a lot of work, and you need to realize that just wanting a child to love is not enough.

*Karen and Daniel - The Child Therapist*

Foster Family Constellation: Karen, the 45-year-old foster mother, Karen’s partner, and the couple’s 3-year, 6-month-old Caucasian foster son, Daniel.

Karen professed that both she and her partner had developed a deep love for Daniel and this love did not appear to waver in the face of Daniel’s significant emotional and behavioral difficulties. Karen called Daniel the “son of my heart” and expressed her strong desire to adopt him, although with some angst she also noted this might not happen given the complexities of the adoption process. Karen appeared reluctant to face the possibility that Daniel might actually have to leave her, and instead, she seemed to
deflect the emotion at times by taking a more clinical stance. Karen expressed her
growing concern that should Daniel be removed from her home, especially if he were
returned to his birth mother, Daniel would be devastated by the loss, and the experience
would likely “break him.” Karen did seem on the surface to be more worried for Daniel
then for herself, despite her own obvious deep, emotional investment in the relationship.

Karen took a developmentally informed approach toward parenting, which
seemed more therapeutic in nature and afforded her some degree of emotional distance.
She was exquisitely sensitive to the importance of Daniel’s continued growth from a
developmental standpoint; for example, she and her partner repeatedly evaluated what
Daniel’s next developmental step might be (e.g., going to bed alone), and planned how to
help him through the experience. Being able to talk through the details of each situation,
as well as any associated feelings, with a partner appeared to be an important piece of
deciding what was right for Daniel. Karen also tended to focus on assessing the
motivation behind Daniel’s behaviors, taking into account his history and her
understanding of his temperament, and then attempting to meet Daniel’s behavior with an
appropriate parental response. At times when no understanding of Daniel’s behavior was
apparent, Karen and her partner developed a hypothesis and would just “go on that.”

In addition, Karen acknowledged the importance of keeping Daniel in a routine,
while also letting him exert some control over his environment within whatever limits
and boundaries might be in place. Karen noted that deciding what to do to help Daniel in
the moment could be very trying because at times Daniel tested the limits. While at other
times, he just did not have the ability to do what was required even though he might want
to do so. Karen indicated that often times she allowed Daniel to try to do a certain task
(e.g., getting dressed by himself), but then if things did not appear to be working out, she took control of the situation, while giving him the option of trying again at a later time. Karen said that giving Daniel the responsibility of deciding when he was ready to do something seemed to make things go more smoothly, although not at bedtime.

Karen felt that her own emotional response to Daniel depended in part on her ability to “self-regulate” her emotional state in the moment (“when self-regulation is what’s needed, your self-regulation comes first.”). For instance, it was much harder for her to stay calm following a stressful day. Further, Karen felt that Daniel had “radar” that could detect when she was not able to self-regulate. Daniel’s difficult behaviors tended to escalate at these times, and he became increasingly agitated, often doing things that would make it more difficult for Karen to remain calm (e.g., spit water in Karen’s face). Karen indicated that on these occasions she called on her partner for a break (e.g., partner would take over parenting), and the distraction often disrupted the negative pattern of mutual self-dysregulation. Karen noted that it was difficult at times to decide whether Daniel should be allowed to ride it out with one person who was struggling to control his or her emotions or if he should have the experience of feeling safe and secure with another self-regulated adult.

Karen said Daniel had initially been unresponsive when offered comfort, although now he is readily able to accept this from both Karen and her partner. Karen did not appear to be overly disturbed by Daniel’s inability to accept her comfort, but instead, it seemed that she had again considered the problem from a therapeutic standpoint. Karen described how at first she would slowly approach Daniel while also helping him to verbally name how he was feeling (e.g., “Oh…do you feel bad,” or “I know you’re
Karen then began to ask Daniel directly if she could offer comfort, and if Daniel did not respond, she would pick him up anyway watching to make sure he was alright. When Daniel did start to verbally give his permission, Karen would pick him up, rub his back, and coo or talk in his ear in order to help him through the experience (e.g., “Oh I know that must be so…I know that hurt,”). Karen noted Daniel was also comforted by being given ice, which he would place on his face regardless of his injury (physical or emotional). Occasionally, Daniel still does not want to be comforted and says so. Karen respects Daniel’s wishes while also letting him know that she’s available.

Karen noted that it was very difficult to find babysitters for Daniel so that she and her partner could have a break. This was due in part to the requirements of the Child Protective System, which necessitates that people working in any capacity with foster children have their Act 33/34 clearances. However, Karen stated that she and partner were also deeply concerned that Daniel be able to maintain his sense of security in their absence, and noted that for this reason, Daniel could not be left with just anyone. Time must be taken in advance so that Daniel gets to know and feel comfortable with any babysitters. Further, Karen explained that it was also very hard for Daniel to feel secure and make daily transitions when either she or her partner were absent from the home, which made it very difficult for Karen to travel with work.

To facilitate Karen’s separation from Daniel into school, Karen, her partner, and Daniel’s teachers had devised a helpful routine. Karen noted the transition period itself was very short because she did not want to prolong and/or increase Daniel’s anxiety. The routine included Karen being affectionate and very playful (e.g., “I like you more than pie and ice cream,”), which seemed to actually bring Daniel and Karen closer together.
Karen also helped Daniel understand the reason for the separation by playfully asking him where each family member was going to be for the day (e.g., “Where’s Daniel go?” “Daniel goes to school.”). Karen indicated she then handed Daniel off to a teacher so that he would be able to feel secure, left with Daniel watching, waved to him, turned away, and did not look or come back.

In contrast to this description, Karen also gave a very emotional account of her experience. Karen appeared to struggle in a very profound way with the reality of having to separate from her foster child. Karen stated that as a foster mom she felt “horrible” when forced to leave Daniel at school, and noted that even in the midst of trying to help him make a good transition to school, she often also felt Daniel “pulling at [her] heart,” and just wanted to take him home. Karen admitted that at times she actually came back early to pick Daniel up from school. Further, Karen noted that she and her partner had contemplated the possibility that one of them would quit work in order to stay home with Daniel full time; however, Karen felt this might not be in Daniel’s best interest as it was also a good thing for him to be in school around other people. Karen and her partner seemed to put great effort into deciding together what would be in Daniel’s best interest.

Karen indicated that Daniel’s response to being reunited with her after a day at school had changed over time. At first, although Daniel knew that Karen had arrived, he would not stop playing and come over to offer a greeting. Karen noted that Daniel’s response seemed to be more than just his wanting to stay with the teachers or the other children, whom he clearly liked. Karen would end up approaching Daniel, and only then, might he acknowledge her and “jump into [her] arms.” Karen explained that now Daniel will sometimes come over and hug her around the legs when she enters the school,
although afterwards he typically runs away. Karen felt that this was a little easier for her to take and explained that, when Daniel refused to come to her, she could again feel Daniel “pulling at [her] heart.” Karen tearfully imagined that Daniel’s behavior was saying, “I’m not going to put myself out there. You’re gonna have to come to me,” and noted that Daniel had been through so much that he just couldn’t trust she would be there for him in his vulnerability. Karen said it was as if Daniel’s innocence had been taken from him, and it was breaking her heart and making her cry.

Karen stressed that when dealing with a child as difficult as Daniel it is important to have people, such as Daniel’s teachers at the Early Learning Center, to whom you could turn to for help. Further, Karen noted that having a partner/spouse who was available to co-parent was very important, and she doubted whether a single parent would be able to handle a child such as Daniel. Karen felt that it was crucial to be able to turn to her partner in order to get a break whenever things might be getting out-of-control, and she stressed that without this option she did not know what might happen. In addition, Karen emphasized the importance of being able to regularly talk with her partner about what was happening with Daniel (e.g., parenting strategies, developmental issues, feelings), and to receive morale support. Karen felt it was important that she and her partner assisted each other and that they remained consistent in their parenting so that Daniel did not in effect split them into a good parent versus bad parent.

Karen had some specific concerns regarding the Child Protective System including the foster care and adoption systems. First, and perhaps most importantly, Karen angrily noted that she had been unable to obtain adequate information about Daniel’s past, which Karen the therapist felt would have been useful in helping Daniel
make a good adjustment. Second, Karen relayed that she had not always been treated with respect by the various caseworkers on whom she was relying for assistance. For instance, one caseworker wanted to know why Karen kept asking for information because she had already told Karen that she had “no rights.” Third, Karen expressed her frustration that because of the complex nature of the system, it was impossible to know what might end up happening to Daniel. For instance, Karen seemed very reluctant to get her hopes up about the possibility that Daniel’s adoption would be finalized. In essence, it was not clear if it was actually a good idea for Daniel to become too attached to Karen and her partner. Further, Karen noted that at times her attempts to do what seemed right for Daniel often led to other difficulties (e.g., getting Daniel into the best school placement made him ineligible for county services). Finally, Karen explained that she felt inappropriate foster placements were being made due to a foster parent having been ill prepared or “duped” into taking a particular child. These placements tended to result in the child’s untimely removal from the foster home.

Karen offered advice to other foster mothers who might be parenting difficult children with attachment problems. First, try to be sincerely loving and supportive of your child, and then cut yourself some slack. Second, work hard with your partner and get help if you need it. Third, get as much information about your child’s history as possible because the more you know, the better you can understand your child’s behaviors. In addition, learn all you can about attachment and the effects of trauma on children. The more knowledge you have the better. Finally, try to be positive; tell yourself that it’s going to be okay, cling to your moments of success, and remind yourself of your wonderful child (e.g., hang up a cute picture).
In the end, Karen revealed that she had not planned on ever being a mother, but after loving Daniel, she was choosing to be his mother. Karen indicated that since taking Daniel into her home, life has become a balancing act where she is expected to juggle not only all aspects of daily living, but also to keep in mind and balance what’s right for Daniel (e.g., help him learn limits, help him to feel safe and secure, allow him to explore and grow). Karen did not say that parenting Daniel was easy, and in fact, she indicated that at times the experience made her feel as if she “suck[ed] as a mother” and a therapist. Despite this, however, Karen said, “Parenting Daniel is the hardest experience of my life, and the most rewarding experience of my life. How it will end, I don’t know.”

4.2 General Holistic Summary

The Individual Holistic Summaries of each of the five participant foster mothers fit naturally into one of two categories; foster mothers who decided to adopt their foster children (N=1) and foster mothers who asked that their foster children be removed from their care (N=4). Although this participant grouping was unplanned, it did allow me to also explore the foster mother’s experience of giving up her foster child, which I have included as part of the General Holistic Summary. Further, it should be noted that in general the experiences reported by these two sets of foster mothers were very similar; however, the one foster mother who was planning to adopt her foster child, Karen, did report some areas of critical difference. I do not know if other adoptive foster mothers would report having the same experiences. Rather than present two separate General Holistic Summaries, I have chosen to note the differences between these two groups of participants throughout this work in hopes of facilitating any comparison and contrast of the two divergent outcomes for parenting a foster child with attachment problems.
General Holistic Summary

Every foster mother involved in the study regardless of the number of children she had fostered in the past approached the task of building the mother/child relationship with high expectations that a positive bond would form relatively quickly. Feelings of love and care did appear to develop on the part of each of the foster mothers early on in the relationship, although to varying degrees of intensity. For instance, some of the mothers shared that they felt very emotionally involved with or “attached” to their foster child despite that child’s behavior. In fact, each of the participant foster mothers admitted that they had actually considered adopting their foster child after being asked by their respective foster agencies. However, all but one foster family decided against this option as their foster child’s behavior worsened. The magnitude of a particular foster mother’s initial feelings of love for her foster child seemed to be the upshot of a combination of factors including, but not limited to; some endearing aspect of the child (e.g., calling the foster mother “Mom”), a foster mother’s ability to empathize with her foster child’s experience, a foster mother’s sincere desire to help children, and/or a foster mother’s degree of openness to her foster child (e.g., viewing that child as family).

In addition to having initial positive expectations for the mother/child relationship, all of the foster mothers had also entered into their fostering experience with some awareness that foster children in general exhibit behavioral and/or emotional difficulties while in placement. The foster mothers understood that this was due in part to the fact that the foster children had been taken from their biological families, but it was also seen as a consequence of any past traumas they may have suffered. Despite this knowledge, however, all of the foster mothers felt that they had been caught off guard by
the intensity of their foster child’s behavioral problems, and as a result, experienced feelings of shock and confusion. Further, those foster mothers who had gone through a “honeymoon period” during which their foster child had appeared to be settling into the family well seemed to experience even more intense feelings of surprise and bafflement.

Foster mothers reported feeling almost constant worry as their foster child’s behavior problems increased. Some of reasons for this worry included fear that a foster child might hurt him/herself, some other person, or an animal, as well as fear that a foster child might destroy the foster mother’s personal property or cause the foster mother to lose her option to foster additional children (e.g., loss of Act 33/34 clearances). The foster mother’s level of worry and concern at times reached almost paranoid proportions (i.e., wondered if child was possessed by the Devil).

All of the foster mothers found themselves taking extra precautions to ensure that there were no mishaps and that no one got hurt. Often common attempts to “baby proof” a house had to be taken to extremes to ensure a foster child’s safety. Foster mothers tended to feel they should have been able to foresee these problems even though they knew the precautions were excessive. The extra time and energy spent watching their foster child (e.g., “24/7”) often left foster mothers feeling tired and worn out. All of the foster mothers noted the importance of having family or friends available for assistance.

Over time, as the behavior of each foster child became even more out-of-control, all of the foster mothers began to struggle with deep feelings of anger and/or frustration. Foster mothers described feeling pushed to the limit or “brink” of their tolerance especially when the parenting strategies (e.g., restraint) offered by their foster care agency or other professionals were ineffective. Some of the foster mothers even
expressed a wish to employ physical means of discipline. However, none of the foster mothers reported actually taking this step because they knew it was not allowed by their foster care agency, and it might prove to be traumatic for their foster child.

Experiencing high levels of anger typically left foster mothers dealing with feelings of guilt. This guilt stemmed in part from the fact that they had been unable to find an effective means of handling their foster child’s behavior, but also because they had actually contemplated physically hurting their foster child. In general, feelings of anger, frustration, and guilt tended to challenge a foster mother’s vision of herself as an effective caregiver and left many struggling with feelings of self-doubt.

A foster mother’s ability to effectively “self-regulate” her own emotional responses in the face of her foster child’s intense behavioral difficulties proved to be extremely important. Those foster mothers who were able to self-regulate tended to be highly conscious of their own internal process, although this was not always the case. Often foster mothers seemed to unconsciously or automatically respond to a foster child’s behavior as if that behavior were calling out for a very particular, unsuitable parental response (e.g., yelling). Further, foster mothers often vacillated between conscious self-regulation and unconscious, automatic parenting. Typically, the successful self-regulating foster mothers anticipated that they would experience occasional difficulties and preemptively developed strategies for dealing with the inevitability of being too tired or stressed to manage their own feelings. Importantly, the presence of a “parenting partner” who could take over parenting and/or be available for collaboration was crucial.

A foster mother’s feelings of love for her foster child were often in direct conflict with any feelings of anger and/or frustration she may have been experiencing. This
conflict left foster mothers coping with a significant amount of emotional turmoil. It was noted by some that the more emotionally close a foster mother came to her foster child the more that child would act out or push back against her love. One foster mother expressed her belief that the more her foster child was shown love and affection, the more fearful he seemed to become. He then took those fears out on those with whom he was closest (e.g., the foster family) in the form of negative behaviors.

Showing a foster child a desirable degree of emotional and/or physical closeness especially during times of separation/reunification or personal pain proved to be difficult and/or impossible. Karen felt that her foster son’s refusal to acknowledge her presence when reuniting at daycare reflected a reluctance on his part to “put himself out there” and trust in Karen. Attempts to be a “regular mom” and show affection often ended in disappointment as the foster child would not respond (e.g., did not seem to want human contact). Interestingly, it did appear that adopting strategies that let the foster child control the amount of physical and/or emotional contact while also respecting that child’s developmental capacity for connection allowed foster mothers to “teach” their foster children to accept love and affection. The presence of another child who was modeling more appropriate behavior was also thought to be important. Nevertheless, it was difficult for all of the foster mothers to deal with their foster child’s general lack of emotional and/or physical closeness.

All of the foster mothers struggled desperately to understand and make sense of what was happening to their foster children. Initially, the foster mothers tended to rely on their own experiential and professional knowledge of children, which varied greatly. As time went on, however, and the foster mothers experienced increasing frustration, every
mother with the exception of Karen reached out to professionals (e.g., foster agency, therapist, preschool teacher, medical doctor) in hopes of identifying an underlying framework from which to conceptualize their foster child’s problems. Finding some overarching framework was thought to be important in order that appropriate treatment might be found. Note that Karen also reached out for help from professionals, but not in order to understanding her foster child’s problem. Instead, Karen looked for support in handling what she had already determined to be attachment related difficulties.

Importantly, among this study’s foster mothers, the general level of knowledge concerning the significance of attachment was noticeably less than optimal and in some cases absent. The exception to this was Karen, the child therapist who had a depthful understanding of attachment theory, the ramifications of childhood trauma, and treatment options. Interestingly, Karen was also the only study participant who had been planning to follow through with the adoption of her foster child. In general, the majority of the remaining foster mothers seemed to consider the term “attachment” as a reference to a foster child’s reluctance to connect with anyone other than their own biological mother. There appeared to be no appreciation for the ways in which disordered attachment might manifest in particular behavioral and/or emotional problems let alone the significance of attachment on a child’s developing brain. Unfortunately, obtaining professional help did not ensure that a foster child’s attachment problems would actually be acknowledged or addressed. In fact, none of the foster children other than Karen’s son had had their specific problems conceptualized in terms of that child’s disturbed attachment.

Requesting a foster child’s removal was the end result of a complex, emotional process. Foster mothers struggled intensely to make their final decision and often
continued to parent well beyond the point when extreme behavioral problems were noted. The decision-making process involved a detailed consideration of the opinions of family, friends, and professionals involved with the family. Foster mother’s also conducted a soul-searching evaluation of their own beliefs about themselves as women and mothers. Often, it was a foster mothers’ reluctance to let go of the image of herself as a good mother that kept the relationship going for so long. In most cases, the final decision was made after it became clear that the foster child’s behavior was having an adverse effect on family members, especially on other children. Foster mothers who thought of their foster children as family members had even more difficulties. Concerns about the foster child’s best interest also weighed heavily in the decision, but this often sounded like rationalization after the fact intended to ease any guilt and/or alleviate a sense of failure.

The actual experience of a foster child’s removal from the home varied according to the particular foster care agency involved. This experience ranged from thoughtful, well-planned endings to abrupt, rather severe terminations where no one was allowed to even say goodbyes. Despite this wide range of experiences, however, each of the foster mothers went through a similar array of feelings after their foster child’s removal. Note that anger was initially a huge problem for those foster mothers who had been dealing with unsupportive foster care agencies. Specifically, everyone felt sadness over the loss of their foster child, as well as guilt that they had actually sent their foster child away. At least one of the foster mothers was “haunted” by fears that she had done more damage to her foster child by reenacting yet another abandonment scenario. Further, all of the foster mothers went through a period during which they felt like a failure not only due to the fact that their foster child had been removed, but also because they had not been able to
figure out how to effectively parent the child.

There were also commonalities in the progression of events experienced by all of the foster mothers when dealing with grief brought on by the loss of their foster child. Every one of the foster mothers reached out to other people in an attempt to manage their emotional pain. Those who turned to their foster agency were met by varying degrees of encouragement, again depending on the overall level of agency supportiveness prior to the child’s removal. In general, all of the foster mothers said it was very important to have someone available, such as a spouse with whom they had a close, emotional connection, in order to discuss what had happened and to share feelings. As the grieving progressed, all of the foster mothers came to the realization that they had actually done the very best that they could under the circumstances. Foster mothers reflected on all of the good times and acknowledged how strong their desire had been to make a difference in their foster child’s life (e.g., teaching him or her what it was like to be loved).

Ultimately, all of the foster mothers felt fortunate to have had the opportunity to foster the child. Making the final emotional break was extremely difficult, and many of the foster mothers harbored fantasies of seeing the child again. One mother was planning to continue the relationship as a respite foster mother.

Importantly, the process of coming to terms with the loss of a foster child was not linear in the sense that one step led with confidence to the next, but instead it was experienced by each of the foster mothers more as a jumble of thoughts and emotions. Conflicting feelings were present simultaneously, in a seemingly constant movement back-and-forth between the various, sometimes incompatible, emotional states. The affect of love played an important role in that a foster mothers’ understanding of and
desire for a loving connection with her foster child appeared to be a beacon in that complex, emotional storm. Coming to the final realization that loving her foster child was not going to be enough to forge the anticipated deeper connection was extremely difficult. Several of the foster mothers were so disturbed that they were actually going to take a break from fostering in order to regroup and heal from the loss of a foster child whom they had deeply loved despite all of the problems.

Complaints about the Child Protective System in general (e.g., CYF, foster care agencies, courts) were voiced by all of the foster mothers, although not all of the mothers experienced the same difficulties. Those foster mothers who were working with a supportive foster care caseworker experienced fewer problems and complained much less frequently. Many of the foster mothers noted that the Child Protective System as a whole was a cumbersome, complex entity, which often impacted foster children negatively (e.g., judges and caseworkers took to long to respond to a foster child’s needed, getting a foster child into therapy was difficult). Further, because foster mothers technically have “no rights” to their foster child, they were discouraged from asking questions, were not given much information about their foster child’s history, and in general, tended to struggle to make sense of what others had deemed to be in the foster child’s best interest. It did seem as though some of foster mothers opinions and observations were of no import to the Child Protective System representatives and were basically disregarded. This left gaps in knowledge about a particular foster child, which ultimately did impact decisions regarding that child’s future. Importantly, foster mothers who had been working in the system for longer periods seemed to be more effective in making requests for assistance, as well as having others (e.g., caseworkers, legal system) listen to their opinions.
Most of the foster mothers also made some form of complaint about their foster care agency. Specifically, foster caseworkers were accused of giving conflicting and/or inaccurate information, as well as refusing to return phone calls or keep in regular contact. All foster mothers criticized that it was difficult to get help for a foster child once he or she began to display difficulties. Further, it was common for a foster child to act out in one foster home and then be removed to a different foster placement without having received professional assistance. Once in a new foster home, the untreated foster child’s behavior again deteriorated. Foster mothers were concerned that moving from placement to placement without professional intervention reduced the chances of a foster child ever receiving help. The difficulties encountered when setting up services was due in part to the complexities of CPS; however, some of the foster mothers felt a significant lack of support from their caseworker even after repeated requests for assistance.

Foster mothers who were unable to secure adequate help often experienced feelings of anger and frustration as they watched their foster child’s behavior deteriorate while the “experts” refused to take action. Some of the foster mothers attempted to obtain outside help without involving the caseworker. The foster care agencies’ response in these cases ranged from angry orders that the foster mother desist to collaborative partnerships in which a foster mother’s input was valued. The degree of aid experienced by foster mothers depended on the general level of foster agency supportiveness.

Asked if they had any advice for other foster parents who might be going through a similar experience with their foster children, foster mothers offered the following suggestions. Foster mothers felt that it was imperative to get as much information about a foster child’s past as possible. Foster mothers thought that past history was important
in that it might facilitate a better understanding of the foster child’s behavior. At least one foster mother who had a less than optimal relationship with her foster care agency noted that it was important to be assertive and gather as much information as you could on your own. In addition, Karen, the only foster mother who was adopting her foster child, noted that it was also essential to understand the importance of attachment and the effects of trauma on children. This knowledge could help a foster parent develop a greater appreciation for and insight into her foster child’s inner world.

The foster mothers stressed the importance of getting professional help (e.g., therapy, preschool, DART) for a struggling foster child as soon as problems are noted. They warned foster parents not to just sit back and wait in order to “see what will happen.” One participant advised foster mothers to purposefully observe their foster child’s behavior in order to identify problems early because the process of getting therapeutic help could be long and complicated. Further, the four foster mothers who did not have psychological training emphasized the importance of getting a foster child a psychological and/or medical evaluation in order to diagnose and treat any problems.

All of the foster mothers advised having a general support system made up of various people (e.g., family, friends, church) who could offer comfort, listen to complaints, give respite, and/or make parenting suggestions. Several foster mothers also noted the importance of using the hotline support offered by a foster care agency, as well as relying on the individual caseworkers, who could provide advice and encouragement. Foster mothers believed that it was essential to have a spouse or other adult present, who could serve as a parenting partner by sharing in the day-to-day parenting duties. In fact, Karen felt that based on her experience as a therapist it would be almost impossible for a
single foster parent to raise a difficult foster child on his or her own.

Finally, the foster mothers gave some general advice intent on addressing their day-to-day struggles. First, be as loving and affectionate as you can with your foster child despite the fact that the child does not belong to you and might not be able to show you love in return; a “break through” could happen at any time. Second, keep working as hard as you can with your foster child, take baby steps, and do not give up. Third, believe in your foster child; push any negative thoughts out of your head. Tell yourself it will be okay (“Tomorrow, hopefully, it will be a better day.”). Fourth, be a positive role model for your child by managing your own behavior and emotional responses. Further, when you are feeling overwhelmed, take a step back and look for the special times you have had with your foster child. Sixth, cling to every success and remind yourself of these often (e.g., hang a picture that your foster child drew). Finally, if you really are loving enough, trying to be a thoughtful parent, and working to provide structure, then cut yourself some slack and realize that you are doing the best you can in that moment.
Chapter Five

Discussion

5.1 Summary of Contributions

This dissertation explored the experiences of five foster mothers who were parenting attachment-disordered foster children. Study findings included a General Holistic Summary that offered a powerful description of the life-world experiences of each of the foster mothers, as well as a detailed account of the foster mothers’ experience of losing a foster child due to their own request for that child’s removal. Further, a number of observations and implications were acknowledged based on this study’s results: (1) several foster mother attributes were identified and determined to be necessary for parenting an attachment-disordered foster child, (2) a foster child’s traumatic removal from foster placement was described and concerns regarding this type of agency intervention were discussed, (3) a lack of attachment-related diagnoses was noted among participant foster children and observations were made regarding the general deficiency of information provided by CPS professionals about the effects of attachment disruptions on foster children, (4) confusion regarding the diagnosis of attachment disorder versus autistic disorder was discussed, and (5) an outline of what foster mothers need from the Child Protective System was articulated.
5.2 Some Implications

In this section, I will review select aspects of the results obtained from the data analysis and discuss the meaning of those findings as they relate especially to the people and agencies involved in the work of helping foster children (e.g., CYF, foster care agencies, foster mothers). Specifically, I will focus on not only the experience of parenting a foster child who has attachment problems, but also on what the foster mothers’ experience has to teach us about the Child Protective System in general, as well as any practical aspects of the experience that may be beneficial for others to know. Throughout the chapter, I will return frequently to the literature review in order to dialogue with what is known about attachment, as well as incorporate some new materials that I did not initially anticipate would be relevant. Next, I will reflect on the method that I used in this research project in order to critique it. Finally, I will offer suggestions for further research.

_Foster Mother Attributes Vital to Parenting an Attachment-disordered Child_  

This study’s results paint a picture of the foster mother who is struggling to parent an attachment-disordered foster child. I did not attempt to determine if the attributes that follow might apply to all foster parents regardless of their foster child’s specific issues; I imagine that there is some overlap in the experiences of all foster parents. The attributes described below were derived mainly from the experience of Karen, who was planning to adopt her foster son. Many of these attributes, however, were also evident in the accounts given by the other participant foster mothers. Importantly, Karen was the only foster mother who possessed all of the attributes. I considered Karen to be a successful foster parent because she had not asked for her foster child’s removal.
A foster mother must be capable of truly feeling love for her foster child. She should presume that her foster child has the ability to form a mother/child relationship and expect that her love will be reciprocated even though it might not be for some time. This attribute or propensity to love can be witnessed in a foster mother’s general sense of openness toward her foster child. This openness includes in part a foster mother’s ability to empathize with the child and her sincere desire to help, as well as her capability to open up her heart and home. For example, Brenda’s emotional description of how she considered each of her foster children to be family members (e.g., their pictures stayed up on the wall) was a good illustration of this kind of open, loving stance. As was Julie’s heartfelt portrayal of her concern for her foster son after his sudden removal from her care. In contrast, Anna seemed much less inclined to open her heart to Dean especially once his behavioral difficulties started to increase. Anna’s love more so then any of the other foster mothers seemed to be contingent on Dean’s behavior.

Interestingly, despite this study’s finding regarding the importance of a foster mother remaining open to making a loving connection, some of the foster mothers reported being advised specifically by their foster agencies that they should not become too attached to their foster child. It is understandable that a foster agency might not want to encourage an attachment given that a foster child may realistically have to be removed from the home. After all, intuitively one would think that a strongly attached foster child would likely suffer more intense, emotional distress at the time of his or her removal then a foster child who was not strongly bonded. This study’s foster mothers seemed to have sensed, however, that keeping their emotional distance would deprive their foster children of an opportunity to potentially experience a healthy caregiver relationship.
A foster mother must understand that although love is a necessary prerequisite, love alone is not enough to ensure that a foster child will make a healthy adjustment. Attachment-disordered children do not always respond to loving care in ways that can be readily anticipated. Recall Julie’s concern that it was actually at those times when she was most loving toward her foster son that he would act out aggressively. As noted earlier, Bowlby (1969, 1973, 1980) found that children who were separated from their mothers for extended periods displayed unexpected attachment behaviors when their mothers returned (e.g., irregular attachment behaviors, anger, no response). Successful foster mothers try to understand the meaning of their foster child’s behavior and then plan responses accordingly. Karen’s account of her foster son’s attachment behavior when she picked him up from school (e.g., would not run to greet her, refused to look at her) illustrates this point nicely. Karen could have felt rejected by his response. Instead, she realized that his behavior was the result of his past experiences, responded with love in a way that met his actions in the moment, and then intervened in order to help him change.

A foster mother must have a greater than average understanding of child development, as well as knowledge of the effects that trauma can have on children and the implications of attachment theory. She should have a realistic appreciation of the kinds of behaviors that an attachment-disordered foster child might exhibit and be prepared to some degree for the emotional roller coaster that is likely to ensue. This kind of depthful understanding was perhaps the single most important difference between those participant foster mothers who ultimately requested that their foster children be removed and Karen, the only participant who was planning to adopt her foster son.

Unfortunately, the actual level of this type of knowledge required could not be
assessed in the current study. It seems unlikely that a successful foster mother would necessarily have to possess the skills of an experienced therapist; however, having the appropriate conceptual framework (e.g., attachment theory) from around which she might organize her experience would seem to be imperative. Access to knowledgeable, supportive mental health professionals who could ensure that a foster mother acquired the necessary specialized parenting skill might help to fill in any gaps in her knowledge base.

A foster mother must be able to “self-regulate” her emotional responses to a high degree when confronted by the dysregulated emotional reactions of her foster child. To accomplish this, a foster mother must be highly conscious of her own internal processes in order that she might monitor not only her own responses, but also those of her foster child and then respond to the child in a sensitive, attuned manner. In its essence then the term “self-regulation” entails more than just a foster mother’s ability to manage or control her emotional responses, but also requires a foster mother to reflect on what her foster child might need developmentally in the moment and act accordingly. This particular attribute, which was offered by Karen, reflects a more therapeutic approach to parenting. Importantly, the successful foster mother also realizes that she will not be able to perform this self-regulatory function consistently and develops strategies in advance for dealing with these situations (e.g., trade off with parenting partner).

The notion of a foster mother who is able to “self-regulate” is reminiscent to some degree of Ainsworth’s description of the mothers of securely attached children. These mothers were reported to be “substantially more sensitive, accepting, cooperative, and psychologically accessible” then mothers of insecurely attached babies (Ainsworth et al., 1978, p. 146). In the literature review, I noted that Cassidy & Mohr (2001) point out that
there is evidence a primary caregiver’s own attachment style (e.g., secure/insecure, disorganized) as reported on the Adult Attachment Interview (AAI) is “strongly predictive of infant attachment behavior” (p. 280). It is possible that foster mothers who were not securely attached themselves or who have not been able to resolve their own attachment issues might experience greater difficulties “self-regulating” their emotional responses. If this assumption is accurate, it might be advisable to assess a foster mother’s attachment security prior to pairing her with an attachment-disordered foster child.

Schore (2003a, 2003b) posited that the infant’s ability to self-regulate affective responses is the direct result of his or her mother’s own regulatory competence. It follows that a well developed emotional, self-regulatory function in foster mothers might also be necessary. Importantly, although Schore was interested in how attachment experiences affect the growing infant’s brain, he also stressed that current brain research “indicate[s] that the capacity for experience-dependent plastic changes in the nervous system remains throughout the lifespan” (Schore, 2003b, p. 202). It is possible that a reparative, emotional experience taking place between a self-regulating foster mother and her foster child could result in that child’s “catching up” emotionally. Supporting this idea, insecurely attached adults have been known to achieve “earned security” (Schore, 2003a), or “earned autonomy” (Cozolino, 2006) as the result of a significant, emotional relationship with another person be it a close friend, romantic partner, or therapist.

The foster mother must understand the importance of self-care, have an extended support system, and take the steps necessary to care for herself should she become overly stressed. There were several types of support that were mentioned during the interviews. First, all of the participant foster mothers stressed the importance of having family
members and/or friends who were willing to listen and give advice or provide respite. Second, the assistance of professionals (e.g., psychologists, therapists, medical doctors, teachers) was deemed important in order that foster mothers had the help of people who could provide specialized support and knowledge. This was especially relevant for those foster mothers who had no training other than the classes offered by their foster agency. Next, the Child Protective System’s assistance was noted to be important (e.g., CYF caseworker, foster care caseworkers); more will be said about this particular form of help later in this work. Finally, and perhaps most importantly, this study’s findings that the presence of a parenting partner (e.g., husband), who was available to co-parent by either physically taking over and/or by talking about what might be needed, was important to parenting success. Unfortunately, I was not able to assess whether a single foster mother might be able to successfully parent an attachment-disordered child, although Karen, based on her experience working as a therapist, doubted that it was possible.

The Traumatic Loss of a Foster Child

One unintentional finding of the current study was an explication of the foster mother’s experience of loss after giving up her foster child. Originally, I had expected to speak with foster mothers who were actually parenting an attachment-disordered foster child at the time of the interview; however, all but one of the participant foster mothers had already requested that their foster child be removed from their home. As a result, I was left with two kinds of foster mothers; foster mothers who had asked that their foster children be removed (N=4) and one foster mother who was adopting her foster son. The full account of a foster mother’s experience of giving up her foster child can be found in the General Holistic Summary, but at this point, I would like to talk specifically about the
disturbing removal of Julie’s foster son. I will begin by reminding the reader of the specifics of Julie’s experience parenting her foster son, Carl. Next, I will describe what happened when Carl was removed from the home, and then discuss that experience in light of both the literature on attachment and child trauma. Julie’s story is especially important because it highlights how the Child Protective System might actually cause a foster child, as well as a foster mother, to endure an unnecessary and traumatizing loss.

Julie, a 55-year-old Caucasian woman, was the foster mother of Carl, a 5-year-old bi-racial boy (Caucasian and African-American), who had a history of physical abuse, suspected sexual abuse, and multiple foster placements. Carl was Julie’s first foster child and had lived with Julie and her husband for four-and-a-half months before his removal. Carl’s behavior was relatively good at first (e.g., called Julie “mom”), and Julie, who “really did love” Carl, had high hopes for the relationship (e.g., considered adoption). Julie described acting like a “regular mom” by playing an affectionate game (summarized below) with Carl who seemed to respond well in the beginning:

I still bathed him. And when he got out [of the tub] I would play a game. I’d wrap him in a towel. And he’d always say, “I’m really cold.” And I’d said, “Well, if you’re cold then you have to get warm.” So I would hug him. After a while he’d say, “Mom, I’m really cold.” and I’d say, “Well, okay…then that means I get to hug you.” It became like a game. And he seemed to like that.

Over time, however, Carl’s behavior deteriorated (e.g., cursing, kicking, biting, hurting animals), and he began to regress developmentally (e.g., encopresis, enuresis). Strategies such as the affectionate hugging game no longer worked. In addition, there was a report made by a prior foster mother that Carl had acted out in a nonspecified sexual manner while living in that foster home. Julie never witnessed any sexual behaviors and did not believe this to be true; however, she began to watch Carl carefully.
Further, it seemed to Julie that the more she and her family loved Carl and treated him as part of the family, the harder it actually was for Carl and the more he behaviorally took it out especially on Julie. Julie told many quite shocking stories about Carl’s conduct one of which is summarized below. In this story, Julie is attempting to get Carl to go home:

I had to almost drag him to the car and he refused to get in. He went limp, which he would do. So I picked him up and put him in his booster chair, and that’s when he bit me. He got mostly my coat, so he bit me again. It went down hill from there. I did get him in his seat belt, but when we pulled out, he took his seat belt off. I thought he got out of the car. He opened the door, but he hid. It really scared me cause I thought he got out. He could have been in traffic. He was down under the seats, but he was down where I couldn’t see him. Then he finally popped his head up. I don’t know if he realized how panicky I was or heard the fear in my voice. I think when he saw me looking up and down the street then he popped up his head.

It was incidents such as this that finally convinced Julie that she could no longer handle the daily parenting struggles and asked that Carl be removed.

Complicating Julie’s situation with Carl was what in Julie’s opinion seemed to be an almost total lack of support given by her foster care agency, as well as CYF. Julie felt the Child Protective System had basically abandoned Carl and gave multiple examples of why she thought this to be the case (e.g., would not return phone calls, gave her incorrect information, gave her conflicting pieces of information). In the summarized material that follows, a still very angry Julie describes with exasperation her feeling of frustration:

I have to say that my husband and I were pretty angry towards the foster agency. We were really upset with the agency cause we wanted to help him, but we could not do it without help. We needed support along the way. I mean even the things like not having the 30-day hearing. They just weren’t doing anything. And then they’d call and say, “Well, you need to do this,” and “You should have been doing this,” but it was exactly the opposite. I’d call back, and I’d say, “You told me to do the opposite.”

Julie’s interactions with her foster agency did seem to be of poorer quality then those of
the other participant foster mothers, although their accounts were also often negative.

Julie struggled tremendously when it came time to make the decision to ask for Carl’s removal. She described feeling like Carl had always been a part of her family and expressed surprise at how quickly she had bonded with Carl despite all of the problems he was experiencing. When the final decision was made, Julie informed her foster care agency and asked questions about how to handle the move. The foster agency’s response is summarized in Julie’s words below:

They called me back again and they said, “I spoke to my supervisor, and they agreed with me (the caseworker). You are not to tell him anything. He is not to know.” I couldn’t pack anything. I couldn’t do anything. So I dropped him off [at daycare]. I went to work. I came home. I had about 15 minutes to pack everything together. And of course not everything got to go because he had [a lot]. We spoiled him. It was very hard. They wouldn’t even let us say goodbye. You don’t get to say good bye to them. That really bothered me cause I thought he’s going to think it’s just one more person that [left], and that haunted me almost for several days.

Julie emotionally described how she cried tears of anger directed toward the foster care agency that first day following Carl’s removal: “I thought; if you had only helped us. You’re working with agencies that are supposed to be experts at this, and you’re not getting any help.” In Julie’s words, one can clearly hear the emotional turmoil that not only did she feel due to her inability to get help from her foster caseworker throughout her time with Carl, but also the pain she felt over the way Carl had been removed. A tearful Julie said regarding her fostering experience (summarized below):

I wanted to make a difference. You know, I wanted him to really know what it’s like to have love. I think he did, but I don’t know. When I said my prayers I say, “I hope someday we get to see him again” and [tell him], “We really loved you.” They’re just babies.

Julie admitted that she was not yet over the loss of Carl, and thought she needed time to
recover before she could be a foster mother again. Julie said, “I think that when you love somebody and they go you need time to heal from that.” After the interview, Julie spoke about possibly moving on to find a different foster agency, which she hoped would be more supportive and understanding, although after her experience with Carl she was not sure she wanted to even be a foster parent anymore.

Unfortunately, Carl’s experience of his removal from Julie’s care is missing from this story. How did Carl feel when he was picked up unexpectedly at daycare possibly by a stranger and taken to a new foster home? Carl already had a history of multiple and sometimes abusive foster placements, which we know are “almost universally considered disadvantageous to children” (Barth et al., 2007, p. 2), yet he was taken abruptly and not allowed to process the experience with Julie and/or her family. Carl was not even given a chance to say goodbye. Regrettably, as Julie feared, it is likely given Carl’s attachment difficulties that he did experience Julie as just another person who was ultimately leaving. As a result of his experience, one might say that Carl suffered an additional instance of abuse this time at the hands of the Child Protective System entrusted with his care.

The sadness part of Carl’s story is that his removal did not have to take place in this manner. Julie and her family were not incapable parents or abusing Carl in any way nor was this an emergency situation related to child safety, which would all arguably be appropriate reasons for removing Carl immediately. In fact, it is very possible that should Julie have been able to secure therapeutic assistance in the home (e.g., Wraparound services) she may have continued parenting Carl, albeit surely with some difficulty. Brenda’s experience of the removal of her twins stands in sharp contrast to Julie’s situation and provides an alternative way for professionals to handle this
potentially traumatizing event. The twins’ removal was well thought out and involved mental health professionals, as well as teachers and caseworkers. Much work was done to help the twins process any feelings of loss prior to their removal.

The child trauma literature provides support for the opinion that under nonemergency conditions removing a foster child abruptly from the care of his or her foster parents is not advisable. Cognitive behavioral therapies designed to treat sexually abused children recognize that “general parental support of the child [is] often [an] essential factor in the child’s recovery from behavioral or emotional problems” (Cohen, Mannarino, Berliner, & Deblinger, 2000, p. 1213). Further, van der Kolk (1987) stressed that for children “the most powerful influence in overcoming…psychological trauma seems to be the availability of a caregiver who can be blindly trusted when one’s own resources are inadequate” (p. 32). In light of this, it could be said that ripping a foster child abruptly from the only secure caregiver to whom that child has access could not only re-traumatize the foster child, but also make it much more difficult for that child to deal with the psychological ramifications of his or her multiple losses.

Importantly, the attachment literature clearly shows that children require the presence of a primary caregiver, who will not only adequately take care of that child’s physical and emotional needs, but also provide a secure base. Support for this statement can be found in the works of Bowlby (1969, 1973, 1980) and Ainsworth et. al. (1978), as well as in the writings of other authors discussed in this dissertation. Children, and especially foster children, need to know that they can trust that their primary caregivers will stay close. It is only when a child can trust and feel secure that he or she may begin to expend energy on their own development. The unnecessarily, abrupt removal of a
foster child from placement traumatizes the child by taking away that foster child’s only secure base. Further, when a foster parent is not allowed to assist the child in making sense of his or her removal, additional psychological damage can be done that reinforces the foster child’s maladaptive attachment pattern.

Diagnostic Problems

Disturbingly, among the majority of the foster mothers (N=4) who took part in this study there was little to no understanding of the problems that are often associated with children who have experienced a disturbed attachment to a primary care giver. This is not to say that the foster mothers did not have at least a cursory understanding of the kinds of problems one might typically expect foster children to display; they did. However, the anticipated difficulties were mild compared to the actual behaviors shown by each of the participant foster children. Further, at those times when the term “attachment” was mentioned, it was typically used more as a way of referencing whether a foster child liked his or her foster mother rather then referring to the actual theory of attachment. Brenda, for instance, had one caseworker mention that the twins might have attachment problems, which Brenda took to mean that they would walk off with anyone and needed to be watched more carefully. Julie, however, seemed to have a more accurate view that attachment problems might be at the heart of her foster son’s difficulties. Julie had not been informed about the existence of attachment disorders by the professionals involved with Carl’s care, however, but instead by her own daughter.

Significantly, Karen, a therapist who worked in the field of child development, was the only foster mother who had a depthful understanding of attachment theory, as well as the effects of trauma on children. Importantly, Karen was also the only foster
mother successfully parenting her foster son whom she was planning to adopt. The fact that the majority of participant foster mothers had been told little to nothing regarding attachment theory was very disconcerting to me. After all, each of the foster mothers had been in contact with a variety of professionals involved with the Child Protective System (e.g., foster care caseworkers, CYF caseworkers, Wraparound therapists, psychologists). How could the obvious attachment problems of these foster children have been ignored? In the following section, I will refer to the literature review, as well as my own 10-years of experience as a Wraparound therapist in Allegheny County for potential answers.

As I noted earlier in this work, I have chosen to adopt the framework suggested by Hughes (1999), which envisions attachment disorders as existing along a continuum from mild to severe. From this position, theoretically, even a securely attached individual could potentially have areas of attachment sensitivity due to slight failures in their early caregiver histories. Typically these sensitivities would cause little to no problem. The child who experiences more profound deficits in the caregiving relationship; however, could be expected to develop increasingly more intense disturbances, which might ultimately reach the level of diagnosable psychopathology.

Interestingly, Schore (2003a) states that there is now evidence from several disciplines that suggests “all early forming psychopathology constitutes disorders of attachment and manifests itself as failures of self and/or interactional regulation” (p. 31). Schore uses the term “relational trauma” to describe how ongoing, ambient stress, which is deeply rooted within the child’s relationship to his or her primary caregiver, can lead to the abnormal development of structures in the infant’s growing brain (e.g., amygdala, hippocampus). These structures are crucial to a child’s enduring ability to regulate affect.
Further, Schore (2003a) notes that during “attachment transactions the secure mother, at an intuitive, nonconscious level, is continuously regulating the baby’s shifting arousal levels and therefore emotional states” (p. 134). For example, a secure mother places a pacifier in her infant’s mouth upon hearing the child begin to fuss thereby helping to regulate his or her distressing internal state. Secure mothers tend to facilitate “the interactive generation of high levels of positive affect in coshared play states, and low levels of negative affect in the interactive repair of social stress, that is, attachment ruptures” (p. 181), which allows the infant to push the limits of his or her ability to regulate both positive and negative affective states without becoming dysregulated for long periods. It could be argued that without these types of developmentally significant interactions the infant would almost without fail develop some level of attachment related difficulties that would fall along the attachment disorders continuum discussed above.

Importantly, and in direct opposition to the view that attachment disorders exist along a continuum, the DSM-IV-TR (2000) offers basically one diagnosis that takes into account a child’s attachment problems; namely, Reactive Attachment Disorder (RAD). The current criteria for RAD, which according to the APSAC Task Force (2006) “is one of the least researched and most poorly understood disorders in the DSM” (p. 80), is thought to allow for a diagnosis in only extreme cases. The diagnosis of RAD thereby fails to identify many attachment-disordered children. It follows that conceptualizing attachment as occurring along a continuum would allow more attachment-disordered children to receive appropriate treatment. Notably, this study’s foster mothers, who struggled intensely to make sense of the behaviors shown by their foster children, would have benefited greatly from the overarching framework provided by attachment theory.
I posit that by giving clinicians only one diagnosis by which to distinguish those children who are suffering from attachment problems the DSM-IV-TR (2000) essentially renders a child’s attachment difficulties to be invisible. The current study is a prime example of this phenomenon. None of the foster children involved in the study had ever been given a DSM-IV-TR diagnosis reflective of their attachment problems, and it could very well be that they did not meet the criteria for RAD. Unfortunately, however, it appears that the lack of an attachment related diagnosis made it much less likely that attachment issues would be discussed with the participant foster mothers. Karen’s positive experience of foster parenting was likely due to the fact that she already had the professional training necessary to deal with Daniel’s attachment problems.

Further, limiting the possible attachment related diagnoses to RAD only, leaves many attachment-disordered children open to receiving diagnoses (e.g., Oppositional Defiant Disorder, Bipolar Disorder) that do not accurately address the underlying origin of their symptoms. By this I do not mean to suggest that clinicians are purposefully trying to misdiagnosis the children in their care. However, when a more appropriate diagnosis is unavailable and a child clearly requires treatment, a diagnosis will be assigned. For instance, Wraparound therapy services were often the option of choice for this study’s foster children. Wraparound services require that a child be assigned an acceptable DSM-IV-TR diagnosis in order to for a provider to receive payment. This was the case for Brenda’s foster twins, who were receiving Wraparound services, but did not have a diagnosis reflective of their attachment problems.

In addition, the unfortunate reality of Wraparound services, at least from my personal experience, is that often the therapists proceed with treatment as if the diagnosis
were “true.” A Wraparound therapist is required to have a Master’s degree, but that degree does not necessarily have to be in psychology or a closely related field (e.g., social work). I personally worked with one Wraparound therapist whose Master’s degree was in Juvenile Justice. That therapist’s interventions typically consisted of teaching the child specifically about the symptoms of his or her DSM diagnosis. My point is that any one particular therapist might not recognize that a child’s difficulties are related to attachment unless the psychologist or psychiatrist makes this explicit in his or her evaluation.

One possible, but unlikely, solution would be for the next version of the DSM to adopt additional diagnostic categories for children with attachment problems. In this way, a diagnosis given to a particular child might be more reflective of that child’s actual underlying problem while also suggesting appropriate treatment. The *Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood* (2005) prepared by the Zero to Three National Center for Infants, Toddlers, and Families, provides a developmentally based system for classifying behaviors and might offer a good model (e.g., Deprivation/Maltreatment Disorder). Perhaps, a more realistic solution for Allegheny County would be to ensure that all persons working with foster children (e.g., caseworkers, judges, foster parents) understand the ramifications that inadequate attachments can have on foster children. Training programs for CPS and legal professionals (See Appendix J), as well as foster parents (See Appendix K) need to be developed and initiated in a systematic way throughout the county in order to make certain that every foster child is supported by knowledgeable individuals.

*Attachment vs. Autistic Disorder*

If, as was noted above, getting a DSM-IV-TR (2000) diagnosis indicative of
attachment problems is unlikely, foster mother responses to the DSM-Oriented Scales of the Child Behavior Checklist/1½ - 5 (CBCL/1½ - 5) suggest it might be considerably more difficult. The CBCL/1½ - 5 revealed that all of the participant foster children had elevated T-scores on the Pervasive Developmental Problems Scale. This scale assesses the likelihood of Asperger’s Disorder and Autistic Disorder. In fact, it did seem as if Brenda’s foster twins were scheduled to be evaluated to determine if they were Autistic.

Initially, I was surprised by this finding, although the DSM-IV-TR (2000) does note the need to differentiate Reactive Attachment Disorder (RAD) from other Pervasive Developmental Disorders when making a definitive diagnosis indicating that clearly there is a symptom overlap. After some reflection, however, I realized that this particular observation was not as unusual as I had first thought. It had actually been acknowledged in Bowlby’s time in the classic experiments carried out by Harry Harlow. In the section that follows, I will supplement my initial review of the attachment literature in an attempt to further understand the possible connections between attachment and autism.

Harlow is perhaps best known for his mother surrogate experiments conducted with baby rhesus monkeys, although his primate research involving the nature of love, loneliness, and depression delved much deeper. In some of Harlow’s early experiments (1974), baby monkeys were taken from their mothers when they were as young as five days old and fostered by either a wire or cloth covered surrogate mother. Significantly, the little monkeys preferred the cloth covered surrogate even when food was dispensed by the wire surrogate mother. Despite, however, what seemed on the surface to be successful surrogate parenting, a reporter quoted by Deborah Blum (2002) in *Love at Goon Park: Harry Harlow and the Science of Affection*, noted that there were many baby
monkeys who appeared to be extremely disturbed. “Some clung to the bars of their cages and shrieked at passersby. Others mauled themselves, biting their arms, ripping out fur. Many more present[ed] an unnerving picture of patient apathy…Hour after hour, they [sat] in strangely contorted positions or huddle in the corners of their cages, seeming to see nothing, seeming to hear nothing” (Blum, 2002, p. 177).

The results of Harlow’s monkey experiments, especially the responses of those disturbed baby monkeys, did not go unnoticed by other researchers such as Bowlby himself who regarded Harlow’s work as supportive evidence for his own theory of attachment (Blum, 2002; Karen, 1998). In addition, however, Harlow also caught the attention of Bruno Bettelheim who was a leading authority on autism at the time. According to Blum (2002), Bettelheim visited Harlow’s lab and was “struck by the rocking and pacing and self-clasping of the monkeys who had been raised with cloth mom” (p. 232). Bettelheim saw a clear parallel between his own observations of autistic children and Harlow’s disturbed baby monkeys.

Harlow did not agree with Bettelheim’s assessment that his baby monkeys were suffering from autism, although he did not deny that the terrycloth mother’s behavior or lack there of was responsible for the deviation in their normal monkey development. As Blum (2002) notes, Harlow ultimately did come to realize that the baby monkeys needed not only warmth and closeness, but also to be “hugged back” (p. 178) by their mothers. Harlow felt, however, that autism was most likely a genetic brain disorder, and in his review of a book by Bettelheim wrote, “Possibly some children are rendered autistic by maternal neglect and insufficiency, but it is even more likely that many mothers are rendered autistic because of the inborn inability of their infants to respond affectionately
to the mothers in any semblance of an adequate manner” (Blum, 2002, p. 233).

Importantly, Bettelheim’s conceptualization of infantile autism is of interest given this dissertation’s findings as it seemingly dovetails with attachment theory. Bettelheim (1967) believed that infantile autism resulted mainly from an infant’s interactions with his or her environment, although he did not “rule out the possibility that some prenatal deviation in development may be a contributing factor” (p. 393). The autistic child according to Bettelheim is faced with a “breakdown in communication [that] is caused by overwhelming anxiety” (p. 73) coming from the outside world either real or imagined or “because of some inner psychic process” (p. 73). The extent to which a child withdraws and becomes “autistic” depends on the quality and degree of the communication breakdown. Bettelheim writes (p. 73):

Those parts of reality that prove too disappointing or unresponsive will be defended against or replaced by imaginary ones that seem more satisfying; inner reactions that are too powerful will be repressed—all in efforts to retain some contact with the world and make at least some limited part of it secure. But when things go beyond this, when reality seems too destructive, then the person stops trying. Efforts to master some aspects of reality, and to come to terms with others through defense, are given up. Then the mental apparatus is made to serve only one goal: to protect sheer life by doing nothing about outside reality. All energy goes into protection and none is available for building personality. Behind it all lies the conviction that any being or doing would bring about some disastrous response.

Bettelheim (1967) felt that at the heart of the child’s break with the world was often the primary caregiver’s wish that the child would no longer exist, which the child could sense even in the subtlest of caregiver responses. The future autistic child then becomes convinced that his or her life is in “mortal danger” (p. 248) unless the child erects the “debilitating [autistic] defenses” (p. 248) that are intended to ensure his or her survival.

Bettelheim (1967) thought of infantile autism as existing along a continuum made
up of at least three levels or stages of self functioning, which depict the extent of an individual’s withdrawal from reality. First, on the lowest level of functioning is the “individual who has given up acting on his own, and does not react to his environment, who has withdrawn all cathexis from all aspects of reality, inner and outer” (p. 75). Examples of this type of withdrawal include children who suffer infantile marasmus; the simple wasting away of the infant without any sign of organic disease sometimes ending in death, and the mute autistic child. Interestingly, Bowlby and others saw infantile marasmus as evidence of a child’s need for interaction with a devoted primary caregiver.

Second, is the “individual who has withdrawn cathexis from the environment but not from his inner psychic processes through even those are undercathected” (p. 75). An example of this type of individual is the “talking autistic child who insists on sameness but still has angry, destructive outbursts” (p. 75). Finally, on the third level is the “individual who is locked in mortal struggle with an environment that seems both hostile and overpowering to him. Though he continues to act; he acts mainly in terms of his inner psychic processes which he has overcathected” (p. 75-76), this type of process can be seen in the “schizophrenic child who often fights the world violently” (p. 76).

Fascinatingly, as one reads Bettelheim’s (1967) account of the subtle mother/child interactions he posited could lead to autism; it is difficult not to also recall Ainsworth’s (1978) descriptions of insecurely attached children and their mothers. The attachment-disordered child, however, does not present exactly as the severely autistic children whom Bettelheim (1967) wrote about in his case studies. There are similarities (e.g., inability to accept comfort), however, which are difficult to ignore. Bettelheim himself questioned why some children developed autistic symptoms when faced with a
potentially hostile, caregiver environment while others did not. Bettelheim offered that
the deciding factor was most likely some characteristic within the child (e.g., organic
deficit). In other words, the child brings to the relationship an organic deficit, which the
caregiver reacts to in such a way as to make the child perceive his or her very existence is
in jeopardy. The child then responds by radically withdrawing from the world.

Further, the case studies (i.e., Laura, Marcia, Joey) documented by Bettelheim
(1967) are compelling in that they seem to offer substantiation for his position that
autistic defenses afford the infant a way of protecting against a hostile caregiver
environment. For instance, Joey’s mother reported after Joey’s birth, “I did not want to
nurse him. I had no feeling of actual dislike—I simply didn’t want to take care of him (p.
239).” This same maternal attitude reportedly continued throughout Joey’s early
childhood: Joey was fed on a strict schedule that left him crying alone for hours. Joey
received little comfort from his mother or father, who were both struggling
psychologically even before his birth. In another example, Marcia’s parents were
described as “wish[ing] that Marcia should not be (p. 159).” Here again, Marcia’s
parents were struggling with psychological problems even before her birth and were
basically not available to care for Marcia. Further, Marcia suffered a violation of her
physical body when she was forced to endure repeated enemas given by her mother while
her father forcefully held her down. Bettelheim’s descriptions of these early histories,
which he details in depth, are also prime examples of the lives of children who ultimately
develop attachment problems. Given these similarities, it is understandable that one
might question whether Bettelheim was actually working with autistic children, and if the
answer is yes, is it possible that attachment disorders and autism are related?
Today, however, researchers such as van Ijzendoorn et. al. (2007) point out that autism spectrum disorders have been found to be genetically transmitted, although the cause[s] of autism continue to be vehemently debated by parents, researchers, and clinicians (e.g., childhood vaccinations, parent responses). Interestingly, research is now being conducted on such topics as the nature of an autistic child’s attachment behaviors (e.g., seeking safe haven, clinging for comfort). Bettelheim (1967) noted attachment type behaviors in his case studies, although he did not attribute them to “attachment” per se.

Additionally, even a cursory search of the Internet reveals that the confusion between attachment and a diagnosis of an autism spectrum disorder continues. For instance, the parent of an autistic child complaining that her son was first diagnosed with an attachment disorder, which left her feeling as if she were to blame for his condition. Might it also be possible that there are children suffering from attachment problems not severe enough to meet criteria for RAD that are being diagnosed with an autism spectrum disorder? In this work, I will clearly not be able to sort out these questions; however, the findings of this dissertation do suggest the possibility that these two diagnoses, which call for vastly different treatments, might be easily confused.

What Foster Mothers Need From the Child Protective System

This study suggests that one of the most essential elements that the Child Protective System can provide to foster mothers parenting attachment-disordered foster children is a supportive relationship with any, and hopefully all, of the involved caseworkers (e.g., CYF, foster care agency, adoption agency). The literature review provides corroboration for this finding. Redding et. al. (2000) found that a supportive foster agency is crucial for maintaining a successful foster placement and outlined five
types of necessary support; namely, information about the child, resources to help the child, relevant training and consultation, respite care, and emotional support for foster children who complain about their foster parents. Further, Fish & Chapman (2004) suggest that the “lack of support for the parent-child relationship during [foster] placement” (p. 121) poses a contextual risk factor for the development of mental health problems in foster children.

Toward developing an adequate level of CPS support, it might be appropriate to say that a foster mother and her various caseworkers should form “working attachments” for the sake of the foster child. Paralleling attachment theory, this “working attachment” would afford the foster mother a certain felt sense of security because she would be able to turn to the caseworker for assistance. In addition, foster mothers would develop a basic trust in their caseworker as the authority when dealing with matters related to the Child Protective System, and as experts when it came to securing professional services for their foster child. Further, over the course of dealing with the difficult foster child, foster mothers might be expected to develop feelings of care for the caseworker, and visa versa, as foster mother and caseworker struggle together with the difficult emotions engendered by a foster child’s behavior.

How might one know that a particular foster mother and her caseworker have formed a “working attachment?” In other words, how would that “working attachment” actually appear to people? First, a foster mother’s attempts to contact her caseworker would be answered in a timely manner. In contrast, Julie, for example, had an extremely difficult time getting in touch with both her foster agency caseworker and her CYF caseworker. A still frustrated Julie relayed a story of how she had made 10 to 12 phone
calls to her CYF caseworker, but her calls were never returned. Experiences such as this often left Julie, and some of the other foster mothers, feeling the need to take matters into their own hands thereby advocating for their foster child. Interestingly, when Julie attempted to be a more aggressive advocate, she was told by her caseworker that it was not appropriate. In the end, Julie did not appear to trust that she would receive assistance, and in fact, expressed her belief that the “system” had failed her foster child.

Second, caseworkers would give foster mothers accurate and consistent information, and if for some reason this did not happen, the caseworker would take responsibility and explain. Again, Julie told a story of how her foster care caseworker had repeatedly instructed Julie that she was not allowed to work part-time and still receive money for childcare expenses. Julie kept asking questions because this information did not sound right to her, but still ended up missing 12 to 16 days of work before she received accurate instructions (e.g., she could work). No explanation for the inaccuracy was given. Interactions such as this seemed to add to Julie’s overall level of distrust in her foster care caseworker, as well as the foster care agency in general, and do not offer good examples of “working attachment.”

Third, caseworkers would respond promptly and in a supportive manner to a foster mother’s observations that her foster child was experiencing difficulties. Caseworkers would take the steps necessary to access the appropriate professional services in these cases. Although many of the foster mothers made this complaint, Anna’s story that her foster son attempted to set a prior foster mother’s shower curtain on fire without receiving therapy, was particularly troubling. Despite what appeared to be a fairly good relationship between Anna and her foster caseworker, the fact that Dean’s
behavior problems had been ignored led Anna to distrust. Anna also worried that the caseworker had been holding back important information in order that Anna would take Dean. Further, Anna felt that the foster parents of those children who did not receive help might end up losing control of them selves in anger and physically hurt a child.

Fourth, caseworkers would listen to the opinions offered by foster mothers and take a foster mother’s observations regarding her foster child seriously. What is really needed here is an open dialogue that encourages an honest exchange between foster mothers and their caseworkers. For example, Karen, the therapist, was hesitant to say anything to her caseworker for fear that it might put her foster son’s adoption plans in jeopardy; as a result, she kept quiet. Further, Joyce, who seemed to be very involved in advocating for her foster children in the judicial setting, noted that she felt caseworkers had could not communicate openly with foster families due to confidentiality.

Finally, caseworkers would offer foster mothers assistance in understanding and navigating the complexities of the Child Protective System. Many of the foster mothers were concerned that the intricacies of the Child Protective System were affecting the care received by their foster children. Joyce relayed concerns that CPS was making her foster daughter’s adoption more difficult. For instance, ordering oxygen or getting OT services instituted was complex due to the three different CPS county agencies involved. New foster mothers such as Julie had no understanding of what was happening legally. As a result, Julie often struggled to make sense of CPS rules and court orders. For instance, Julie spoke angrily about a judges decision to order Carl have visits with a prior foster mother. Carl’s behavior deteriorated as a result leaving Julie confused and perplexed. It is possible that given additional information these foster mothers might have suffered less
aggravation and been able to build better relationships with their caseworkers.

It should be noted that the development of this type of “working attachment” relationship between a foster mother and the various caseworkers is not sufficient to ensure a successful foster placement. For instance, Brenda in particular appeared to have a strong “working attachment” with her foster agency caseworker. She made minimal complaints about her foster care agency and talked about having what sounded like fairly open lines of communication. Additionally, these feelings of respect and esteem appeared to be reciprocal in that Brenda herself seemed to be highly regarded by foster agency personnel (e.g., praised as the agencies best foster mother). Despite this positive foster mother/caseworker connection, however, that placement failed.

A second major finding highlighted by this dissertation is that foster mothers of attachment-disordered children want and need more information from Child Protective Services regarding their foster child’s history (e.g., history of previous placements, behavior while in placement, history with biological parents). The literature review provides support for this finding in that there is evidence that foster parents who received good preparation prior to a foster placement demonstrated superior ability in handing their foster children (Orme & Buehler, 2001).

The foster mothers in this dissertation gave several reasons why this type of historical information was thought to be necessary. First, knowledge of the details of a foster child’s attachment history (e.g., history of past trauma, history of separations for biological parents, history of previous foster placements, information regarding the primary caregiver’s parenting abilities) would assist professionals in making appropriate decisions regarding any therapeutic inventions that might be needed to help a particular
foster child. For instance, Karen was able to utilize knowledge of her foster son’s past in order to work with his problematic behaviors in a therapeutic manner.

Second, knowledge of any unusual behaviors or past behavioral problems might help foster mothers develop a better understanding as to why their foster child might be behaving in a certain negative manner. For instance, the strange behaviors exhibited by Brenda’s twin foster boys (i.e., standing with their arms raised and fingers curled as if holding on to something) might have been explained had additional details of the neglect they suffered been made available. Or, as Anna pointed out, if she had a greater knowledge of her foster son’s past behaviors in placement, she might have been able to parent more appropriately. For example, had she known about Dean’s sensitivity to hearing the word “no,” she felt she would have avoided this situation. Further, it is possible that having a depthful understanding of a foster child’s past could alleviate some of a foster mothers’ guilt that they were actually the cause of the child’s problems.

Third, if foster parents were to receive a full disclosure regarding a foster child’s past, they would be able to make an informed decision about whether they could parent a particular child. Anna especially expressed a great deal of concern that placing difficult children in foster homes while withholding important information regarding the child’s past might ultimately lead to a foster child’s getting physically and/or emotionally abused in their new home. She described feeling a desire to physically discipline Dean, although she did not do so because she knew that this would further add to his problems, and she would be risking her own standing as a foster mother.

Unfortunately, giving foster parents a full disclosure regarding their foster child’s history is most likely not possible at the present time due to the CPS mandate to protect
the confidentiality of those families receiving services. In essence because of this, foster parents basically have “no rights” when it comes to the historical facts of their foster child’s life. As Karen noted, should foster parents ask about a foster child’s history caseworkers might bluntly make statements such as, “Why are you asking me that, I told you, you have no rights.” Further, even if a caseworker wanted to pass on historical information, there might actually be very little to no data in the CPS file to report. As Joyce pointed out, it was at these times that she often spoke directly to past foster mothers and/or biological parents in order to piece together the child’s background.

It is not clear how foster parents might be able to get a more full access to the historical information regarding their foster children. Julie suggested the Child Protective System needed to be “revamped,” and perhaps, this is not far from the truth. This dissertation suggests that foster mothers are not just surrogate caregivers, who have little influence over their foster children’s long-term development. Instead, foster mothers play an essential role in the ongoing growth of their foster children. The Child Protective System needs to change (e.g., share historical information) in order that foster mothers can become full members of the professional team focused on helping these children. In the meantime, however, foster parents should become aggressive advocates for their foster children (e.g., fighting for services, sleuthing out historical information).

Finally, study results showed that foster mothers are in need of information from Child Protective Services about what to expect from attachment-disordered children in terms of behavior and emotional connection, as well as the effects of trauma on young children and the ramifications of attachment disruptions. Karen, the therapist, was perhaps the best example of how this type of information might be useful. Karen was
able to apply her knowledge of child trauma and attachment in order to help her understand Daniel’s behavior and formulate parenting strategies that fit his specific problems. Given that Karen was the only foster mother who was committed to keeping her foster son despite his problems, it seems imperative for those who parent attachment-disordered children to receive adequate information about attachment, child development, and the effects of trauma on children.

Unfortunately, as this study showed, there was a general lack of information given to participant foster mothers regarding attachment and the effects of trauma on young children. This begs the question: Do CPS caseworkers really understand the importance of attachment and trauma when it comes to the young children in their care? Perhaps, this crucial information could be provided to CPS personnel in the form of a trainings and/or handout(s), which could then be used to educate foster parents. This study did show that foster mothers put forth great effort to find some overarching way of making sense of their foster child’s problems. Providing information that a particular foster child might be struggling differently then other foster children could potential help foster mothers (e.g., alleviate foster mother guilt, provide framework for understanding foster child’s behavior) focus more appropriately on the parenting task at hand.

A reasonable argument could be made that the comprehensive CPS changes suggested in this dissertation would be difficult to achieve even if only in Allegheny County. It is true that CPS, which includes all of the agencies involved in caring for foster children, is overtaxed and underfunded. But, it is also true that foster children, and especially attachment-disordered foster children, are not always benefiting from CPS involvement. Research underscores the ways in which failed foster placements result in
increased medical costs (Rubin, Alessandrini, Feudtner, Mandell, Localio, & Hadley, 2004), mental health costs (James, Landsverk, Slymen, & Leslie, 2004), and costs associated with housing disturbed foster children.

Importantly, however, monetary increases pale in comparison to the personal suffering of these innocent foster children who basically become “lost souls” living without even one person to love them without condition. These foster children often end up in the juvenile justice system or moving from placement-to-placement until finally “aging out” of the Child Protective System, which was not meant to continue offering assistance indefinitely. I posit that given the personal costs to an individual foster child, as well as the monetary costs to society, it would be more cost effective in the long run to make the training investment now. Training CPS professionals, as well as foster parents, would ensure that experts and prospective caregivers alike are fully prepared to take on the responsibility for the little souls entrusted to their care.

5.3 Method Revisited

There was one potential dissertation finding that I wished I would have been able to explore more fully. Two of the participant foster mothers, Brenda and Joyce, mentioned that their foster children had benefited greatly from interactions with their foster siblings. Specifically, Brenda said that she believed her pre-adopt son, Randy, had taught her foster twins how to play, and Joyce indicated that her foster child had been helped by the “child-to-child interaction” with her 11-year-old adopted daughter. Unfortunately, similar compelling comments were not made by the remaining foster mothers, although Julie and Karen did say their foster sons’ got along well with peers. As a result, this potential finding did not make it into the General Holistic Summary.
wish I had noticed these comments during the interview phase when I could have asked each foster mother directly about her foster child’s reactions to other children.

From a practical perspective there were several things that I wish I had done differently. First, I wish that I had been able to directly observe each of the foster children involved in the study as it was very difficult to determine with certainty that a particular foster child was actually suffering from attachment problems. Not only is direct observation of a child recommended in these situations, but some authors (Robinson, 2002) suggest that interactions between a child and his or her mother be observed in multiple contexts. Second, although I noted earlier that I had been keeping a record of thoughts and observations regarding the research as I went along, I did not do this nearly enough. There were often times when I thought I would remember something to record later, but then I did not log such a thought. Third, I wish that I had consulted with my dissertation director to review my data analysis as it was progressing. Often I had completed large blocks of work only to find after a meeting with my dissertation director that I had not been doing a particular piece correctly. Finally, and perhaps most significantly, I encountered major problems carving out large enough blocks of time to work especially when completing the data analysis. Throughout the majority of the project, I was working two demanding jobs and was frequently running from place-to-place within Allegheny and Westmoreland Counties. The end result was that it was extremely difficult for me to maintain continuity of thought, and I often found myself essentially starting over each time I sat down to analyze the data or write. It was only in the last three months of writing that I finally quit one job, and then started working at that remaining job even less, in order to concentrate more completely on the work at hand.
5.4 Suggestions for Future Research

Researchers in the field of attachment continue to explore the many different ways in which attachment affects children, parents, and families. For instance, professionals interested in how attachment influences a child’s ability to make a strong connection with an adoptive parent are actively researching the topic, and in fact, the Kinship Center Attachment Questionnaire was created by researchers and clinicians working with adopted children. The current study had a couple of notable limitations; namely, the small sample population of participant foster mothers interviewed and the use of only volunteer participants. However, despite these, the results of this dissertation suggest to me some specific questions that require further consideration. These questions follow along two divergent paths of interest, namely issues pertaining to the foster mother/foster child relationship and concerns regarding the Child Protective System especially in Allegheny County where all study participants were recruited.

First, this study’s results suggest the importance of love when it comes to foster-parenting a child who is experiencing attachment difficulties. Participant foster mothers spoke eloquently not only about experiencing great love for their foster children, but also about their foster child’s response to that love. However, a piece of that picture appears to me to remain hidden. Specifically, since the current study did not afford me the opportunity to observe the interactions between any of the participant foster mothers and their foster children, questions regarding how a foster mother’s feelings of love or lack of love might actually be affecting her foster child were inadequately addressed. In other words, the current study does not demonstrate an adequate appreciation of attachment as an evolving relationship between two individuals, in this case a foster mother and her
foster child. My personal observations of attachment-disordered child clients suggest that a foster mother’s emotions, as they are projected back to the child through that foster mother’s specific interactions (e.g., facial expression, tone of voice, body language), directly affect a foster child’s response. Further exploration of the ways in which both parties negotiate this potentially difficult relationship might aid other families and therapists who are working with attachment-disordered children.

Second, the results of the current study indicate that foster mothers who are parenting attachment-disordered children could benefit from knowledge regarding attachment theory, child development, and the effects of trauma on children. Sadly, I was unable to discern exactly how much of this type of information would have been helpful to foster mothers. I was in essence comparing foster mothers with basically no understanding to one foster mother who was a therapist. Further research might explore whether the foster mother without this type of training would be able to successfully parent an attachment-disordered child with specialized supports in place (e.g., therapist).

Third, this study’s results suggested that a parenting partner (e.g., spouse) was extremely important when it came to successfully parenting an attachment-disordered child. A parenting partner would listen to venting, discuss parenting interventions, and take over parenting should a foster mother become too overwhelmed. The question of whether a single foster mother might be able to successfully parent an attachment-disordered child came up during Karen’s interview. Based on her history as a therapist, Karen did not feel that a single mother would be able to handle the kinds of stress brought about by the attachment-disordered child. Further research might take a closer look at the experiences of the single foster mother who is parenting an attachment-
disordered foster child in order to determine if they are a “good fit” for this responsibility.

Foster mothers involved in the current study made some very concerning commentary regarding the ways in which the Allegheny County Child Protective System including CYF, the various foster care agencies, and the judicial system, are attempting to assist foster children. Further research might investigate various issues from a county-wide perspective in hopes of illuminating the ways in which particular organizations may be exemplary and/or deficit in hopes of determining a “best practice” regarding various issues. For instance, one foster mother relayed the story of how her foster agency had advocated removing her foster child suddenly and without warning, although the attachment literature suggests that this type of intervention would be harmful to the child. Future research might evaluate the specific ways in which each of the Allegheny County foster care agency’s, including the individual caseworkers, typically handle the removal of foster children. Study results could then be used as a vehicle for the dissemination of up-to-date knowledge regarding the handling of foster children during these transitions.

Finally, this study revealed a basic lack of understanding regarding the significance of attachment theory as it applies to children falling with the jurisdiction of the Child Protective System. It is possible that the current study’s results may have been negatively skewed by the small sample size of participant foster mothers, and there is in actuality a greater appreciation for the importance of attachment among local professionals. The organization for which Karen was employed is a good example of an agency that considered issues related to attachment to be of paramount importance. However, my 10 years of serving as a Wraparound therapist suggest to me that study results may reflect a true picture for a certain segment of the professional population. For
instance, I recently spoke with an Allegheny County adoption caseworker who understood attachment only in terms of whether a pre-adopt child “liked” his or her new mother. Further research might assess the general level of knowledge regarding attachment theory, as well as the effects of trauma on children, demonstrated by various professionals (e.g., CYF caseworkers, foster care agency caseworkers, Wraparound therapists, adoption caseworkers) in hopes of developing a fuller picture of the actual level of knowledge in Allegheny County. The results of such a study could be used to create training programs focused on increasing attachment-related awareness within Allegheny County.
References


mental health service use: The role of foster care placement change. *Mental Health Services Research, 6*(3), 127-141.


Main, M. & Hesse, E. (1990). Parents’ unresolved traumatic experiences are related to
infant disorganized attachment status: Is frightened and/or frightening parental behavior the linking mechanism? In M. T. Greenberg, D. Cicchetti, & E. M. Cummings (Eds.). *Attachment in the preschool years: Theory, research, and intervention* (pp.161-182). Chicago, IL: University of Chicago Press.


Orme, J. G. & Buehler, C. (2001). Foster family characteristics and behavioral and


APPENDIX A

Introductory Letter

Duquesne University
Psychology Department; 9th Floor, Rockwell Hall
Pittsburgh, PA 15282-0299

ATTENTION: All Foster Mothers

Dear Foster Mother:

My name is Cindy Byers, MA, and I am writing to extend to you an invitation to take part in an exciting new research project, which I am carrying out as part of my doctoral degree in Clinical Psychology. This project is intended to find out what it is like for foster mothers to parent foster children who are difficult to care for.

The study involves completing several questionnaires about yourself and your foster child and then taking part in one confidential tape-recorded interview, which I will conduct at a location convenient to you. In addition, each foster mother who successfully completes the interview will be given a Giant Eagle Gift Certificate For $20!

Criteria for Eligibility:

• Your foster child must be between 2 and 6 years-of-age
• Your foster child must have been living in your home for at least three months

Possible Benefits:

• Foster mothers often feel relieved to share their experience
• Your experience probably will help other parents struggling with similar problems
• Study results could help foster agencies give better support to foster families.
• The researcher could connect you with helpful resources if desired

Possible Risks:

• Talking about troubling experiences could be distressing.

If you are interested in participating, please contact me either via phone (412-396-6562) or e-mail (byers284@duq.edu). I am eagerly looking forward to meeting you and learning from your experiences as a foster parent. Thanks in advance.

Appreciatively,

Cindy Byers, MA
Duquesne University Psychology Department
Non-participant Foster Mother Interview Transcript

Barb and Scotty – Interview Transcript

R: I do have kind of a loose series of questions and then we’ll just explore depending on what you say. (P: Okay.) And the first questions aren’t really about the research itself, there just kind of preliminary questions that I’m going to ask you first. Let me know you’re child’s name to so I can…(P: Scotty….Scotty.)…Okay…good…tell me about Scotty. What’s he like? What’s his personality like?

P: Ummm….Scotty is a very loving, high energy, sensitive…he has the best giggle in the world, inquisitive…ahh….just loves to know how things work….he figures it out…ummm…he’s very sensitive to emotion…ummm….whether, you know, you could be very upset sadness…and he gets angry, you know, that scares him…ummm…what’s past, you know, I don’t know, but that’s…that’s….he not someone who would respond to being scolded or even a raised voice because that just makes him raise his voice….cause I slipped on the stairs yesterday. “MOM,” he screamed at me because I went, “OH,” you know, so…it’s really…

R: Is it anger?

P: Yes…but, he’s gotten a lot better, but…ummm…he’ll hit you…you know…and when he can’t get what he wants or if you weren’t understanding him, he would hit, but his speech has gotten a lot better. He does have a language delay…expressive language …ummm….but he’s come a long way. He’s been with us 4 ½ months fulltime. (R: Okay.) And…ummm…some developmental delays, but again those seems pretty much…ahh…testing out of Dart…which we’re not excited about.

R: Wait, how old is he?

P: He’s 3 ½. Ummm…yes, so he’s very bright and as I said, very inquisitive…very independent….likes to be in control…you know…{laughter}  Is that good?

R: Yeah…ummm…and this question considering we haven’t really talked too much about him it might seem weird but, do you…do you ever have like a wish that he was your child?

P: Umm…well, we are in the process of adopting. (R: Are you?) Yes…can I just tell you the story of how Scotty came to us? (R: Sure…sure.) We, my husband and I, decided that we did not want to adopt. We did not want to do foster care, so we…with Family Services…they were beginning a new program to do respite care…where
you would just be a respite foster parent, and you’d work with families rather than children. So…Scotty was our first child that we did respite with…we’ve only been doing this not quite a year. Next month will be a year. So…umm…he came for a week…and…the purpose being that so every time his birth…his foster family went away, he wouldn’t be with a different family. (R: Uh huh.) So he got to get used to me and my husband, and we’d visit…we had dinner at their house. They had dinner at ours…so it’s kind of like an…you know…so I know this person it’s not so scary. (R: Yeah.) Well…umm…they were…we were having him quite often, and then he was supposed to return to his birth mother last July and then she was arrested…and….begin using so that was a…that a move was changed. (R: Hmm hm.) But I think at that point…I think the foster mother had been so sure that he was going to…they were going to have him for adoption, that I think she just kind of shut off. Then she ended up having brain surgery in September…(R: The foster mom?)…Yes, which she…you is fine and everything’s okay, but…umm…then they were having behavioral problems with their birth son. He’s almost 5, but a little over 4 at the time…and…she didn’t want to do it anymore. Now, I think the father did…wanted to keep Scotty, but she did not. (R: Hmm hm.) So they asked us…the foster care agency if we would consider taking him. So we prayed about it, and we felt we were being called to do this. So…that’s how he came to live with us then…fulltime in December. So….{laughing}….I wanted to give you that background before I answered that question. (R: Yeah…yeah.) So…so…umm…at this point, yes I very much. {laughing} The TPR hearing is May 15th. Now, birth mom will likely contest it; however, she…she’s failed her last two drug tests…testing positive for cocaine. You know, I’ve spent my whole life and career, you know, working for woman like this. It’s very hard…you know…you don’t want to be eager for someone to screw up, but….if I focus on what’s best for Scotty, it makes it easier. So…and you know, she didn’t show up for her visit…her visits were cut from twice a week, to once a week, and now, once every other week cause she keeps missing so many, and then she missed again last week, after we rescheduled to meet her needs. (R: Yeah.) Cause we’re always like…do what’s best, you know, what will work with her. So…you know…it’s so hard…like either consciously or unconsciously she’s trying to do things that say, “I can’t take care of my child.” Because to come out and say that is just not something that’s socially acceptable, and it will be better for her to say to people, “CYF took my kid away,” then I said I can’t deal with him. (R: Hmm hm.) So. Umm…so you know, I very much want him to be ours. And when he first…when he spent that first week with us last June, we just fell in love with him, you know, we were happy that he had a foster family that loved him, but…you know…I would be lying if I didn’t feel like…”Ohhh, I wish he was mine.” (R: Yeah.) But in a very kind of…you know…fantasy because the day-to-day of a 3-year-old is like…My life is over and I knew it. That’s what I always tell people you know.

R: So…this is kind of a related question, but…how would you feel if he left now? How would you feel….

P: Oh God, I’d be devastated…yeah…cause I do feel that he’s my son. (R: Okay.)
You know, and…umm…even if the level of…even if I knew he was going to a wonderful, idyllic placement…umm…I would be devastated for myself, but I would be scared for him only because birth mother and then failed foster placement from attachment. I believe that he’s attached to me and my husband, and if he were to move again, I don’t think…I don’t know that he would be able to attach again. So at that level, it would be devastating, but even if that weren’t…if that weren’t even an issue…Oh, yeah…I would be grieving….yeah.

R: This is starting the research questions…I want you to think back and tell me about a time when you have to discipline Scotty or set limits for Scotty. Tell me what was going on and how he responded…what you did…kind of the whole…story about it.

P: As I said earlier, umm…when he first came to stay with us…when he was only staying for us respite, he really didn’t have any kind of behavior issues. And I think it was, you know, even what an older kid would do…a little child like…I’m in a new place. I’m just going to do whatever I’m told…you know…cause the foster family said this one thing…”We never see that.” And then the longer he spent time with us and trusted…then to kind of be…okay, I don’t have to protect myself from you. (R: Uh huh.) So one of the…umm…more of these biggest issues with Scotty is going to bed. It’s very hard. He doesn’t want to be alone. He doesn’t want to go to bed…umm…so that’s…one of the times he would start hitting…and scratching…and...he cut my husband’s hand. I mean this little 3-year-old. (R: Wow.) Umm…so ……………not that everything’s perfect now and that’s why when we have trouble with something now we have to think…well, think back…how, we totally did in 4 ½ months, he’s really grown. But…so…umm…I…so in terms of setting limits, it works if we talk through…okay, now what happened? Oh…I should use this as an example. (R: Okay.) If he runs out into the road…now again he’s gotten a lot better, but when he first came to live with us it was as if he had no concept of the danger of the road. He’s very fearless…umm…or the car would come and then he’d run in the middle of the road and like…taken on the car…like not getting…you know. So, where we would…what we do is we take him to the edge of the driveway…looking left, looking right…we don’t cross unless mom or another adult said it’s okay. And…then…umm…but he’ll still…we’ll be playing, and he’ll run out into the road. Even if there’s not a car coming, you know, cause he’ll say, you know, I don’t…I don’t see a car. So…stop and look. So…we’ve done a lot with…umm…like if he does run out into the road, well then he has to sit…whether it’s on the step or that grass. And we never do more then three minutes…umm…then timeout, we’ll have to wait to play again. Then try again, and sometimes…in…if we’re going to the park or we’re going to have to wait to go to the park before…you can’t ride your bike to the park…cause you’re not riding. Umm…and most times…ahh…he’s responsive, but I know like just this weekend…there was like, “Scotty, Stop.” And he was like running and laughing so…you know…it’s…it’s very challenging. So, yes…there’s a…and he…and it’s the face-to-face eye contact. “If you do this, this will happen.” (R: Right.) And then he’ll repeat back. “Okay, so what will happen if you go out in the road?” “I can’t go to the park.” And that has helped a lot. (R: Okay.) You know again with his language improving that he can verbalize it and understand
...okay that this is what’s going to happen. Did I answer?

R: Yeah...yeah...I think so. And it also brought up some other questions for me. Umm...the time when you said that he was scratching and...and hurt your husband’s arm and everything...what...what prompted that and what was going on....tell me about his response especially.

P: Well, he...I...I'm sure it was something with wanting to...not wanting to go to bed or it could be that he was in bed, and he wanted to keep reading a book...and like it’s time to turn off the light and umm...grabbed his arm and like scratched...and cut that...and a lot of times when he does that, we’ll hold him. Hold his hands, you know, and then I have to hold you still because you’re going to hurt me...or I can’t keep you safe...or sometimes we just had to leave the room, you know, say, “I’m right here at the door, but I...you’re hurting me, so I need to stay outside. And I need to calm down. You calm down in there, and I calm down out here.” (R: Okay.) But yeah that...I mean...oh...the poking in the eye and these...and my glasses broke...{laughing}...well not broken, but...you know...hitting and so it just...I just quickly learned I don’t wear my glasses when I’m laying down to bed {laughter}.....but...umm...and he used to go to bed so quickly, you know, so now there’s all this transitioning so...umm...yes...so...umm...that really has decreased so much. Though sometimes now if he hits, there’s no heart in it. It doesn’t hurt anymore...where he would know right where to hit you, and he’d say, “Hit me. Hit me.” And it would just break your heart. (R: Wow.) You’d think, “Where is that coming from?”

R: Yeah...what did you think...cause you said it’s gotten better and you’ve described some things that you were doing...what do you think was the most helpful or...in trying to change this behavior?

P: Well...umm...some of the things...I mean...the holding him. Holding his hands. Breathe. Calming down...umm...I think he has seen there are repercussions. I don’t...his former foster parents discipline was not their thing, and that’s why they are having so much trouble with their birth child. He’s having problems at school. They...they had difficulties setting boundaries and following through...you know...like their other boy would do something, and they’d be, “If you do that, you’re going to be in really big trouble.” Well, what does that mean? (R: Hmm hm.) Now, okay...okay, what’s really big trouble. You know, “That’s it then,” what does that mean? You have...and that’s why, you know, you can’t say, “Well then you all have to go home.” I mean that punishes everybody...and......umm...I was a teacher in a former life so I got very good at not dishing out punishments that punish me...{laughing}...like I never kept kids in for recess cause that punished me. They could stay after school. That was fine cause I had work to do, but...umm...ahh....so I think it’s consistency and, you know, that...we’re, you know, when...umm...the one night he throw water...a cup of water at me out of the bathtub. And I was like, “That’s it. We’re out of the tub.” And then I was holding him after...he likes to be held in his towel. And I said, “Scotty, when you hit me with that water it made me sad. That was mean.” He said, “That was mean?” And I said, “Yes...and I love you even
when you’re mean.” And you could just feel his body relax. (R: Oh…yeah.) You
know, so I think it’s just that consistent…you know…I love you and…when…even
when…I’m not going to hit you. Even when you hit me, I am not going to hit you.
(R: You would say that directly to him?) Yes…yes…

R: What was the holding with the towel?

P: We would hold him in our laps, and we’ll hold his hands down…you know…not
anything where he might say, “That’s hurts,” but it’s just a pressure. (R: Just kind of
containing…) Right…or…ahh…if we were sitting up, he’d be in our lap…if we
lying in bed, we would be lying next to him with our arms around him.
Predominately, it’s sitting on the lap.

R: How did he respond to that?

P: Well…I mean…it used to be…it’s kicking and, but we count…okay, I get to ten and
keep breathing and then we’ll try again. And there are times when it’s one time and
it’s fine…and then there have been other times when it’s been 20 minutes…you
know…and he just can’t get himself under control. And then finally, he maybe he
sits by himself for awhile and then can pick up all the toys he threw. Because that’s
what happens too, he’d start to get angry, and he would throw everything in his
bedroom and then…the diapers would all come off the shelves…and the wipes and
you know. {laughter} So I’ve gotten, you know, most of the stuff that…anything
that could hurt him, is not in the room so we know that if he does start throwing
things he’s not going to get hurt. (R: Right…right.) You know, but sometimes it’s
taken even half an hour before you can go in and…”Okay, you want to try again, and
I’ll help you, but you have to pick this up.”

R: So that consistency again…you said this was what was going to happen (P: Right)
and so even if it took a half hour for him to calm down…

P: Right…I’m going to hang in there with you, and we’re not gonna…you know, and
sometimes he’s gotten so upset. That hasn’t happen…it used to be that he’d just fall
asleep, because sometimes he’d be so tired, you know, and I’d go, “I know you’re
tired,” you know…and….

R: I hear you also kind of giving him language for what’s going on with him too. (P:
Right) Helping him be able to express…even if he’s not saying it.

P: When he falls or he just…screams…you know…he just aches from the depths of his
soul, and you know he’s not…it’s just all the ache in his heart from whatever….and
when…it’s…in the beginning I was trying…you know, we’d just let him cry, but now
it’s like, “Are you hurt or are you scared?” “I’m scared.” “Yeah, it scared you. The
fall scared you.” (R: Uh huh.) You know, and then he can calm down faster. Then
last week he fell on the garbage can. He slid off our bed, and I watched him bounce
off of the…he cut his head and a big bruise…so fortunately we’d been at the foster
care agency the day before….umm…{laughing}….um…the neighbors were like, “Oh, they wouldn’t take him away.” I said, “Oh, you don’t know.” You know, so …umm…..you know, there you know that he’s actually hurt, but there’s sometimes when he just slips. But now he’s playing with kids in the neighborhood and falls and…he’s a tough guy. He doesn’t cry. “It’s okay,” and he’ll say, “Oh, it’s funny,” when he gets up. (R: Oh…that’s funny.) Yeah….

R: What kind of problems was he having at the last foster parents that they were…they had some different ways of dealing with him then you did, and they were kind of struggling…

P: Well, they were struggling with their own child…. (R: Okay)…but, umm…. yeah…what would happen…and I think that because of their own child, I don’t think Scotty ever got any one-on-one time. (R: Oh, okay.) And I think he really needed …or he saw behaviors that were not…I mean he would imitate things that the other boy did and again there weren’t repercussions or I think mom would a lot of times would lose it….especially after the brain surgery. She was in a lot of pain and… that’s when he was spending a lot of time at our house. But…umm…he…umm ………a….some of the things that were hard that happened there is he didn’t learn to….she say, “Oh, he wouldn’t stay in his crib.” He sleeps in a bed now at our house….umm….he would want to get out and the crib was in their bedroom. And…. umm….he would cry and I’d be like, “We can put him to sleep, and he’s okay. He doesn’t wake up all night.” Well, then after he’s gone she says, “Well, maybe you can help us get our son out of our bed.” And I said, “What do you mean?” So the 41/2-year-old was sleeping in their bed. So he’s in the crib watching their son being loved and nourished by mom and dad….and I have to sleep in the prison. (R: Yeah.) So…like well of course he’s gonna do that….and like they just…they’re telling that so matter-of-factly and not getting that that’s a problem or things like….umm…..they each got CDs with these songs that have their names….the songs. So they gave us Scotty’s when he came to live with us, and they said, “He’ll probably sing our son’s name because we only listened to his.” I’m like….and you just say that to me like you think that’s okay {said with attitude}….so I mean that kind of stuff….so I think it was very…there was nothing that was his, and that was a big thing when he came to our house too. “This is my house. You are my mommy.” You know, and then their son came over for breakfast one day, and it’s like, “Is that his plate?” “No, it’s your plate. He just used it. Nothing in this house is his.” And then she…the mother made a comment to herself, “Oh, it’s nice that Scotty can have that toy cause he usually just hands them over to my son.” Cause her son would take them. And my husband said, “That’s what a bully does.” You know like…they just didn’t get it. So like…yeah…so…it was…yeah…

R: Yeah, so no wonder he was having some issues.

P: Yeah….so I think now it’s just like having that consistency and two parents, which I think was hard to for him in the beginning…to have somebody right there saying “No, you can’t do that.” You’re the boundary and….but on the other hand also
someone holding you as long as you need…..

R: Speaking of the holding thing…umm…is…lets talk about comfort…like if something did happen. If he fell down or cut himself like what you were just saying bouncing off the garbage can…umm…how…how would he respond? And how would he take to being comforted?

P: Oh yeah…I think that was one of the questions on the thing. Oh he very much wants to be comforted and wants to be held. Yes…like, you know, today at school…Monday’s are always hard, but…”Take me home. Hold me up.” Hold me up.” You know, he didn’t want to stay at school, but yeah, when he…and when he comes out of the bathroom…out of the bathtub, he just wants you to just sit and hold him wrapped in his towel. Yeah…he’s very much….

R: What is the…what do make of that that he wants that right when he comes out of the bathtub.

P: Well, I think like he’s a little chilled, you know, and it just feels good to be snuggled…and when I come out of the bathtub, I’d like to be….{laughing}….wrapped me in a big towel…a blanket towel, and just hold me. And I don’t know, you know, he was taken from his birth mom for neglect…and…umm….I think that she was arrested. He was taken away from her in a police car, and it wasn’t that he was left alone, but left with unsafe people. So I don’t know how much he was held. (R: Yeah…) You know…and the kids process their trauma when they feel safe enough to process it. (R: Hmm hm…) And so…I think a lot of times…he’s in a safe place now, so that’s when we saw a lot of the anger…and then also the holding…like…that’s what I need. I wasn’t getting that…I don’t think he got it enough at the other foster home either because there was the other child. (R: Yeah.) And they both traveled for work…so they spent a lot of time with grandma…or it was one parent or the other…I don’t know how much both parent time there was.

R: Was there ever a time when he…when it was difficult for him to take the comfort or did he…

P: Oh…no…no…he’s always been….you know…he always….

R: He needed it and took it…

P: Oh yeah…oh yeah…

R: Umm…you mentioned a little bit about…umm…problems going to school…what is like when you separate from him and when you reunite with him….can you tell me about a time when….like kind of a….like maybe school’s a good time…or a example of that…how was he?

P: Well, most day’s he, you know, he’ll like go….there’s a window. He goes to the
Children’s School at Point Park (R: Okay) and there’s an open square so I can walk around the hallway and look from the one classroom and if he’s at the window, he’ll wave goodbye. And a lot of the kids like to do that cause, you know, they have trouble separating. And usually it’s just a matter of…he hugs you, and then he’ll let you hand him to the one teacher or stand in a chair and wave at you in the window. (R: Okay.) But I {couldn’t understand} the first time he ever cried, you know, but we had a very fun weekend, you know, and it’s like, “I want to stay with you,” which, you know, I…I…I like my job a lot now, but there’s certainly the times in my life when I cry a lot on Monday morning…{laughter}….you know, I don’t physically cry, but I’m like awww…you know, my friend and I used to call them the Sunday blues. “Oh, if I would never work again, I’d be happy”….umm…so at that level you get that…and what was interesting is…he……he wouldn’t want to separate from you, but when you go to pick him up, he won’t come to you. (R: Oh he won’t?) No…it’s like…I’m not putting myself out there. And cause…I would come, and the kids would be, “Scotty, your mom’s here.” And he would…he’d get…you could see he was happy, but he wouldn’t look at you, and then I’d have to chase him, and then once I get him…he clings to you, you know, he’d cling to me like this, but it’s like, “I’m not gonna come running to you.” It’s like, “I’m not going to risk that. I need to know you are coming to me.” (R: Yeah…okay.)

R: So then when he does…when you do go to him though he’s really (P: Right.) clearly happy…

P: Oh yeah…oh yeah…now if it’s like I’m out at home…if he’s at home with my husband, and I go out and come home then he comes right to you…you know…cause I guess he’s safe. He’s with my husband. It’s a different thing. (R: Yeah, he’s in his space.) Yeah…and like Saturday night we went out for the first time…cause if we have people babysit, they have to have their clearances. So my friend got her clearances, and she’s come over lots, and he loves to play with her. So we went out, and umm…when we got home it was like…squealing and ran to the door.

R: Umm……if you could think about one of those times maybe when he wasn’t quite so nice to be around…maybe one of those hard periods when he was really struggling… umm…what was that like for you…like emotionally…like…you know, as a woman or as a mother, you know, how did that make you feel when he was…..really not responding, you know, the way you would have hoped?

P: Well, it’s hard I think certainly at the cerebral level, you know, he’s struggling…he’s had all this hurt, but at your…..your reflective or, you know, or your immediate response is like, “Why are you acting this way? I love you…and things are so nice here. Why are you screaming? Why are you hitting me?” {laughing} You know and yesterday well one time I said, “Oh Scotty can you just be quiet for two minutes,” cause he…what did he want at that point? He just kept saying it over-and-over…oh and then we went for a walk last night, “I want my car. I get in my car.” And it was just like, “Oh, stop!” {laughing} So if he’s angry about…so he’s just so….you know, throwing things or coming at you hitting…and it is. It’s hard cause you…you
……you’re emotional response…if that’s the word I’m looking for is…is…umm…is so strong to be hurt and angry and so it’s…sometimes if you’re too tired…you know, that’s why…God single parents…you know…that’s so demanding, you know, cause there’s no one to say to, “You know, I just need a break. I just, you know, give me 15 minutes.” But, there’s no one to pass off to. So…umm…and sometimes, you know, that’s what happens…you’re home alone and so you have to kind of…that’s when we were shutting the door and just say to him, “I need to calm down too.” Umm……so…so it’s trying to keep thinking in the middle of your own emotional response …okay, you know, he’s hurting or where is this coming from. And sometimes knowing that, you know, it doesn’t mean he can just do whatever he wants…you know, that having those boundaries…having the…is going to help him.

R: Right…right…So I’m hearing, and correct me if I’m wrong, that kind of staying with that…trying to understand or putting words to your own experience…that own emotional experience kind of helps you…that is that?

P: Right…yeah…and, you know, if I could just try to think of okay how is…where is he coming from…what is this like?

R: Okay…and…and your own emotional experience…you were talking a little bit about…kind questioning…why is he…why is he doing that? (P: Yeah.) Anything else that you feel in those times when you’re really struggling with him?

P: Umm…again probably I struggle a little bit more if I’m tired…if I…you know…if I just feel like I…umm…..I need a break, you know, myself. But I….ahh…but sometimes what’s happened, and probably not for a while, is the L’s…we’ll call his old foster family…I’m angry at them cause I think, you know, what did you…you know, what…how he came to you at 15 months…maybe he was already like this, but you…what did you do to him? You know…why…why…(R: He was there for a good period of time.) Right…and like the hitting and, you know, so being angry at someone else. And wanting to undue that…

R: Okay…yeah…I could see that…that would be…you know, like he was…he was there to hopefully get some good parenting and some good experiences (P: Right…right) and then being upset about that. Ummm…this is actually one of the questions, but out of the other interviews that I’ve done I had some of the mothers describing like how they felt their connection was with the child in that moment when the child was really having a lot of problems…so not just their own emotional feelings about it, but…like….their experience of the connection with the child. Did you ever notice anything…

P: You mean like a feeling that I wasn’t connecting with him?

R: Yeah, something like that or, you know, how that…maybe you still were connecting, but around…some, you know….maybe you were connecting with him…I don’t know how it was for you.
P: Well, I mean I guess I could say it from a point of ummm.......ahhh
...............seeing he was so filled with rage or anger that.......ahhh....that it wasn’t
a….like there are times when you know that like this isn’t a teaching time {laughter}
or you’re going to try to say, “Okay, when this happens.” So maybe not connecting
with him in that sense...(R: Okay.)...but I certainly….umm….what he used to do a lot
when he first came….he would just kind of tune out…like we would just say, “He’s
gone.” You know his eyes were just like shut off…this is bothering me. I’m shutting
off…like if a new person would come, shut off. (R: Okay.) So in that sense, not
connecting, but in those moments of…umm….when, you know, he’s angry and, you
know, I don’t know if there’s any disconnect. (R: Okay.) That’s not something I
think about.

R: Okay….okay…alright….umm….if you…umm…had an opportunity, which you do
right now, to give advise to anyone else who might be struggling with a child who is
difficult, what would say? What kind of advise would you have to give?

P: Umm……………have…get a support syst em, you know, it’s…I have a couple
friends who go like, “I’ll be your Warm Line. Call me.” {laughter} (R: Okay.)
Yeah…cause it is…you know…that…the first night that I was by myself, and it was
really early. He’d only been with us for two weeks and…in hind sight we know that
my husband shouldn’t have left for that long, you know, so it was probably hard for
him…it’s hard for me, and hard for him on a lot of levels. But…umm….you know,
to have someone…and I remember calling my mother like, “Oh my God I’m a
terrible person,” you know…umm…”I can’t do this. We can’t keep him. I can’t do
it.” {laughter} So…I mean just to have someone, yeah…to make sure you have a
support system, and to be….to not be hard on yourself cause, you know, these kids
come, and they’re very young and very little, but some are so damaged. (R: Yeah.)
And that doesn’t mean that they…that….umm…..that they can’t have, you know,
there isn’t hope for them, but there’s damage that your not going to be able to fix. (R:
Okay.) You know, like Scotty’s always going to have a hole in his heart. Any child
who looses their birth mother…and there’s nothing I’m going to do to change that,
you know, and to not put energy there…and…you know…to use what supports are
out there, but I think the biggest thing is not to….not to beat yourself up. That really
isn’t going to leave you anything for yourself let alone the child. (R: Right.) You
know, you have to take care of yourself…and talk to people, you know, because you
think, “Well, I better not tell anybody I’m feeling like I want to hit this kids,” cause
they’re gonna think I’m gonna hit them….you know…but, just kind of talk through
that…what do I do when that happens? I feel like I’m rambling.

R: No….no, no, no…actually I think sometimes when people are rambling is when I
catch some of the….cause it’s not the stuff you thought out already it’s the stuff that’s
just coming up...

P: Right, right…yeah…but, I think that’s been biggest thing for me.

R: So, support…having someone to talk to even about those things that maybe you feel
like, “Oh, people aren’t gonna…”

P: Well, the hard thing, and this is another piece of advice is, people talk to people....we haven’t started yet, but Track has an adoption support group, and we’re going to start going, but you know, or talking to other people who are doing a foster care because someone who has another 3-year-old, and you want to share your struggles with your 3-year-old, it’s not going to be the same, and their gonna say, “Oh, all kids hit a…” And I say, “Oh, do they tear your skin until you bleed?” And they look at you…you know…{laughing} …and the people mean well (R: Right), you know, but it’s not the same thing…you know…and it’s the same as having….and you don’t know long term repercussions for Scotty with his mental health…umm…but, you know…it’s...if someone has a child who struggling with mental health issues as a result of what’s happened to them and their, you know, their trauma…you know, someone else parenting their child…it’s not the same thing, and that doesn’t mean that their intentions aren’t good, but it’s good to seek out people in similar situations because sometimes when you talk to those folks its, to me, it just makes you feel worse cause you think well, “They seem to be dealing with it. Why aren’t I?” Well…well…your child’s different, you know…

R: Their child isn’t struggling with the same thing that your (P: Right…right.) child’s struggling with.

P: Right…right…they’ve had you their whole lives, you know, they…they’ve never had to question who my mother is…you know…who am I? How did I get here? What happened to me? And, you know, at 3-years-old you can’t...he doesn’t have a lot of language to wrap around that, but that’s still what he’s dealing with. How did I get here? You know….

R: So, you said you also talk with your friends…and do you find you’re talking about different things or I am…do your friends understand the….

P: Well, I mean some of them just let me talk, which is what I need. (R: Yeah, right.) My former boss…has two adopted children, and she adopted…they’re grown now, but she adopted them at 7, and…you know…they were in foster care and just horrible things and….you know, so she has been a great resource…umm…and it’s helped link us to very good resources….so that’s been very helpful, you know, I remember her husband when we first came…”You’re in the trenches now. These are going to be the hard, dirty days.” (R: Is that what he said?) Yeah….you know, and that’s why it is…it’s important whether it’s your exercising…your prayer…whatever you have that’s your outlet that you don’t loose those things, and I think that’s been the hardest thing for me too.

R: Don’t loose those things that give you what you need to …..

P: Right…sustain yourself. If you’re pouring everything into that child, it’s not going to last. You’re not going to have anything left for you….or the child. But, yeah…so…
so…there…umm…most of the friends I talk to it’s from a….just let me…just letting me talk kind of a thing.

R: Just kind of venting and….

P: Right….right…and my one friend has a child with sort a kind a on the autism spectrum, you know, he’s so borderline…different people say different things…but, even to talk to her…it’s…it’s easier to talk to her just because of having a child who’s different…so she’s been dealing with that…that kind of an issue.

R: So it might not be the same problems, but there are problems (P: Right) and so she probably understands some of the things. (P: Right…right…yeah…) Yeah…like talking to someone who doesn’t have a child with problems.

P: Right or like having people feel like….you know…making…people making comments, and it’s not like, “Oh, you’re just worrying too much.” “No, I’m not just worrying too much. There’s something wrong with my kid.” You know….so…and my background is special education so…I was a good resource for her too that she could bounce things off of (R: Oh.)…you’re not crazy……

R: And how…how has this effected like your relationship with your husband or has it effected it?

P: It’s really…it’s been a strain. And when we went into doing it, we knew…we prayed about whether or not to take Scotty because you first thing is, “Of course, we’ll take him.” You know, what will happen to him, but to take him cause we should, we knew was right…not fair to him or us. (R: Yeah.) So…we talked about how strong our relationship was and our communication and…and it is, but despite all that, it’s just ahhhh…you know, cause sometimes you’re both at the breaking point…or it’s just…umm…you know, you’re both tired or….it’s….or, you know, we have a nice sized house, but it’s not like we have a playroom, you know, so the toys are…and it’s just like, “Ahhhhh.” {laughing}, you know, or you feel like you just have no escape …when he…he does…you know, when you’re putting him to bed until 9:30 at night, and you know, there isn’t any time left for, “How was your day?” And…you know…so you stay up a little later talking and then you’re more tired the next day.
{laughing} And, you know, and we’re older…you’re stuck with old parents, you know, and I’m 42, and my husband is 45…so there’s that factor to. So it has been…it’s been…it’s definitely been a strain.

R: It sounds like your…you’ve been saying that he’s getting better. You can see changes in him.

P: Yeah…oh yeah…definitely…and again, he has his moments, but…like last night he was literally falling asleep at the dinner table. So we put him in the stroller cause he doesn’t nap on the weekends cause we just stopped fighting to make him nap. If he goes to bed earlier, fine. Well, we took him for a walk last week, and he went right
out, and we carried him to bed. Well, this week...he kept wanting his car. Well, when we got home...and we put him to bed, well he just was talking and talking...for an hour...{laughing}...and we finally said, “Scotty, I’m going to sleep now. Stop talking.” “I want to go...” he rode in a truck yesterday... “I want to go to...and my bed. I go loop-to-loop store.” Cause there’s this...we do a U turn and there’s a car dealership there. “And I buy truck. And you can watch me.” I mean it was....on-and-on-and-on {laughing}...you know, so it’s not like he’s misbehaving, but he’s just so....(R: Yeah.)...and he didn’t have a nap. He must have been on fumes at that point. And then it was like...boom...and then he was out. Oh...

R: Anything else that you haven’t told me about yet that you think is important or help me understand like you’re experience with him or....

P: Probably is hardest thing is the system. (R: Okay.) You know, one of the reason it was nice you could come to work is we’ve so many people coming into our house...it’s just like. I can’t stand to have another person in my house. And we have seven different people come into our house. (R: Really...what?) Because we have our...CYF contracts with Family Services...that’s the agency we work with, but we have to have visits from the CYF caseworker and the Family Services caseworker...and I’m like, “Why do you contract with an agency, if you’re gonna come.” Well, we’re in pre-adopt so we have an adoption caseworker who also has to make monthly visits. “You can’t talk to the CYF person?” Yeah, so that’s three people. Then we have the adoption counselor who’s working with us to make a life book for him. Then he has his speech therapist, and then he has his developmentalist. So it’s six people. The seventh person was from the Alliance, and she was...that was just one month she came. (R: Oh, okay.) So it’s just like six different people, you know...and...umm...it’s also just how poorly...umm...the CYF staff treats us...(R: Really?)...you know, like I’m to the point of firing a...a got the hotline number to call...and they’re just not giving you information....well, you have no rights...you know...and saying they’re gonna do one thing, and not doing another...not getting back and it’s...it’s just...umm...it’s very disheartening. So I would, you know, it is not a pleasant system. There are things I’ve learned about I never wanted to know. You know...{laughing}...so that’s...umm...that’s hard, and you see the toll that it takes on kids, and also how ill prepared foster parents are. The training they give them is....like I was in the training, and I thought, “This is ridiculous.” (R: Really?) You know, so that...I feel that people aren’t absolutely prepared, and in the old foster parent’s defense, I don’t think they had enough training...or the proper training to help them with these matters.

R: What kinds of....clearly you can’t go through the whole training thing, but what kinds of things...

P: Well, it wasn’t necessarily that the content wasn’t accurate, but it was presented by people who...okay...I read this stuff on the Internet over the weekend and here’s...you know...they didn’t know it. They just found someone to do it. (R: Oh, wow.) You know, and then one person would ask a question and be off on a tangent with
this individual…you know…they want to know, “What if the kid says this? What if
the kid say?” And you know, those are all good questions, but save it for the end.
And again, I’m a teacher, so I’m…you know…{laughing}…I’m usually like,
“Ahhhh.” So I just felt like it was just…things…okay, I’ll give this to you cause I
have to. I’ll just walk though the motions, but people then can’t…

R: Didn’t actually have experience doing it (P: Right.) or being able to live out what
they just heard.

P: Exactly, or they go through the training and don’t get a kid maybe until three months
later and who’s retained any of that.

R: Yeah…yeah…umm…you mentioned something a little bit earlier in this section
you’ve just been talking about…and I’m not sure exactly what you said, but it was
something about…umm…not having enough information or not getting information.
We’re you talking about not getting information about the child?

P: Well, you can’t…you know, you’re not allowed to see his file…so, you know, you
only get what they tell you….the pre-adoption caseworker gave us some more
information, but just in terms of like the court hearings…we were supposed to have
an Interactional where a psychologist observes us with Scotty. Well, the judge in
November ordered it to follow immediately before he even came to our house, and
they said, “Well, we’ll do the one with the mother first. Let’s get him to your house.”
Cause things were really breaking down with the other foster family…and…umm
…we were like, “Fine.” Well, then the mother had hers in January. Every month
we’d ask, and there was always a different reason. Well, then it’s like, well now the
hearings coming, and we haven’t had one. So now they’re telling us…so finally, the
adoption caseworker wanted to schedule it. Well, she was told she couldn’t, but she
said…this person…this caseworker clearly dropped the ball. (R: The CYF
caseworker?) Yeah…and so I called her supervisor. “So, you know, you don’t need
it for that hearing.” And I said, “That’s not the point. The point is, it was ordered by
the judge.” “The judge never ordered it.” “Yes the judge did.” And, you know, well
the psychiatrist wanted to wait. And I said, “So the psychiatrist overrules the judge?
Just let me be clear here.” And she would never say, “Yes,” you know. Umm…..and
we just…you know…obviously, we don’t want to do anything that’s going to piss the
judge off and screw things up for us. So…you know, and I said, “If she would have
told me that three months ago when we started doing this, then it would have been
fine. But, it was always a different reason, and no straight answer….You have no
right…you don’t need to know. And that’s just inappropriate. We’re adults.” And it
was just…our…so that kind of information.

R: When you say you don’t have no rights…you don’t have…(P: As a foster parent.)
Okay, is that about what actually the child might be…the child’s actual issues, or is
that about what’s happening to the child in the system?

P: Right…I mean any of that…(R: Oh any of it.)….you have no rights to…and that’s
one…I think a law has been just passed recently that foster care parents have the right to speak in court now…

R: Okay…so that was another issue then this whole thing about dealing with the system…(P: Right…right.) And kind of wading through all that…that was…

P: That was exhausting…or it’s like a second fulltime job and then…you know, it’s meet with you here….and my bosses are…in the office…it’s been so supportive, you know, letting…flexing schedules…and (R: Oh how wonderful. That’s really great.) …yeah….oh, I’ve made…if we we’re in the case and we had a job…like this one woman who is foster a 5-year-old who…oh…kept getting thrown out of school every day…you know, she said they kept calling me at work, and I was getting pressure at work about what are all these problems, and I…here’s this person trying to do…volunteer and she’s gonna lose her job, and that’s why…you know…I can’t imagine how we would have dealt with it if we had…you know…got to be here at 8:00 every morning.

R: So…that’s an important thing that I don’t think I’ve heard so far…all that I’ve heard…you know…mother’s complaining about how difficult it is to do everything and juggle everything, but having…not only friends to talk to, but possibly a work place that’s very open to….letting you work through some of this stuff.

P: Yeah…and even when he first came to live with us…come in late, leave early…use sick time. It’s okay. And that makes a huge, huge difference.

R: Anything else you can think of?

P: Oh…I’m sure if I sat there long enough…{laughing}…

R: I always feel like, “Oh, I’m going to miss something…”

P: Oh…if I think of something, I’ll contact you, but no I think I’ve shared about everything. Again, we are relatively new in the process for where we are. {laughing} Yeah, certainly a year ago, we didn’t expect to be here.

R: Yeah…but it…it just felt right or how did you…I mean you mentioned it a little bit about when you decided to take him.

P: Well, yeah, you know, we moved from the should, but we just felt like…we could just see all these events that had happened…the timing that we came into his life and…really just…and…it’s how much we loved him and felt like, “Okay…,” that this was being asked of us, and we were wanting to say yes for him.

R: So, you just felt a lot of love for him…(P: Oh yeah.)…even though you didn’t have him all that long…you felt…
P: Oh, yeah….I mean….he spent a week with us the first time when they were on vacation, and we’re like, “We’re not giving him back.” Yeah….

R: Do you think he felt the same way.

P: Oh, yeah…it’s hard now because he wants us all to live together. Like lets go to the old foster family’s house, and…you come and daddy come and we’re all live there. And you know….we can’t all live there. But, I think that’s just the way he’s trying to….”How can I make okay. I don’t understand.”

R: Yeah…it must be really difficult for him. Okay…so if there’s nothing else that you can think of, we can go ahead and end…and if there is something else that comes to mind, you can always let me know.
APPENDIX C

Consent Form

CONSENT TO PARTICIPATE IN RESEARCH STUDY

STUDY TITLE: The Foster Mother’s Experience of Parenting a Foster Child With Attachment Problems: An Empirical Phenomenological Investigation

INVESTIGATOR: Cynthia Byers, M.A.
Duquesne University Psychology Department
Rockwell Hall, 9th Floor
Pittsburgh, PA 15282
412-396-6562

ADVISOR: Constance Fischer, Ph.D.
Department of Psychology
412-396-5073

SOURCE OF SUPPORT: This study is part of the requirements for a doctoral degree in Clinical Psychology at Duquesne University.

PURPOSE: I am asking you to participate in a research study that investigates a foster mother’s experience of parenting a foster child who has problems related to attachment. I request your consent to interview you in order to explore your experiences and gather demographic data regarding you and your foster child. Your interview will be tape recorded and transcribed.

RISKS AND BENEFITS: There is a possibility that as a result of your interview you may experience negative emotional reactions such as feelings of pain, anger, and/or sadness. The research interview does not constitute therapeutic treatment, however, there is evidence that talking about your experiences can alleviate distress. In addition, a referral list of community clinicians will be provided if needed. The results of this study may help policy-makers, counselors, and other foster families to understand the experience of foster mothers as they parent children with attachment problems.

COMPENSATION: As compensation for your participation, you will receive a $20 gift certificate from Giant Eagle upon completion of your interview.
CONFIDENTIALITY: Your name will never appear in any research documents. I will not talk to anyone at all about what you personally said. All written materials and consent forms will be stored in a locked file in my home. Your responses will only appear in statistical data summaries. All materials will be destroyed at the completion of the research.

RIGHT TO WITHDRAW: You are under no obligation to participate in this study. You are free to withdraw your consent to participate at any time. At such a time, you may also remove any of your survey and interview materials if you wish.

SUMMARY OF RESULTS: A summary of the results of this research will be supplied to you, at no cost, upon request. Please tell Ms. Byers at your interview that you would like a copy of the study’s findings when they are available (probably 18 months from now). You may give her your address so she can mail the findings to you.

VOLUNTARY CONSENT: I have read the above statements and understand what is being requested of me. I also understand that my participation is voluntary and that I am free to withdraw consent at any time, for any reason. On these terms, I certify that I am willing to participate in this research project.

I understand that should I have any further questions about my participation in this study, I may call the researcher (412-396-6562) or her advisor, Dr. Fischer (412-396-5073), or Dr. Paul Richer, Chair of the Duquesne University Institutional Review Board (412-396-5073).

Print Participant Name

Participant Signature ____________________ Date ____________________

Researcher’s Signature ____________________ Date ____________________
APPENDIX D

Demographic Questionnaire

DEMOGRAPHIC QUESTIONNAIRE

Foster Mother Information:
What is your age? __ Ethnicity? __________ What county do you live in? ________________
How many adults are living in your home? ______________
What is the approximate annual income of your household? ________________
How long have you been a foster mother? _______
Approximately, how many children have you fostered? ______________
How many foster children are currently living in your home? ______
How many biological and/or adopted children are currently living in your home? ____
Why did you become a foster parent? _______________________________________________________________________
What are your beliefs regarding discipline? _____________________________________________________________________

Foster Child Information:
How old is your foster child? ____ What is your foster child’s ethnicity? ___________
How long has your foster child been living in your home? __________
Has your foster child lived in more than one foster home? _____ If yes, how many? _______
How old was your foster child when he or she was first placed in foster care? _______
Does your foster child have siblings? ____ If yes, do they live in your home? _______
Does your foster child visit regularly with his or her biological parents? _______________
Does your foster child have any medical conditions or developmental delays? Please Specify.
______________________________________________________________________________

Does your foster child have any mental health diagnosis (Specify)? ________________
What is your foster child’s current CYF goal? ______________________________________
### Interview Guide - Foster Mother’s Parenting Children with Attachment Problems

<table>
<thead>
<tr>
<th>Research Questions</th>
<th>Interview Questions</th>
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<tbody>
<tr>
<td>What is the foster mother’s experience of her foster child?</td>
<td>Tell me in detail about a specific time and setting limits for when you had to discipline your foster child. What exactly did you do? What was your foster child’s response?</td>
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<td></td>
<td>Tell me about any other instances where discipline was required.</td>
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<td>Were there any times when your foster child responded differently? Why do you think your foster child acted differently?</td>
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<tr>
<td>What is the foster mother’s experience of trying to get close to her foster child?</td>
<td>Tell me about a specific time when you tried to comfort your child. How did he or she respond verbally? Physically? Emotionally?</td>
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<td></td>
<td>Are there any instances when your foster child did not respond in this same manner?</td>
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<td>If you could change your foster child’s response, what would you change?</td>
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<tr>
<td>What is the foster mother’s experience of reuniting with her foster child after a separation?</td>
<td>Tell me about a specific time when you were reunited with your foster child after a separation? What happened?</td>
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<td></td>
<td>Were there any instances when your foster child has responded differently?</td>
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<tr>
<td>What does the foster mother feel as a result of her child’s behavior?</td>
<td>Overall, how do your interactions with your foster child make you feel about yourself as a person? As a woman? As a mother?</td>
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<td></td>
<td>What would you say to other mothers who might be going through a similar experience with their child?</td>
</tr>
<tr>
<td>What else is important for the foster mother to let the researcher know?</td>
<td>Please tell me what else is important about you being a foster mother to your foster child.</td>
</tr>
</tbody>
</table>
Summary of Study Results

Dear Foster Mother:

Thank you for your participation in my dissertation research. I am pleased to inform you that the project has been completed, and a summary of the study’s findings, which you requested at the time of your interview, are presented below.

Five eligible foster mothers were interviewed, and a rigorous analysis of each interview transcript was conducted. A detailed narrative account emerged as a result of that analysis, which described the foster mothers’ overall experience of parenting a foster child with attachment problems. This narrative was able to powerfully capture the emotional complexities of that experience and poignantly expressed the significant struggles encountered by each of the foster mothers involved in the study. In addition, the narrative also unexpectedly detailed the experiences of those foster mothers’ who had decided to request that their foster child be removed from their home. I had not initially planned to capture this information, but was pleasantly surprised by the end results.

There were several other observations that I was able to make based on the study’s results. First, I identified several attributes that foster mothers must have in order to more successfully parent a foster child with attachment problems. Second, I described the “traumatic” removal of one foster child from the home of a study participant and documented why this type of intervention was harmful to foster children. Third, I discovered that despite evidence of attachment problems among participant foster children there was an absence of attachment-related diagnoses, as well as a general lack of attachment-related information given by the professionals who were working with the majority of participant foster mothers. Fourth, I noted an overlap in the indicators of attachment disorder versus autistic disorder, which was discussed. Finally, I provided an outline of what foster mothers need from the Child Protective System.

I hope this information proves to be of use. Please feel free to contact me at 412-396-6562 should you have any additional questions. Again, thank you very much for your participation in my study. I am truly grateful for your help.

Sincerely,

Cynthia Byers, MA
Duquesne University
Psychology Department; 9th Floor, Rockwell Hall
Pittsburgh, PA 15282-0299
Participant Interview Transcripts

Julie and Carl- Interview Transcript

R: The way this is going to work is I have a set of kind of just kind of basic questions to guide us along the way, which I will like present to you just as they come up. And then I’m just going to let you take off and wherever that takes you…you know…we’ll just explore that area…(P: Okay)…And like I said in the beginning part of this while we’re actually doing the interview I’ll kind of be sitting back a lot more than at the end when we can talk a little bit more about like maybe some of the issues you have or feelings that you have…we can talk about that more directly…(P: Okay)…if that makes sense…(P: Okay). So to start out, if you could think of a time when you had to like discipline your foster child…I’m not sure of the child’s name…(P: Carl)…Carl…think about a time when you had to put some limits on Carl or discipline him. Think about a time when you did that and tell me about that in as much detail as you can. What was that like? What happened?

P: He didn’t like to be disciplined. So…normally it was a time out or go to his room until he calmed down and umm….he didn’t want to do that…I mean he would just get irate. (R: Really?) Sometimes he’d throw things…kick…hit…umm….but, he still needed boundaries so…those were difficult…most of the time they were pretty difficult…any boundaries…any discipline…any time that would have come up it would be a battle.

R: Sounds like. (P: Yes, yes.) Umm…when you say that he would kick and he would hit…like what would he kick or what would he hit?

P: Me.

R: Oh…he would (P: Um hmm) literally attack (P: Um hmm) you (P: Um hmm). Would he say anything?

P: Sometimes I would pick him up to take him upstairs because he refused to…you know…I said, you know, “When you calm down,” you can…you know…that’s fine, but you need to calm down and umm…cause he would start screaming. He would just scream at the top of his lungs. So that meant time out for…you know…and umm … And if I picked him up, he would kick me…umm…sometimes…you know…he would kick the bed…he would kick the dogs…ahh…he…ahh… It was…it was difficult.

R: So it was more than just you? Was it whatever was close?
P: Most of the time it would start out with me cause I was home with him most of the time…umm…but, as time went on he started with the dogs.

R: Okay. Umm…anything else with the dogs…just out of curiosity…how did he treat the animals?

P: Most of the time he was pretty good with the dogs…and ahh…in fact I thought while he was with us a good thing would be to get a puppy, you know…to show him, but…umm….he went back and forth. Sometimes he was loving…sometimes he was mean. And, he wasn’t mean all the time.

R: What was the mean like…what did he do?

P: Kick. One time…with the puppy though one day he started hitting her and…umm…he umm….hit her more than once because he wanted to hit her till she yelped…(R: Oh)…And cause when we said, “Why did you do that?”…you know…and he said, “Cause I wanted to do it till she hurt”…or yelped…I don’t really know what the word was. (R: Yeah…some kind of like pain?) Yeah…he wanted a response, and he’d get a response.

R: Wow. What…what was happening right before he did that? Do you remember?

P: No. I don’t think it was anything out of the ordinary.

R: Okay. Wow…umm…getting back to the issue of discipline and how he responded when you would try to discipline…can you think of a specific time he like had that response that you can remember. Like what was happening and what prompted it?

P: Ummm…I think one of the difficult things was it wasn’t always prompted by anything. (R: Okay.) He would just umm….well, maybe you’d say, “It’s time for bed,” or sometimes it was a nap. Because he would be getting really cranky…and even though he’d turn 5 while he was with us, I knew that he had to nap every day or…he would just really be umm….very difficult to deal with. And then when he would get up from his nap he was like a new kid. So he really needed that. I don’t know if he wasn’t getting enough…umm…sleep prior to coming with us. So if you wanted him to take a nap, he…that could be an instance where he would get very angry…umm…or if he was doing something and…he didn’t want to stop, but you needed him…say we’re going somewhere or it’s dinnertime something like that…that might prompt…you know…that negative behavior.

R: Umm hmm. Did it happen a lot?

P: Umm…at first no, but once he got comfortable with us it started more frequent and towards the end it was getting quite frequent. (R: Oh…so is escalated from that beginning…) Yes…I mean actually the last week he was with us he even bit me.
R: Wow…what…what lead up to that…the bite?

P: Umm…My…I have an older son, and we were visiting his home and…umm…one of his roommates was having his mom over for dinner…and we needed to go because they needed time…you know…to set the table and everything, and he didn’t want to leave. And I told him we had to, and I explained to him why…and he knew this family so it wasn’t like he didn’t know them or anything. And he refused to leave, and I said, “Well we have to go.” So…umm…he didn’t want me to pick him up, so I had to almost drag him to the car…and…he refused to get in the car…he went limp, which he did…he would do when he…you know…so I picked him up and put him in his booster chair, and that’s when he bit me. And when he didn’t…when…he got mostly my coat, so he bit me again…(R: Oh wow)…you know…he didn’t get the…yeah…as much as he wanted. So…it had just…it went down hill from there. I did get him in his seat belt, but when we pulled out, he took his seat belt off…he got out of the car…he opened the door. He hid…he hid…it really scared me cause I thought he got out…he’d gotten out of the car and could have been in traffic. (R: Yeah…where was he?) He was…{made sounds as if in disbelief}…he was…you know…down under the seats…(R: Ohh)…you know…so…{not able to understand}but, he was down where I couldn’t see him…see him…so…cause I have…you know…umm…a car that you can easily hide in so…you know…well, you know…it’s an SUV crossover so there’s…but, it’s {not able to hear}.

R: So you thought he had actually gotten out of the car.

P: Yes.

R: And was actually in traffic.

P: Yes.

R: How did you find out where he was…what happened?

P: Well, I…I don’t know if he realized how panicking I was…and then he popped his head up. So…ahh…

R: What was your sense of that…why do you think he like popped up?

P: I don’t know. Maybe he really…he heard the fear in my voice...(R: Okay)...you know that I was…I was scared…like where was he…I’m like where are you…you know. And I’m looking…you know…and then I think when he saw me looking up and down the street then he popped his head. And I didn’t leave the car…you know…I was…but, I had parked the car and gotten out…you know…because I had thought…why…I evidently don’t have a child safety lock on, but because my kids are older, I never thought about child safety locks. {laughter} So…umm…yeah that was really….
R: So he let you…stop the car and kind of start looking, but then he…jumped up and showed himself.

P: Yes….and…umm…at that point I called my son, and I said…umm…you know…we’re just two blocks away, and I’m going to come back, and I said, “I need you to help me get this child safety lock on,” because I didn’t want to…umm…leave him at all…you know…(R: Yeah)…so…umm…but then it jammed and then the car jammed and then it took another hour to get the door unjammed and umm……….Oh, the next morning was odd because I was taking him to the daycare…and…umm…he said something, and I said that I didn’t want another incident like the day before…umm…I said…umm…that’s not good to do. He goes…I said…well it was something to do…Oh I can’t remember….Oh, I know…I asked him to put his seat belt on because he really enjoyed some things like…”Look mom I can do this.” He always called me mom. He said, “Look I can do this.” So I said, “Well put your seat belt on.” So we got to the bottom of my driveway, and he says, “I don’t have my seat belt on.” And I said, “Well you need to put your seat belt on,” and he goes, “No, you put my seat belt on.” I said, “Carl, I’m not going to do that because I don’t want you to do what you did to me last night when I did it.” And I said, “I don’t want you to bite me. I don’t want you to kick me.” He goes, “Yeah, mom I hit you too didn’t I.” And I said, “Well that’s not something that you should be very proud of cause he said it…you know…like…yeah you know {with attitude}. (R: Yeah.) So…umm …yeah…he didn’t know right from wrong in a lot of areas.

R: Okay. Did it…did it seemed like…umm…how can I say this…right from wrong in terms of relationships or would it be right from wrong in terms of lying or not lying.

P: I think that he had a very difficult time with relationships. I don’t think he had healthy ever. So…umm…I think that…you know…the more we loved him…the harder it was for him. You know…we’re thinking the more we loved him…and…and…you know…the affection and ahh…just treating him like one of our own…that was a good thing for him. But, I think for him, he saw it as a negative. It made him more fearful…and the more fearful he became the more he…umm…took it out on us. (R: Like lashing out….like the biting or the kicking?) Yes….Umm hmmmm.

R: Okay…so it sounds like that closeness was difficult for him?

P: I think so. That’s what I took away from it.

R: Umm hmm. Well I’m sure…I mean…if that was your sense of it…you spent enough time with him…you know I trust your judgment.

P: Mainly because it kept getting worse…you know…instead of getting better…and I’m thinking…umm…obviously from my view point he did definitely have an attachment issue…and…umm.

R: Did anybody ever actually diagnose him…or…?
P: Well, I wanted...um...some help with this. I'd asked for like...um...probably almost three months for...you know...a TSS or for...you know...wraparound services somebody to help, and their answer was, "Well, that's not going to be the answer to everything." And I said, "Well, it could help." You know...he really has issues, and he really needs help...and you know...we're his foster parents, but we're not the experts in this situation, and there are people who...you know...I know these services are out there. And they said, "Well, it takes time," and I said, "But if we don't...you know...move forward, we're not ever going to get anywhere." So...we never did get help...nothing.

R: Wow...what was the incident or was there a certain incident that ended your...um...relationship with him?

P: Umm...his...his...his behavior started escalating where he was throwing things. He'd pick up a lamp...um...he'd pick up the garbage cans and throw the garbage down the steps. He threw some...we had put a new door in with leaded glass windows...he threw something against the windows. Ahhh...he um...and he would scream. I mean...one night he screamed for an hour and a half straight without stopping. And...ummm...it's very hard to...you know...when they just scream and scream and scream. (R: What did you do? How did you handle that?) I............ tried...you know...just walked away...um...and then called the agency and said...you know...I don't know what to do at this point, and...ummm...they said, "Sometimes you just have to let them scream it out." They said...I could tell you...you know...they were very supportive...you know...the person who was on call was very supportive and said, "I know that this is really difficult...you know...I don't know what it would be like for me if someone was screaming like that." And, I know my son had come over...he really looked up to him...he's 23...and...um...he loved to play...you know...with an older...with a guy you know. (R: Um hmm.) So...um...and my son even said, "Mom...um...if you could take me home that would be great." So...ahhh...because it's very difficult to sit there and watch...you know...because when he does that then he would start...you know...he threw his bed apart. He'd take off the spread...the sheets...(R: When he started like the screaming...one of the screaming things he was actually ripping his room apart too?) Um hmm...you know...one day he pulled out all his drawers...dumped out all his clothes...um...we had to keep plastic... He started wetting himself all of the time. (R: Did he?) He was...when we first got him...he had one or two accidents, and I figured that was normal...and then after a couple of weeks he had nothing. And then he had a visitation with a former foster family, and then it started really going downhill from there. And they stopped that, but I think that was confusing to him. (R: Um hmm.) So...it was...towards the last month, he could not be without...ummm...what do you call it...Pull Ups overnight. He had to have Pull Ups. He was starting to like...at daycare he was wetting himself two to three times a day. But, he's 5-years-old and so he's...you know...much too old to do that...and...ummm...sometimes he would just get mad and soil himself. (R: Like on purpose?) Yes...yeah...so there was...ummm...you know...it was heartbreaking.
R: Umm hmm….yeah it sounds like it. Was there ever anything that you found…umm…like in a moment when he was having a hard time that worked…for you?

P: Ummm….you know the only thing that worked during the day was a nap…you know…if he would just get so tired that he would fall asleep…when he got up, it was like it never happened…and that was a good thing. (R: Um hmm.) You know…and the therapist said to me one time…umm…he was going to this therapist, which I’m not sure was a good thing…not that the guy wasn’t good, but…they were dealing with issues that he…..that we don’t even know that happened, but they’re there not dealing with the issues on his…you know…his attachment problem. So…that…umm…you know…there was…umm…I don’t know…all of a sudden I lost my train of thought on that one, but…

R: Yeah…it kind of caught me actually…it’s like what were the issues that you didn’t know whether or not they happened? Just out of curiosity.

P: Well, he…A former foster family accused him of being…umm…sexually active towards someone. (R: Okay.) And…umm…but, nobody has ever seen it. And so they…ahhh…and they were only…he was only in that foster home six to eight weeks…and all this stuff was supposed to have happened and nobody believed…it was a big issue…it was like…you have no idea. The second week he was with us this woman called me, and she had me on the phone, and she told me things that…….no woman…person should have to hear. (R: Wow…from this little boy?) Yes. (R: That happened from this little boy?) Yeah…that she said he did. (R: Oh really.) And she told him…me…he…then they told me he was not allowed to be around any children…that I could not take him to church…I could not take him to daycare…that he should not be near any animals…I was thinking…He’s already been near my animal…and in the beginning, he was very loving, but I don’t know…I don’t know if it was between the counseling and seeing the former foster family? (R: Um hmm.) Because this….because of her accusations, he was not allowed to see his sibling.

R: Oh…so he couldn’t ever be around his own sibling?

P: No…and I really pushed for him to see his brother because I could see how it was breaking his heart, but you know…I didn’t really understand because he was with us a lot longer then he was with this former family…so, but we…they didn’t…you know, in foster care they’re supposed to have a thirty day hearing. (R: Um hmm.) He was with us four-and-a-half months and never had a thirty day hearing. So nothing ever got changed…and no…and…umm…this…nothing…the system really failed him.

R: Okay. It seems like he just really wasn’t getting the kind of support…and you weren’t getting the kind of support that you needed.

P: No one was getting support. He needed it. We needed it to deal with such a difficult child. (R: Um hmm.) And…umm…you know…ahh…when this former foster parent called me and told me these….this…supposedly heinous acts that were like
AHHHHH {little laugh}...(R: That the child had done...) Yes…and I thought…we need some…We definitely need help! No one would know how to deal with this. (R: Yeah…Um hmm.) And they didn’t do a thing...(R: No…) Nothing…

R: Umm…….that…it…that captures me when I hear that too…it’s hard to go beyond that knowing that all this stuff was going on with that other foster family. You didn’t see that though? (P: No!) You didn’t see that…what they…

P: And they kept saying, “Well hasn’t he…” And I said, “No, he’s not doing any of this.” I….I said…you know…if you ask me I would say I don’t believe it. (R: Um hmm.) I said because he was only there so long…he’s been with us longer…he’s never done any of this stuff…umm…I…but, it was hard for me because after I got this phone call…and all this was said, I was afraid to leave him for a second. What’s he gonna do…is he gonna…is he going to do something horrendous to my dog? (R: Um hmm.) He is going to do something horrendous to other children? You know …(R: So you’re not sure…) Yeah…and he never did…so…umm…I saw…you know…in the beginning we had pretty good behavior and…umm…so when I said…you know…this isn’t fair to him. He has to be around children. And so we did take him to church, and he was a model kid at church…just wonderful. Everybody loved him…you know…he would be…I had to say…umm…you know…be careful, he has to be…you know…umm…every…we have a larger church so a lot of… everybody has to be…umm…we all have to have our clearances to work with children. And…so…umm…there was not a problem with that, but everybody just kept saying he never bothered any child. He just was very social…and…he loved going. (R: Oh good.) So…that was a positive for him.

R: Um hmm….umm hmm. Did you say he was in daycare too? (P: Um hmm.) How did he do there?

P: Very well….except…you know…towards the end when he just was wetting himself all the time. (R: Okay.) He did a couple of things he shouldn’t have done, but…umm……ahh…I had…ahhh…the woman who…his teacher said…you know…nothing these other kids don’t do who aren’t in the foster care system.

R: Um hmm…okay…so his behavior was the same kind of…(P: Yes…yes.) So you were really seeing most of the increase in problems at home?

P: Yes…umm…they were seeing some things at daycare…you know…like the wetting and occasionally he would do something a little out of character, but the…the most of it…and I don’t know whether he just felt like….umm……he’s……I sometimes felt like because we loved him the most, we were going to get the brunt of it. That’s how I felt. Now, I don’t know that that’s what was going on, but that’s how I felt. (R: Umm hmm.) So I tried…umm…at one point…and umm…about three months into it we were going to just give up. And then I thought, “No, I’m going to try something else.” So I thought just…umm…not really acknowledging his behavior…his bad behavior as much as…you know…still saying he can’t do that…but, you know…
trying to be more...umm...more like a mom...you know...a regular mom. At first he responded a little positively and then...umm...it got...it didn’t last.

R: What do you mean by “a regular mom?” What was....

P: You know...umm...at first he wasn’t real affectionate...you know...but I thought lets try...you know...like when he would get up...I...I still bathed him. And...umm...when he got out...I...ahh...one of the games we would play is I’d wrap him in a towel...and he’d always say, “I’m really cold.” And I’d said, “Well, if you’re cold then you have to get warm.” So I would hug him. (R: Um hmm.) A well...after a while he’d say, “Mom, I’m really cold,” and he’d...you know...and I’d say, “Well, okay...then that means I get to hug you.” You know...so it became like a game...and he seemed to like that. (R: Umm hmm.) But...umm...after a while nothing like that seemed to work well anymore. (R: Really...even that? Did that kind of...) Ahhh...that sort of went by the wayside after awhile. (R: Uhh.) And I don’t know whether that scared him...but...uhmm...for Christmas we tried...you know...that was one thing. For Christmas I thought...you know...he’s never really had a wonderful Christmas. Let’s make this a wonderful Christmas. And he wasn’t real excited. And I look back...I think that he probably didn’t know how to...you know...what do I do with this?

R: Um hmm...um hmm. How did...how did everybody respond when...umm...cause I’m sure you probably had like this expectation that it was going to be a great big thing for him and when he wasn’t quite... (P: Ummmm.....) How did that feel?

P: I think a little bit of disappointment, but at the same time you think...Well, he doesn’t know what to do. (R: Um hmm.) You know...I think there were a lot of times when we understood that he didn’t know what to do...umm...especially in a case like that. (R: Yeah.) Ummm...but...but I was a little disappointed cause I wanted him to be happy. (R: Yeah...) But...umm...with the games...instead of playing with them...like...he would just...he stood on the boxes and broke all the boxes...the sides down. (R: Wow....) And...umm...I tried to play with him a couple times, and he just wouldn’t listen. You know like...”That’s not how you play that”...and I would go, “Now, this is the way we play.” And so...you know...I’d play games with him. Some of the games he never did play, but...umm......at...at school he really liked to paint and draw so I bought him an easel. (R: Um hmm.) And...umm...some of the big paper for it...and...ahh...we got him an...umm...some paints. No, he had paints so he didn’t need it, but...umm...we were...this was like the week before he left, and I...we were like shopping. I go, “Why don’t you get some new paints?” “I have paints.” And I said, “No, you don’t have paints.” “Yes, I do...and I don’t need...you know...I don’t want any paint.” I said, “But, you...” because he loved it at daycare. (R: Yeah.) And when we got home, he didn’t have paints. He had these little paints cause we had bought him some...umm........no, somebody else had bought him a little...umm...you put this little airplane together, and you paint it. (R: Um hmm.) So...umm...the one...the one Sunday...the Sunday...I think it was the Sunday before he left or a couple of Sunday’s before he left...when he had just thrown stuff
everywhere. And, I’m on the phone with the agency saying, “I don’t know what to do.” Because you’re not allowed to do anything…you know…you don’t really have a lot of recourse. So…umm…he went, and he took that paint. I actually threw it in the garbage cause he had thrown stuff all over the room. I said, “If you throw it, it goes in the garbage.” So I threw it in the garbage, and he’d gotten it out, and while I’m on the phone with the case manager…he painted all over himself. He just had a mess. And, he had…umm…he painted…what all…I can’t even remember what all he’d painted. (R: Like not just himself…but, other things too?) Yes…yes…and I thought. (R: Oh my….) {Laughing}…yeah…like I’m so tired.

R: {Laughing with participant} It wore you down…

P: Sometimes is did…you know…

R: Wow…umm…you had mentioned earlier something about…well, throughout this…something about comforting him, and his response to…you know…trying to get that loving feeling from like a mother. (P: Um hmm.) Can you think of a time…like a specific time…where you tried to like…give him comfort…maybe when he was upset or something…and…tell me what happened or how he responded?

P: Umm….sometimes…………I remember a couple of times…you know…like…I would try to talk to him…and say…you know…and just sit and talk and say…you know…about…you’re not happy when you do this…and you know…we’re not happy…so…nothing’s really gained from it and…umm……you know…and I would say, “No matter what you do, we’re gonna love you….we’re still gonna…you know…” (R: Yeah.) And sometimes we would talk later, and he’d say…umm …every night we said prayers. (R: Um hmm.) So one night I would talk…I was talking to him and it was time for prayers, and he would pray about his behavior, and he’d say, “Dear God, help me be better tomorrow…you know.” (R: Um hmm.) So there were times when…I…ahhh…he wanted to improve…I think….ahhh…sometimes…but, yet…then towards the last couple weeks…you know…we just didn’t know what to do anymore.

R: Sounds like he was pretty out-of-control.

P: Yes……so it was very…very hard cause this was…I guess a couple weeks after Christmas. And then…umm…you know…we finally said it was time to hand in our…you know…because everyday when my husband would come home…he said…you know…..”This is not good,” you know…like…umm…he’d come home and say, “Well, how was he.” And I’d say, “Well, he threw this, and he did that”…and…you know…he would do it in front of my husband too…umm…we were grocery shopping one time. And he’d only been with us a couple months…and…umm…we were…the three of us together, and he was doing pretty good. We had…even though he was five, we had to put him in the cart because we’d…he would just take off or do…you know…or throw himself on the floor…or scream…umm…so he was in the cart, and we were right at the end. He done really well, and I was really happy. And I said, “Oh, I forgot something. I just have to go over two isles
and get it, and I’ll be right back.” Well, in that two minutes I was gone, he had
looked at my husband and said, “M F’er.” I’m sorry I don’t swear. (R: Oh, that’s
okay. {laughing together}. And he said the real thing?) Yes…he actually said the
word. (R: Wow…) And so……my husband is a corrections officer so he hears quite
rough language, and he says…he chose not to respond to it. (R: Um Hmm.) And…
ahh…he said it again. He looked and said, “Don’t you ever say that word again.”
No, I’m sorry. Carl said, “Didn’t you hear what I said?” You know…and so he said
it again, and then my husband said, “Don’t you ever use that word…language again.
I don’t ever…you know.” So….we were…we went in the check out line. He just
started…you know…he’s standing up in the thing. He…umm…I said, “You know,
you’re going to get hurt.” I…so I took him out of the cart and…umm…he threw
himself on the floor….starts screaming….and…umm…really carrying on, and
everybody at the grocery store was looking at us {laughing} and…umm…so my
husband said, “I’ll take him out to the car.” So, he took him out to the car, and he just
started this screaming at the top of his lungs in the parking lot…and umm…kicking
everything…and really carrying on. So when I came out…umm…I did say to the
check out girl…I said, “Oh…you know…this is our first…first foster child…you
know.” And this lady’s just looking at me…(R: Oh….) And I’m thinking…
{laughing}…Oh…I didn’t know what to say…you know…(R: Yes…{laughing})
And when I got out to the car he goes, “Hey mom, look what I did.” He had kicked
in the…umm…vent in the…ahh…back of the car. (R: Oh my.) And he thought…
you know…he thought it was like…”Hey, look what I did.” And so I was able to pull
it out and put it back in, but at first I thought he had actually broken it off. And…
umm…my husband said…you know…he says, “He just…” And I thought, “Hey, see
it’s not just me,” it was whoever was there. (R: Um hmm.) So…ummm…that was
the first time. And then when we got home….ummm…he was…he still carried on in
the car on the way home, and we got home…and I said, “Come,”…I said, “You’re
going to have to take a nap.” I said, “You’re have…you know…you must be really
tired.” And he said, “I don’t want to take a nap.” And I said, “Carl, when you get
like this you know you need a nap.” We got out of the car….oh yeah…then he took
his shoes off and threw them in the car. So I said, “Well,”…you know…it wasn’t
cold…it wasn’t wet. So I said, “You’re going to walk into the house in your socks.”
(R: Um hmm.) Well, then he really got mad. “I’m not going in the house.” I said,
“You have to go in the house. We have to put the groceries away.” He sat down, and
he peed himself. (R: Wow…purposely just…?) Um hmm…yeah. So, I said, “Okay,
what do we do with this?” {Laughing.} (R: Yeah…{laughing}.) So, it was…you
know…that…and I’d get…that’s why I don’t understand the agency. They knew all
this stuff was going on. Why weren’t they giving us help? It was our first
experience. Maybe, they don’t give you help. But, I hear other kids get…you know
…ummm……ummm…Behavior Specialists or a TSS whatever. (R: Uh hmm.) I just
couldn’t understand why we couldn’t because…this is stuff…you know…this is not
normal behavior. (R: I know…)………Especially like when you wet yourself…
you soil yourself. I mean at one point…ahh…we had to throw…ummm…some of his
clothes away cause we couldn’t get the smell out of it.

R: Oh my…You have to be doing a lot of wetting and soiling to get that bad.
P: Yeah...so...ummm...sometimes he didn't tell us he soiled. (R: Oh...) And then we'd smell something...and you know...I remember washing some of the clothes three and four times. Soaking it...you know. (R: Wow...) You know...trying to get the smell out...and umm...(R: Oh my...) Yeah...and when he first came to us, he would eat everything. (R: Um hmm.) Towards...you know...after a couple months.....I don't know what triggered it. I don't know whether being with this...the former foster mother...ummm...for the visitation...ummm...you know...

R: Is that the same foster mother who had all the complaints about him too?

P: Yes...yeah...and the courts said they had to see each other. I'm like {made a face as if confused}....(R: Yeah...why?) {both laughing} Ummm...I don't know...so......

R: So you were.....I sorry. I interrupted you when you started to say something.

P: That's okay....Well, that's just...it's just...it was just......very hard to know what to do. (R: Uh hmm...Uh hmm...) And because...ummm...we didn't know what to expect from him next...and umm........he did say...ummm...when he went for visitation with his...the perspective family he was going to from us, he did come and said, "Mom, I said bad words." I said, "What did you say?" He said, "M F'er." And I said.......he said, "But, I apologized." I said, "Okay....." I said, "But, you know you're not allowed to say words like that." He said, "I know." .......

R: Hmmmm..............wow....Is that the place where we went? (P: Uh hmm.) When he was going to the next family? (P: Yes...) Umm...I was thinking back...when you were talking about being in the super market...and...he went with your husband and left, and you were left there kind of taking the brunt of everybody looking at you...and feeling....{slight laugh}...(P: Well...that was not a big deal...{slight laugh} ...at least he was....) Yeah, but it.....sounds like though...I mean...it must have been a real kind of emotional place to be...I mean...how did it feel when you were....kind of left there in the...

P: Well, I actually...when he left, then I felt like relieved because I didn’t have to...ummm...pick him up off the floor. (R: Um hmm.) And I could put the groceries in without having to...you know...you know...having to deal with both them and....because he was...he was on this side and my husband was on that side of the cart...you know...he was....(R: Okay...) He was...I had taken him out of the...ah...so that...ummm......so he was right there, and I thought...I would rather him go to the car then continue...it’s not...I guess I felt it wasn’t fair to everybody else in the store to watch this child screaming and...you know...(R: Um hmm...) Kicking...{both laughing}....And I...we couldn’t figure out why he did it...you know. There was no reason...I mean we had such...and I asked him, I said, “We went to...we had such a good time. Why would you do that?” So, I tried...there was something I tried....Oh....We got up on a Saturday. He did one of his screaming, kicking things...and... (R: Um hmm.) And, I knew we had to go to the grocery store again. So, it was probably a week or two before he left us. And I said, “You know...I have some lollipops...some Tootsie Roll Pops. And if you go to the store, and you go in the cart,
and you don’t carry on….I will give you two Tootsie Roll Pops.” Well, candy for him was a big, big deal. And so he did pick….he did…Oh, it worked. (R: Oh…okay.) So…that worked…umm…but, then he came home and…you know…he didn’t get his way on something, and so he still carried on, but…

R: At least it worked for that specific…

P: Yes…yes…And I thought…I’ll take it {whispering}.

R: Yeah really…{both laughing}. Every little bit. (P: Yes.) It sounds like just every moment was a potential….

P: You never knew what to…especially after a couple months. Like I said in the first couple weeks…I couldn’t believe anything…I couldn’t believe why anybody would not want him as a foster child cause he was just so…you know…and umm…from the get go though…you know…he called me mom. (R: Um hmm.) And so…umm…you know…I thought…you thought it was going to go much better then it did. I mean you don’t expect it to go perfectly. (R: Yeah.) But….umm…I know other families who have fostered and…umm…they don’t always…well…they’re not destructive. Some of them…you know…they all have to have issues. Those poor things…I mean they’re not with their family. But…umm……when he picked up the lamp and threw it {laughing slightly}, I’m like…Ohhh…this was this vintage lamp that had been my parents. And it was in his room and…you know…I….like I don’t think he knew…………My expectations were different. You know like you think…okay…lets make everything really nice for him. I don’t think he’s ever had that. (R: Um hmm.) But, he didn’t…he just didn’t know what to do with that kind of stuff. (R: Um hmm.) I’m thinking…he…maybe, he’ll be glad to have this…you know…we had the room all set up for him…and…you know…and ahh…we had all…we had…toys for him…..and umm….you know…we went and…I took him…you know, I would take him shopping and buy whatever he wanted and always make sure he looked nice and…you know…make sure…and umm…I don’t think he knew. That wasn’t normal for him. That was normal for me, but not for him.

R: Yeah, but not for him. (P: Yes…) So his response wasn’t what you had expected. (P: Right….) Was there ever a time when…like he was upset…maybe about something else that happened, and you felt like you wanted to comfort him or something? Like…if he was sad…or if he was…anything like that? That wasn’t just him being mad and lashing out.

P: He didn’t really show sadness. (R: Okay.) Ummm…..you know….I’m…..he didn’t always want to be cuddled. (R: Um hmm.) You know…even though he…but then some times he would want to come sit on my lap. (R: Um hmm.) So…umm…I sort of let him go with it for the most part…because

R: Let him make the decision…
P: Yeah...umm...because...you know...I was also told that he had been sexually abused. (R: Oh...okay.) So you're...you're really cautious with that. (R: Yeah.) You know...how does he...you know...what's he thinking...you know...umm...so...you're...you know...you're I think both my husband and I probably...at times you're on pins and needles...we don't want to do the wrong thing...we don't know what the right thing is right now...umm...does he feel safe? Does he feel threatened?

R: Umm hmm...sounds like it was hard for him to decide what was the right thing too...(P: Yes...) He was so reactive to whatever you were doing...you didn't know if it was right or wrong.

P: It was very confusing...(R: Um hmm.) It wasn't like...there was that clear cut thing like...if I do this, this is going to happen. (R: Um hmm.) You know...umm...but...umm...the one thing he really...of all the things that we tried was the thing after he got a bath if I hugged him to keep him warm...that was the thing that worked the longest that he seemed to like the most. (R: Um hmm.) You know...and it was just putting your arms around him and keeping him warm...you know...it was really simple. (R: Um hmm.) So you had to wrap him up in a towel...you know...and...umm...he'd...you know...those are the kinds of things you miss.

R: Yeah...kind of sweet...

P: Yeah...it was sweet moments for me, and it was...umm...not...you know...he didn't feel threatened. I didn't feel threatened...aah...and...umm...sometimes...he had real curly hair...(R: Um hmm.) And...umm...sometimes we like play like take the towel and like ohhhhh {movement like drying hair}...you know...with his hair and those kinds of things he...he...he...didn't seem to mind. (R: Um hmm.) And he always...was always really good about brushing his teeth...I have to brush my teeth. Except one time, I had bought him this...aah...he really likes Spiderman...so I'd bought him...for his...his birthday was while he was with us, and we had a friend over, and we had a cake, and we had ice cream, and I'd gotten him a Spiderman toothbrush and toothpaste. So...umm...he had one night went in, and he had this blue toothpaste. It was really ugly. {Laughing} You know...but, he thought it was great. He had it everywhere. (R: Oh my...{laughing}...{laughing}) So I said...okay...so then I...you know...there's thing that...okay that was an...I said, “You shouldn't have done that...you know. Now you don't have any toothpaste.” Except there was a little bit left so I knew that I had to hide...keep the toothpaste with...out of his reach. (R: Um hmm.) And I thought, “Wow, it's been a while since I had a 5-year-old.” Well, although my kids didn't do a lot of the stuff he did so I...and even though it had been a while...I still didn't worry about...you know...it was something that I wouldn't have thought of...{(R: Yeah...{laughing}})...{laughing} So...but he just didn't have boundaries...you know...boundaries weren't really set for him except that he had a...he was with a foster family for I believe 22 months...the one before the one before me...(R: Okay.) And supposedly they were very abusive and that's why they were taken out of the home.

R: They...umm...the foster parents were abusive? (P: Yeah.) Ohhh...so he went into
foster care and had other things happen to him? (P: Yes.) Okay…and they had him for 22 months? (P: Yes.) Wow…that’s hard to imagine what he must have went though…

P: It is…it was…and that’s why I thought…I have to say that I was pretty angry towards the…my husband and I both were…we sat there, and we were really upset with the agency cause we thought…we wanted to help him, but we could not do it…and…. ummm…without help. (R: Um hmm.) You know…we needed support along the way…oh…even…I mean even the things like not having the 30-day hearing. I mean …they…they just weren’t doing anything. (R: Wow.) So….ah…and then they’d call and say, “Well, you need to do this,” and “You should have been doing this,” but it was exact…and I’d call back, and I’d say, “You told me to do the opposite.” (R: Oh.) You know……

R: It was very confusing on that end too it sounds like.

P: Yes…from him no…it was…it was very confusing and that was like…wow. And then….ummm…when…ummm…things had gotten pretty bad the day he had bit me and kicked me and hit me….my husband said, “That’s it.” He said, “I’m staying home from work tomorrow…we’re going to call the agency…we’re going to get all of this resolved.” He called them three times…told them, “I…look I took the day off. I need to talk to somebody.” They never called him. (R: Oh my gosh…the whole day?) Umm hmm…..(R: Oh my.) So it was….it was…you know…we need…you know like I kept saying, “We really need some help.” And I said, “It…,” and when they said, “Well, I put a call in,” and I said, “But…you know…call them back if they don’t call you.” I said, “Look.....,” I......my son had a lot of problems growing up. We had to have a Behavior Specialist come in…we had wraparound services…and he um…he’s Bipolar…(R: Okay.) So…ummm…and….I know that these agencies want to help. They were wonderful to work with. So I thought…and they also….that’s what they do for a living…(R: Right.) So…they’re going to call you back if you call. (R: Right….absolutely.) So…I didn’t get why nobody ever called them back. I said, “It’s been two months.”

R: Oh….they said that wraparound agencies never called them back.

P: Yes…that’s what they told me. So they told me that.

R: Oh…………that’s just kind of shocking…. (P: It is.) Umm…getting back to experiences with Carl…ummm…was there ever a time…I’m thinking about when he was at daycare…you must have had to leave him…so there was that separation and then that kind of getting him back at the end of the day. What was it like to separate from him, and then what was it like to kind of connect up with him again? What was his behavior…what?

P: Well, in the morning he was just ready to go. (R: Was he?) Yes…and like sometimes…I would always say, “Would you like a hug today?” You know…and sometimes “yes,” sometimes “no.” So…he didn’t really cry or anything when I left him…
(R: Okay.) And...umm...when I would go pick him up, he didn't want to come home because he was playing. He really liked the interaction...you know...with...with his peers... (R: Other kids.) Yeah...and so...umm...sometimes he would...you know...act up and not want to come home...like throw himself on the ground {slight laugh}.

R: Oh...like when you came to get him he would like...

P: Yes...yes...umm, but...other times he would be glad to see me...you know...

R: So again it was kind of like you don't know what to expect...

P: Yeah. Most of the time he didn't want to come. He wanted to play. He just wanted to play. So...now, when he first came to us was in September so the weather was really nice...and we...excuse me...at first...that was the other thing...the agency says, “Well you can’t work.” And I said, “What do you mean I can’t work?” I'm...they knew I was a substitute teacher. They said, “Well,...” They actually...I forget who it is, but they pay for childcare for him...for foster children. Well, they wouldn't pay for it unless you worked fulltime. I said, “Well, that doesn't make sense. Wouldn't it be better for a parent...a foster parent to be home more?” (R: You would think.) So...for the first month I couldn't work. So...

R: So...it was either work fulltime or don't work at all?

P: Yes. So I...I got called many times, and I had to say “no.” (R: Um hmm.) And so I went...I missed about probably...oh I don’t know 12 or 16 days of pay. (R: Wow.) And thought...finally, I called [couldn’t make out] and I said, “I don’t understand this.” They go, “Well, you can work.” (long pause) And I must have called my agency four times...five times...six times...like, “I don’t understand this...have we gotten this resolved?” Welllll, they’re telling us you can’t do it. I made one phone call. I had it all resolved in one day, and I started working the following Monday.

R: Wow...it sounds like you had just....so many problems getting what you needed from the foster care agency...like in so many different areas not just in support about his behavior, but everything else too....

P: And they didn’t think anything of that. I’m thinking, “This is all [unable to understand].” You know...hey...it’s...it’s probably you...

R: It’s a good thing you know it all...(P: Yeah.) Uh huh...Oh my............... umm....I guess....I’m hearing a lot of stuff about like the...the...feelings about the foster agency and a lack of support...and it just sounds like you struggled a lot with that...not just with the boy, but with all of the foster stuff too...(P: Yeah)...the foster agency stuff. Did that affect like how you felt about Carl...or?

P: Not at all.
R: Okay so that was kind of a separate…

P: Yeah…I think it made us love him more. (R: Okay…umm…tell me about that.) Because we…we…you know…it was like…he’s a……these foster kids are fighting so many different things. So…you know…you have to…it made me want to fight for him to get help more. (R: Okay.) You know…like I said…you know…I would call people and I’d say…you know…”Look, I’m his advocate. And I…you know… I’m calling.” I said, “I’m…I will keep calling…you know…till we meet. He needs help. We want him…you know…this isn’t fair.” You know…I’d say it wasn’t fair to him ...(R: Yeah)…and umm…I think sometimes it would make you just look at him and just love him all the more because…umm…you thought, “You’re not getting your fair shake.”

R: Yeah…anything he’s been though (P: Yeah.)…it seems like everybody’s against him even the people who are supposedly (P: Yeah.) trying to help him. So it really kind of pushed you over on his side…(P: Yes.)…and like you said made…made you his advocate…(P: Yes.)…and love him even more. I’m also hearing that that kind of the closer you got to him...(P: Yes.)…the more he would act out or he would have more problems, and it would be harder. How did that make you feel? I mean…it sounds like a real…kind of bind...

P: It was frustrating…I think…I think the one word that would describe it was frustrating...(R: Um hmm). My daughter…I have a daughter, and she was…she didn’t finish her Master’s program, but she was in Special Ed...(R: Um hmm) …and…umm…she would say, “Mom…umm…you know…it really sounds like attachment…umm…” I said, “Attachment?” There’s some kind of…she actually said it was a term…that…something attachment disorder or something.

R: Reactive Attachment Disorder?

P: Yes…and she said…so she’s the one who said, “Mom…you know…tell em you…” She told me what I needed (R: Um hmm)…and umm………but, I never got it. But, I mean…she’s going, “Mom…this…you have to…you know……ask.” And I said, “Well, I keep asking you know,” {laughing}, and ahh…but, she was a help to me cause sometimes she could tell me things that…you know… I was in science…you know…I did DNA. (R: Uh huh.) {laughing} I wasn’t…umm…ahh…you know…I didn’t have a background in Special Ed and ahh…so ah…luckily I did have my daughter who could…you know…help me out with some things.

R: Oh good…so that that was at least some support...(P: Yes.). Were there any other supports in your….environment…or how were your friends, or anybody else that…

P: Umm…..I think my…umm……my church was very supportive...(R: Okay.)…and umm…..I had…I…one of my good friend’s was very supportive…and umm…like in the beginning…you know…umm…she gave me a lot of clothes for him and toys and things like that…and umm………you know…umm……I had…ahh…….”Kevin”
who’s my son…I had “Lisa” that’s my daughter…ahh……my husband was really supportive because like I said most of the time I was home with him. If he was sick, I didn’t work. If he…umm…had a really bad day, I didn’t work…(R: Okay.) …you know…so…I was the one who was home most of the time with him…(R: Uh huh)…and umm…………we had to….and I know it probably sounds like everything was negative, but it wasn’t all negative, you know…like I said in the beginning it was really good…and then…you know…you just felt like…umm….there was a flicker of hope…(R: Um hmm.)…and so yeah there was…it didn’t turn out the way we wanted, but…I…..people say, “Well, are you sorry you did it?” And I say, “Absolutely not.” I say, “He knows he was loved, and he knows how to pray now…and umm…and he knows what it’s like to have…you know…a warm home and people who care about him and a birthday party and Christmas.” There’s a lot of things that came out of it…umm…I just…umm….like I said to them…I said to the agency, “What are you doing…how do you help us through the sense of failure?” Well, why do you feel you’ve failed? I said, “Because he’s leaving.” And we just…you know…we don’t know what else…we didn’t know…felt we had no alternative. And umm…they didn’t see how I could say that.

R: Wow…and so)…..so even in the end there wasn’t much help…

P: Yeah…I can’t…well…yeah {laughing} …you know….umm…They wouldn’t even let us say goodbye. You don’t get to say good bye to them. (R: Oh my.) That really bothered me….cause I thought it’s one more person that…(R: Ohhh…)and…that…that…haunted me almost (R: Uh huh) for several days cause I just thought…So I had to take him in the morning. And…umm…they come to your …and they pick him up from daycare, and they came and picked up all his stuff……

R: Did you know the day he was going to go or was that a surprise…(P: No)…so you did know that.

P: No…they told me…umm…(R: But, he didn’t get to know?) Then they said…and they called me back again they said…you know…”I talked…spoke to my supervisor, and they agreed with me…you are not to tell him anything…he is not to know.”

R: So you didn’t…Oh, even the night before you couldn’t say…

P: No…I couldn’t pack anything…I couldn’t do anything. So I had to go…you know… I dropped him off. I went to work. I came home. I had about 15 minutes to pack everything together….and…umm…of course not everything got to go because he had…you know…we spoiled him. {Slight laugh} So he had a lot of stuff to go…so…umm………you know…..It was…it was very hard…

R: That must have been incredibly hard…I can’t even imagine…

P: I cried a lot….{tearing up}…. 
R: That first day must have been….

P: It was…when she told me he was going…that’s when I really cried cause I thought …umm…Anger {forcefully}…you know…”If you had only helped us.” (R: Uh huh)…you know…………

R: I’m hearing throughout your talking to me…like…so many different feelings that kind of would come up (P: Um hmm)…you know…there’s anger and frustration and all of these things…and love too…like that kind of runs through it really strongly…like…and this is probably a difficult question, but how did it make you feel? Like…umm…like as a mother? You’ve had kids before…like…what was your sense of yourself as a woman or a mother after going through this with him?

P: In…towards the end or after he left? (R: Or…or throughout even if you want to like …) Oh, at first I just felt like he was always part of us. (R: Uh huh.) It was funny how…how fast you bond…(R: Uh huh)…and umm……then…you know…I really felt…saw him being with us as long…In fact, oh…believe this or not…the second week we had him they called and asked if we wanted to adopt him. (R: Wow.) And we’ve never said anything about adoption…we always…because we’re older….and umm…..we actually considered it. (R: Um hmm.) But…then we knew…as his problems worsened that we were too old…we felt…to handle it in a positive….not in a positive way. How do I want to say it….umm…it wouldn’t be good for him. We were too old…(R: Uh huh)…you know…he needed….we felt he needed other children. We saw how much he liked being in daycare. (R: Um hmm.) Umm….and um…..you know…umm….Our generation handled things totally different then they do today. So, we thought this wouldn’t going to be very good, which was hard because I think we wanted to but, there were too many problems for us to take on at our age...(R: Uh huh)…so……

R: He was very difficult…I mean…there was no doubt…from what you were describing …and it does sound like it could be RAD, by the way, from what you are describing. (P: What is that?) That Reactive Attachment Disorder.

P: Oh, reactive…okay…that’s what it was…okay.

R: Yeah…it does sound like that.

P: And…umm…that’s what I thought, and I’m thinking….You’re working with agencies that are supposed to be experts at this...(R: Um hmm)….{laughing}…and you’re not getting any help. And it was like…………help……But, it was so funny because once you put them aside, it didn’t matter dealing with him…(R: Uh huh)…they did…it…they were one thing, but he was a totally different thing. And…it…you know…it never frustrate…you never felt frustrated towards him because of them. (R: Um hmm)….and…you, you know…two totally separate things…(R: Uh huh)…and so…when he was there, he had needs, and that’s what we were there for. So….umm…yeah, sometimes we were frustrated with it. Sometimes
we were like so confused...(R: Uh huh)...that’d be a good word to say like.....and umm....but umm....you’d look at him and you’d see....what a precious little life. And you know....he was.......he was four weeks shy of his fifth birthday when he came to see us, and he weighed 32 pounds. (R: Oh my gosh.) He was so thin.......So the first month and um...there’s a lot of things you have to do in the first month...you know...the dentist...the doctor and all this stuff. And so we had him gain about 4 ½ pounds the first month, but he’s very, very active so he could eat like a horse, but he was so active....I thought, “Well, 4 ½ pounds is 4 ½ pounds {laughing}.” And I’m thinking...I thought for sure for as much as he’s eating...he’s going to gain more than 4 ½ pound.

R: {Laughing.} He’s burning it all off as fast as he can get it in.

P: But ahh...I guess that one of the foster families withheld food as a punishment. So .....we...you know...I was always making brownies and cookies and which he loved ....and...he would eat anything. We were like, “Wow!” {Laughing from both} But, yet as time went on....there were more-and-more things he wouldn’t eat. (R: Really?) And I thought that was very unusual...even his eating patterns changed. (R: Wow...that is amazing.) Even sometimes...umm...dinner would be a battlefield...you know......at first it was never...I mean...he was just pleasant at the table...and... I’m not sure what...did...I...you know...who knows what goes on inside their heads. And we couldn’t figure that one out, but then sometimes he like...umm...just start this...you know....he did things like started eating with his fingers...like...soup ..........(R: Wow.)...yeah....I was like, “You know better then eating your food with your hands like that.” And he......

R: It sounds like he was really regressing...(P: Yes)...like the longer he was...

P: Yes. And I kept saying that...that was a word I used quite a few times...you know... I’d said, “You know, he’s regressing. I’m really concerned.” You know and I’d say like...like...”He eats soup with his fingers.” You know...like this is not good...and umm.................but, he wasn’t eating like he did in the beginning.

R: Yeah....it sounds like there was a huge difference...(P: Yeah)...a huge change from how he was eating in the beginning and how he was....

P: But, he kept...he also started towards the end {laughing}....I laugh now, it wasn’t funny at the time. Umm...you could not put out anything...you know at Christmas sometimes you’ll put out dishes of candy and stuff...(R: Um hmm)...He would eat it all...the entire bowl. (R: Oh...wow.) So you couldn’t put anything out like that. So...um...then we were putting things up. He was getting chairs and ladders and stuff...he’d find things. I don’t know how he’d find things. And...umm...one day, I couldn’t find his shoes, and so I was cleaning out his closet cause...and he had...I used to find him in his closet a lot cause he started this thing...oh, he would lock himself...not lock...shut the door on his closet, and I’d go find him and umm.....he’d be standing there. Well, later I found out that he was taking all this candy and eating
it in his closet. There were all these wrappers in his closet. And it...he would...like if...somebody had gotten candy for Christmas, he took their candy. And he was taking things from people. And...umm...I caught him taking...ahh...he found something. It was a piece of my jewelry. I said, “Where did you get this?” “I found it...it’s mine.” I said, “It’s not yours. It’s mine.” He goes, “No,” and he got really mad...umm...he took...umm...he went into one of the bedrooms, and he took some money...you know...things like that, and I said, “You know...that’s.” I explained to him about the stealing part of it. That’s really what it is...”Oh, I just borrowed it.” And I said, “No.” {Laughing}...you know...umm...so........umm....you know I don’t know why in the beginning that all those things didn’t happen. They say they call it a honeymoon phase.

R: Yeah, that does happen a lot...(P: Yeah...so...)...I don’t think it always gets as bad though...I mean it does sound like he had problems...

P: Yeah....and you can understand that.

R: Yeah...yeah...Did you ever...I mean this is a hard question I think...what there ever a time when you felt like kind of negatively about him...I mean...did he ever like just push you to the point where...

P: Oh, I almost got there a few time...(R: Really?)...yeah...when he’d be kicking and umm...you know...and ahh...you know the fists would be going...and umm...that would be really hard, and you’d think, “Lord, give me strength.” Because you think, “I want to smack his behind, and I know I can’t.”

R: Yeah...you couldn’t do that, but other people seem to be doing all sorts of things to him...it sounds like.

P: Yeah...and that was that thing. You knew that he had already been through so much ...that you...well, first of all you’re not allowed...(R: Um hmm)...you know...there’s...umm...and...but secondly...umm.....you think, but, he’s been through so much...you know. Well, one time I did say...you know...I put my hand over his mouth, and I said, “Stop screaming,” you know...and then I thought; No, I shouldn’t even do that because that might scare him. So...umm...you know these are all things your going...(R: Yeah)...cause you’re trying to think.....why....would somebody only 5-years-old have all this behavior...you know...you’re like an amateur psychologist....{both laughing}.

R: It sounds like you’re really being sensitive though to the...what possibilities might be motivating his behavior and not just trying get him to do something differently. You were really thinking about him and what he must be going through.

P: Yeah...and sometimes you couldn’t think about all that at one time...(R: Uh huh), but when you walked away from it...or sometimes you could actually in the midst of all of it...I think it sort of helped me to deal with what was right in front of me. But,
then other times you were just trying to react to the...you know...like umm...when he’s throwing something...(R: Uh huh)...you know...and you know...you’re going into the bedroom and then he’s just throwing stuff all over there {slight laugh}...you know...and you’re saying, “Stop it.” You’re not like thinking, “Why is he doing this?” You just...you know...

R: So that helped you afterwards to...(P: Yes)...to kind of...(P: Yes)...okay. Cause you did...I did hear you say that kind of helped you put if in perspective or something and that was kind of the after...after the blow ups...being able to reflect on it...(P: Yes)...and see what happened...Okay.

P: I mean at least it gave you enough strength for the next time.

R: Yeah...yeah...kind of prepare you for the next...

P: And my husband and I would talk a lot...you know...ummm...and we’d talk about this, and we’d say...you know...how difficult it was to watch it...but, then when you step back...how difficult it is to realize what he’s been through...you know...(R: Um hmm)...and umm......I think that that was one of the things that...ah....as things progressed, and we knew that...you know...he was not going to be with us that we both just sat and talked to each other about...how hard it was...because we had such hope in the beginning.

R: Uh huh...so it was hard for you and for Carl to have to go threw all that?

P: Yeah...and my husband.

R: And your husband...yeah...

P: Yeah...yeah....you know...luckily I could talk to him about everything...you know...

R: So he was really a big support too...(P: Yes)...and I’m sure you were to him too... (P: Yes). If you could say something to a woman or a foster parent who was going through this right now...with a child who had problems with attachment...what would you say to them?

P: Umm...get as much information as you can on your own. Don’t depend on your agency {laughing}. I think I’ve learned that....you know...I would often make phone calls myself, but when it came to the advocacy of getting him the...ummm...the help...the wraparound services...I probably should have been more assertive in taking...I didn’t know who to call...(R: Uh huh)...I didn’t know which agencies...who works with what, but I probably could have started making phone calls. Now that I look back, I just didn’t realize I could.

R: Uh huh...yeah...I didn’t even know that you could either as a foster parent I didn’t know if they were in charge of that or if you...you know...had that kind of ability
P: The agency says every...does...you know...they’re in charge of everything...ummm...it’s funny because Three Rivers Adoption Counsel had come to our home and interviewed him and then interviewed me cause he is up for adoption. But then they say that he is not because his mother’s rights haven’t been severed...then they say he has to go to the psychologist because they have to meet with the mother and the psychologist, which they told me was going to happen, and it never did...and umm...so...it was just...they said...ummm...Three Rivers called me about something, and they said...he has several siblings and some of them have already been adopted...and so...the oldest one really missed her brothers and would like to keep in contact...(R: Um hmm)...So she asked me to call the adoptive mom, and I said that wouldn’t be a problem for me, but my agency said, “No,” when I told them, and they said, “From now on, you don’t...you refer all phone calls to us.” And so...ummm...you not...you know...

R: So you really are stuck... (P: Yeah)...I mean even if you are trying to advocate and do what you think needs to be done...they’re telling you no, and then they’re not doing it. They’re not doing it themselves.

P: In our case, it didn’t happen. They say...ummm...a lot of times it’s the case manager. So I...you know...whether that was the case or if it was just the agency falling down...I don’t know.

R: Okay...ummm...we started this conversation with you offering whatever you could think of to somebody who was struggling with the same situation that you were...and...and you gave this information...about kind of what you needed to do with the foster agency...how about with the child? Do you have any information or any...any thoughts or......advice?

P: You know......that’s the hard part because they’re all going to be different...(R: Um hmm)...You know...we had an extreme case. And...ummm...

R: What about another extreme case? Is there anything you would tell somebody who had a child that was like Carl?

P: ............You know...you want to tell them to just keep loving them. And umm.................it’s hard because you’re going to put so much into it, and in the end...ummm...they’re not yours. So that’s really hard...ummm...And people will tell you to keep things in perspective. You’re loving this child {laughing}. You can’t keep things in perspective...you know...you’re just wanting them to be well and healthy ....and umm....you know....I....I wouldn’t even know what to tell somebody. You know...I’d like to think...but, just keep loving them......you know........{tearing up}

R: Okay............sounds like...well it looks like it’s really emotional for you even still........
P: {Silent tears}…………Yeah, he was only five…..

R: What is it? What’s left? What’s the…tears now?

P: I wanted to make a difference. You know, I wanted him to be…to really know what it’s like to have love…and umm……………..umm….I think he did, but I don’t know. I wish that…ahhh…you know I think…I said…you know like when I said my prayers I say, “I hope someday we get to see him again”….umm…………..and that he …you know…we really loved you. So…….sorry….{crying}…(R: That’s okay…it’s kind of hard not to…) Well……they’re just babies………………. Sometimes I think I cry because am…like I wanted to just get through to CYF, which was really hard to deal with…oh my gosh…

R: Was it…..We didn’t even talk about them.

P: Yeah….well …forget that. They just…and then ahh…I think the system could be revamped. They say well we’re…you know…CYF is…is the quintessential…ahh….agency for the whole United States…they’re the role model…you know…Allegheny County…(R: I hadn’t heard that.) You know….but, that was not our experience AT ALL…(R: Um hmm)…so….But, when I would go above our case manager in CYF …over to the supervisor…I got things done…(R: Okay)…But, then my agency says, “Well, you shouldn’t be talking to them. That should be our job.” I’m thinking, “I’m not waiting. He needs help now…you know…I’m the foster mother. I’m going to call them. She’s in charge, I’m going to call them.” You know…he needs help….so …and then I did in the end I got a call…I finally…I had made maybe 10 or 12 phone calls, and she never…the CYF case manager never called me back…and umm…then one day she calls me, and she says, “Oh, you should be doing this, and you should be doing that, and you should be doing this.” Well, she just leaves this message on my machine. I mean on my voice mail, and I called her back, and I said, “I don’t get this.” I said, “I’ve called you 10 or 12 times. I’ve never once returned my phone calls.” I said, “Then you call, and you say this, which is exact opposite or what you told me to do two months ago…{disgusted sound}. I don’t understand. Please call me back.” (R: No call?…..) No…never called me back……(R: Oh my.) So…. It was…umm… and I thought…I think that for the most part I thought…You know what? We’re just gonna do this the best we can because every time we try to deal with all these agencies it’s not…But, when somebody has this…what we think is the RAD…(R: Um hmm)… You do need help with it. You can’t…there’s nothing that you can do because… ahh….I shouldn’t say there’s nothing. You can try a lot of things…..but, you know …what really is going to work? (R: Um hmm)….you know ...(R: Um hmm)……

R: Anything else you can thing of…that….you’d like to tell…

P: Well, to a foster parent…even if you have a negative experience…what you think is…if you step back, you’ll think, “Wow…it was good.” I mean….yeah, the agency stuff wasn’t good, but…there were times when he would laugh…and umm……and
he would roll around and...you know...you could like...you know...like at night...praying with him...and sometimes you just...I would just smile because he would have these little simple prayers...and umm...and sometimes...you know...my favorite times were when he let me really be his mom...you know...and ahh {getting choked up}...and sometimes we played ball out in the back yard...you know...or umm...him running around...he...umm...one really, really cute thing...one day...ah...it was getting a little bit cold, and we gotten our...we have a fireplace...so they’d had let the wood come...we had gotten this wood. And so my husband’s out there, and Carl is going to go out...and he’s going to work with Mr. R. He always called my husband Mr. R. He always called me mom. And so he’s going, “Mr. R, I’m going to come out and help you.” Cause he’d asked Carl to help him. And so they worked together all day. It was the cutest thing. He’s pulling...you know...he’s this skinny little...cute little thing. And he’s got...he’s got these big pieces of wood, and he’s putting them in {laughing}...It was hysterical. And he worked really hard... (R: Uh huh)...So those kinds of things...you know...take...umm...remember those moments...(R: Uh huh)...you know because...umm.........they...they’ve just been through so much most of them that...ahh.....I can’t relate to what he’s been through. But, you know that...that’s not normal because...kids are not born that way. A lot of what he did was learned behavior.

R: Yeah, you can see the effects of what he must have went through...(P: Yes...............) Anything else?

P: You...I’m sorry I think that...ah...I’ve been so negative....{laughing}

R: NO...no...no. Do you feel that way? That you’ve been so negative?

P: Well...you know...talking a lot about how hard it was to work with the agencies... (R: Uh huh)...sounds pretty negative when you step back....but, it’s what happened.

R: Well...I mean...I took it as that. You were telling me about your experience, and it does sound in some ways...I mean...as I’m listen to you...I hear more kind of frustration and anger with them and a lot of love for Carl.

P: We did...we did really love him. And I think because...we just...that was what we went in there for...you know...umm...had wanted to do it for 10 years...umm .....But, I was a single mom for like 15 years. So...umm...had to get...you know ...my son well. So...couldn’t do it. And then when we were...you know...as he got better...umm......this just kept...it was on my mind...(R: Oh)...you know...so...we did tell them we would be respite givers...(R: Uh huh)...but, we would not take another child right now. And we haven’t heard from them at all...so......(R: Wow.) ....We have three grandchildren coming in the next four months.

R: Three? So, you’re going to have your hands full with that.

P: Yeah...we knew we couldn’t. And two of them are out of state. So, we knew that we
were going to have to be traveling a lot...(R: Yeah)...and umm...so that...that
wouldn’t work out very well...(R: Yeah)...And we needed time...I think that...when
you love somebody, and they go...you need time to heal from that.

R: Yeah, I think you’re right. And it does seem like you were really connected with him
even though he was only there for a short period of time.

P: I think you just DO...I think it’s just...if you go into it for the right reasons...(R: Um
hmm)...I think that it’s just a normal thing that happens...umm...He...he called me
mom. So, I think that he opened the door for me to be able to love him back because
...you know...he...from the get go he just said, “Hey, you know...mom.” And he’d
always come to me...Mom this, and Mom that...and umm...you know...and like
sometimes I could just put my arm around him, and that was okay...and umm......
you know you can’t put that into it and not....be glad you did...No...and not...I’ve
never regretted doing it.

R: Sounds like he was lucky to have you {spoken softly}.

P: Well, thank you...I think that...umm...in a lot of ways we were lucky to have him...
you know...I guess that the biggest thing is the sense of failure that you have to get
beyond.

R: Uh huh....yeah, you mentioned that before. How do you feel like you’ve come with
that...I mean do you still feel that...or is that?

P: Not really. I feel like I did the best I could do...(R: Um hmm)...umm........you
know...I’m...I’m...I’m just a lay person. So...I...I really feel that...umm...we
did...we really did do the best we could do. (R: Um hmm....um hmm...with no help
at all.) Yeah...basically...oh yeah...it’s like deal with...they...This is an example.
One...he had to go to the psychologist...and umm...have a meeting...and I said, “Do
I need to go?” “NO.” They call me the day that they’re supposed to come pick him
up...like in 15 minutes. I’m in the shower cause we were going to go somewhere
while he was at the psychologist’s...(R: Um hmm)...And my husband says...
{laughing})...he come...he just puts the phone in there and goes, “They want you to
go.” I said, “Well, she’s going to be here in 15 minutes.” Well, she’s running late,
and she says...umm...she got a call last night that they want you there.

R: Oh well thanks for calling {laughing} ....

P: Yeah....and after I’d asked..."NO, you don’t need to go.” (R: Yeah)
R: Okay…so the way I have this set is I have some like some questions…they’re kind of a rough outline of the way we’re going to go. But, you know, depend on what you say we’ll kind of go off and explore you know whatever comes up. So…um…the first thing I’d like for you to do just to kind of start us off…umm…If you could think of a time when…umm…you had to like set limits or discipline the twins. And I don’t know how this is gonna work with…umm…I’m assuming they probably kind of reacted the same way or maybe they were different…I don’t know. But, think about a time when you had to set limits or discipline one of them or both of them and…umm…tell me right from the beginning to the end like what happened. What did you do? What was their response? Just kind of how did it go.

P: Umm…you mean initially when they first came or…like as things progressed or…(R: Was it…). They were here for so long…I mean they really did do like a lot of growing up.

R: It got better as they were here…is that it? (P: No…) Okay…{mutual laughing}…Well, let’s talk about what happened later. Towards the end how was it?

P: Umm…towards the end…umm…I…we don’t know…because there was that like the BSC and TSS and things like that and more psychologists involved…it was hard…like…to say whether it was because they got older…that…they were…..was their behaviors getting bader because they were old.

R: We’re they getting better?

P: They were getting worse. (R: Worse…okay). Or…um…..like they were gonna be screened for some type of thing. So I don’t know….um….like the BSC said generally this is the age where things start to start coming out. So…is it because of that? {Slight laugh} So we didn’t know how to take it…

R: Yeah. Well, well what was it. Tell me like what was it like what would happen?

P: With the discipline wise?

R: Yeah…what would they do?

P: Oh, just defiant. I mean…like…when we would you know do the time out…Time outs didn’t even work. I mean time out were just a waste of time. And…I mean they would flat out just say…umm…you know…we started giving like choices…you know…well, you know, this or this…and you know…tell me why you did this…(R: Um hmm)...or you’re going to have time out. Well, I don’t want time out cause it’s easier for me to stand there and sulk. So this is a kid who just turned four so…umm…TSS would come and…you know…she’d try to correct them and he…you know…they’d say, “You’re not my mother. I don’t have to listen to you.”
(R: Uh huh) And it like where did they hear this stuff? We don’t talk that way in our house. (R: Um hmm…) So why’s this…you know…four-year-old {laughing} …(R: Um hmm)…we don’t say these things.

R: Was that like typically what they would do get…umm…

P: They never said those things to me.

R: Okay. What would they do with you?

P: Umm…just….they were defiant to a….more so towards the end and then not giving the answers…wouldn’t talk…(R: Okay…)…you know, just not answering me. {something unintelligible} and then, “Why did you do that?” “Well, I’m not going to answer you.” (R: Um hmm). “You want to go in time out?” “Yeah, I get out of time out.” “Okay…well…you know…you come out of time out when you tell me. “I’m not going to tell you. I’ll stand here all day.”

R: Oh…so very defiant.

P: VERY defiant…very defiant.

R: Did you…do you find any way to get around that at all?

P: Nope! We took things away from them…toys away from them. They…nothing (R: Um hmm)…nothing worked.

R: Um hmm…Would they get umm….like angry…or would they throw temper tantrums or anything like that?

P: Oh yeah, yeah…especially the one who…he…the one more so than the other.

R: Which one?

P: Andy threw more temper tantrums then Aden. (R: Okay…) Ahh…they always…they both cried a lot when they first came. They cried the majority of their waking hours. {slight laugh} (R: Really…) Umm…they still cried a lot when they left, but not like they did. (R: Uh huh). I mean they cried all the time.

R: Was there like a reason that you could…(P: No)…they just cried.

P: They just cried. They cried for everything. EVERYTHING…(R: Hmm)…everything. You’d just look at them {both laughing slightly}, and they would just cry. I mean…they just…that was like the thing…like every…like everybody knew…they would just cry…like at the agency (R: Oh) they….they’re going to cry (R: They’re gonna cry)...it’s there visit…oh no they’re gonna be crying…you know…like….they just cried ALL THE TME.
R: Did anything calm them…was there anything that worked to calm them down?

P: …………………………………one particular thing…like we always kept them busy…like…(R: Uh huh)…as long as they were busy and doing something, they didn’t have time to cry….ummm…you know what I mean? Like..like (R: Yeah) …they have time. So like between that and…like when I talked to the pediatrician about it and they’re like…”{something undistinguishable}, but like they need tough love.” Like they never had rules. They didn’t have…….you know I guess even at the other foster home it was kind of like laid back (R: Really?) and causal and stuff …and they didn’t have…you know…boundaries...(R: Um hmm)…So…..you know they come in my house and they were jumping on the couch. “NO! You’re not going to jump on my couch period.”

R: Yeah…Did that work for awhile? I mean you said it was worse at the end. (P: Um hmm) Did they listen (P: Um hmm…um hmm) at one point? Was that like towards the beginning (P: Yes) or middle…

P: Yes…yes towards towards the beginning it worked, and they listened...(R: Uh huh)….ummm….But the older they got…it just got the more defiant they got…(R: Okay)….These kids were so manipulative. I mean I have never met anybody in my life as manipulative as they kids.

R: Wow…like tell me…

P: They were…I mean even the TSS worker will tell you {slight laugh}…just…I mean just…they would play people so much. Like……somebody would come….my mother-in-law would come and…umm…like if I had to run somewhere or go to the doctor or down the street for a half-n-hour or something….”Oh, foster mom lets me play with the computer.” “No she doesn’t.” “Yes she does, and she lets me do…” “No she doesn’t.” “Oh…oh yeah she lets me do this all the time.” And, I mean they just…….we we had another…we had another foster child in our home. He was older at the time and umm…they talked him into…you know…”Oh, we’re allowed to do this, and we can do that” and everything. (R: Oh wow…..) And he didn’t see it coming. (R: Uh huh). And…the little ones are talking this big…(R: Um hmm)…and they…and he caught on. And he would come to me, and he…he was a teenager, and he would say to me, “Ms. Mom I can’t believe how disrespectful these little kids are to you!” (R: Oh..wow…) “And how they talk to you. Or how they are towards other people or like their TSS worker…and things like that.

R: Yeah…disrespectful to their (R: Yeah)…would they…you know you’re telling me some of the stuff, but would they actually be like…saying things or being mean.

P: They…they like with the TSS worker they would spit on the floor. They spit…they spit here a couple times. Cause they would come home from visits and say, “My dad spits,” and they would spit. One of them spit all over my chair one time {slight laugh} and I got a scrub brush and a bucket…I said, “You clean that chair. You scrub
that chair.” Period. Like you do not spit in my house! So...then who started spitting...you know, my little one (R: Oh yeah) and started...you know, he sees it. (R: Um hmm)...So all their behaviors...you know...he was 2 ½ at the time...he’s doing...he wants to be like them. He’s doing everything that their doing. (R: Oh my...) You know and they don’t...as much as we explained that to them (R: Um hmm)...they just.....

R: I don’t think they were really worried about what he was doing or what wasn’t doing.

P: No....you know we tried to explain to them...you know...you’re...you’re the big brother and you know...you have to set a good example...and you know...we don’t want you to do that kind of things and...you know...Do you want all of us to spit? No.................They don’t...you know...they’re not remorseful for things that they do...they don’t...(R: Um hmm)......There was a point...that’s when the BSC was here...and......they...want...Andy kept going over to the refrigerator and taking the magnets off and like......like running them down the refrigerator...(R: Oh...) And I kept telling him not to do it, and...after the second time, I said you’re not allowed to play with them anymore. And he just started crying...and you know...this biggg you know tantrum....(R: Uh huh)...and my little one went over to him, and he was rubbing him on the head. He said, “You’re okay” {little kid voice}...you know...patting him and...and she said to me, “Do you see that? Do you see what he just did?” And I said, “Yeah.” She said, “Have you ever seen them do that?” And I said, “Lord no.” I never seen like...they don’t do those kinds...they don’t show those emotions. I mean they’ll laugh or they’ll...

R: You mean show empathy for somebody else? (P: Right.) Or be worried for somebody else?

P: Right...you know they’ll step on your foot...they’ll say, “Oops sorry.” But, that’s it. (R: Uh huh.) You know they go through the motions, but they don’t actually...(R: You don’t FEEL that they mean it?) Right...right...so that like they lack that...

R: That compassionate feeling....

P: Yeah...they lack compassion...that......like tenderness...I mean it’s like they care...like they really care like......some of the things from pre-school...their little sheets that like....they would say like, “Oh...I don’t want foster mom to be sick” or you know “I don’t want her to get hurt.” And things like that so it’s like they care (R: Uh huh), but......they don’t......

R: I think I’m getting a picture of it. It seems like it’s kind of hard to describe...

P: Yeah...like...I don’t know if it’s just that they don’t know how to express emotions? ....or put the two together? It’s like they care about it, but they don’t ........but, they’re not doing...
R: Yeah…something’s missing. How did…how did…I don’t know which one was getting patted on the head…was that Andy? (P: Andy.) How did Andy respond to…umm…Randy trying to comfort him?

P: I mean he was okay. (R: Uh huh.) You know they had…like me and the BSC have this…you know…like let them go for a little bit and then…with both of them, if you didn’t step in with crying. They’ll just go on forever. Like they couldn’t self-sooth…(R: Yeah)…or comfort. They couldn’t do that. More and more they…I mean…they were doing much better cause we just…you know use the word…(R: Uh huh)…and stuff…like how we you know like (R: Okay)…you got it to stop.

R: Okay…so that’s how….what worked trying to get them to stop (P: Right) crying so much.

P: Yeah…cause I mean at first they would…they would fall down or…not even fall down…whatever…(R: Yeah)…I mean they would drop something, and they would just cry for…hours. I kid you not…hours they would cry…

R: Oh no….would they let anybody like…like hold them or cuddle them or……?

P: Not…not really…like I remember first like I’d like try to read them a story and bring them up on my lap and be like cuddly with them…They would sit on my lap, but they aren’t…they were like…(R: They weren’t cuddling you back?) Yeah….yeah…and even shortly before they left…like a couple weeks before they left…Andy had fallen down like two or three of the bottom steps…(R: Um hmm)…and I ran over, and I picked him up and he was just like………..you know like that {showing how he pulled away} like…(R: Oh wow…when you picked him up?)…not limp, but just you know like…(R: Uh huh)…didn’t….(R: Was he like…pushing around a whole other way?) Yes….yeah! I said to my husband all I felt was like his torso against me (R: Ohh)…like that was it.

R: And he was like flung back almost…(P: Um hmm)…like you see baby sometimes…(P: Um hmm)…when they don’t like…

P: Yeah…and I said I just…..I was like beside myself…like…Oh my gosh…like I’d never felt a kid who didn’t respond back to you. (R: Yeah.) So I just sat him down on the steps, and I sat next to him and…you know…just calmed him down and talked to him…and….I just…even after all this time…I mean, but they hugged…I mean it wasn’t that they didn’t…I mean they hugged. Especially Andy, Andy was very affectionate and all ways wanted hugged and kissed (R: Uh huh) and everything…so…

R: Was it…you know, I guess I’m trying to figure out what was the difference…you know…why would he like it sometimes and then sometimes be so……

P: I don’t know……(R: Wow)….I don’t know. He just did not…
R: Did he...did you get the hugs and kisses...was it him initiating or would he take it from somebody that just came over and gave him a hug?

P: I think it went either way (R: Good)...I mean he initiated a lot...a lot...(R: Uh huh). He initiated a lot or...I mean if he...

R: And if you did it back...I mean if you went over to him and just initiated, would he take that? Would it be okay?

P: Yeah...but, like we would always tell him “Squeeze” like that’s not a hug cause he’d always just go...(R: Oh, okay)...you know like touch you.

R: But not really like...(P: right)...wrap his arms around you.

P: Right...right...and we’d say “Squeeze...you know...you better squeeze us...you know...what kind of hug is that? That’s not a real hug. You’ve gotta squeeze back.” (R: Yeah.) And I know like in their school they would always...they have to ask...so.....were they...free to touch anybody? (R: Right.) Umm...so they always asked, “Can I give you a hug? Can I give you a kiss? (R: Okay...) Ummm...you know...like...which, you know, we sort of ended up doing that (R: Uh huh) because that’s how they were, you know, taught in school...

R: Right...which is probably helpful for them if they had boundary problems...

P: Right...yeah...I mean...so us...well me...I mean it took me getting used to cause I’m not...you know...having kids (R: Yeah...your family too)...yeah...you know...{both laughing}. So that took getting used to (R: Uh huh), you know, especially when you’re playing around or...you know...you know...you give them hugs at night or whatever, you know (R: Yeah), usually family...And there were some nights...umm...you know...So it’s bedtime, you know...and they’ll go to bed and don’t even ask for a hug. And then other nights it’s like they’re half way up the steps...”Ahhh I didn’t get the hug...I didn’t get the hug.”

R: Oh really...any sense of like why it would be like that one night?

P: No...{slight laughter from both}...I guessing like maybe if they were having a good time...right before bedtime it was like...you know...I had a good time and I wanted to give them a hug...or you know...or maybe if they weren’t then...you know...they didn’t.........they...they...they lived in the moment...Andy and Aden...you know (R: Okay)...like they lived...that’s why we said...like...when they were leaving here, they weren’t going to have any problem because it’s out of sight, out of mind. (R: Okay...) They......they.....seemed to retain long-term memory things, but short-term...they’ll retain some, but not a lot.

R: Um hmm...did you feel like they were close to you at all? Did you feel close? Or
did they feel close?

P: I think….the last couple months they did because we were at my daughter’s house, and we were really, really surprised…we were getting ready to leave, and we were playing around with them and like “Oh no, you’re not going to leave”…cause they didn’t they wouldn’t get their jackets on. And we were like “Oh no…okay you can stay. We’re leaving.” And……one of them…I think it was Andy started like… “Oh…{made sad face}” you know…getting…(R: Like he was going to cry or something?)…Yeah…like whimpering like he didn’t want us to leave (R: Uh huh), and he didn’t want to stay and…you know…not that he didn’t want to stay, he didn’t want us to leave…(R: Get left behind)…right. So we were like shocked cause that was the first time that he ever had shown that (R: Wow)…and that was…it was in the wintertime…I’d say like maybe around Halloween time so…it took almost a year (R: Ohhh) for him to get to that point.

R: Uh huh…What what happened at the end when they actually left? What….I don’t….you might have told me, but I don’t recall…why did they go? Was there an incident that happened?

P: No…no…we just…we gave our notice…they…he just, you know, the behaviors started getting…..you know, more and more……negative, harder to correct (R: Um huh)…umm……you know, they were harder to control. There’s the three of them and…you know…I mean basically the best advice from the BSC and the best thing I’d come up with, you know, was always try to leave one out. When you got the three of them together it was just….I couldn’t leave the three of them in the room together…you know, if I had to leave the room, I’m always pulling one out (R: Um hmm)…umm…and there were times…if the three of them were in a room, as soon as I’d walk out of the room, they’ll…the two of them were teaming up on the littler one (R: Um hmm)….um…one time they rolled him up in the carpet and sat on top of him…in the throw rug…(R: Um hmm)….umm…another time they had tackled him, and I had to take him to the doctors cause he complained that his back hurt for days. I’m like…this isn’t….you know….a two-year-old…his back shouldn’t be hurting…(R: No)….They couldn’t find anything wrong with him…so….the one day…I think it was like a Monday…Andy had tackled him. Wednesday Aden had tackled him ………you know….or one was sitting on top of him…Aden sat on top of him on the rug the one day. And then two days later, Andy is…threw a desk of something on top of him. So…. 

R: A desk?

P: Like a little {couldn’t understand} desk. (R: Yeah) I said to my husband, you know, that, you know, they did everything they could at the doctor’s. I….my best guess is that, you know, they hurt his back. (R: Yeah.) And…so, you know……when it comes down {slight laughter} to physically hurting him, then we had to really think about….you know…. (R: Right)….taking some action. And I mean….I was probably, you know, that was probably like two months before we gave our notice (R: Um
hmm)...and things really...their behavior just started escalating and...I mean they would go on visits and they’d come home from visits just...just out-of-control there and, you know, then when they’d come home here, you know, they’re sticking their fingers in the fan of the computer...and then they’re sticking things inside there.... umm...you know, some of the drivers they were just so bad for...you know...they’re taking things out of their book bags and throwing them in the cars...they’re spitting on other kids and, you know, in the vans when they’re picking them up. They’re calling them names...there...there telling other kids I’m dead.

R: That you’re dead?

P: Yeah...they’re getting unbuckled...they’re opening the doors while they’re driving. (R: Oh wow...) Yeah...so it wasn’t any one thing, it was just everything...and it kept getting worse and worse. Yeah...it’s getting worse and worse...and, you know, we’re looking here, and I’m like, you know, this is having no positive impact on my little boy....he’s seeing us getting more-and-more the bad guys with them. He’s seen us raising our voices... We were never like that {slight laughter}...(R: Uh huh). He sees us raising our voices...what message is that sending to our...our 12-year-old gets 1% of our attention {laughing}...you know, like he gets none of our attention. Our little guy gets, you know, maybe 5% of our attention. Here’s these two kids who are getting 95% of our attention. (R: Yeah) And...you know...we’re all stressed...we’re stressed to the max...(R: Um hmm)...and they’re not making any progress.

R: Um hmm...they’re getting worse.

P: Yeah, they’re getting worse...there’s, you know, no positive impact that it’s having on our little one. (R: Yeah.) I mean.....whatever social impact that they were having was negative {slight laugh}...(R: Yeah)...I mean it...it...it socially he knows how to play with other kids now. Okay {slight laugh}...I mean he still is rough around the edges, but....Okay. So.....

R: Well that makes sense...I mean...it makes sense.

P: I mean we’ve had...um...like when......um...the little one....umm....the case specialist was here and then the CYF worker was here. There two specialists here... and......you know....Aden sat there...at least for a half-n-hour and barked like a dog. Andy was in timeout pounding his fist off the wall. And...I’m sitting here and I’m saying, “Can you understand {slight laughter} why I gave my notice?” And my little one was sitting here and umm....Aden was barking like a dog. (R: Yeah). And there was...you know...They’re, “Don’t feel any guilt,” like “If you feel any guilt, don’t feel any guilt.” Cause I did...I mean felt guilty for a little...I mean I still do, but....

R: Do you?

P: You know......{tearing up}....I had to do what was best...and...for us...and that’s what I did. Ultimately, I had to do what was best for my family (R: Um hmm)...you
know….My family is here to stay and……you know……I feel bad, but……

R: You had really kind of a unique position because you had your little guy who was acting one way and then these other two kids that were so different…and…and I could see where…I mean…if you were watching your little ones behavior deteriorate because……that he’s seeing this……it must have been so hard…

P: And…and…I’d even….it seems like one of the first times the BSC came…and you know, I said, “I’ve tried everything…I know.” And I said, “Now, granted I don’t have my degrees and all this stuff like you do, but I think I have pretty much common sense...(R: Um hmm)...and being around kids a lot of kids and long enough (R: Um hmm)...and I tried every way I could think of to mesh them, but like my little one is here on this rainbow (R: Uh huh), and the Andy and Aden are over here {show rainbow with hands}.” (R: Yeah.) And…I can’t…and she said, “When you have kids that are like that you never…and no matter what you do, you’re never going to mesh them.” (R: Um hmm...um hmm)...and like when they came, my little one happened…and still…he’s still going through the terrible twos and everything…and when they came, he got very…..I’d say aggressive or defensive or whatever, and cause you know, I…and…you know, biological dad was complaining. And all I’m saying…Hey, I can totally understand him. He has been in this house…he’s 21 months old…they’re coming in his territory…and they basically took over all his toys. They’re wearing some of his clothes. They’re taking his mommy and daddy. (R: Yeah.) I’m sorry, but if you can’t understand why he is defensive and…agitated then…

R: It makes perfect sense…. 

P: You know, that makes sense to me (R: Um hmm)…..and um...............he….he’s would, you know, was aggressive with them, and then he starts….not right away, but a couple months later he started biting {couldn’t make out what was said} the biting started happening in like the spring time. Umm…but he, he was getting…he became aggressive with them and like, you know, just normal stuff….and what bothered us the most…and we said it from I think the day or the day after we got them...to their case worker…They never would defend themselves. Like my little one would come after…not come after them, but…they would sit there like this….{showed using hands to cover upper body}…

R: Like cower? Or put their hands over their face?

P: Yes…yes….and to the day they left…they were still the same way {laughing} .....(R: Wow.)…no matter how much we worked with them.........no matter what we did ............a little bit...a little bit. It got better...umm......they got better, and it was to the point.....there was a little while and then it became…it was aggressive on their part...like they would turn it around and like instead of just telling him, you know, “No, leave me alone,” or something they would just start...(R: Oh like going after the little one)...yeah...going after him...yeah...instead of like, you know, just saying
“No” or you know, and we’re like, you know, fine…you could push him away, but they were just…you know…totally…way over the top. (R: Um hmm) so then it came to a point where they were too aggressive {slight laugh}…(R: Um hmm)… so……..ummm, but even, and it’s wasn’t all the time. It was just sporadic. (R: Uh huh) But even…I mean the day they left or right before they left I mean my little one, you know…they would take a toy…and a lot of times they were still instigate…they were instigators….they would instigate this behavior and even the TSS person would comment, you know, like Andy and Aden would be sitting here and……ummm ……………it was like two weeks before they left or something, and we were eating, and they were sitting here. My little one’s done…he gets up and he’s like sitting in between them under the table and…..I’m watching them…...my little one, he um…scratched his arm or hand or something…and he starts crying and crying… and she says, “Why are you crying?” And he says, “Randy did this…he did this.” And….I said, “And tell her why Randy did that.” And she said, “Well, what did he do.” And he said, “I hit him on the head.” And she said, you know, all the tables are turned…the tables are turned, you know, like Randy didn’t cry…you know like they cried at the drop of a hat, I mean, Randy would go like this, and they’re screaming, but yet we seen them with each other…kicking, punching…I mean picking him up, throwing him down…Nothing! Nothing. (R: Wow) We go like that {show slight touch}, “You pushed me. You…did this. You did that.” They were so…overly sensitive (R: Um hmm), but to each other, they could do…they could smack each other in the face and not…(R: Wow)…not cry…not shed a tear, but you could go…you’d go over and just touch them, and their screaming….they’re screaming and crying.

R: Wow…you know…this is probably a little bit deeper question…um…for you, but how did that make you feel when….you know, you’ve got kids and you’ve been a mom and you experienced…how did it make you feel when you couldn’t get them to do what you wanted them to do?

P: I…I answered this…

R: So you were telling me…

P: I mean I was frustrated because like…I mean…like…I…think…like…um…more than a better then average parent, and I know things. I know what I’m supposed to do and none of these things are working…I have….you know….support. I’m asking all these people “What do I do.” I’ve tried this…I’ve tried that and nothing has worked ….and then…you know…then you question yourself. Well, am I doing it right…am I…Is it ME? (R: Yeah) Why can’t I get these kids to do this? Or why are they doing this? And…you know…I mean the BSC, you know, she’s like…you know she’d be like…you know…it’s not…thei not wired right is how she would explain it. (R: Um hmm) You know…but, the…it made me feel better the more people that got involved and saw things. Then…I was like saying to my husband…Oh…we’re not crazy…like people do see this (R: Um hmm)…like it’s not us. People are saying…okay…yeah, there’s something…something is, you know, off kilter here or
something (R: Um hmm) isn’t right…yeah…like it’s not…like it’s these little subtle things, but yeah, they shouldn’t be doing that, or you know, like we’d be like…. they’re 4-years-old….or then so-and-so’s four year-old. And like when we’re at these functions, and we see other 4-year-old kids…..they can walk up and down bleachers …and these kids are still falling…(R: Oh, they couldn’t do that?)…you know…it’s like…different things or the way kids act and run around and play…or…you know, like my little one will go…when there’s a bunch a kids playing, he’ll go up and say, “Can I have the ball?” You know, they’ll be like standing there looking and waiting and waiting for the other kids to ask or (R: Uh huh) or you know…wait for us to lead them over or something….just…just…you know…just a lot of little subtle things.

R: Yeah…and some not so subtle things from what you told me.

P: Oh yeah….{laughing}….Some pretty obvious…Oh yeah…yeah…they definitely go….they’re on both ends…

R: So I’m I’m hearing you say that…you kind of like went through some stages almost. You realized in your heart that you’re a good mom and that you know how to do this stuff, but then there was kind of a questioning…I don’t know…why isn’t it working? But, having support of the people around you who saw the same thing helped kind of make you feel better and and see things clearer…

P: But, unfortunately…um…for I’m guessing other foster parents will do this too, by the time all these other things and therapists happen or are in place it’s so long…it’s such a long process. I mean they were in foster care for……a year before they even got like evaluated for anything {slight laughing}.

R: Wow….that’s amazing. Did they get a diagnosis? Did they see a psychologist or a psychiatrist?

P: They…well they saw a psychologist for their…to get the TSS and BSC, but that’s…I mean…

R: You should have a diagnosis…I don’t know…

P: They’re getting screened…..I guess soon because the coordinator called me last…on Fri…just on Friday…last Friday and said can I….cause you know, I still offer my services…cause they were here so long, and I…she asked there’s a lot of developmental questions…would it be okay if I called you sometimes this week cause they were going to be screened…we could go over that part with you since, you know, they lived (R: Right) with you a longer then the new foster parents…it’s only two weeks…whatever, they don’t really know that. I said, “Yeah, that’s fine.” And as a matter-of-fact, we ever…umm…..which we have to look into deeper….well, umm……we didn’t realize it was available until recently…umm…there was another foster agency, and I guess this foster agency has…you could do like temporary foster care where you could just do respite foster care. (R: Oh…um hmm)…umm…so we
asked….umm…….some of the people involved if they thought it would be okay if we could back…if we would go get certified with them…with the other agency also to do the respite (R: Um hmm) for them…like bring them back here like once a month or whatever for a couple days (R: Ohhh) if it wouldn’t be like too hard on them or….like we thought…the only negative thing I could see is it being too hard on my little one (R: Um hmm)…cause he…I mean…EVERY DAY…{slight laugh} …he was asking for them, and he still (R: Um hmm)…I mean he’s still asking for kids we…that were here two and three months ago (R: Ohhh)….he’s still asking for them….where as we don’t think they’re asking the opposite. (R: Right) Umm…… cause I mean they just hugged each other…I mean they got along. I mean they butted heads…and…(R: Um hmm)…fought and everything, but that’s what brothers do…you know…and if you asked him…you know…who are…you know who’s your brother. He would include them (R: Uh huh) cause that’s all he knew…I mean…15 months to a 2-year-old…{slight laugh}…is all his life. (R: Right…exactly) You know…he thought they were his brothers (R: Awe)….so….umm….you know, me and my husband talked about it, and we said, you know, it’s just like anything else, you know, kids are resilient, and he’ll get used to it…(R: Um hmm)…knowing that they’ll come here…they’ll sleep here for a couple of night, and they’ll go somewhere else. Like….eventually, you know, the pattern will kick in and he’ll get used to it…(R: Um hmm)…you know it’s not like…I mean, he’s didn’t cry when they left…he’s…you know…he’ll get used to it…you know, cause, if we do it the first time and it’s hard, then we don’t do it anymore…(R: Yeah)…you know…that’s the choice we make…so…

R: Did they cry when they left?

P: No…no…and it…when we like when we….the hard thing that CYF got involved in and everything was last minute and everything, but everybody was all worried about getting them ready. “Oh, let’s get them.” Then they made a calendar…like a countdown calendar for them (R: Uh huh)…their BSC made it. And everybody’s talking to them at school and their TSS is talking…we’re talking…you know….they’re case workers are talking to them. And I said to my husband, “Who’s talking to our little one? He’s the one who’s gonna be the most affected by this (R: Ohhh). I said, “Nobody’s talking to him.” Nobody’s telling us…what should we say to him? How should we prepare him? He’s gonna feel the worst (R: Um hmm, um hmm) out of this…and umm….so I brought that up…and…I mean two day’s before it happened. And everybody said like “Ohhhh, we didn’t even think of that.” And I said, “Yeah…like we’re the ones.” I had talked to…umm….they go to a therapeutic preschool…the twins…and I had talked to them about it, and they said, “Oh, you’re right.” And I said, “I’m expecting to see….like…acting out behaviors.” And they said, you know, we’ll it sounds like you’ve thought it through, and I said, you know, we just plan on keeping him busy…and…you know…and then unfortunately, I got sick…and…what had happened is he……and he’s a foster kid too until next month, and then he’s ours {laughter from both}. But…umm….and I talked to the pediatrician cause he was at the pediatrician last week…we had a foster child…the teenage that I told you about….last I think the end of January, but he had left, and
then the twins left the end of February…beginning of February I can’t remember. And then the twins left…it was February 28th, and then I was in the hospital March 6th. So… I was in…and then Randy was really, really good from when the twins left till I went to the hospital…I mean he was like…and I was expecting really bad behavior, and he was really, really good. I was in the hospital Thursday and Friday, and he didn’t see me. Well, I come home from the hospital…Oh my gosh…it was like a totally different kid. I mean just bad behavior…bad, bad, bad. And he was at the doctor’s last Friday, and I said…I was telling the doctor, and he said, “Well, think about it…you know…you had a kid that left…you know…a month prior…didn’t come back. You had Andy and Aden that left…didn’t come back. Then you left (R: Um hmm).” And, he was like…think about it. He’s testing you to see how far he can take it.

R: Um hmm…Are you gonna leave me too?

P: Right….so…there was behavior…{Laughing}…

R: And it makes some kind of sense…I mean I hear a difference in when you’re talking about Randy and when you’re talking about the twins. Some of the twin’s behavior…it seems like it didn’t make as much sense. And Randy’s you can look at it and say, “Oh…okay.” When you look at what happened, you see at pattern. (P: Right.) There was a difference between the two.

P: They had problems like with…even before they started preschool…they started preschool in October I think it was…the therapeutic preschool…and one of the big things…that…well, when they came to us they were so…Randy was 21-months old and they were just turning 3. They were so far behind. And…I mean…it ended up basically…Randy’s basically standing still where he was, and I had to caught them up to where he was (R: Umm hmm) cause they were so far behind…and umm…when they started preschool she said, “Did you work with them? Cause I can’t get them to qualify for DART.” I am like, “Yeah…I couldn’t stand it.” Like…you know…it was ridiculous where they were developmentally (R: Uh huh)…I couldn’t…I’m not gonna have a kid in my house {slight laugh} who’s 3 ½ and can’t count to 10 (R: Um hmm) and doesn’t know their ABC’s and can’t walk up and down the steps…like……I’m not that kind of foster parent (R: Um hmm). Like…maybe some people can, you know, sit their kids in front of the TV all day or put them in their room, I can’t do that stuff…like, that’s not me. (R: Um hmm…yeah) And like I couldn’t get them to qualify for DART and transportation, and I’m like, “Well I’m sorry, but I just…I can’t do that stuff. That’s just not me.”

R: And they must have really learned quickly for them to change so much with you working with them.

P: They….cause everything…you have to be repetitive and that’s what I said to her. They…their problems are like daily living skills (R: Um hmm) things like that like even they just…like brushing their teeth…you had to tell them about it. (R: Um
hmm)...like that’s what we put down on one of your sheets like daily living skills that they had troubles with (R: Um hmm)...like one day is fine, the next day you gotta be in there…”Did you brush your teeth?” “No.” “Did you wash you face?” “No.” And sometimes...Aden...you’d send him to wash his face, and if you didn’t go in there and tell him to stop, ten minutes that kid would be in there still washing his face until it was bright red...if you didn’t go in there and stop him (R: Um hmm)...I mean and it was not all the time, just sporadically. (R: Just sometimes...wow...). I mean they’ll got to the bathroom…”Did you flush?” “No.” “Did you wash your hand?” “No.” I’d say to the BSC, “Okay...it’s something they do how many times a day...day after day...shouldn’t that be set in, you know, routine...you know, you flush the toilet...you wash your hands.” (R: Um hmm) And they just...and that’s why she says, you know, that there’s just something...

R: Just not quite right...umm...the times when you did take them to like...was it daycare...was it therapeutic daycare...or preschool...and you had to separate from them...how did they do with the separation?

P: I didn’t take them. They were actually transported by the foster care agency.

R: Okay. We’re they okay when they left the house?

P: Um hmm...

R: And how about when they like reunited with you at the end of the day...how did they act?

P: They were always fine. They were always happy to come back...umm...usually Randy was always napping...most of the time...90% of the time at least they would come back and he was napping...it’d be like...”You’re to be quiet” and they’d be like “Oh...{could not understand}.” And they were always happy to come back (R: Okay)...and they’re...they loved going to school. I mean, but it was......a lot of.........like therapeutic play (R: Um hmm) preschool...you know...there was a lot of play...

R: Right...right...right...umm...I think I noticed on one of those sheets that you marked something about fire? What was that about?

P: They...like...that burning...like...it’s not something that they talked about like daily, but when they talked about it, it was like...like repetitive and...the one time they talked about it...the one day...even later in the day they were like......ah...it was...we said it was even in their like subconscious because they were substituting words in sentences...the word burn in their sentences for it...(R: Wow)...so...like we always said there is like something like deep in them...burning or something. (R: And they both did it?) Both of them...I mean they...the one time...............I want to say shortly after preschool they like...the therapist walked over and that day was like December...November...December...they were in the toy room...the three boys
were in the toy room, and I was in here in the kitchen, and they had…umm…well, they’re not in there now, but like rubber strips…like all around the fireplace (R: Um hmm) and they had taken two off and they were using them as hoses and they were pointing them…like as if somebody was standing there (R: Uh huh) and calling out their classmates names and saying, “Sarah…burn…burn…burn…burn.” (R: Wow) And I looked over there, and I’m just watching them, and I let it go for a minute cause Randy was off in the…playing by himself, and I just let it go for a minute. Then they’re going, “Die…die…,” and you know like pointing like going lower to the ground, “Die…die…burn…burn” (R: Oh my gosh) Now, I went in there and just said, “Stop that!” {laughing} I was like, “Come on put that down…you know…who wants to come be my helper…who wants to come downstairs to the laundry room?” {Both laughing} And I called the school and I’m like, you know, “What do I do?” I said, “I just like redirected them.” That was like way…I said, “I let it go for a minute just to see where it was gonna go, and then eventually the burning went to dying I said…so I just like stopped it.” And when they do that go, “Why…why did you want to hurt your classmates.” And I said, “When my kid is there…I’m sorry…I said I’m not saying that because now my, you know, 2 ½-year-old…” You know, and they did it again….I mean they did similar instances again and…umm…..you know it was maybe two to three months ago they’re playing Ring-Around-the-Rosie and instead of playing Ring-Around-the-Rosie they like come on Randy and their holding hands and their like going, “Burn, burn, burn,” you know, “Chase me…burn me…burn me…chase me.” And I walked in there, and I’m like, “NO! You are not to play like that. You are not to say that.” I said to my husband, “I don’t want my,” you know, Randy’s going to start preschool in the Fall, I don’t want him to go to preschool saying those things…playing like that {laughing throughout}….and then they’d be calling me thinking…my kid has these problems.

R: Right…and Randy’s just playing (P: Right) the way they were playing and that’s what (P: Right) he’s learning and ohhh…..

P: Oh my Gosh…I’m like, “NO! Stop it. You’re not doing that right now.” (R: Uh huh) I’m probably wrong for doing that and not questioning, “Why do you want to play that? {laughing} I…my…as a mother, that…(R: Um hmm)...my natural instinct to grab my child and {not able to understand} (R: Um hmm) So…I mean that’s just…I mean….that’s another negative behavior that I’m saying…

R: That rubs off on him (P: Right) and…. Did they ever try to set anything on fire?

P: No…we have everything like up high…locked. We have locks with keys {laughing} on stuff.

R: That would be scary.

P: No…I just…I said they don’t have problem solving skills or…umm…they don’t have like a thought process like to be able to walk up the steps to get….I don’t know….unless they saw somebody do it, I don’t think they could figure it out
themselves. (R: Okay) Randy on the other hand could (R: Um hmm), but they can’t. (R: Um hmm) Like we…umm…they just can’t they really…they can’t…I mean…they were just far lagging in that. I mean you really…they had no imagination. When they first came, we put them in and then we were like…okay…and they just sat there…just sat there. And we were like, “Well, play.” You know there were all these toys…they did not know what to do...(R: Wow)...I said to my husband, “Look at that. Look at them.” They just sat there like rag dolls…did not know what to do. Here’s Randy buzzing and got cars and trucks and he’s crashing them and... He taught them how to play. They did not know how to play. (R: Wow…) And he’s 15-months younger then them.

{Tape had to be changed}

R: Umm…if you could say one thing to like another foster mom who’s struggling with a, you know, children or a child that is having problems like this…what would you say? Are there some kinds of words of wisdom or advice that you would give?

P: {long pause}…….I don’t know…….I think I just…I mean I think…well in our instance, it was hard cause it was two…you know…it was twins. It was like…me and my husband, you know…everybody…{whisper} everybody suggested that they split them. And….you know…the county went, “No, No, No,” but everybody suggested that cause they do so much better when they’re split. (R: Do they?) They do so much better… I mean… it was like such a difference. (R: Um hmm) I think if it was only one, we would have stayed and stuck in it and…it would have been better…umm…I think it’s just…I don’t know it’s hard to give somebody advice or words or wisdom (R: Yeah). I think it depends on the situation and (R: Right)…….the individual and the child (R: Um hmm) and how bad it is and how much the parent can tolerate or whatever…you know, it is really hard.

R: Was there anything that you can think of that was like a really important thing that helped you get through it as well as you had because you had them for a long time? What do you think was like important in helping you get…

P: {Laughing} My husband! {Both laughing} If it wasn’t for my husband…(R: Uh huh)...cause I had and…and my daughter…I mean…cause she helped…….she helped a lot, but…..I mean it is important to have somebody….I mean (R: Support) and, and my two best friends that, I mean, not physically to help me just there to vent...(R: Um hmm)...you know…I’d pick up the phone…”My gosh I can’t believe they just did this,” you know {laughing}…..you know that was my…that was my source of getting my frustrations out or whatever my venting (R: Uh huh) and complaining and stuff, you know, people shop…I hate…I’m not a shopper. I mean I have to do it when I do it, but I don’t.

{Husband comes home}

R: So sometimes venting and having support from people around you was really important for you to be able to do this. And we a little bit earlier…I had asked
you…that…how it felt to not be able to get them to change their behavior or get their behavior under control…but, I’m going to change that question just a little. How…how did it…I know mother’s have this kind of…you think that as a mother you’re supposed to be able to do everything and hold everything together…as a woman too…did you…was it hard for you that way? Did you feel anything about yourself as a woman? Or a mother?

P: {long pause}…I guess I maybe sometimes I did a little bit, but……………………If I say this wrong way, then I’ll come across as me being arrogant or something, but I think I’m just like strong and confident enough that I know……..like that I feel…..I feel sure enough in my abilities, and I see that I have these other kids (R: Um hmm) who…that I raised already, and I look at them and I know…I’ve done this before {laughing}, I know what I’m doing. Look at them…they’re in society…they’re giving back…(R: Yeah)…I…you know, I know what I’m doing. I’ve done it. I’ve had other foster kids who’ve gone on and……every other foster kid we’ve had never wants to leave, you know, they don’t want to leave…they’re crying when they leave…they, you know, we had one twice…they requested that he comes back here. {laugh} So we know that we’re doing the right things…so……

R: So it sounds like you had that conversation with yourself…{P: Sigh}…like you know that you’re doing the right thing because you have all this evidence that everything’s okay, but there must have been some moment when you wondered.

P: Yeah…I mean….you know, you doubt yourself. (R: Um hmm) I mean I doubt myself (R: Um hmm). You know just like when we gave our notice…like you doubt yourself and feel guilty like, “Why couldn’t (R: Yeah) I do this? Why am I not…why didn’t I get through to them? Like is there something”……but then, you know, you look at the flip side and, you know……there’s….you have…you know……did the best I could. I did, and I……like everybody…..like you can ask my husband when I do something {laugh}, I…do…everything I do, I have to do it the best. That’s just in me. I am just the most competitive person you’ll probably ever meet. {laughing} But, even when we gave like our notice, I just kept putting it off and putting it off because I kept feeling…..Am I not giving this my all? Did I not try something? Is there something I’m missing? (R: Yeah) And then like I said when all these other people started getting involved and saying, “Hmmm?” you know…like “Something’s wrong here.” And then realizing there’s all these more steps and talking to somebody who talked to somebody who what the kids are gonna go…be tested and everything (R: Uh huh)…ummm….she had…a friend who has a disorder, and he’s a young, young adult right now and she said, you know, our fear is, you know, when we’re older and he, you know, is in his mid 40s or whatever and were older, and we’re not there, who’s going to take care of him? And he….she said it’s so hard with one, I can’t imagine my life with two…with…you know at the same time cause they were…their both in the same (R: Right) I don’t know what’s the word…I mean their both almost identical (R: Uh huh) where they are…ummm….you know I just looked and thought, “Do I want to spend the rest of my life giving 95% to these two kids and only 5% shared among my other three kids?” (R: Yeah) And I
can’t…I mean…as much as I care about them, I can’t. I mean I want the best for them (R: Yeah), and I think what’s best for them is…to…have….I won’t say to have better {laughter}, but to have somebody who can provide them with…more attention…with no other kids around…with no other distractions. (R: Um hmm)
So…you know, when I…when we…we made that decision it was….it was…….like I knew whole heartedly it was the right decision…like without a doubt cause if I had a…I mean if I have little doubts, there’s something always there to dispel them…like I knew (R: Uh huh)….I knew that it was the right thing. You know, you just get that little guilty thing (R: Yeah) you know…there’s no one person I….not ONE person I talked to that had any little shred….of anything to say to me that…you know that would be played the other way or anything…..{both laughing}….you know, not one person…(R: Um hmm) I mean from any other workers any of the people involved…the friends…the family……Nobody. I mean everybody just knew how hard (R: Yeah) it was and…..the stress and everybody and….

R: It’s almost like you’d be sacrificing the other kids to focus on these two.

P: And…and…like my kids are my kids for the rest of my life, and they (R: Um hmm….yeah)….I mean it’s hard to say, but I mean my family always comes first and…..yet, they are my family, and I even said, you know, it’s nice to hear my little one call them his brother because that means I’m doing my job treating them as if they are my own kids, but..........................I wouldn’t turn my own kids away, but…

R: That would be so hard…but, the right thing to do. I mean…like…it had to be a difficult decision.

P: It was…I mean…and you know, to say goodbye to them and not cry….you know, I don’t want to cry in front of them. (R: Yeah) You know, make them….upset or make them….you know, it’s hard (R: Uh huh), but….((R: Wow))….you know, like I said, you know, it’s the right thing. It’s what they need. It’s what they need. (R: Um hmm) And….you know, I talked to another foster mom who…where the teenager went…and umm….you know, she said people who don’t do this just don’t get it. They keep…they won’t…they can’t understand your decision. I said, “You’re exactly right.” It is hard to talk to somebody out…like outside of the circle (R: Yeah) cause it’s…you know, people say, “How can you have these kids for so long and then…and then you know do that?” And it is a hard decision, but unless you live it {laughing}…..you just don’t understand… I mean…it’s very hard, but it was very hard to live it….you know…It’s hard…very hard.

R: A lot of people don’t handle it as long as you handled it…really.

P: And that’s what everybody says…how can you leave…leave….I talked to…became really good friends with people from the agency…who have left the agency….who were the directors like the program directors at foster care (R: Yeah), and I’ve talked to them and…..they said, “I can’t believe you kept them that long. I can’t believe you
stayed for that…with that that long.” And, you know, people have asked us…way before about {phone rings}…asked us a long time ago…early in the summer whatever if we were going to adopt them and……there’s the situation…and we said, “No,” and first and foremost it’s because if we did, then our house was full, and we couldn’t take anymore kids (R: Yeah)…and you know, it’s not why we started doing this to become full and to stop. But, you know, we said, “No,” and they’re like, “Why? You’re the only people we’ve ever seen control them. {laughing throughout} So we thought you would cause you can control them.” I said, “But, controlling them takes all of our energy.” (R: You can’t do anything else.) No, we can’t….we can’t! I talked to somebody last week who I haven’t talked to in I can’t tell you how long…a year or something. I am just so looking forward to…not that we had this big life or anything, but just…you know…having something (R: Yeah) just…like friends I haven’t talked to for a year and a half {laughing}, you know, or anything…just. I mean having three toddlers is….is rough you know? (R: Um hmm….I can’t even imagine it…) You know…and having, you know, three boys and having two with some type of….some problems.

R: Is there any other things that you think I should know about your experience that we haven’t already talked about?

P: I was just trying to think. Did you look over my sheets? Is there any questions? I might not have anything else. Believe me…there’s…you can write a novel on those two.

R: Did anybody ever say anything…just out of curiosity about attachment…whether they had attachment problems or RAD?

P: I……yeah…some of the case workers would say that because they would just get with anybody…umm…we had a lot…talked a lot when they first came about strangers because they would…ummm…they would just go…I mean they would just leave and go…umm…we have like in our yard….we’re out there all the time when the weather is nice, and a lot of people…I don’t know if you can see that level spot…there’s a lot of people who walk their dogs…(R: Oh..actually I do see)…and in the summertime there’s all these kids and people walking their dogs (R: Okay)…we’d be back here, and they would just take off and talk to anybody and…I mean it was just….they had to leave and meanwhile my kids…not so much Randy yet, but like my kids were always so fearful of strangers…like they were just petrified…petrified of strangers. And these two are just like Nothing…Nothing (R: Yeah). So we just talked about strangers for I can’t tell you how long…and…I mean even now they’re still…like…they won’t ask (R: Uh huh)…you know, can we go talk to them or anything….they just….just as long as somebody talks or looks or acknowledges or waves, they’ll just go running over (R: Wow) and just take off and…that’s was one of our concerns too (R: Um hmm) cause they are so…..impressionable and so……I can’t think of the word…I’m drawing a blank, but like you can talk them into doing anything. (R: Uh huh)…So as manipulative as they could be, they’ll falling for other people doing it to them too…getting them to do
something or...that and being so passive. That was the first two things when they first came...the first two things we told the case worker...like...they were so worried like they could be talked into doing anything...anything....like...that scared me. I mean it still scares me.

R: Uh huh...Do you feel...do you feel like their mom? Do you feel connected to them still?

P: Yeah...yeah...cause I still...I said to my brother, “I can’t take their pictures down yet.” You know, (R: Oh) I guess like when I do then it’s like the final...you know, and I know...I mean...they probably...........

{Husband came into kitchen}

P: I mean I know it’s probably like the sooner you do it...like I know you’re supposed to do it...(R: Are you?)...It’s like nice to have...you know the kids who’ve we’ve had we always...we have a wall upstairs...picture frames...and we always take their pictures, and we have all of them up there. We have pictures that they’ve drawn up and given me. We’ve even had...we had...through somehow they got a picture or letter to somebody and got it too us and (R: Oh, wow that’s cool)...so....I thought this is a neat feeling. It’s really a neat feeling.

R: It’s like in some way you’re still a mom to all these kids...you know...you’ve left...I sure left a part of yourself and your family with all these kids.

P: When...when somebody asks my 12-year-old how many brothers and sisters he had and...and...I can’t remember. He says, “Like I have like 5 sisters and 7 brothers.” And they’re like, “What!” {Laughter} Cause even though some of them might have only been...might have stayed here for a weekend (R: Yeah)...or two weeks or something...you know... (R: They all got counted.) Yeah...they all got counted. He counted all of them. And yeah...that’s nice. They’re all...like you said...they’re all...you know, they’re all a piece of us...they’re all part of...who we are and why we do this (R: Right) and you know their stories are gonna stay with us. I mean it’s like...I mean we’ve had...I could tell you everything...somebody said to me, “How can you remember all these dates?” I’m like, “I don’t know.” {laughing} You just...I don’t know...like with all these kids...there you know...how can remember this happened on this date or you had this hearing. I said, “I don’t know. I just remember.” (R: You just do.) You just do. How can you remember these names...and I don’t know...you just...you just do. (R: Yeah) I can remember, you know, these...you know...these girls and their names and they came to us. Where we were and you know what time the phone rang...{laughing} you know, like I could just remember the...you know, I remember all their stories and...you know...their situations and...I don’t know...you just do.

R: You just do. Maybe you don’t need to explain it; it’s just the way it is.
P: Right. And it’s just…the same thing everybody, you know, why do you do foster care? I don’t know. You can’t explain it. (R: Uh huh) I just…I can’t explain…I can’t put it into words. I don’t know. I have that feeling. (R: Uh huh) It’s just the feeling…I can’t explain it. I’ve always wanted to do it, and three years ago was the right time in my life and…..now, I thank God I did cause now I have this beautiful boy…you know…you know…I don’t know. I had all these kids and it’s still…and we’re…I mean…we decided just to take a little hiatus…{laughing}…cause the twins really wore us out. (R: Yeah) And we just have…a bunch of events coming up in the next couple months…

R: Um hmm...yeah you were telling me all the stuff you have…

P: Yeah…need a little break right now. {laughing}
Anna and Dean - Interview Transcript

P: You know, my kids didn’t want him talking smart to me (R: Uh huh), you know, like, “That’s my mom…that’s my mother man,” you know, whatever (R: Yeah, yeah) so…that would probably be the only bad…experience. And then I had a brother and sister that were like 4 and 5. The girl was good, but the boy had issues…

R: Really…(P: Ohh) was he the 4-year-old or the 5-year-old?

P: The five and she was…yeah…she was the baby, he was the big boy…and umm…he really did, but nobody had diagnosed it at the time, but the other home he was in said he was doing strange stuff.

R: Like…do you remember what?

P: Yeah…like he caught the shower curtains on fire (R: Okay)…um….just go in the refrigerator throw your butter on the floor…he poured sugar all in my…in here…he did the curtain thing there…or whatever…and I said, “Oh no…he catch something on fire here, I just…I just don’t want to take the chance.” (R: Yeah) But, um…he came here, and he was like…if you weren’t looking he’d go on the kitchen table and he took the sugar one day and just poured it all in my rug and then smashed it with his feet…

R: Wow…was he mad about something or was there anything…

P: He just…he…there was just days he would do that. He didn’t even have to be mad. (R: Okay) Like he would spit on you and kick you…like if you’d be like such-and-such…”You can’t do that,” you know what I mean like do something that he can’t …most kids would be like, “Oh, okay,” but he would just be like Mmm Mmm {made angry face and gestures}…just…and then his sister wasn’t like that, but then her looking at him, I’d see sometimes like she wanted to be sneaky like him (R: Um hmm) but, she had a different personality, but if they were together long enough it seemed like she was going to get that personality…(R: Yeah)…now maybe she didn’t cause I had kept in contact with the foster mother who eventually adopted them, but she put him in therapy. (R: Good) He had to go to therapy, and they found out he had some issues (R: Uh huh). So he had issues here that wasn’t being addressed (R: Right…right) so…yeah…but I called and then I tried to send them back and they’re like, “Well, just give it another month.” And I said, “NO, because you know I can’t do it. I just can’t do it. (R: Yeah) And he’s destroyed my stuff here and, you know what I mean (R: Yeah)…you know…hey, time outs don’t work for him…you know…and NO. So I had to write a 30-day letter.

R: How long was he here?

P: They was here for about 4 or 5 months.
R: You know what, could we talk about him for a little bit cause he actually sounds like the type of child that I’m interesting so…what you’ve given my with Jody will really kind of, you know, give me both sides of the story…if ahh…so he was 5 (P: Um hmm) and he was here for 4 months.

P: It might have been a little longer. It wasn’t a year, but he was somewhere about 6 months no more than that. Oh, he was horrible. I never say kids is horrible…he was horrible. (R: Yeah…sounds like he was)…He was like….his mom was young or something MR and the dad was old or something. (R: Okay) And I don’t know if the dad had issues, you know, or whatever, but it really took a toll on that little boy. (R: Um hmm) And……very defiant…like I said the time out didn’t work…(R: Okay), you know what I mean?

R: Yeah, well tell me about that…lets do the same kind of questions that we did for Jody. (P: Okay) um…tell me about a time when you tried to discipline him…

P: Like he would hit me and stuff (R: Uh huh), you know, and they’d said, “Okay, well, you know, try to hold their arms,” you know, so you…I’d try to do this…you know…try to get behind him and say, “Come on,” you ain’t gonna say his name (R: No), Dean…I’d be like, “Dean, you gotta stop.” And he’d be like, “NOOOOOO.” I mean like….

R: Oh actually kicking (P: Yeah) and throwing a little fit right in your arms?

P: Yeah…I mean ohhh, but I didn’t know he had issues (R: Yeah) until we later found out…I mean I knew there was some issues but, he just wasn’t diagnosed…

R: Yeah…it was clear that there was something wrong…

P: Yeah…but, he was like, “Ahhhhhhh.” And then like I’d have to talk and talk and talk, and I guess he’d…you know…like essentially he’d be like…I’d be like, “Now, don’t you want to get a prize?” I’d tried everything I could…like I’ve gotta give him a prize or something (R: Yeah)…I just can’t stand here with him. And then I’d try different things like…well I’ll take you here…I’ll take you to this…but you gotta listen, and then finally he would be okay. But then I don’t know what a trigger would even be cause…you know…I think his triggers was “No” when you said, “No.” (R: Uh huh) I think that was his trigger. (R: Uh huh…Uh huh) Cause like if he was doing something or whatever and you’d say, “No, you know, you can’t do that.” Or he’d hit his sister, and I’d be like, “Dean, you can’t hit Miriam. You can’t hit her.” Then he just be like Mmmmm {mad angry face and gestures}. You know….

R: Like real attitude and mean (P: Yeah) and…

P: Like…and I was…(R: Yeah…and almost kind of scary for a little kid to be acting like that…) Yeah…yeah…and I mean he was BAD. I’m not lying. I told them I said, “Oh, I don’t know how long I can do him.” I done did a many of kid (R: Yeah)
… and most of them… I’d be like, “Go over in that corner and stand.” And he’d be like…… [make angry face] (R: All attitude…….) Oh….I mean it seemed like he could beat you and that was my theory cause I said, “He might kill me in my sleep or something.” You don’t know the…. little kids you still…. because he’s little don’t mean he might not come down in the night. So most of the times I was like peaking in there at night in his room and stuff making sure…like I’d get up, you know, and break my rest to make sure he was sleeping well. (R: Uh huh) Cause I was like I don’t want him to get up and start creepy around or something. (R: Yeah) And then some days he’d have a good day and you’d say, “Dean don’t do such and such.” And then he’d just move from it and do it.” And other days he would just…. (R: Really) … he would kick you and spit. He was terrible. He was terrible (R: Uh huh)… he would spit like {making sound like spit was coming} and spit on you. And you know we ain’t allowed to do nothing, so I’m like (R: Ohhh)…. “You, get in the chair and sit down.” Cause now I’m, you know, “Sit in that chair. Don’t move from that chair. Sit there till I tell you to get up.” You know…(R: Yeah)…. I’m telling you you’re feeling some type of way. (R: Yeah absolutely) You know, and he’s sitting there like…. [making angry face]…. and his sister was like, “Don’t do that Dean. Stop that.” He’s like, “Shut up sissy. Shut up.” That’s why I just really couldn’t do him … I mean, I done did a lot, but (R: Yeah) that was one that I just could not (R: Uh huh) take the chance of getting medicine and still keeping him (R: Yeah) I just…. no…

R: Did anything work at all? Did you ever find anything that kind of worked with him?

P: If you let him do what he wanted. (R: Okay) That’s what worked. (R: Okay) You know, if you had no supervision…if you would let him…cause I noticed if I would let him like put the TV on when I said, “Grown ups do the TV,” or whatever…. he was cool, but I’d be like, “Didn’t I tell you to leave that TV alone.” He’d get an attitude like he didn’t want instructions. He didn’t want that. (R: Okay) He wanted to be more-or-less like a grown up, but he was kid. (R: He’s 5.) Yeah, but he wanted to be like, “I’m gonna do what I want,” you know.

R: Did he…. umm…. I don’t know if you mentioned this with the other kids, but did he ever act like he was manipulating people or did he… do this to get his…

P: His sister…. 

R: Did he? What did he do with her?

P: Like…. he’d be…. You’d hear him sometime like { whispering }, “Come on Miriam. Come on.” Like that’s just when he was getting ready to do stuff like sneaking in the kitchen. Cause one time I was in there and they was playing in here or something… that’s when he went…. and I’m watching TV…now he snuck the little sugar thing in here and hid it somewhere till I wasn’t looking…cause I didn’t see him pour the sugar…. (R: Uh huh)… you know, and he’s like, “Come on Miriam. Come on.” So they both went in the kitchen. So he was I guess trying to get her to be partners in crime
(R: Yeah), but she didn’t take the salt and pepper. I guess maybe if she would have
took the salt and pepper that would have been on her too, but he took the little sugar
thing. Then I’m like, “What you doing?” And I looked in…”Oh, nothing. We’re
going to pee.” Like…cause there’s like bathrooms. So, you know, he’s like, “I’m
going to pee.” And Miriam said, “I’m right here.” So I guess when he was in there
doing his thing (R: Um hmm), she was in there covering for him. (R: Okay) You
know what I mean, and then when I….when you least expected it, he came and he
just…I think I had went to the bathroom, and he just smeared the butter again. (R:
Wow)...He wasn’t even mad at me like when he had the sugar thing. And the butter
thing…he wasn’t…he went in there with sticks of butter. He went in that refrigerator
and…I say…we were out on the porch. It was summer…he had to pee again, you
know, you let him go pee (R: Yeah)….cause he knows how to go pee pee…the front
doors open. Well, I came in here…he had took the sticks of butter and just threw
them all on the floor.

R: On the carpet?

P: In my kitchen (R: Ohh)...but still the butter was…it was warm…and I’m like, “I
don’t think this is for me,” you know what I mean, I’m just thinking like, “Oh boy.” I
tell you…you know…Oh, I love kids and stuff, but this is not for me. (R: Yeah) I
just gotta to be real. (R: Yeah...yeah) You know, I couldn’t...I couldn’t...you
know.

R: How about...was there any time when he was upset or crying or something and he
needed like a normal comforting...like you would comfort Jody if he was upset...was
there anytime like that, and what...how did he respond to that?

P: He really wasn’t a loving child. His sister was (R: Really)...his sister was a
LOVING child. (R: Um hmm)...like I mean with him...he really didn’t want hugs
and stuff. I’m thinking he was mad because the mom wasn’t here. She had went
away somewhere, and then I guess the dad had them for a while...living with
different people in different houses and stuff (R: Uh huh). So I don’t know even
with him being that small maybe he just was mad....like at women (R: Uh huh)...I
mean, I don’t know...

R: Yeah...like you’re trying to make some sense (P: Yeah) out of what was going on...

P: But, he was, you know, they’d have little visits eventually with his dad, but um....he
was mad when he left and really mad when he came back home.

R: All the time (P: Yeah)...just mad.

P: He was just terrible! I’m telling...He was terrible.

R: So no little time...cause 5-year-old...you know sometimes they’re...like they need
hugs and stuff...
P: He didn’t even want a hug…and I would try to do it with him and his sister would be (R: Yeah) like, you know, “Come on. Come on. Ms. Anna this and Ms. Anna…” He’d do and he’d do stuff, but he really wasn’t like all, you know. But Miriam was more like a little lady. He was trying to turn her into a little roughneck, but she was a little lady. She was nice, and she’d hold your hand and stuff and say, “Oh, your hair’s pretty,” or something. And him, he more-or-less was like, “It’s my way. I don’t want no…I don’t want to be bothered. I like you. I really don’t want to be here.” That’s what it seemed like to me.

R: Uh huh…he didn’t actually say that (P: No), but that’s what it seemed like.

P: No…and “I’m gonna make your life miserable until I leave or something.” (R: Um hmm)…you know, cause then I’m like…the sugar thing okay…but, I wonder if he would have poured like bleach (R: Oh my) or something on my rug. You know, I’m thinking like…them was just little things, but wonder if he was super mad…then would he have just took something and messed up something…(R: Yeah)…like, you know…(R: Or maybe he didn’t even realize what bleach could do yet at 5, but once he did…) But, like I said we keep it with Mr. Yuk, but just the thought of it (R: Oh yeah)…he did do sugar and the butter….

R: Yeah…that was scary…and then, you know, he caught somebody else’s shower curtain on fire…you wouldn’t want to leave him alone…

P: Yeah…yeah…I mean I had to 24/7 with him…and then when I took him to like daycare when I was working then…umm…and I’d say to the daycare lady, you know, watch him. Just want him very closely (R: Yeah)…without going into detail, just watch him very closely cause he’s real busy. (R: Uh huh)…you know cause you don’t want to go to daycare and say, “He’s horrible.” (R: Right…he’s gonna do this and this and this.) Yeah…so just WATCH HIM. (R: Yeah) Not so much her, but if they’re together watch them both, but if he’s doing his age, and she’s doing her age, just keep an eye on him. Watch him a little closer…(R: Yeah)…then you would the other one (R: Right).

R: So they get a warning, but, you’re not giving the actual details of it. (P: Yeah…yeah…yeah…) Um…how about those times when…did you actually leave him at daycare, and you would go in your…(P: Yeah)…okay…what was his response to being left by you…(P: He didn’t care.)…He didn’t care at all?

P: No, I mean like he didn’t take a tantrum and all that (R: Um hmm)…you know, I’d be like, “I’ll be back Miriam and Dean.” She be like, “Okay {sweetly},” and he’d just go on with the kids…(R: Uh huh)…you know, but it wasn’t like…well if you come back…if you don’t…I mean, you know, he didn’t say, “Well, don’t come back or whatever,” but he more-or-less just went on and said, “Okay, I’m gonna terrorize these people.” {slight laugh}

R: Yeah right…it was almost like there was no…no concern with whether you were
there or not (P: Um hmm)…Is that right? (P: Yeah…yeah) Okay…okay (P: No)…Well, how did that…how did that make you feel. I mean you’ve had all these other kids and you know how kids (P: Um hmm)…respond {said together}. How did that make you feel when he was sooo…like…

P: Well, you know what…I…to me personally I just thought it was something with the situation and things that I didn’t know. And I’m thinking…maybe something went on…and if he don’t want that closeness, I don’t want it either cause I don’t want anybody to think…you know, nothing strange or anything…so (R: Uh huh) if he…he might be push offish because of something else that I don’t know. (R: Yeah…yeah) So…he don’t want to really…like….he would talk to me sometimes, but I’m saying he wasn’t all like loving. So I didn’t really…you know…I just said that there was something that I probably don’t know. I don’t know. Maybe there was something that went on from house-to-house with his dad going to this person’s…sleeping in that person’s…(R: Yeah)…maybe you just…some things went on, and you don’t really want to be bothered. So…I left it like that…you know…I still fed him, I washed him, I talked to him, but I really wasn’t…in love, like I loved her…type of thing.

R: Yeah…yeah…even though his sister seemed to be more like kind of following a normal…

P: Yeah…even though sometimes you could see he was trying to sway her...(R: Um hmm)…because he would like, “Come on Miriam,” you know, and she was more like a little lady (R: Oh), but she was…that was still her brother. So she’d be like, “Okay, Dean,” you know, (R: Yeah)…it was more-or-less like that.

R: Uh huh…okay…so you didn’t…I don’t hear you taking it real personally or getting upset about it. It was just…

P: No…no…I mean, it wasn’t me. (R: Yeah) I don’t think he’d like anybody. He wanted to be with his mom probably...(R: Uh huh)...and whatever situations went on that ahh…..{interruption due to a phone call}…umm…so…it wasn’t me personally. I didn’t even take it like that.

R: Okay…ummm….when you went to pick him up…like from daycare after he’d been separated was it kind of the same story or was there any change in his…

P: Umm…without, you know, her really knowing stuff that he did with me or whatever…sometimes he’d say he had a good day or sometimes he’d say he had rough day today, you know, or he’s gets a little bored or something and I told him that he couldn’t do that. But…you know what I mean (R: Yeah) like…yeah…some days he…I guess he played, you know, cause nobody said, “No,” you know to make him mad or whatever (R: Oh, okay) and other days…he’s like…he didn’t go over there and burn them down or nothing, but…{both laughing}…some days, you know, he gave them a little run for their money.
R: Uh huh…was he happy to see you or did he…

P: I mean…well they’d be like, “There’s Ms. Anna.” And…you know…I mean he’d come over…like he wasn’t overjoyed, but…(R: He wasn’t running up hugging your legs.) He’d be like, “Get your coat Miriam,” like, you know, he…”Get your coat Miriam. We’re leaving,” you know, (R: Okay) or stuff like that. But he wasn’t like running over…”Oh my God there’s Ms. Anna.” (R: Yeah…yeah) He knew it was time to go, and he knew he was going to my house (R: Uh huh)….so….you know….and then sometimes he’d be nice in the car though. Sometimes he’d….oh, but I’m telling you…he’d beat the case workers up. He’d pull their hair and everything. (R: Wow) I’m just…yeah…I’m saying cause they’re not going to know. (R: No…no they won’t) The case worker would come back and by like, “Oh…oh…,” like in the back I bet he was like pulling their hair sometimes…(R: Like in the car…would they be driving?) While they was driving.

R: Oh….oh my…(P: Um hmm)….I’m just curious any other big experiences…negative experiences you had with him…different things that happened.

P: No. I mean that’s about it. (R: Okay) He didn’t…I don’t remember….

R: But it was kind of on a daily basis it sounds like….kind of ongoing every day you had to watch.

P: Yeah…just always watch (R: Um hmm)….always watch cause you didn’t want it to be like he was mad today, and you know you better watch out cause he would be… Cause, you know, I mean to me I’m thinking…he might have would have broke my TV screen or if he was mad…cause you didn’t know (R: Yeah) what he wanted to do.

R: And it sounds like he was waiting until you weren’t watching so…

P: Yeah…he was very wise…very wise (R: Um hmm) so…..

R: Any advice that you would have for like another foster mother who might be struggling with something like this?

P: Get them in therapy as soon as possible…get an evaluation or something. (R: Okay) Like when he came here, I don’t…I think he was like…when he left the other place or whatever they was trying to get him in therapy or working on getting him in there. (R: Um hmm) But I guess he maybe hadn’t got there yet. I don’t remember him going to therapy here. I think like when he left….you know, and I knew the lady knew something was wrong with him in a sense, and then he came here. But I think they just didn’t think that it was serious enough maybe. (R: Okay) You know what I mean…maybe that was just a one time thing. But if…I think if you get them in there and you notice some early signs…like try to get an evaluation or something…just to make sure. You know because he could really stress the foster parent out. (R: Yeah)
He could absolutely.

R: In you experience with all these foster kids...I don’t know how many of them ended up in therapy, but was it...in your experience is it a long process to get them in therapy or is it relatively quick? Or......

P: Um......to me I thought it was a little long for him. (R: Um hmm) Now there was one that came that was, you know, of the kids that came that had already been in therapy, which was good...(R: Yeah)... you know. And then they transported him back-and-forth and stuff. But I just think......I don’t know if like I said maybe they had started the process...cause you know then there’s CYS...then you have an agency so CYS has to get it rolling...then they let the agency know what...(R: Oh, is that the procedure?) Yeah....so I’m thinking maybe...and I’m not saying they drug their feet or anything to be smart, but I’m just saying...I think he really needed it like a long time ago...(R: Uh huh).you know what I mean...instead of just thinking maybe he’s acting out or no he had issues. (R: Um hmm)

R: Did you hear what the issues were?

P: Yeah they did, but I really don’t remember...like cause they all, you know, they just say, “I seen Miriam and Dean,” like one of the workers or something. I think he was ADHD. There was like 3 or 4 things all together.

R: Okay...so he has all sorts of stuff.

P: Yeah...he had a lot of stuff going on. (R: Okay) Um hmm...I’ll have to ask one day too just to check on him and see if, you know, they know what’s going on with him. But he had a lot of stuff. (R: Um hmm) And he was on medicines. (R: Oh) Eventually, he got on medicines. (R: Okay) I know that...I remember them saying, but I can’t remember exactly (R: Yeah) cause it’s been a while...but, umm....he had some issues....so I’m just saying if you get one, and you notice it’s a little strange...not the kids because they [unable to hear] or stuff like that...kids do that....but I’m saying if your sitting back...and you know cause I sit back a little bit and act like I’m doing something to just still chill and just be like observing some thing...and if you notice some little strange stuff.....I would address that. (R: Okay) That’s what I would say to a foster parent...address it, you know what I mean? You don’t say, “Well, I’ll just wait and see.” (R: Yeah) Address that if it seems strange.

R: Yeah...right then. Don’t wait...is what I’m hearing.

P: Yeah....so that you can kind of get the ball rolling in case you need to get them in therapy (R: Um hmm) you won’t have such a waiting period or paperwork and all that...(R: Okay)...to fill out. I would just let somebody know...well he so or she did such...or it didn’t seem right to me.

R: Yeah...yeah. And with all your experience, I mean you’ve had good foster kids and
then some that have been so bad so you…quickly I would imagine can tell, you
know, when something’s not…(P: Um hmm…yes.) Were there ever any…I’m just
curious…and sexual acting out with him?

P: No…because I might…with him and her more-or-less…no…they really never had
that time to do that.

R: Okay….did you ever get any complaints from other foster…from the other foster
mom that he’d been doing anything like that?

P: Nope. (R: Okay) And I never gave him the opportunity cause like I said I got girl’s
rooms with bunk beds and boy’s room with bunk beds. So…I never even let them
mingle…like you know they’d mingle here (R: Yeah, but not…)…or they play here,
but I’m…you know…

R: Not in a private space.

P: No…no…I didn’t want to give him that opportunity cause he was strange…a little
strange. And I just didn’t want that to be part of the strange.

R: Did you wonder sometimes if there could be….I’m just curious cause the way you
said it I was kind of…early what you were saying about him moving around I wasn’t
sure if you talking about sexual stuff or abuse stuff…I mean physical abuse.

P: I’m thinking maybe something may have happened with him. I think maybe a little
bit of everything may have. I don’t want to say…I mean that I know for a fact
because I’m lying. But I’m just saying….he was so mean. I don’t know why he was
mean. But I thought in my mind…something somewhere…cause he’s too little to be
mean. (R: Yeah) He hasn’t even experienced like hardly nothing. (R: Right) And
he was mean like you or I would be like if we had a broken relationship and dah dah
dah dah...(R: Uh huh)...you know, being like, “I don’t like men. They’re just
mean.” (R: Yeah) He was like mean, and he was too little to be mean. (R: Yeah…
just for a little tiny child to have that much…) Um hmm…yeah…he was mean.

R: Yeah…and he definitely…your description of him does not sound normal.

P: Yeah…and I mean he was gorgeous…beautiful little boy. Him and his sister looked
like...oh...they looked like they could be little models like...(R: Really)...beautiful,
beautiful children. I mean beautiful.

R: You hope that something went better for him, you know, so that he doesn’t have to
struggle the rest of his life.

P: One day I’m going find out though…I’m going to ask like...about Miriam and Dean
to see if any of them hear from them. You know, or hear from the mom that
eventually...because their mom was in foster care. (R: Okay) And...when them…
when their mom was in foster care, she end up like with this foster lady who end up later getting her kids. (R: Oh wow) So...so the foster lady that did the mom...raised the mom...and then the mom had kids and ended up giving the kids to that lady. (R: Wow...so she had like two generations...) Um hmm.....um hmm...um hmm...yep ...so...that's why she end up adopting them that lady because she knew the mom from having the mom...and she had them before they end up going back in the system because the dad came and took them cause he still had rights at that time or whatever...and the mom had left the state...so then the old man who was the dad went on and took them...and then I guess the court found out that they was living from pillar-to-post so they end up going back in the system...you know what I mean...so they more-or-less made like the Ring-Around-the-Rosie. (R: Yeah...wow) But the lady who had the mom first ended up with them, and that's who adopted them. So that way when their mom visits, she could visit...(R: like her own...almost like her own mother)...yeah...cause that was like her mom...(R: Yeah)...cause she raised her.

R: Yeah...yeah...so it was kind of like she was the grandma to the kids....not biologically but...Okay, anything else that you'd like to add or that you can think of that might help me just kind of understand what it was like to raise him....not so much Jody.

P: Um.....hmm........I don’t know...I mean you can give them all the love you can give them, but I just think...um......if there’s warning signs in another home I’m hoping that the agency would kind of come and talk to us more in detail. (R: Okay ...like tell you)...yeah then say like, “You know what, there may have been such-and-such, and we don’t know either.” (R: Um hmm) But, you know, because when he came I knew he was like a little bad, but I’m like, “Oh, okay, he just played with a lighter.” Not that that was okay...(R: Yeah)...you know like, “Oh, okay, it’s just a lighter.” But I was like, “Okay, he’s a little bad.” But I wasn’t expecting that bad. I mean he was horrible. You know what I mean, so I’m thinking...

R: So from the agency you didn’t have like that kind of upfront...hey, this is what’s going on...

P: Yeah...more-or-less...like I said they told me about the little shower curtain thing or something, and I said, “Okay...he’s not gonna burn my shower curtains or my house down?” And they’re like, “No, it was just a one time incident.” So I’m like, “Okay, but...” I mean maybe there was other things I just didn’t know. (R: Yeah) You know, and not saying that they did it to be mean or something, I’m just saying maybe there was things...so if you could just be upfront and just be like, “Look, I mean now if you want to take him and his sister, that’s cool, but this is how it is.” (R: Um hmm) But, you know, I’m just think, “Okay, he had this one little incident...bad day ...the lady left the lighter out or something...(R: Right)...and you know, that was just that.” But, burning something is not normal, you know, so I’m not saying he was normal cause he burned it, but I’m saying well maybe that’s one incident. (R: Right) But, I’m thinking there probably was a whole bunch of stuff (R: Yeah) that he did,
you know, and then he comes here, and I’m just thinking well he had a bad day that
day or something, but he gets here, and he was just……I wouldn’t want to wish that
on somebody.  I’m just saying cause somebody else might have been so mad they
might would of hit the little guy.  (R:  Yeah)  I mean…you know what I mean, but I
know my clearances and this and that (R:  Right) and I don’t even have time.  I’d
rather you leave.  That’s my thought…like get him out of here.  I want to keep what I
got.  Take him, and let me still be normal here.  Take him out of here.  But, you
know, somebody else might of would have snapped like, “Oh my God…..,” you know
what I mean…it’s just….yeah…

R:  Do you think that knowing more about like what the kid’s capable of doing or his
history would have helped.

P:  Yeah….I do.

R:  How…what do you think…what would have helped you?

P:  I think it would have helped me maybe like….in talking to him because like I said I
think when you said “no” that was the problem…so I might of would of approached
things a little different…maybe by just…you know….if they would have said, “Well,
if you tell him no or something, you know, he’s gonna snap.”  Then I’d be like…I’d
probably would have just been like….well…you know, Dean…I don’t know, I just
wouldn’t have said “No” or something like that (R:  Yeah…you would have
approached in another way)…I would have approached it a little different (R:  Um
hmm)…so that he wouldn’t took a tantrum…you know…I…and all that stuff…

R:  Okay…that makes a lot of sense…

P:  Yeah…that’s what I would have did…cause like I said they….I don’t want nobody to
go into nothing blind.  (R:  Uh huh)  You know what I mean, it’s not fair to…it’s not
fair to your families, you know, cause my kids were like, “Mom that boy’s down
there snapping out.”  And I’d be like, “Well, don’t say nothing to him.”  You know
I’m gonna let him go ahead and vent and then I’m just gonna hold him in the hold and
let him do what he do…cause that’s all you could do.

R:  Is that what you would do…just hold him until he calmed down?

P:  Yeah…you just have to restrain him…yeah…or sometimes you could drop with him,
you know, grab him like this and just drop…you sit on the floor and he’d sit on the
floor and let him kick….like cause if he’s kicking, and I think it’s gonna hurt me,
then I’m dropping to the floor…he can kick the floor.  (R:  Yeah)  Cause I can’t
afford to be black and blue and let you kick so hard (R:  right)…you go ahead and
we’ll both sit here and let him vent.

R:  Okay….did that um…you said he would eventually calm down…would it take like a
long time or how long would it take him….
P: Well, he’d scream…until he was tired kind of...(R: Oh really)...yeah, you know, like he’d be {screaming}. And I’d just be like, “Dean, you stop that. You’re a nice boy.” I’d try everything you know cause I didn’t know what to say to him….I’m just, “You’re a nice boy. Nice boys don’t do that.” I even prayed over him and everything. Yeah...you know what I mean, I was like, “Lord...is he a devil.” (R: Yeah) I mean I don’t really know...you know, Miriam would be like, “Stop that Dean.” Cause she had a little squeaky voice like that, and he’d be like, “SHUT UP SISSY.. SHUT UP,” like he was possessed sometimes...(R: Ohh)...and then eventually I’d be like, “See, now I’m taking Miriam to the store, and you’re not going.” I’d just be saying all kinds of stuff, and then eventually...I don’t know which one, but eventually then he’d just be wore out. (R: Okay) You know, then I said, “I’m not letting you go until you’re nice. If you’re gonna get up and be nice...” He didn’t even have to apologize. I didn’t even care. (R: Yeah...right just be nice.) You know what I mean, but I said, “Now, if you’re gonna be nice, we’re gonna get up, and I’m gonna let you know, but if you’re not, then we’re gonna sit here a little longer.” (R: Wow)...you know what I mean...(R: Yeah...yeah)...and that’s what I’d do...I ain’t got nothing but time. (R: Uh huh) “We’ll sit here, you know, cause you’re not gonna get up and kick me and all that...Oh, no...I’m old.” {slight laughter from both} You know and then other days he would play nice or whatever...and, you know, but I’m just thinking he didn’t want to listen, and at 5 honey...you’re gonna have to listen until you’re 18...so you know, there was a lot of work to be done with him...(R: Yeah...it sounds like it)....A LOT...and I couldn’t do it. (R: Yeah) I just gotta be honest. I had my own natural kids. (R: Um hmm)...cause I’m taking from them, you know, sitting here holding you, when you could be playing...there was books and coloring books and toys and trucks and stuff. No...no...that just wasn’t for me.

R: Yeah...and I can understand that...I mean how could you have your own kids missing out on opportunities or (P: Yeah) time with you...so no matter how much he’s hurting, he needs another place...I would be thinking...somebody that doesn’t have to give up...

P: Yeah...he needed a one-on-one...him and his sister. And I even said to the agency, “I’ll keep her,” but you know, I didn’t want to split the kids...(R: Yeah)...and they don’t split em, you know, I mean...if there’s that...that rapport like that...I’m like, “She’s welcome to stay. He got to go.” I mean that’s how I was feeling like...”She can stay until she’s 18 if she wanted to, but he got to go!” You know what I mean (R: Yeah)....so....I hated to do it, but...and I’m glad they’re together...wherever...you know...

R: Yeah....did you feel...you said you hated to do it...what did you feel when you....

P: I mean cause I felt like I was kicking em out, and I really couldn’t do the best I could do. But I didn’t really know what else to do for him...cause I really didn’t know what the problem was..
R: You didn’t beat yourself up over it, but you wished that…

P: No, I didn’t beat myself up. And I hated…like I cried (R: Um hmm)…you know, like, “Oh my…I hate to kick the little kids out cause they’re little kids,” you know, but…hmm…yeah…that was a rough one {tearing} there, but he had to go. He had to go, he had to go.

R: I can tell it must be rough…but you look like now like you’re kind of feeling some {slight laughter}…feeling some kind of way about it…

P: I…cause I hate…you hate to kick to kid people’s kids out. I mean, you know what I mean, cause I’m like well my kids never been in the system…my kids never went from house-to-house…they was raised (R: Yeah)…[something unable to hear]…then go on about your business. So….then when you get somebody else’s and then you like, “I’m really trying to do good,” but I have to…I don’t know what else to do here cause I don’t want…I mean, you know, then you feel bad cause you’re like, “Man, you’re kicking the kids out, and they gonna go from another house to another house to another house…you know, so yeah…

R: But you’re right…they didn’t…he needed somebody to…

P: He needed a one-on-one that I couldn’t give him…you know what I mean, cause if…he needed to be with somebody by their self, you know, where they could just do him. (R: Right.) Where my kids still had to go to school, and they still had homework, you know, and I still had to do this, and I had to do that, and I couldn’t just do him…like this here. I couldn’t.

R: Right…that would be hard. Well, this has been really, really helpful especially hearing about, you know, the drastic differences (P: Yeah…yeah…) between the two kids...(P: Yeah…yeah)…and I was wondering if we could…umm…if you remember ….if we could fill out this form, but for him. (P: Okay…for Dean?) Um hmm….I’m going to turn this off…

{tape turned off}
Joyce and Hannah - Interview Transcript

{Started taping mid sentence}

P: We could just put her in…{couldn’t understand}…and what she does is she
wiggles…{made wiggling motions}…with her arm…with her arm…and then she
would stand up and wiggle out of that…and I can’t tell you how many times I was on
the Parkway and either had to climb back…you know my husband would be
driving…or I made my 11-year-old do it…and then I’m putting two children in harms
way if a truck or somebody, you know, rear ended us…(R: Yeah)…why they would
have been like a torpedo flying threw the window. And so I put my 30-day notice in
January 3…and I said, “I’m sorry, but due to circumstances beyond my control, I
need to ask for her to leave,” you know, and placed elsewhere. Well, then they…they
did have this family that was interested in her in December, and then there was a
court hearing in January and I had a conversation with mother at one of the doctor’s
meetings…or…or at Children’s South when the baby went for endocrinology…and I
said…she said, “There’s a hearing tomorrow.” And I said, “Uh huh, what’s
happening.” And she said, “Well, they’re talking about a pre-adopt home.” And I
said, “Well, Jeannie…she’s been with me for 21- months and the other 5-months of
her life has been in hospital.” I said, “How long are you going to drag this out?” I
said, “There is a family that’s interested in her.” I said, “They came in December.”
And I said, “You know you can’t expect an adoptive family to hang on forever. They
move on.” (R: Right) I said, “If you don’t relinquish, they will move on.” And I
said, “You know what, you’re the eleventh hour chick…you do just enough to get by
for the court hearing.” And I said, “That’s our tax dollars paying…that’s paying for
this and dragging this out.” I said, “This is a little ridiculous.” (R: Um hmm) Well,
she got to thinking about what I said because the hearing’s the next day and there was
nobody there but me and the guard and her…and I was waiting for the caseworkers to
come, and she said, “Ms. J I thought a lot about what you said.” And I said, “Okay.”
And she said, “I’ve decided to voluntarily relinquish her.” Well, you know, I almost
cried because I thought…you…wow, I had an impact on this girl…(R: Yeah)…and I
did treat her like as if she was my daughter and made her try to listen to me cause she
was obnoxious when I first met her…(R: Really?)…the most hated girl everywhere
she went. (R: Oh my) And very confrontational and…you know, I just told her you
got to zip your lips…you got to smile and nod…these are people that are caring for
your child. They’re professional people…they’re trying to help her…they’re trying
to help you, but you’re not helping yourself, and you’re not helping the situation with
this little girl. So…she made that decision and so I took her face in my hands and I
said, “Jeanne, I’m really proud of you.” I said, “You know it takes a big person to be
able to do that.” And the guard thought I was the caseworker. He came over to me
and he said, “Are you ready to go in?” And I said, “I’m not the worker. I’m just the
foster mother.” {slight laughter from both} Well, this place was humming and
bumping and, you know, they’re all talking about this foster mother who did
counseling. {laughter} But, she did really…you know, I’ve seen her a couple of
time since…she’s very appropriate…I don’t know if she’s now on medication? But,
hopefully, she’s going to get her life together…and I said, “You know, you call me. I
don’t mind talking to you,” I said, “But, you have to be appropriate with me because I will hang up on you.” (R: Yeah) You know, you have to be firm and tell her the way it is. And I said, “If you were my child…behaving like you are, I’d be telling her the same thing.” So….

R: That’s really cool that you did that. {Laughter from both}

P: I can do it, but the caseworkers can’t do it (R: Yeah) because they have…they have their guidelines, you know.

R: Maybe it’s good that you don’t, you know, you can just say whatever you’re feeling in the moment…say what needs to be said…

P: And I said…normally I don’t get attached to birth mothers… I said…I’m very professional…I said, “You’re the second young girl that I’ve got attached to.” And I said, “I will tell you a success story about the other little girl.” I said, “Her baby died…because of…I guess she was going on there with this foster mother.” And I said, “I buried that little girl.” I did. I buried her with my mother. And I said, “That little girl was a victim.” I said, “They were going to send her to jail.” And I said, “But what…what good is that going to do?” I talked to the detective that led…I said, “She was molested from the time she was 7-years-old by her brother and father. Father shot himself.” I said, “This little girl was age 15. She got pregnant by dad or brother.” And I said, “You can’t punish her for something that happened to her…that wasn’t her doing.” (R: Yeah) And I said, “She needs rehab.” And she went…she went to some of these group homes that wasn’t good for her, and finally she went to a foster home with another baby. And I had her other baby that was very severely…ahh…damaged, and I…I don’t know, there was never a diagnosis....but there were horrible seizures and atrophy of the brain tissue…so…..she went to this other home, and it was a Christian home, and thankfully those people got through to her, and she became a better person. She went on to school. She became an LPN. (R: Wow) I got a Christmas card from her. She lives in Buffalo, New York. She’s working in a nursing home…she really got her life together. And I said, “Jeanne, she’s the same age as you are.” And I said, “She got her life together.” And I said, “And you can do the same thing. You need to get educated. You need to get a job, and get away from your home.” (R: Yeah...yeah...it sounds like good advice) Yeah…I mean I told her that, and I was very open in the court room. I told them the same thing I said to her.

R: And that’s...that’s...Jeanne is her mother? (P: Yes...yes) Okay...I’m going to turn this off. I wanted to catch what you were saying....

[break]

R: Okay...um...so the first thing I wanted to ask was if you could tell me a little bit about Hannah’s personality...like what’s she like?
P: Umm…………she can be very demanding…umm…for the longest time I could not get close to her. She was never loving or affectionate…ahh….just since probably December she would give you hugs and kisses…actually, appropriately. She will call us mommy and daddy now. She’s never done that before.

R: And you’ve had her for two years?

P: Yeah….when you would carry her, she never clung to you or held on…she’s just like there. (R: Uh huh) And it wasn’t just me, it’s everybody that she does that to including her birth mother. (R: Okay) And…um…some people over at the Children’s Institute picked up on that, and they asked me about that. And I said, “She’s just been like that from day one.” And they said, “How much closeness does the mother have with her?” And I said, “She was actually not with her for those 5 months that she was in this variety of hospitals.” So…umm…she’s just learning to be affectionate…um…..

R: Okay…laughter from both} um….this might seem like a weird question given what you’ve already told me about her…being that she’s going to be getting adopted, but do ever wish that she was your child?

P: Ahh….No, and I don’t mean that in a bad way…um…I’m too old for adopting. And they asked many a times if I would take her, and I was like, “No.” (R: Okay…yeah) [Researcher couldn’t understand next section because speaker was laughing.] They were like, “I was just asking….you could change your mind.” I had to be very firm about that (R: Uh huh)…I mean we have Casey…and we have to raise her yet.

R: Is that one of the other kids? (P: Yeah…) Do you think that you’ll miss her when she’s gone?

P: Yes, I will. I do miss her when she leaves. Yes I do. (R: Uh huh) She’s….um…I think I’ve become very close to her…umm…her medical needs were very fragile…and the two years…it was not easy to take care of her. (R: Uh huh) But, um…because I’m a nurse, I took her on as my responsibility. (R: Uh huh) Yes, I became very attached to Hannah.

R: So even though she wasn’t kind of like…hugging and being close to you, you still….got really attached (P: Yes) to her…still feel really attached….

P: Yes…I always hug her and kiss her and tell her how much I love her…I never actually saw her own birth mother do that.

R: Really….never at all? (P: No) That’s a long time to not have that. (P: Yes) Do you…um…what kind of medical issues did you have to deal with with her?

P: Um…well she came home on monitor…heart and breathing monitor because…umm…she had [unable to hear]…and umm…(R: What)
airway….Bronchial Pulmonary Dysplasia, which is the one problem…she was severely premature…um…and so she was on oxygen that was required night and day. (R: Okay) And the heart monitor just would there to alert us if she should stop breathing. (R: Okay) Then slowly we weaned her off the heart…AB monitor…and then…um…as of November of the 07, she was off of oxygen completely.

R: You did mention it…so all that time that she was still on oxygen until just…just recently right?

P: Yes…and actually, it’s as needed…it’s called PRN. And she came back sick on Sunday, and I had to…um…put her back on the oxygen. On Monday night I put it up to a quarter of a liter. Tuesday and Wednesday night I dropped it down to an eighth of a liter because she was coughing…coughing….and coughing. And I doubt that the new mother recognized that this was a full-blown cold that she had. (R: Oh) And…um…and then last night I had her on a sixteenth of a liter. And I really don’t think she’s going to need it over the weekend, but I sent it…. (R: Okay…okay)....

{Foster mother’s husband walked through the area talking and interviewed was stopped}

P: So….it’s…umm…it’s there if she needs it. And her pulse also dropped down and so she wasn’t getting enough air into her lungs (R: Ohhh….so she still has problems even though…) when she has a cold…when she’s sick. (R: Okay) And of course, they have animals in that house, and I don’t know if that precipitated this.

R: Ohh….yeah because she’s got allergies or something like that?

P: Well, that could be (R: Okay)…even if she wasn’t wheezing, she was coughing and that’s usually a sign that she has a cold.

R: Oh….okay…she did have like something (P: Yes…yes) hanging from her nose this morning.

P: Yes…I syringed her a couple of times today so…but, she needs to be on her breathing treatment…they’re three times a day, as well as the Pulmicort that she gets in the morning and so I told the mother, “You need to do that.” (R: Um hmm…um hmm) I always write everything that needs to be done. Whether they follow through {laughing}, I don’t know.

R: Alright….ummm….this actually is the first question…an actual research question…ummm…I want you to think about a time when…ummm…you had to set limits for her or discipline her in some way like an actual time and then tell me what happened…what was going on when you had to do it? What was her response to it? How did you handle it? What happened afterwards? Like kind of the whole thing…

P: Umm……the first time was probably when she became mobile…ummm…I always had her in a car seat…when she was receiving her oxygen…and when she was…
mean mother said that she would sue me if anything happened to her, so I had to be very careful that she didn’t wind the oxygen tubing around and suffocate. So….when she was receiving the oxygen during the day time, I had her in the car seat down here. At night time, I could put her in the car seat up in the crib, but then when she became very mobile and she was climbing out of the crib, I wasn’t able to always do that. (R: Um hmm) So…probably in November and probably my first recollection of when she started to climb out of the car seat…and…ahhh…I just had to be firm and say “No” to her…”This…you…have to have this. You have to do this.” And very….very belligerent….very….um….I don’t know how to describe her….ummmm…It was her way or no way. And so…you just had to be very firm with her and yeah….I thought it would be very important…but like she would listen for my husband…(R: Oh, really)….and she would push my buttons and still does. (R: Okay) And she does this with her mother I’m told…and she also…guess the father is a little more firm…(R: Uh huh)…so she does need that father figure in her life…

R: Okay…and real firmness…I’m hearing…(R: Yeah)…works? Or…

P: Yeah….very firm. (R: Okay) Like…we have an understanding Hannah. You need to be there. And in order to keep her in there, it was redirecting…giving her something. She liked junk mail; we’d give her that. Well, her attention span wasn’t long, so…you know,…{laughter}…you had to move on…you had to have a back up every two minutes or something to….

R: Was there ever a time like say she was doing something that you didn’t want her to do…something other then like getting a treatment or something, you know, she needed to do…did she ever like get into stuff she wasn’t supposed to be in to? Or something you had to…

P: Oh yes. She would climb out of the playpen and…umm…play with the TV. And I’d said, “No,” and she would throw a fit…and throw herself on the floor and….get….stiff…and limp and bite and claw and try to bite you. (R: Wow) When you would just try to remove her from the situation…

R: And that was…and then all these things were kind of…was there like a pattern that she followed with…. (P: Yes)…Okay…so you would like kind of expect (P: Um hmm) that that was going to happen when you would say something to her (P: Um hmm). Or so she would actually try to bite and hit (P: Oh yes) and all those things? (P: And claw) And claw….oh my gosh….um….what would…how would that stop…I mean how would you get her to…

P: {laughing} It was very difficult to get her to stop. (R: Really) Just a lot of redirecting, giving her things, just….trying to change the scene…walking away from wherever she was…she’d be squirming out of your arms…just going to the door and looking out the window….just little things…
R: Was part of it...it sounds like you’re almost just trying to just get her attention away from what she was focused on (P: Yes…) even if it was looking out the window and trying to find something (P: Yes) that would interest her…(P: Yes)…Okay…and that would work?

P: Well, it worked for a while and then you’d bring her back to that situation and it was like a one track mind...like, “I’m going to do what I set out to do.” (R: Okay) “And you’re not going to change me from doing it.”

R: Okay…so then it might happen all over again if you tried to say “No” again…(P: Yes)…wow…okay

P: And my husband was very good with her. He’d say, “Hannah.” And I don’t know if it was the tone of his voice...firmness...um...she often times would listen. But...but that kept coming back. It’s...it was really hard to break that...pattern of what she wanted to do.

R: So whatever it was...what it might not always be the TV, but whatever it was that she wanted to do would just...(P: Right)...she’d keep going back to it if she was right there by it?

P: Right....now she has more....and so...I mean at that time there no speech at all...and so there was no way of communicating. Now, I see she has these words, and it’s helping some.

R: Okay...Did she understand what you were saying, but she couldn’t talk back? Or...

P: I’m not sure if she totally understood. I think she knew some things that we were saying...like she knew the word “No.” She just wasn’t going to listen to the word “No.” (R: Um hmm...um hmm) She was going to have Her way, not Your way. (R: Um hmm) And she still has a lot of that in her.

R: Okay...have you noticed any changes...has it gotten better at all...or has it gotten worse?

P: I...I’d say...no it’s not gotten worse...(R: Okay)...I would say it’s...it’s a little bit better.

R: Okay...what...what do you think cause it to get better? What do you think? Is it something you’ve done? Or is it something....

P: I don’t know if it’s because she’s gotten older...that could be a possibility...ummm...maybe her cognitive is getting better, and she’s understanding what you’re saying better. (R: Um hmm) I don’t know...I...I...

R: She’s still doing the little tantrums or the big tantrums....(P: Oh)...I guess I
shouldn’t call them little, they sound pretty big…and doing the clawing and all of that…all of that still happens. (P: Um hmm…um hmm…) Okay. Tell me some more about what you were saying earlier about how she was with other kids…how she treats other kids.

P: Well she pretty much of a bully. When….um…there’s children that are on two feet walking…you know…and she’s around them, she tries to push them down…she tries to sit on them. They don’t have to be in a closed in quarters like in her playpen…(R: Uh huh)…they can be in an open room with her, and she’ll go after them, and she try to pull their hair. And I’m not sure if…if it’s a mean streak that she has or if it’s an attention thing. I’m not sure.

R: Does she ever…I know you have some other little kids here…how is she in terms of getting your attention? Does she vie for your attention? Or is she fine without it? Or…

P: Oh…she tries to get my attention, and she’ll go {imitated sounds made by Hannah}. Sometimes I ignore her, and sometimes I’ll say, “Hannah, look at me. What do you want? Are you hungry? Eat {speaking very deliberately}.” I go through the sign language. (R: Yeah) And…well she’s not an eater so…it’s…it’s hard to get her. Now, this morning I was feeding the baby, and she started to ask…and saw the baby’s cereal. And I said, “Would you like some of her cereal {speaking very deliberately}?” So…after the jar was almost finished, I said to Hannah, “Would you like a bite? We’ll share.” And she came over to the playpen, and then she backed away. And I said, “Well Hannah, I think you told me you would like to have a bite.” And then she took a bite of that cereal. I think she wanted to see what this kid was eating…[unable to understand]…(R: Yeah). And she took a bite…she didn’t gag…she didn’t throw up. Part of her behaviors prior to all this, would be she could gag…she would start coughing…if she didn’t get her own way, she would gag and she would go…any piece of furniture that you had in your house to throw up on…it was almost like, “I’ll pay you back because you want me to do something.” (R: Uh huh) She kind of stopped that now, but she…

R: Okay…(P: yeah)…so the way you describe it, it doesn’t sound like, “Oh, I just have to throw up.” (P: No) She’s walking…looking for….the most appropriate…or the most inappropriate (R: Uh huh) place to throw up.

P: Uh huh…uh huh…I can’t tell you how many chairs…and then she would look at you like, “And what are you going to do about it?” (R: Wow) And………there was an incident recently where…um…oh…it was on a Friday, and she was going out for a visit…this was several weeks ago. In fact, it was…umm…Good Friday…that she was leaving. And…I think…I mean she was to be discharged that day. She was not coming back. (R: Oh) And she was very angry…very, very angry. She took her [not able to understand] off, and she [unable to understand]…she took them off, and she threw them at the shutters…and then looked at me like, “And what are you going to do about it.” I did not call attention to that at all. I think she did something else…I
can’t remember exactly what it was, and I waited for a little while, and then I took her
and sat her on the chair and said, “You’re going on a visit, and we need to put your
shoes and your socks back on so that you’re ready when they come to pick you up.”
(R: Um hmm) And I think this was traumatic for her… I think it’s traumatic for any
child…(R: Yeah)…to……be put in somebody else’s car in your car seat…a long
journey… it’s an hour-and-a-half drive where she has to go…up in Evan’s City where
they live. And then…she doesn’t know these people… it’s not the same driver that
picks her up all the time…(R: Oh)…and you know and she’s…she’s riding in this
car seat. She doesn’t see us for…for several days… and then she comes back and then
it’s like… this startled look like, “Where did you come from.” (R: Oh…wow)
So…..she was absolutely acting out that day…(R: Yeah)…I didn’t call any attention
to that…(R: Uh huh)…because I didn’t want to see her do this again. And so I
waited for awhile….and….she didn’t get a reaction from me….and she thought,
“Okay, I’m not getting…”

R: Okay, well that’s interesting…you know… that not getting a reaction from you would
kind of like…makes her (P: yeah) figure, “Well, I’m not getting what I want from
this behavior so I better…Maybe I’ll try something else, but this one’s not working.”

P: But she… she needs boundaries. (R: Um hmm) She needs that playpen. She needs a
car seat sometimes to corral her because if she becomes over stimulated, I have a hard
time dealing with her… umm… when she went to the new family, they were told to
get baby gates…(R: Um hmm)… playpen, crib, and a car seat for in the house. The
same set up as what I have here. (R: Right) They did not get the gates… they did not
get the playpen… they did not get the car seat. I get a frantic call from the mother one
evening, “She’s wired. What do I do?” I said, “Well, do you have a place where you
could put her?” I said, “She’s over stimulated. She can not handle running
constantly. She has to have boundaries. Do you have the baby gates?” “No.” “Get
those. Do you have a playpen?” “No.” “Get that. This is why I keep telling you.
These are things that you need so that she has the same continuity as what she has
here.” (R: Right) I said, “She follows you everywhere. She running… you’re
chasing her… you can’t get your work done.” I said, “She loves that. She LOVES no
structure in her life.” (R: Um hmm) I said, “You need to learn to structure her.” I
said, “The next time she comes, I will send a car seat. But, you need to get a playpen.
If you don’t do that, I will send my playpen, and when she leaves, you can have it.
But, until she leaves for good… I… I need it.” (R: Yeah… you need it here.) Yes.
So…. in the meantime… like maybe about a week ago she just like…. umm… I said to
her, “You know, you can try a little Tylenol at night. If she’s over stimulated, hold
her… hold her close.” I said, “She probably won’t sit on your lap…. but, you need to
try to do that. She has to have some boundaries.”

R: Yeah… if… if you would try holding her close, how does she respond to that?

P: Well, sometimes she’ll kick… sometimes she just doesn’t like it. (R: Uh huh) And,
you may hold her for a little bit, and she’ll sit and that’s it. So she can… it’s her way
or no way. (R: Uh huh) And… you just have to let her know that… she can’t be boss
all the time.

R: Yeah…how…I’m struck by your talking about boundaries, and I mean there’s that kind of physical boundaries where she needs to be kind of corralled in and contained. How is she like with boundaries with other people? Does she respect boundaries? Does she…how does she…

P: Not at all. She doesn’t always respect you. You…you have to gain her respect and that’s only by teaching her, “Look, this is the way it’s going to be Hannah. This is the way we…we work here. This is…”

R: If she…if you don’t do that…like I’m assuming you had some time when you were trying to teach her that…what will she do if she’s just left to…

P: She’ll be everywhere in your house. (R: Really) Yes…and it’s not always all that bad. She finds her own things to play with…like for instance in the kitchen, if you have juice…little juice bottles or something you know in a basket, she’ll bring those and play with them. It’s not all that bad, it’s just……you’re chasing her constantly. (R: Um hmm) I mean she’s not…I can’t say she’s destructive. I can’t say….she’s mean. She just…she wants everything her way. (R: Um hmm) And if it isn’t her way, you know, just distraught…because one day she will be in a school program, and that’s coming quickly…three years and she’ll be in the…some sort of a preschool…(R: Right)….and she needs to learn respect and boundaries and what is expected of her…(R: Um hmm)….and it’s going to be very difficult, you know…. (R: Um hmm)….um…hopefully, her speech will improve better…she can start understanding…

R: Does she have…do they think there’s something cognitively wrong…or?

P: She has never really had an MRI, and I can’t say there’s a diagnosis. (R: Okay) She had an MRI to find out about the feeding issues…whether it was that Arnold Keeric syndrome…that ruled out…it was negative…umm…but, there was never an MRI done…unless there was….you know, I’m kind of contradicting myself…sometimes severe premies do have MRIs, but that was never ever shared with me. (R: Okay) I don’t know that for a fact. (R: Okay) But, with that said, as far as I know, there is no diagnosis….there’s…there’s problems….there’s symptoms like Bronchial Pulmonary Dysplasia…the airway disease that she had that required the oxygen…um…the feeding issues…the global delays…that sort of thing, but there is no definite diagnosis.

R: Okay…umm…we talked about this a little bit, but I’m going to ask you to give me another like specific example of trying to comfort her. Was there a time when she got hurt and you had to comfort her?

P: That’s difficult. She pushes away from you. (made motion as if pushing away.) She…ah…she’s getting a little better with that now because of the hugs and kisses we
learned…”I’ll kiss your boo boo.”  {made kissing noise}  You know, I’ll do
that…umm…like just…just did not want that contact…that human contact.

R: Did she literally…your pushing…would she do that? Just push you away?  {Shaking
head in the affirmative.}  Okay…if you try to pick her up…and…like in the middle
of….you know sometimes a kid falls down, you pick them up…what would she do?

P: A wiggle worm…just like out of your arms on…”I don’t want you to do that.”

R: Okay…okay…was there ever any time when she would let you comfort you? Did
that ever happen?  (P:  Umm….)  You said she’s getting a little better now.

P: Yes.  She’s getting better now.  I think maybe her words or her speech, or she’s
understanding, or maybe it’s just age.  I don’t know what it is.  (R:  Um hmm)
But…ah…she will let you hold her for a little bit.  And…she let me kiss her and hug
her and then…I’m happy for that because‥‥‥that would just be so difficult for
any family to deal with…(R:  yeah)…you know, and I don’t know how much these
people are aware.  I don’t know….and…I don’t know the type of picture CYF
painted.  I’m very honest with people.  I tell them everything because I feel they need
to know.  (R:  Yeah)  Because I don’t know what she’s going to be like as she grows.
I mean…hopefully, she’ll keep getting better, you know, (R:  Um hmm) and will be
able to listen and…

R: It sounds like you’ve been doing some really specific things to help her…learn…

P: I’m trying…I really am trying.  And you know, I don’t have a whole lot of services in
the home…umm…the goal’s always reunification…so The Alliance For Infants…the
developmentalist and the physical therapist would see her out at the agency…at
Family Services with her mother.  And of course there was no communication with
me what was going on.  (R:  Oh)  Ah…I had my own agenda.  I knew what was going
on with her, and so…I had enough experience I guess to try to do my thing with her.
(R:  Yeah)  Umm…since her mother relinquished her, the scenario has changed a bit,
and I’ve had a few people in my home, and then….I had to say she’s leaving…and
now she didn’t leave all because of clearances…FBI clearances and some other
clearances…that’s why she hasn’t been permanently placed with these people.  (R:
Oh..)  So there’s…there’s a delay here of…weeks before she goes permanently with
those folks.  And in the meantime, I’ve had the physical therapist, and I had a speech
therapist that came into the home…a speech girl…(R:  Um hmm).…an OT.  And
those girls were fantastic.  The OT probably was here three times…not enough to get
to know them, but…um…this has worked wonders with her.  And then the physical
therapist…I think is absolutely marvelous.  She gives hand outs, and I copied those
handouts and sent them to the new family.  (R:  Oh good) Because someone taught
her to go down the steps on her rear…she can’t do that.  She doesn’t have the
cognitive or the strength…that if she went forward, and the defense is to catch
herself…so I had to underline that and send that to the new mother so that she be able
to understand…this is not what you do.  You follow what your PT is saying.  (R:
Yeah) So I think if I would have had the people in my home from day one, I would, you know, I may have........been able to discuss this....some things with her....and maybe they could have given some specifics too.  (R:  Right)  The birth mother never played with her constructively.  It was always a pop bottle and a cell phone from day one.  (R:  Wow) From five months of age, that was all she did.  And...the birth mother saw her just....um...Wednesday of this week, and she couldn’t believe how much her speech has...has exploded.  And I thought it’s because she doesn’t see you ten hours a week every week.

R:  Is that how long she was getting visitation?

P:  Yes...yes...and it was the same-old, same-old...and no matter who I told, “This is not right.  You don’t play with a cell phone.  You teach her.”  And I even told the mother what to do, you know, “Do the B, B, B…the Da, Da, Da sounds so that we can get her speech going here.”  (R:  Um hmm)  But, it was lay on the floor with her...the cell phone and the pop bottle.  She displayed some of that behavior at The Children’s Institute...with the child she would come for some trainings over there to learn how to feed her...and as soon as the kid saw the cell phone and the pop bottle, she dropped the toys...

R:  And she would go back for that...that’s what she was used to...

P:  Yes...But...umm...Hannah does get Occupational Therapy, Speech, and Feeding Instructions over at Children’s Institute.  (R:  Okay)  And she’s been going there since July of 07.

R:  I think you said...you know back a little bit that maybe if you would have had services right away, that things might have gotten a little bit better.  Was it difficult to get services?  Or?

P:  Well, no the services were in place.  (R:  Were they?)  They were always out there at that agency, but nobody communicated with me what they were doing.

R:  Okay...so you couldn’t follow through (P:  Right) on a daily basis...

P:  Unless I went there every week for her services...(R:  Uh huh)...which I wasn’t always able to do.  (R:  Yeah...)  I think if it would have been here in my home, I would have been able to constructively talk to the person, you know, who was doing the service for her and said, “Look, this is what I’m experiencing.  How can we help?  Can you show me what to do?  Or...you know...give me some advice here.”  (R:  Right...right, that makes sense)  Because the PT that’s coming now...she’s an older woman...very experienced...and she’s picked up on a lot of things...not just the walking and the, you know, the motor skills.  She’s picked up on other things...behaviors and, you know, is teaching her to do steps and, you know, she wants the new family to be taught the same way that’s why she’s handing the handouts.
R: Oh good…good cause that’s a ways away…and I was kind of wondering…

P: Yes….and this particular lady will never be her PT in her new home. (R: Yeah)
They will have to get services up there. And…umm…Alliance For Infants is aware
of that, and they were supposed to connect with somebody up there…(R: Okay)…but….some things were canceled and we can’t…we can’t actually look into
all of this until there is that discharge date. (R: Oh…okay) I had to cancel
oxygen…I had to cancel up there oxygen, you know, and I’m just on a temporary
basis here until this all gets straightened out. (R: Okay) And it’s all hinging on the
clearances. And there’s three counties and…and two different agencies involved.
There’s somebody out there, and then there’s CYF matching…they’re separate (R:
Okay)…and then their agency is in Westmoreland county…so we’re talking
Allegheny, Westmoreland, and Indiana counties...(R: Oh wow)…It’s…it’s difficult.
Nobody wants to step on somebody else’s toes, and so that’s where the delay is
coming in here.

R: Okay…umm…you had said earlier…well, back…back earlier about that she’s getting
a little bit better…allowing you to give her hugs and kisses. (P: Yeah) When you
get a chance to give her a hug and kiss, does she do it back to you now? (P: Yes)
Oh, she does?

P: Yes…you can say, “Hannah, give mommy a hug,” and she’ll come…she’s really
sweet (R: Uh huh), you know, and she’ll give you…put her arms around you and…

R: Do..do you feel her like present in it? (P: Yes)…she’s really…

P: Yes…I’m so happy she’s doing that. (R: Yeah) Because at one time, there was
nothing…there was no affect at all. It was like……this wall was there. You
couldn’t reach her.

R: Uh huh…so is it like that all the time now that she’s kind of open or is it just
sometimes that she’s…

P: No, I’d say…I’d say it’s pretty much all the time. (R: Oh, good) Unless she’s
engrossed in doing something and then she’s not going to listen to what you have to
say. (R: Uh huh) And I think Cathy…I think Cathy had a lot to do with that because
Cathy likes her and there’s interaction between child-to-child….and…um…(R:
Cathy’s one of…one of the…)…One of ours…she’s our 11-year-old. (R: Oh…okay
the older…okay…okay.) Yeah…it’s her. If it was the little [laughter and unable to
hear what was said]…our 11-year-old so…no…so that’s…I think she was very
instrumental in helping her.

R: Oh…okay…so interacting with another child who’s maybe older and…and…(P:
Yes)…and well adjusted with you guys (P: Yes)…oh okay….

P: I think she had a lot to do with that. And I can remember in December when the new
family came to see Hannah…(R: Uh huh)...Hannah had a one track mind. We were sitting in that room in there, and all she wanted to do was knock the lamp over…the floor lamp. And the father had his hands there where she could get it. And I sat there and I thought, “How long….before they take her out of the situation?” I didn’t do anything. I just sat there. (R: Uh huh) And finally then…about 15 minutes later, the mother took her and took her for a walk. And then broke that habit of what she wanted to do. (R: Right…I’m tipping the lamp over…) Yes….This is what I’m going to do…one track mind. I’ve got to do this. I’ve got to do this. I’ve got to do this constantly. And then finally, she took her for a little walk, and then she threw a little hissy fit, and….Cathy came into the room, and she picked her up, and she brought her in here and gave her a doll or something…took her back and the husband says, “Oh honey, look at that. She quieted her down.” {laughter} And these people…inexperienced…they’ve got a lot to learn…(R: Uh huh)...they really do cause this child is…big time. And then in the meantime, they got another kid, but they don’t have that child now. He was 9-years-old and real behavior problem. (R: Oh) And I…I almost choked when I found out that they had this child because she needs one-on-one. Desperately, needs one-on-one. (R: So…like it…from what you’re saying, I can imagine it…) And I think things are better in that household now just…listening to their conversation about how well she’s doing in some areas, you know, because I…I think they were just overwhelmed.

R: Um hmm....yeah, if he had behavior problems too.

P: Then that’s very much. (R: Um hmm…okay…) So…”You can’t save the world” is what I told her. She said, “I don’t want to be another failure in this life.” And I said, “But you can’t save the world.” I said, “She needs you’re primary…” She is a super handful.

R: Uh huh…it sounds like it. {laughter}

P: So hopefully she’ll turn into a nice little girl…and I know she’s always going to have some little issues, but……..

R: Everything’s focused right now on helping her learn the things she needs (P: right) and maybe she’ll be okay…

P: And that stuff is so important. It’s not just the feeding…I mean…we’ve…we’ve got this whole thing. And then the father said to me in December, “Oh okay. We still have delay. When are they going to resolve?” And I said, “I can’t give you a timeframe. {laughter} She may have them forever. I don’t know.” I don’t know…the doctor’s won’t..they’re not going to commit to a time...(R: Well, they probably don’t know either…really…) And then he asked me that twice in January, and I said, “I’m going to tell you the same thing that I told you in December. There’s no answer here. You’ve got to work on these things.” (R: Um hmm) And I said, “Let me ask you something. Do you see a difference in her now then it used to be?” “Yeah.” “Okay.” I said, “It comes baby steps.”
R: Well, I hope they do what you’re doing. It sounds like…you know, you’re really helping her. (P: I’m trying.) Let me take this off in another direction just a little bit…ummm…times when like you have to leave her and then when you reunite with her. I’m interested in those times…ummm…how does she respond like if you have to go away or if you leave her somewhere or if she’s going for a visit and you’re saying good bye to her?

P: Wow…she just goes. (R: Okay) Yeah…last night I had a meeting at school. I had an IEP. She didn’t care. And then when I came back it’s like…”Oh…she’s here.”

R: Okay….so nothing….no big drama or no big reunion.

P: Wow….wow…I didn’t see her cry…the first time she went in these people’s car, you know, the transporter that took her up to Indiana…she didn’t cry. She just sat there and she’s looking, and I go, “Bye, bye darling. Bye, bye honey. [throwing kisses]” And she didn’t love us back…and I thought, “Oh…she’s going by herself. I can’t believe this.” However, she’s been transported by our agency before…another visit…and there was no problem…(R: Uh huh)…other then climbing out of her car seat…you know…well, no problem. And now at that age, it’s just like I give her something to play with in their car cause I think…it’s a long drive…I hope she doesn’t climb out. {laughter} Oh, she’s a Houdini. I’ve never seen a child like her. She’s a real Houdini. I let CYF watch her…observe her. I said, “I’m going upstairs to change a baby.” I said, “Carol, sit there and watch her.” And Carol said, “No, I’ll hold her.” And I said, “No…no…you’re going to sit, and watch her climb out of her car seat.” I came back down, and she said, “Ooohhh, I can’t believe that.” I said, “Now, do you know why I put my 30-day notice in? She’s a danger. She’s dangerous to herself and….to us…and I don’t want to be homeless. Her mother would be laughing all the way to the bank.” (R: Oh…gees) {both laughing} I’m serious… I’m serious…it would be…her attorney wouldn’t allow it…yes….{laughing}….but I got through to mom so……

R: Umm….I don’t know if this will seem odd, but you were telling me a lot about how it…back in the beginning or maybe up until recently, she wasn’t real affectionate and real huggy, and she didn’t really interact with you like you would expect a young child to interact with a mom….even after all this time that you were together. How did that make you feel? I mean…like as a mom…um…how did you feel?

P: It felt kind of ucky. I felt…why is she doing this? I…{laughing}]…how could you get to the root of it. Does she not like me? Is she very attached to her mother? You know, those were things…but yet when I…I would observe the mother handling her, and I’d said, “Well, Jeannie, she does the same thing to you that she does to me.” You know, and Jeannie would say, “Yeah, she’s always been like that.” So, I don’t think Jeannie had enough cognitive to realize that this wasn’t normal. (R: Um hmm)

R: So…how did that make you feel then when you saw that she was doing it to everybody not just you.
P: Umm…well, I felt a little better. I said, “Oh, well, it’s not my fault.” (R: Uh huh) You know because I was always good to her and….you know, took very good care of her and…it…it does…it kind of gives you an empty feeling like…why is this happening? And I…I’ll be honest with you, out of all my other kids that I’ve had…and I’ve had over 100, you know, probably before she came along, I never saw this before….so it was kind of mind boggling. Was it because of her severe prematurity? She’s not connecting here. Or was it something a little bit deeper. And then I saw some of these personalities emerge like what mom had, and I said, “Look, obviously there’s a genetic thing.” (R: Um hmm) And I always felt sorry for Jeanne, the birth mother, because she didn’t come from a very good home life. Not everybody is raised the way you raise your children. And I saw a lot…I heard…and I was in the presence of mother and the stepdad…(R: Ohh)…seeing this yelling…hearing the yelling in court. I mean they did it, and there was no loving like…with Jeanne, “I’m going to support you. I’m going to help you all I can.” They’d say, “Oh, you’re kid is retarded. Don’t bring her home.” Things like that.

R: Oh my…so she wasn’t getting…she wasn’t getting what she needed (P: No) really to be a good mom and to be supportive and all that.

P: That’s why I told her, “You need to get away from that home life.”

R: So she was still living there with them?

P: Yeah…still is. She’s been on the streets. She’s been homeless…umm…her birth father…and I don’t know if I can say this or not, but…her birth father was [someone who was shot and killed]. Yeah, there’s just not a real loving environment. There’s a lot of MH/MR in that household…and……they’re…they’re…I thought, “It’s not like my lifestyle.” (R: Yeah) And it was very difficult. And I can remember when I first met the birth mother…she did a lot of swearing…a lot of 4-letter-words…[couldn’t understand]…I said, ”You don’t say things like that. You smile and nod.”

[tape change]

P: And so she did start to listen to me…and I can remember we went to court another time, and I was on the stand in front of Judge Rangos and….um…her attorney was asking me some questions, and he said, “Does Jeannie listen to you.” And I said, “Sometimes.” And he said, “Why is that?” I said, “I don’t know. I tried to be a mother to her. I did take her under my wing.” And he smiled, and the judge looked over at me and smiled too. (R: Uh huh) So I thought…she…she’s a positive figure in her life. And I hoped that I was….that kind of a person for her….

R: A lot of the way you talked about her reminds me of how you talked about Hannah really…(P: Yeah)…kind of setting those boundaries (P: Yeah) and being loving and showing her…..that what’s okay…(P: Right)…

[door bell rang…turned off tape]
R: We’re actually getting close to the end…there’s just a couple more things to ask {laughing}…umm…it…it…you’ve had a lot of experience doing this, and you said you’ve had over 100 foster kids…I can’t even imagine…What…well, you said that this is really the only child that you’ve had that’s been so difficult…what advice would you have…or what would you want to say to like another foster mom who is going through this same thing…like not really being able to get close to their child? Do you have anything that you’d like to say to them?"

P: I would just say keep working at it. Don’t give up. Keep being loving and affectionate because at some point in time, hopefully, there will be a break through. With me, I saw it with her…umm……….Get all the help you can get. I mean, you know, there’s all the services out there for a child under the age of three, and there’s should be services for beyond…(R: right)…umm…….If they don’t have a diagnosis, get your doctor to order an MRI because that’s very, very important to know what’s going on in their head…(R: Find out exactly what’s wrong…uh huh)…right…right…umm…..just be as loving as you can. It’s difficult sometimes when they don’t listen…it really and truly is. It can throw your household off, and you’re riding in the car, and they’re out banging on somebody’s head…or whatever…climbing out…yeah, that’s dangerous. I mean it…it is, but you just try to be a positive role model and just……hang in there and keep going. Yeah, that’s what you have to do. (R: Okay) You can’t have negative thoughts enter into your head because it won’t work.

R: Okay…so that’s really important to be positive.

P: Absolutely….Yeah…and say, “Tomorrow, hopefully, it will be a better day.” And you know, you can teach kids. You can do something if it’s repetition over-and-over-and-over…maybe 150 times and you haven’t gotten it…and all of a sudden maybe on the 151st time… Ahhh…Ahhh…the light bulb went off. They got it! So, you just have to keep trying and trying. (R: Okay) It’s hard. Don’t give up.

R: You mentioned the break threw with Hannah. Was there a moment when you were…Oh, my gosh? (P: Um hmm…Um hmm) What was that like the first she hugged you or something?

P: I was like, “I can’t believe this. She really did this.”

R: What did she do that first time…what did she do?

P: She just…she just….Cathy said to her, “Go give mommy a hug.” And she came right over to me and she hugged me. I was, “Hannah, you understood. Oh…oh….oh…” {in a high happy voice} You know, it was exciting. It was very exciting. (R: Uh huh) I mean she would never follow any commands. You could not give a command. I…I would say probably December…is probably the earliest time that you could get maybe a one part command out of her. I’d say, “Can you pick that up?” {speaking slowly and deliberately} And she would ignore you. Finally, all of a
sudden it was like…Ahhh…the light bulb went off. She picked it up. “Can you hand it to me?” So the second little command, she could come over, and now I see the PT asking her to do one and two part commands. So…up until that time it was like…{laughing}…there was a wall there. (R: Yeah) And…and nothing was getting through.

R: Uh huh…I guess I’m hearing two things cause that kind of not understanding…you know, not… maybe not being able to get what that you’re asking her to do something, but then there’s this other piece that’s about more about emotions and about being close and about being loving (P: Yes), which isn’t really the same. Was there a break threw in that area too or is that? (P: With the emotions?) Yeah…was there a feeling like she’s getting close to you?

P: Yes…yes…I don’t know what it was, but there was just a connection there…like…”Oh my gosh, she realized…another human being…she…she…likes me, you know, she really likes me now. And she would look at you and give you eye contact (R: Ohh) and smile. Until then it was like…like…and I don’t get it.

R: Yeah, but it’s changed now.

P: Yes…it has (R: Oh, that’s so great)…she does give eye contact.

R: It kind of makes you feel there’s hope for her…

P: But, it’s work with a capital W the whole way. I mean this is just a little break through. (R: Okay) But, it’s a start and…and…I really…I believe in her. And, you have to continue believing in the child.

R: So that’s important too…I mean being positive’s one thing, but having that underlying belief that it’s going to be…some where down the road (P: Yes), it’s going to work out (P: Yes)…and just keep trying (P: Yes)…just keep trying.

P: And, you know, when people are adopting, sometimes they don’t see things the way you see it. You know, this is a child coming into their home, which is something…I’ve adopted twice. (R: Yeah) I can relate to that…umm…and you don’t see beyond that. And so that’s why I’m trying to teach these people...

R: It’s going to be work…it’s just not about taking the child in…there’s stuff that you need to do afterward...(P: right…right)…otherwise there’s going to be problems probably.

P: Right, but sometimes people just see…”Oh, I needed a baby so bad, and this is my baby.” And they don’t realize that there’s issues there. (R: Um hmm) You know, when I started out I may not have recognized these things either, but I think through years of experience you…get trained…with people coming into your home…working…you know, it’s…it’s just…it’s an educational process the whole way.
P: Umm...you know what I really can’t answer that cause I don’t know how much an agency will tell. (R: Okay) There was a...a woman from Three Rivers who came out and did the profile, and the profile...they...they work with charts and hospitals and they get medical records...and I’ve never seen a copy of that profile. This is the first child that I’ve never gotten a profile on. (R: Oh, really) And...the new family should have gotten a copy of that profile. She came in January I believe it was, and she did this child profile, and she had all the medical. And of course, she didn’t share any of that with me. I mean...a lot of the medical I was telling her because I keep records of...you know...(R: what’s going on) ...um...but, part of her interview was similar to yours...what does this child do? Even things like that. (R: Yeah) And I was very straight forward with her about the bullying (R: Um hmm)...about...you know that she wasn’t affectionate. She definitely was not an affectionate child. Didn’t...umm...you still need to carry her. She doesn’t really hold on to you. You know there’s still some of that...(R: Some distance?)...yeah...

P: That’s right....and I don’t know if you noticed when I carried her she didn’t...

R: Oh...she didn’t...yeah, now that you mention it...I guess you were kind of like...(P: Yeah)...looking around and yeah...uh huh...yeah...Wow...if something happened and you...like tripped or something would she grab do you think?

P: I don’t think so. I don’t think her defenses are that strong yet (R: Uh huh)...because that’s...PT even said coming down on the steps on her rear...she didn’t want that. And I said, “I didn’t teach her that. I just discovered that one...the girl was showing me.” Umm...I said, “Stay away from the steps because of the track there. I don’t want her to get hurt.” She said, “Well, make sure she comes down on her belly...you know...when she’s going to come.” And when she’s going up, she steps...and she...she needs to learn uneven steps and up-and-down steps before she goes to school because we’re talking November, you know...(R: That’s not too much time) That’s right, and it’s not too far away. (R: Uh huh) But, she only started to walk at probably the age of two...so...

R: So...she’s made actually some pretty good progress (P: Yeah) pretty quickly then...(P: Um hmm...she has)...oh good so hopefully she’ll find people up there that are going to continue working with her...

P: It’s a very rural area. (R: Yeah) What they have there, I don’t know. But, I don’t
know how much agencies tell…and they should tell the whole thing not sugar coat. You know, and I kind of think that these people just knew that there was oxygen and……..Ahhh…Oh no…there’s a little more to this than oxygen. (R: Yeah, maybe they don’t know the whole thing.) I don’t know that they do. I don’t know. I gave them a summary that was written from Children’s down in Pittsburgh…it wasn’t a lengthy summary, but it told about when she came into care and was only there for three weeks and her issues and what’s going on with her…and…umm…gave them a bit of the history about the mother. I told them that all that. I wasn’t going to lie. (R: Um hmm) This is what mom’s done…you know…this is mom’s diagnosis, and it’s not treated…there are no meds. And…umm…that’s why she’s never graduated…you know…so….I would want to know and yet, I have three adopted children who…I don’t know…I don’t know.

R: As a foster mom with all this experience, what has been…or maybe, I don’t know, maybe there’s more than one thing….umm…what keeps you like kind of grounded? What makes it okay for you to do all this…you know…is there something that helps you? Or…something that doesn’t help?

P: Well, first of all I have the drive to do this. As you know, I have…you know…some skills that are helping me…umm…and it’s just…I don’t know…It’s just…it’s like an infectious disease. You get it in your blood stream. Nursing is a disease too. You get it in you blood stream, and you can’t get rid of it. (R: Uh huh) It’s just that need…..and…it’s our way of saying thank you and giving back to the community. So…it’s a drive and a need.

R: Okay…anything else you’d like to add that you haven’t said already that you can think of…or…?

P: It’s rewarding…very rewarding. (R: Even a child like Hannah?) Yeah…yeah…because I see progress. (R: Um hmm) If I didn’t see progress…ahhh….I guess I’d still think that it’s rewarding because they can only go as far as their potential.(R: Yeah)…what they have to work with. (R: Um hmm….so expecting more than what they’re capable of…. ) That would not be good. And I have a child who’s blind and CP and a wheelchair and I still remember the doctor’s telling me, “What you see, is what you get.” And honestly, he…has a little bit of vision in his right eye, and he still needs total care, but you know, he has a great laugh and he’s sweet, and he says Momma. (R: Ohh) And that’s where he is in life…and you don’t throw somebody away just because they’re less than perfect…and that’s the way…and I’ve stuck it out with Hannah. Then I put my thirty day notice in, but I’m on 90 days, {laughing} you know, and I’ll probably keep going because I did all of her stuff with the family and umm…and maybe it’s good that it’s been…a little bit longer cause maybe they need more experience.

R: Uh huh…you really know…it sounds like you’re really helping them know how to treat her…how to help her, and if they didn’t have that…then…
P: That’s…that’s right…that’s right because I can remember in court…mom’s an RN and the judge said not…not every nurse knows how to take care of this child. And that was the truth. When the baby came back on Sunday, she was sick, and the mother didn’t realize…okay…she’s not breathing, so I had to give her the breathing treatment. So she has to be taught what you have to do. (R: Yeah)…you continue doing that until this clears up. And now, she’ll go back to them with the cats and maybe…come back and it will happen again. I don’t know…and she’s got meds up there, and she’s got the…I said, “Keep a lot of this stuff because she might need it, and I have other equipment here that I can use. So…

R: Well, I hope that everything goes well with her, and I hope that family works out for her.

P: I hope it does because they seem like they like her. I know the mother said, “I miss her already.” And she’ll call me to tell me she’s on her way…and…and she’ll say, “I miss her already.” And then she told me last week that they went to her parent’s house, and she said the family just eats her up. She’s the first grandchild. And I said, “Oh, that’s so nice.” I’m happy that’s she’s really wanted there…(R: Uh huh)…not…um…well, we need a family. I’m…she really seems like they really…

R: Well, let’s hope she is…not just because they needed a kid (P: Right) but…

P: Right cause there was one woman who came here, and she was young…very educated…very nice girl, I had nothing against her, but I would just say to her….{laughing}…first of all she worked. She wanted her in daycare, and I said well you would have to be…you would have to go to…umm….A Child’s Way. I said, “That’s where she would qualify.” Nobody in this area will take her because of her needs. “Well, that’s too far to travel.” I said, “Well, where do you work?” And she said, “In town.” Well, it’s just beyond…you know…I said, “Well, then you have to hire a nanny.” And she wasn’t too thrilled about that. (R: A specialized nanny too, not just any nanny.) {Laughing} You know, I wasn’t trying to be cruel…but, it was not a good fit. (R: And for her sake too…neither one of them would have been happy.) That’s right. It wouldn’t have worked out. (R: Yeah) She was a nice girl, but, you know, Hannah needs a mom and a dad….and she…one that’s going to be with her most of the time.

R: She needs really intense…

P: And mom does…the new mother does work. And I said to someone, “Does she have to work? She needs to be there with that child.” She…Hannah’s not easy. Feeding is a problem. She can push you’re buttons, and she already did it to the new mother…and squirmed and….Mom…look her square in the eyes and say, “I’m not going away. Sit down. You’re going to eat.” And that’s what you have to do. And sometimes you have the time sometimes…but, {laughing}…that’s why I have my husband. I just said, “Hannah, we have an understanding…eat.” And she’ll stand right there…and I’ll say, “I’m going to get dad.” {laughing} And she looks at me
like, “Yeah, I know you are.” She’s…she just…they’re so smart. They just know…they do.

NOTE: Later, when the researcher was getting ready to leave, there was another conversation about the first time Hannah seemed to be emotionally present. This foster mother said that up until that time, Hannah had not been a “real” little girl. She had not been emotionally present. There had been an emptiness about her. After Hannah seemed to have the break through, she would give eye contact and seemed to become more “real.”
Karen and Daniel- Interview Transcript

R: Okay…so I have a series of questions that will guide where we are going to be, but then, you know, depending on what you say, we will go off and explore in different areas. (P: Okay.) The first…the first three questions actually are just more about my getting to know what’s going on with…not really the research questions I should say. Tell me about Daniel. What’s his personality like? What’s…what’s…

P: He’s a bee charmer. (R: What?) He’s a bee charmer. (R: A bee charmer?) Yes….he’s…he…ahhh….he really is a mix of just an incredibly great personality and then this kind of underlying…grrr….so…..he’s cute. He’s adorable. He can be really very affectionate with us…with Kelly and I…umm….and he can also just be very aggressive….umm…he’s very intelligent…and there’s things he knows and he figures things out…umm…and yet, he can’t get colors. No matter what we do. So there’s…and some of that is typical development and some of it’s…who knows. But…he’s…he’s a good kid, you know,…he’s a good kid.

R: Um…this is kind of a funny question. I guess you are going to adopt him…hopefully …right?

P: Well, that’s the plan at this point. His goal is…it was changed last November from reconciliation…umm…to…how do they say it…reunification. From reunification to adoption…and…we are….I don’t know when it becomes official, but we are the pre-adopt family. The GPR hearing is in a couple weeks. (R: Okay…so it’s real soon.) But, you know, who knows…there’s a whole appeal process. So…we probably will adopt him…we’d like to.

R: The question was do you ever wish that he was your child and clearly you want him to be your child. {Both laughing slightly}

P: Well….we do want him to be our child and…and a piece of that if because we’ve fallen in love with him….and…and another of piece of that is because….umm…as much as we really…umm…try to be sensitive to…like what…what was his life experience from his data…cause there’s not a lot we know…you know…but…umm ….that….we don’t really think it would be good for him, you know, in his best interest at this point to…to be…to go back with his birth mom…you know…so there’s this piece of…we love him and there’s another piece of…we don’t think it would be good to have…I…I…don’t know what would happen to him if he did have to be reunited with his birth mom.

R: So you’re worry about…about what he might go through if he did have to go back.

P: What he might go through and….and….how he might grow up as a result of that cause he’s got some real challenges. I mean I work in the mental health field and see….some of the challenges that I see…that I see with him and concerning challenges…you know…so…..to go back and to make another change again and
re...when he...I’m sure he knows her. I mean he was with her for the first how many months of his life...year...year and a half of his life I think. I don’t know. I think he may have been in and out. They won’t tell...everything we ask them it’s like, “Why are you asking?” His caseworker actually said to me, “Why are you asking that? I told you, you have no rights.” (R: Oh.) So...we’re not sure in terms of whether he was in-and-out of the home initially, but the placement that he was in before he was at our house...he was there for over a year...you know...and so to go back...go back with his birth mother now I think would just devastate him. (R: Hmm hmm) I mean it would break him.

R: How old is he now?

P: He’s 3 ½.

R: 3 ½...okay....umm....if this didn’t work out...how would you feel?

P: Umm...I think it...that would feel the same way that my reason for wanting to parent him is. Personally, I would be broken hearted because I have come to love him. We love him. He is...before it was even certain that he was going to come to live with us because...he was with another foster family. We initially began providing respite for the other foster family...umm...I had said to my partner, “He’s the son of my heart.” And he is. I just adore him and I love him. So personally, it would break my heart....because I feel more-and-more every day strongly that it would not be in his personal best interest to go back with his mother because I work in the mental health field professionally...you know...from a professional perspective, it would harm him........so......

R: Umm...I want you to think back on a time when you had to set limits or set some boundaries with Daniel and, you know, tell me like everything that happened...like what was going on, what was his response, what did you do, how did you feel...you know with his response...kind of the whole ball of wax.

P: Oh, so think of one concrete example...(R: Yeah.).....umm....oh boy....umm....well, probably bedtime is the challenge. Let me think of a concrete example...umm....so ...last night he was...we had had a great, great, great day...you know and so then we went through his bath process really easily and leisurely and, you know, he was in great position...and right now he has decided this week that he’s going to put himself to bed. And what that means is, we don’t have to lay there with him for 2 hours until he goes to sleep. We get to sit on the chair next to his bed. And so there’s this piece of...we very much want him to have that sense of independence, and we have been kind of talking over the last couple months of...you know...he’s potty just in {can’t understand}...so potty training is...a next step would be at some point in terms of helping him developmentally would be to say...how do we transition from him needing for us to lay next to him...and we very much needed that when he came with us. He was terrified. He had night terrors, you know, all of those reasons. So...so we’re saying we don’t know when we’re going to do that or how we’ll do that, but
that’s in the back of our mind….at some point before the summer is over was our thinking…let’s think about how we’re going to do this. And so he said this week, “Do not…I put…l put me to bed.” Okay, great…{laughter}…good. You handled that for us. Umm…but then he struggles to do it….and so it’s that whole sense of the same thing…it’s like I try to put on a sock, but I don’t quite have the skills. I want to do it, you know, “Help me, help me…no don’t help me.” You know that kind of thing. So….putting him to bed is, you know…well, he’s gonna do it himself. No, he’s not. And so……we…when I was putting him to bed, we had a routine of…we read books….we….walked and did roll over your bed. We said our prayers. We went back and did potty again…umm…he was allowed to have his little sippy cup to take to bed with him. He wanted to take books to bed with him. He had two like hard books…not paper books. He could take a little car that had lights on it if he wanted to look at the books in bed….umm…he couldn’t take toys that were hard because he rolls on them and they scare him in the night. You know any of those kinds of things. So last night….he said, “I…I…I put me bed.” Okay. “You sit in that chair.” Okay…allowing him to have that kind of control, but when that goes, then he’s up-and-down, up-and-down, in-and-out of bed, going out. So then I close the door. So he’d go back out. So he’s in-and-out of bed in-and-out of bed, and you know, back-and-forth. “I get another book.” “No, you can have the same two books. You can’t take all your books in bed with you.” So…then he’s reaching down and grabbing a book. And I’m like, “No, you have your two books.” “Okay, I want…” and then all these toys…a teddy bear that he likes…a stuffed rabbit that he likes. Then he wants his slippers cause there furry slippers…he wants his slippers…so….okay, you can have all of those things because I’m thinking…he wants and he’s packing them around him, so I’m thinking…okay, this is really good, you know, he’s doing…he’s used to having a person next to him. He’s packing the stuffed animals around him. He’s doing a nice transition. Let him do that. Just support him in that. But, then it becomes this whole thing of…I need to get back out of bed. I need to get this…I want to take my pants to bed with me. I want to….so, you know, okay. Here are the things. Let’s go through the things that you have. Which of these do you? Okay…you wanted all of them except for this teddy bear. Okay fine. Here’s your water. So…these are the things now. You know you need to go to sleep. Get…you know….stay in bed. So then he rolls over and he dips his foot out. So I ignore it. So then he rolls over and he dips both feet out. So I ignore it. He rolls over and he puts his feet floor. And then I said, “I know this is really a new thing…it’s a challenge. You know, if you’re going to put yourself to bed, you need to stay in bed to go to sleep.” So then there’s this rolling back-and-forth, back-and-forth, you know, and I…if he’s just dipping his foot out, I’m ignoring it. (R: Hmm hm.) If he’s out of bed, I’m getting up and putting him in. So we did that two or three times, and I said to him, “I know this is really different from when I lay with you, but you need to go to sleep because you need to have the sleep. It’s important to get sleep. So, I’m going to let you try one more time, and if you get back out of bed then I’m going to have to come and lay with you, and we’ll try again tomorrow.” (R: Hmm hm.) Well, he gets back out of bed almost instantly. So, I’m like…okay….so let’s get back. Well, then he’s screaming. “I want this…I want that.” “No, we’re not gonna…we’re not.” So……he still quiets down, and I’m just kind of laying next to him. He gets a
whole big mouth full of water and...he comes over and spits it on me. (R: Oh boy.)
So I said, “Well, now you can’t have your water in bed. You know, because if what
your going to do with your water is spit it on me then you can’t have it.” “I want my
water!!” “I know you want your water.” “I’m thirsty!!” “Okay, just one little drink
...that’s it. Now the water’s going out of bed. We’ll try again tomorrow.” (R: Hmm-
hm.) Oh...he’s screaming hysterically...screaming hysterically. So...my partner and
I have kind of thing...if the other person is downstairs whoever is putting him to bed
...if...if we need help, then we’ll say something or like sometimes if the other person
just comes, it breaks it. (R: Okay.) And so...then I just said in a voice that was loud
enough so that she could hear...”Boy a break would be nice.” You know, so she
came up, and she sat with him. And he goes, “Mommy....Momma took my water.”
And you know, “Well, Momma took your water cause you spit it on her.” And you
know, well, he was just...just beside himself. So then it was a decision of is it better
if I stay with him...she comes to break the ice and leaves...which is what we
typically do...is to say whoever started the process, continue...so, you know, so that
he’s not splitting and, you know, those kinds of things. (R: Yeah, right.) Last night
what we choose to do was...ummm...she stayed with him, and I went down because he
was just so worked up. And when she tried...he was really worked up, and so it was
like...okay. So then he kept saying to her, “I want more water,” and she...you know
...held the line, you know, “You have water. Tomorrow, momma will try with you
again. You’re learning...learning to be a big boy, and when you spit water on people,
that’s not what big boys do, so tonight no more water.” So...but this was from
beginning to end...and...and bedtime is sometimes a two hour process. And last
night it was a two hour process. (R: Two hours?) And then somewhere in this then
he’s hitting, you know, because...when I told him he wasn’t allowed to have his
water he was hitting and, that’s one of the reasons why I thought a break would be
nice...(R: Oh.)...cause if he starts to get violent, we really want to stop that. (R:
Yeah...stop that before it gets) Right...so...so there’s this two hour process of, you
know, trying to ignore the mad behaviors...set limits...let him explore his own
growth and development and yet set limits. You know, it’s a huge challenge because
there’s this piece of...children very much need to learn limits...ummm...they also
need to know that they’re safe, and that they’re heard, and that they’re respected.
With a child like Daniel, who has these...you know has these attachment challenges
there’s always...at least to me it feels like...there’s always this balance...check and
balance constantly of when is it in his best interest for me to hold the line so that he
learns limits, and when is it in his best interest for me to not hold the line to help with
his attachment and his security. And that’s...that’s the balancing act that I live all
day long.

R: I have two questions that are coming up to me know. The first one is...like...how
does that make you feel when you’re in the midst of that two hours of trying to...do
the balancing act. I mean how do you feel...and...

P: Well, it’s...it’s probably depends a whole lot on what my day was like...(R: Hmm-
hm.)...I mean there are days when I’m just so exhausted and so........some times what
we do so that we can stay calm...you know...so that, you know, one of the things I
say when I go into…when I’m working with people…parents…when I work with other parents I say, you know, when self-regulation is what’s needed…your self-regulation comes first. And so…the days when I…if I just had a really stressful day or it’s been a really long day, it’s much harder for me to stay self-regulated. And so…there’s this con…ongoing, I wouldn’t stay constant, but this ongoing check of how regulated am I staying…you know…and so then there’s this piece of if I know…you know, if…it’s so much a challenge for me at this point that it’s getting way…way {laughter}…then there’s the light bulb…call the other team. And there are times when it’s been…it’s gone on for hours where we switched a couple of times because he would burn one of us out…the other one goes….a half hour later, we switch again…you know…again…it’s the balance of what’s better for him in that second…to ride it out with one person or to feel safe and secure and know that the adult here can be self-regulated. So…sometimes I feel exhausted…sometimes I feel frustrated…sometimes I just want to cry…sometimes I can go to a place of like…okay, it’s going be okay cause you do not want to do this for 20 year…please God…{laughter}. So…how I feel, I think, depends a lot on what I brought to that situation and I think what I brought to the situation…that situation too…because he knows that if one of us is more tired or one of us is…he’s more apt to have a harder time. No matter how much we are working to stay and being self-regulated, he has this radar for if we’ve had a bad day or….and then he’s typically (R: Worse.)…worse…yeah…more challenging….yeah….yeah.

R: I said there was two things that were coming up, and I totally forgot the other one. (P: Sorry.) That’s not your fault. {Laughter} Um…I…are there ever any things or any times when he’s like caught in…in this, you know, trying to…it’s bedtime or some other time, trying to, you know, work out for himself…things that you’ve found that worked?

P: Well, some times we say…umm…you know….we…umm…alright, I’m going to go do this other piece, you let me know when you’re ready. Or I’m going to go…like in the morning a lot of times I’ll say, okay I’m going to go dry my hair. I’ll be back to see if you’re ready. I’m going to go put on my socks. I’ll come back to see if you’re ready. What he typically does is as soon as you leave, “I’m ready now.” You know, and then sometimes we say…well, now I’ve started something else, I’m going to finish putting my socks on, and I’ll come back. That works rather it doesn’t work too well in the evening because he’s delighted if you are going to do something else because it’s the whole, I think, his whole thing is about…two things…one is delaying the process because, although he doesn’t seem to have night terrors now, he…he has had some pretty significant night terrors in his history, and he wakes up and…now he calls to us or he comes, and we come right to him so that he feels more secure, but there’s still that piece of, I think, I don’t want to go to sleep. (R: Hmm hm.) And then there’s this other piece of…I don’t know if he has some sensory issues or whatever…that…he can’t shut off because some nights he’s working hard. He’s really trying, and he say’s, “I can’t do it. Rub my back.” Which I think is pretty advanced…insight. I mean we work really hard with him on those kinds of things. He can’t even…when he’s trying really hard, and he’s having a good night, and I’m
having a good night… and… you know, sometimes it’s, “I can’t do it.” (R: Like he can’t fall asleep?) Right… right… so… the things that work in other instances don’t work there. Alright, okay, I’m just going to get up and leave because then it’s… cause we tried that, and then he’s just like, “Whoo,” and then he’s just really hyper and then he’s jumping on the bed and jumping off the bed cause he’s so excited. He’s got us to leave and now he’s {couldn’t understand}… right… right…

R: Umm… let’s shift just a little bit, and can you tell me kind of the same thing of a time… umm… when you had to give him comfort like if he got hurt or something… umm… what is it like to try to comfort him. Does he accept it? Does he not accept it? Does he…

P: He mostly does accept it. Sometimes he doesn’t, but mostly he readily accepts it. Umm… what we did when he first came with us was we would just slowly approach him and say, “Oh… do you feel bad,” or “I know you’re upset,” whatever to try to name his feelings and then say, “Is it okay?” “Is it okay if I pick you up and comfort you or I pick you up and hold you?” And sometimes initially he wouldn’t say anything, and we’d pick him up, and he was okay with it. So then he started… and he’d say “yes” or whatever. And so we… you know we’d rub his back… you know… cooed and talked in his ear… named his feelings, “Oh I know that must be so… I know that hurt,” you know whatever. And just talk him through that. Once in a while he’ll say…”No,” when we say can I pick up…”No.” “Okay, you tell me if you need me.” And once in a while he’ll… but mostly he wants… and now he’ll say, as soon as he falls down, and he’ll go, “Pick me up.” You know, he likes ice even if… even if he’s not really hurt badly. (R: Hmm hm.) He likes ice, and he likes to hold the ice on his face. So he may have hurt his arm, and we pick him up, “Oh, are you okay. Can I kiss it.” And he always says “No,” he doesn’t want you to kiss it. (R: Oh… so kisses are not okay.) No, kisses are not okay. Umm… you can kiss his cheek, but usually, but don’t kiss where he got hurt. So we’ll say, “Do you want ice.” “Yes.” He always wants ice. Like for example if he hurt his arm, he still puts the ice on his face usually. (R: Oh.) So… sometimes it’s, you know, he’s kind of in a routine of like… you know, and sometimes if he’s feeling really badly, and you didn’t offer him ice because he wasn’t physically hurt, he’ll say, “I need ice.” “Oh, okay,” and we give him ice. So… that works really… comforting him, generally, is a pretty successful and a pretty easy thing to do. (R: Okay.) I know that doesn’t always happen. These kids who have been in the foster care system, but for him, it works pretty well.

R: Okay… How about those times when… I don’t know if you would have to take him somewhere like daycare or something… times when you have to separate from him. What’s that like for him to be away from like both of you… you know alone somewhere else.

P: Umm… he did… he does go to an Early Learning Center every day… and… he… Monday’s always harder then anything else, but we work really hard and he’s… I mean we WORKED really hard to get him at the best Early Learning Center that we
could find. We’ve paid the price for that in that the county won’t deliver services to him because he’s in the City and any of those kinds of things. But, we took him there because in the midst of being lots better reasons for being great, they really have a focus on play and on helping kids socially and emotionally. So…we…so they are in tuned to that, and they have been nice about doing routines, and so…they…um…typically we’ll say…typical Monday morning…you know…and I drop him off. (R: Are you the one that…) I usually drop off. Umm…one or two days a week she does, but predominately I drop off. She picks up. Umm…and…ummm…so soon as we get, you know, we take the coat off. He’s, “Pick me up.” I say, “Well, let’s hang up your coat.” I walk him over and hang up his coat. “Pick me up.” So I pick him up and… umm…you know, sometimes he’ll say, “I go home,” or “You stay,” or whatever. And I kiss him, you know, and ahh…I do a combination of being very affectionate and very playful with him…so…I might kiss him and kiss him and kiss him and say, “I like you more than pie and ice cream,” “I love you more than umm…a dip in a cold stream on a summer’s day”…ummm…and, you know, he laughs and, you know…he kind of melts into me a little bit, and I’ll say, “Where’s mommy?” “Mommy’s at work.” “Where’s Daniel go?” “Daniel goes to school.” “Where’s momma go?” “Momma go to work.” “Right!” And then his teachers also are very good about…and I say, “Okay, do you want me to put you down or do you want Ms…you know, one of his teacher’s names, to hold you while I go?” And they’re very open to that. And then as the situation…I can walk out and wave at the window. So they are very good about that too. So he’ll say, “I’ll wave at the window.” So most days when he watches…and I go out and walk so he can see me at the window, and I wave and blow him kisses, and he waves…and then he’s fine. And then I turn, and I never turn back……you know…that’s done. So I try to…the transition period is very short so I’m not prolonging and growing anxiety for him, but I try to be very affectionate, very playful, and then hand him off to somebody so he feels secure, go out and, he see’s me leave. I wave. I turn, and I don’t come back. And he…he does fine. And they say by the time I’m three feet away, he’s playing. {laughter} He’s okay. And we’ve only left him with somebody watching…partly because you have to get child clearances and the updates and then there’s the clearances. So we got a friend to get the clearances and then it was having her come over lots and lots of time before we even tried to go out. And he…he seems to be okay. Now, he…he one time we were out, and it was time for him to go to bed, and we said, “Try,” to start a routine, but don’t…don’t make it a battle because it’s not going to help either one of you. We got home like a half hour after his bedtime, and it wasn’t started…you know, so that kind of a…I think transition would be really hard for him if we’re not there. And neither of us was there…umm…and I’ve had to go out-of-town for business twice overnight, and he had a REALLY hard time getting to sleep. So the two hour bed-time routine turned into a much longer routine, and then he was awake…and…so…we

R: That routine seems really important and then when one of the players is missing…both of you was part of the routine. I want to jump back to what you were saying about when you dropped him off at the daycare center…and you held the routine…and…and I’m sitting her listening to you and I’m thinking, “Wow…this is somebody who clearly…like as a therapist probably really knows what to do, and she’s doing all
these things…if…if you could kind of step out of that role for a minute…I mean and be mom…how does it feel to have to like…you know…leave you’re kid at this place even though you know it’s good…how…how does that feel knowing that he’s…

P: Well, it feels….I mean it feels horrible. And then there…the first couple times we did it…like I would go, and I would cry in the elevator…or go sit in my car…and cry in the car…and then I would call my partner and, you know…and so she would do that. So…I think there’s some piece of it because we…because I am a therapist, and we have been able to talk that through…we have a good relation…so how are we going to do this. And we have a good relationship with the Early Learning Center and we say, “How can we do this, and how can you help us with this.” All of those pieces…so…..as a mom out there crying through…a…a, you know, now it’s a place where we feel secure about that…you know…but still he said, “Pick me up,” and they’ll be a little tear…you know…pulling, pulling at your heart.

R: What do you feel? What is it that you…like feel pulled?

P: Well, I feel like, you know….like….Should I leave him here? I shouldn’t leave him here. I should take him home…you know….At one point, I said to my partner, you know, one of us…maybe one of us should quit our job. I don’t know how we going to do it financially, but maybe one…you know we’ve made this commitment to foster him. He has all these challenges. Maybe one of us should quit our job? You know…and yet there aren’t any other children in our home. He’s in an incredible place. He’s getting good care…I mean I really believe for him, he’s been in early care for most of his life. To take him out now, would be another change that wouldn’t be good. So I think it’s good for him to be there, but it’s still, you know, there are days when I think, “Should I quit my job? And keep him home? I don’t think that would be good for him, but maybe I should.”

R: ……..I guess…so part of you is saying, “No, that wouldn’t be good for him,” it’s like you know that. And then that other part of you….

P: I’m sure that piece of when he cries and you leave….well, you know, he wouldn’t have to separate from me and…you know…….(R: He would just be there with you all the time.) Right, which….but, that’s for him. And someday he’s not going to be able to be here with me all the time…you know…so if we do this in a healthy way, it’s better for him, but still, you know, when he’s in my arms, and I’m hugging him and kind of whispering in his ear and trying to get him to a place of…you know…I’ll go, “Where does everybody go?” and “I love you. I love you.” And…you know…and get him to laugh and get him to be able to make the transition. There’s still that piece of me that…like….((R: And sometimes do you go back and pick him up to?) Yeah, I do pick him up sometimes and especially because since I’m a mobile person sometimes I’m literally…even if it’s not my day to pick him up quote, I’m literally driving past, and it doesn’t make any sense for me not to pick him up so I do more of the transport only because I’m a mobile person and (R: Right.)…..for my job and so…umm…and yeah I pick him up…when we first started…when he first came with
us, he would like...kind of look out of the corner of his eye and see us, but he would not stop playing, and he would not come to us. (R: So you knew he knew and then ...) He knew I was there, and I would go over, and I would just talk to him or sit down next to him...and then once I would do that...and I think my partner had the same experience...once we would do that then sometimes he would just like jump on me or jump into my arms, but he would not come. He would not come to us. (R: Hmm hm.) And the other kids would say to him, “Daniel, your mom’s here...your mom’s here.” But, he wouldn’t even look...you could tell that sometimes you’d see him looking out of the corner of his eye (R: Yeah.), but he wouldn’t turn directly and look, and he would never come. And then not to long ago he would look, but he wouldn’t come. He still typically doesn’t come, but sometimes what he might do is he’ll come over and say hug me around the legs and then go run and go play with something. And it’s easier cause he’s not...he doesn’t cry. He doesn’t want to leave...I mean sometimes if it’s snack time, he doesn’t want to leave his snack. So we wait until snack time’s over or we....take...the teacher will say, “Well, here we’re having a cookie for snack. You can take it. Is it okay mom if he eats it in the car?” But...he never cries, but he doesn’t want to leave. And he likes...he asks about his teachers and asks about the kids at night like when we have night prayers, but he never cries.

R: How did...I mean...any feelings for you when you go to pick up and get that response...that kind of I’m not going to run up....

P: Well, the thing for me is...I think it’s...I think it just pulls on my heart again, you know this sense of...umm......he feels so unsure...you know...it...and I don’t know, maybe I’m reading it wrong, but I think it’s the sense of I’m not going to put myself out there. You’re gonna have to come to me. (R: Mmm hm.) You know, to be 3-years-old and to have to think through that is just...{crying} (R: And is that part of why you’re crying right now...part of the feeling that he shouldn’t) Yeah...that’s just like...you know...innocent babies...what they live through.........{tearing up}.

R: Umm.......I guess this question is kind of like as a mom and as a woman too...um...kind of the whole package with him...just everything you have to do and what you go through...how does it affect like...how you feel about yourself? How you feel as a mother? I mean did you have expectations for motherhood and then, you know, maybe it was different or whatever?

P: Umm...I don’t think I had any expectations for motherhood and then it was different because of my life circumstances....umm.....like I...I wasn’t like planning on having a child and then it was like...oh, I was infertile so...I didn’t want to adopt or any of those kinds of things. What happened was......we had decided not to adopt. We talked about it early in our relationship. We said we’re not going to do that...umm....and...but the question of how do we contribute to a child or some children specifically came up because we both work with things in terms of...I’m a therapist. She works administrative with children’s programs. So we have that affect on children, and so we said we wanted to get my...personally, but because of our age
because of lots of things, we’re not going to adopt a child….umm…and we’re not
going to do fulltime foster care. So…we did a number of things in terms of trying to
connect with children and work directly with children other than professional….like
I’m their therapist or that type of thing. Umm…and so…she knew somebody who
worked with the agency that we’re now with, and they said we’re doing this new
program called respite, and I said, “Oh no. I know people who’ve done respite care.
That means that will take that child in the middle of the night…and they say they’re
going to take them on the weekend, and they don’t, and then you end up adopting
them. We’re not doing that.” {laughter} So she said, “No, No…it’s for kids who are
already placed, but it’s to provide respite for the foster family or the pre-adopt family
….whoever has them, and they’re the primary caregiver. You just have them like on
one Saturday a month or if they go out-of-town, you have them overnight and that
kind of a thing.” So we said sure we’re going to do that. So it wasn’t… I didn’t have
this great expectations and then it’s different from that. (R: Uh huh.) We never
planned to adopt or to foster…..fulltime. So in that sense….it isn’t a mismatch
because it was like….more like we landed in this and said, “Okay…do we, you know
…we prayed with it and talked…talked to people. Is this something that we are going
to than choose to do.” So….all that being said there’s still the sense of…when he has
a behavior…that I know is related to his trauma past it’s still makes me feel like, well
…you know….is something….if I’d have done something better, he wouldn’t have
done that…or he wouldn’t have to suffer this….or…so there’s a piece of questioning
myself, and I work in my job…I’m a clinician….I work with families and people who
take care of young children, and there were days….well, there was this one day when
he was a little particular in the morning, and umm…..he….umm… torn my lip
open…or bit my lip. It was bleeding. So I got touched up, and I went to work…and
…and then I was working with a 2-year-old who scratched me across the face, and I came
in and my boss said to me, “My God what’s happened to you?” And I said, “Well, I
was beat up by a 2-year-old at 8:00 and a 2-year-old at 9:00.” {laughter} And I went
home, and I told my partner I feel like a fraud…you know, here I am I’m supposed to
be working with young children who are….have challenging behaviors, and I can’t
even parent my own child. Like….I suck as a mother, and I suck as a professional.
(R: Oh.) {laughter} So that’s….those days are hard.

R: How do you…how do you get out of that?

P: Umm…you know, sometimes it’s just….you know, you suddenly emerge on the
other side, and you think thank God…..or…I have a particularly successful moment
with Daniel….or….a particularly successful moment at my job (R: Uh huh), you
know, you cling to those really successful moments…and you make cute pictures like
that to hang on your wall…{pointing to a picture}….{Laughter…}

R: If you had….umm….well, you do have the opportunity to speak to other foster people
right now, but what would you say? What would be your advice? What would
you…what do you think is important for like another foster mother who has a child
like Daniel?
P: Umm…I…I think it’s important to know that….if you really are loving enough, and you’re really trying to be thoughtful…and about providing a structure for them…cut yourself some slack. I mean get whatever help you need. Talk to whoever you need to to help, you know, those kinds of things, but you know, keep trying to cut yourself some slack. You know…and…and work really hard with your spouse or your partner…whoever is doing it with you.

R: Has that been helpful to you to have somebody there with you?

P: Oh…it’s been helpful. I say all the time…I…you know…I mean cause of my job I run across lots of woman who single parent…like…How could somebody single parent? How could you do that? I mean I always have wondered…knowing the challenges of that and thought how do people do that, but now I think, “Oh my God…those people…like we should have this whole new class of sainthood,”…{laughter}…single parent…particularly to a single parent. There was this one woman who we ran into who is a single woman who is fostering a child, and I think the agency really did her a huge disservice, because it was her first foster child, and she really wanted a girl and really made that known…no girl was coming through the system, and they said, “I really want you to take this boy,” a young boy who was her preference age and at least it’s the age that you want, but he’d already been removed from two foster homes because he was such a challenge. (R: And that was her first time?) And it was her first time…and not…you know, she wanted a girl, and it was a boy. She’s single parenting, and they put the child with….and then….finally, they were taking him for an assessment and…the mom picked him up, and she called the caseworker in tears and said, “Don’t bring him back to my house. You may not bring him back.” And…I think a piece of that was…he was, I suspect, a horribly challenging child and secondly, she kind of got duped…and thirdly, she was doing it by herself. (R: Um hmm.) And there are days when…I…I think what would I do? I don’t know what I would do if I was an hour and a half in….and he was spitting water on me and punching me in the eye and kicking me….and I was in pain, and I was tired, and I was frustrated, and I was still trying to do my best job to hold it together…if I couldn’t say, “A distraction would be nice,” and get a partner who would come up….what would I? I don’t know…I don’t know.

R: Have you ever worked with anybody…a single parent who’s actually been able to do it? I’m just curious. Do you think it’s possible…to…have the child…I mean like Daniel’s level?

P: Well, I’ve worked with parents who are single…you know single parenting. Not in the situation like this, but of their own…you know…I worked with a woman who had a child who had some, you know, organic challenges…and he was an extremely challenging child, and….you know…he aged out of where I was working and went ….and I worked really hard to make sure we had the supports to go. And both….she and her child haunt me…because I wondered if she could do it because she used to…she used to call me. And she had my cell phone number. And she would call me and say…I…I can’t do it…you know…and I would say, “Where is he?” “He’s in his
bedroom.” Yeah, there’s nothing in his bedroom but a mattress anymore…Okay and I would talk her through it, you know. And I made sure that she had somebody….she had crisis numbers and those kinds of things…(R: Yeah.)…when he went off to the next system…..that….I don’t know if her next clinician is going be okay with her calling on a Sunday afternoon when she’s in the grocery store. I..I..I… I don’t know. And it haunts me because I think she doesn’t have someone. (R: Uh hmm…) I don’t…so… I think people do it. Do they eventually break? I don’t know. Do they eventually get to a point where they can’t…they can’t be cool minded and…do the best thing for the child? I don’t know.

R: I was just curious…I’ve had…I think almost everybody has talked about the importance of having a support system and not being in it alone.

P: Yeah….Yeah…I couldn’t do it…you know…whether somebody else could, I don’t know….you’re going to have to find a single parent mother and ask these questions. {laughter}

R: Is there anything you can think of maybe like that has been an important part of having to be successful….like we’ve talked about supports and having a chance to get away if you need to…and….is there anything else that you think is important for somebody to have or know?

P: Well, I think as much knowledge as you can have…and…and….so a piece of that is knowledge of what happened to your child, which you may never get. You may get a caseworker who says, “Why are you asking me that, I told you, you have no rights.” Umm….so there’s that piece in terms of the history because I think if you know what happened, you can understand some of the behaviors better….and sometimes you just have to have a hypothesis and go on that…you know….um…..and I also think in terms of information…like I went to a conference on trauma and attachment….you know….information (R:  Right.)……you know…..

R: Okay…well unless you would like to say anything else on whatever……

P: No…I don’t….I just think it’s…it’s probably the hardest experience of my life, you know, and I….I haven’t had this horrible life. I’ve had a good life…with some really significant challenges in it, and this is one of the most significant challenges in my life, but it’s also, you know, one of the greatest blessings in my life….so it’s….you know…..I think the hard piece is about, you know, just balancing…so I don’t know whether you think of it as juggling or a scale that weighs back-and-forth, but it’s all of those pieces…any…any piece of my life has become this kind of balance, and the result is experienced as a balancing act. And the hardest experience of my life, and the….most rewarding experience of my life….so….How it will end. I don’t know. {laughter}

R: Thank you….((P: You’re welcome….you’re welcome)…..
APPENDIX H

Meaning Units and Meaning Unit Characterizations

*Julie and Carl - Data Analysis*

1. **Tell me about a time you had to set limits for Carl.** He didn’t like to be disciplined. So…normally it was a time out or go to his room until he calmed down and umm….he didn’t want to do that…I mean he would just get irate. Sometimes he’d throw things…kick….hit…..but, he still needed boundaries so…those were difficult…most of the time they were pretty difficult…any boundaries…any discipline…any time that would have come up it would be a battle.

2. **Who would he hit?** Me. Sometimes I would pick him up to take him upstairs because he refused to…you know…i said, you know, “When you calm down,” you can…you know…and that’s fine, but you need to calm down and umm….cause he would start screaming. He would just scream at the top of his lungs. So that meant time out for…you know…and umm… And if I picked him up, he would kick me…umm… sometimes…you know…he would kick the bed…he would kick the dogs…ahh…he…ahh…It was…it was difficult.

3. Most of the time it would start out with me cause I was home with him most of the time…umm…but, as time went on he started with the dogs.

4. Most of the time he was pretty good with the dogs…and ahh…in fact I thought while he was with us a good

1. I had a hard time disciplining Carl and setting boundaries. Normally, he would have a time out until he calmed down, but he would get irate and throw things or kick and hit. He needed to have boundaries; however, it was a battle.

2. I had to pick him up to get him in time out, and he didn’t like it. He would start screaming, and he would kick or hit me and anything else that got in his way.

3. He was harder on me because I was with him most of the time, but as time went on, he started with the dogs too.
thing would be to get a puppy, you
know…to show him, but…umm…..he
went back and forth. Sometimes he
was loving… sometimes he was mean.
And, he wasn’t mean all the time.

What would he do? Kick. One
time…with the puppy though one day
he started hitting her and…umm…he
umm…..hit her more than once because
he wanted to hit her till she yelped…
And cause when we said, “Why did you
do that?”…you know…and he said,
“Cause I wanted to do it till she
hurt”…or yelped…I don’t really know
what the word was. Yeah…he wanted
a response, and he’d get a response.

5. No. I don’t think it was anything out of
the ordinary….ummmm…I think one of
the difficult things was it wasn’t always
prompted by anything. He would just
ummm….well, maybe you’d say, “It’s
time for bed,” or sometimes it was a nap.

6. Because he would be getting really
cranky…and even though he’d turn 5
while he was with us, I knew that he
had to nap every day or…he would
just really be umm…. very difficult
to deal with. And then when he
would get up from his nap he was
like a new kid. So he really needed
that.

7. I don’t know if he wasn’t getting
enough…ummm…sleep prior to
coming with us.

8. So if you wanted him to take a nap,
he…that could be an instance where
he would get very angry…ummm…or
if he was doing something and…he
didn’t want to stop, but you needed
him….say we’re going somewhere or
it’s dinnertime something like
that…might prompt…you
know…that negative behavior.

4. He wasn’t mean with the dogs all the
time. Sometimes he was loving, and
then sometimes he was mean. He
said he wanted to hurt the dog, and it
did seem as if he was looking to get
a particular response, which he did
get.

5. It was difficult because Carl’s
tantrums weren’t always prompted
by anything. There wasn’t always a
clear trigger.

6. One thing that worked was to put
him down for a nap when he was
really cranky. He would be a new
kid when he woke up.

7. I don’t know if he was getting
enough sleep prior to his coming to
live with us.

8. I had a lot of problems with his
negative behavior whenever I wanted
him to do something that he didn’t
want to do.
9. Umm…at first no, but once he got comfortable with us it started more frequent and towards the end it was getting quite frequent.

10. Yes…I mean actually the last week he was with us he even bit me. Umm…My…I have an older son, and we were visiting his home and…umm…one of his roommates was having his mom over for dinner…and we needed to go because they needed time…you know …to set the table and everything, and he didn’t want to leave. And I told him we had to, and I explained to him why…and he knew this family so it wasn’t like he didn’t know them or anything. And he refused to leave, and I said, “Well we have to go.” So…umm…he didn’t want me to pick him up, so I had to almost drag him to the car…and…he refused to get in the car…he went limp, which he did…he would do when he…you know…so I picked him up and put him in his booster chair, and that’s when he bit me. And when he didn’t…when…he got mostly my coat, so he bit me again …you know…he didn’t get the…yeah …as much as he wanted. So…it had just…it went down hill from there. I did get him in his seat belt, but when we pulled out, he took his seat belt off…he got out of the car…he opened the door. He hid…he hid…it really scared me cause I thought he got out…he’d gotten out of the car and could have been in traffic. He was…{made sounds as if in disbelief}…he was…you know…down under the seats…you know…so…{not able to understand} but, he was down where I couldn’t see him…see him…so…cause I have…you know …umm …a car that you can easily hide in so …you know…well, you know…it’s an SUV crossover so there’s…but, it’s {not able to hear}. Yes…yes…

9. The more comfortable he became with us, the more his negative behaviors became.

10. One time I was trying to get him to leave my older son’s home, and he just plain refused. I had to almost drag him to the car, then he refused to get in and went all limp. I picked him up and he bit me more than once until he got the desired affect. When I attempted to drive away, he got out of his seat belt and opened the door so that I thought he had gotten out of the car. I was really scared that he had gotten out into traffic, but he was hiding in the car.
11. Well, I… I don’t know if he realized how panicking I was… and then he popped his head up. So… ahh… I don’t know. Maybe he really… he heard the fear in my voice… you know that I was… I was scared… like where was he… I’m like where are you… you know. And I’m looking… you know… and then I think when he saw me looking up and down the street then he popped his head. And I didn’t leave the car… you know… I was but, I had parked the car and gotten out… you know…

12. because I had thought… why… I evidently don’t have a child safety lock on, but because my kids are older, I never thought about child safety locks. {laughter} So… umm… yeah that was really… Yes… and… umm…

13. at that point I called my son, and I said… umm… you know… we’re just two blocks away, and I’m going to come back, and I said, “I need you to help me get this child safety lock on,” because I didn’t want to… umm… leave him at all… you know… so… umm… but then it jammed and then the car jammed and then it took another hour to get the door unjammed and umm…

14. Oh, the next morning was odd because I was taking him to the daycare… and… umm… he said something, and I said that I didn’t want another incident like the day before… umm… I said… umm… that’s not good to do. He goes… I said… well it was something to do… Oh I can’t remember… Oh,

15. I know… I asked him to put his seat belt on because he really enjoyed some things like… “Look mom I can do this.” He always called me mom. He said, “Look I can do this.” So I said, “Well put your seat belt on.”

11. I was panicking when I thought he was out in traffic, but then he popped his head up. I don’t know if he heard the fear in my voice or if he saw me looking up and down the street. Who knows.

12. I had to think about safety issues (e.g., child safety locks) that I hadn’t thought about in years.

13. I couldn’t leave him alone for one second and had to call on others for help. Everything took a lot of extra time.

14. It seemed sometimes like his negative behavior was done on purpose with intention.

15. I would give him opportunities to do things for himself because he seemed to enjoy it (e.g., “Look I can do this.”).
16. So we got to the bottom of my driveway, and he says, “I don’t have my seat belt on.” And I said, “Well you need to put your seat belt on,” and he goes, “No, you put my seat belt on.” I said, “Carl, I’m not going to do that because I don’t want you to do what you did to me last night when I did it.” And I said, “I don’t want you to bite me. I don’t want you to kick me.” He goes, “Yeah, mom I hit you too didn’t I.” And I said, “Well that’s not something that you should be very proud of cause he said it…you know…like…yeah you know {with attitude}.

17. So…umm…yeah…he didn’t know right from wrong in a lot of areas.

18. I think that he had a very difficult time with relationships. I don’t think he had healthy ever. So…umm…I think that…you know…the more we loved him…the harder it was for him. You know…we’re thinking the more we loved him…and…and…you know…the affection and ahh…just treating him like one of our own…that was a good thing for him. But, I think for him, he saw it as a negative. It made him more fearful…and the more fearful he became the more he…umm…took it out on us. Yes….Ummm hmmm. I think so. That’s what I took away from it. Mainly because it kept getting worse…you know…instead of getting better…

19. and I’m thinking…umm…obviously from my viewpoint he did definitely have an attachment issue…and…umm. Well, I wanted…umm…some help with this. I’d asked for like…umm…probably almost three months for…you know…a TSS or for…you know…wraparound services somebody to help,
and their answer was, “Well, that’s not going to be the answer to everything.” And I said, “Well, it could help.” You know…he really has issues, and he really needs help…and you know…we’re his foster parents, but we’re not the experts in this situation, and there are people who…you know…I know these services are out there. And they said, “Well, it takes time,” and I said, “But if we don’t…you know…move forward, we’re not ever going to get anywhere.” So…we never did get help…nothing.

20. Umm…his…his…his behavior started escalating where he was throwing things. He’d pick up a lamp …umm… he’d pick up the garbage cans and throw the garbage down the steps. He threw some…we had put a new door in with leaded glass windows…he threw something against the windows. Ahhh…he umm…and he would scream.

21. I mean…one night he screamed for an hour and a half straight without stopping. And…ummm…it’s very hard to…you know…when they just scream and scream and scream. I………… tried…you know…just walked away …umm…and then called the agency and said…you know…I don’t know what to do at this point, and…ummm …they said, “Sometimes you just have to let them scream it out.” They said…I could tell you…you know…they were very supportive…you know…the person who was on call was very supportive and said, “I know that this is really difficult…you know…I don’t know what it would be like for me if someone was screaming like that.”

22. And, I know my son had come over …he really looked up to him…he’s 23…and …umm…he loved to play…
you know …with an older…with a guy you know. So…umm…and my son even said, “Mom…umm…if you could take me home that would be great.”

22. My son would come over to help because Carl really loved to play with him, but my son couldn’t take it either and wanted to leave.

23. So…ahhh …because it’s very difficult to sit there and watch…you know…because when he does that then he would start…you know…he threw his bed apart. He’d take off the spread…the sheets…Um hmm…you know…one day he pulled out all his drawers…dumped out all his clothes….um….we had to keep plastic…

23. It was very hard to sit by and watch him get so upset because I knew that it was going to get worse. Once he got started, Carl would get so upset he would do things like rip his bed apart or dump all his clothes out.

24. He started wetting himself all of the time. He was…when we first got him …he had one or two accidents, and I figured that was normal …and then after a couple of weeks he had nothing. And then he had a visitation with a former foster family, and then it started really going downhill from there. And they stopped that, but I think that was confusing to him. So…it was…towards the last month, he could not be without it…umm….what do you call it….Pull Ups overnight. He had to have Pull Ups. He was starting to like… at daycare he was wetting himself two to three times a day. But, he’s 5-years-old and so he’s …you know…much too old to do that…and…umm…

24. Carl started to wet the bed after visiting with a former foster family. He had been potty trained, but then needed to wear Pulls ups all day. He was much too old to be having these kinds of problems, and they did stop the visits.

25. sometimes he would just get mad and soil himself.

25. Sometimes he would get mad and just soil himself on purpose.

26. Yes…yeah…so there was….umm…you know it was heartbreaking.

26. It was heartbreaking to watch Carl regressing.

27. Ummm……..you know the only thing that worked during the day was a nap …you know…if he would just get so tired that he would fall asleep…when he got up, it was like it never happened …and that was a good thing.

27. The only thing that worked during the day was to get Carl to take a nap. When he would get up, it was like nothing ever happened.
28. You know…and the therapist said to me one time…umm…he was going to this therapist, which I’m not sure was a good thing…not that the guy wasn’t good, but …they were dealing with issues that he …that we don’t even know that happened, but they’re there not dealing with the issues on his…you know…his attachment problem. So…that…umm …you know…there was…umm…I don’t know…all of a sudden I lost my train of thought on that one, but…

29. Well, he…A former foster family accused him of being…umm…sexually active towards someone. And…umm …but, nobody has ever seen it. And so they…ahhh…and they were only…he was only in that foster home six to eight weeks…and all this stuff was supposed to have happened and nobody believed …it was a big issue…it was like…you have no idea.

30. The second week he was with us this woman called me, and she had me on the phone, and she told me things that ……… no woman…person should have to hear. Yes. Yeah…that she said he did.

31. And she told him… me…he…then they told me he was not allowed to be around any children…that I could not take him to church…I could not take him to daycare…that he should not be near any animals…

32. I was thinking …He’s already been near my animal… and in the beginning, he was very loving, but I don’t know…

33. I don’t know if it was between the counseling and seeing the former foster family? Because this….because of her

28. Carl was seeing a therapist, but I was upset because they weren’t dealing with the pressing attachment issues.

29. Carl’s former foster family accused him of being sexually active, and I couldn’t believe it. I never saw anything, and he was with me longer. Nobody really believed it, but it was such a big issue.

30. I was shocked by the sexual things they were saying Carl had done. No one should have to hear those things.

31. I was told that Carl couldn’t be around kids or animals. I couldn’t even take him to daycare.

32. I didn’t know what to think. Carl had been with my animal, and at least in the beginning, he had been very loving.
accusations, he was not allowed to see his sibling. No…and I really pushed for him to see his brother because I could see how it was breaking his heart, but you know…

34. I didn’t really understand because he was with us a lot longer then he was with this former family…so, but we… they didn’t…you know;

34. I couldn’t understand why we weren’t seeing the sexual behavior after all he had been with us a lot longer.

35. in foster care they’re supposed to have a thirty day hearing. He was with us four-and-a-half months and never had a thirty day hearing. So nothing ever got changed…and no…and…umm…this…nothing…the system really failed him.

35. He was with us 4 ½ months and never got his 30 day hearing. The system really failed him.

36. No one was getting support. He needed it. We needed it to deal with such a difficult child. And…umm…you know…ahh… when this former foster parent called me and told me these…this…supposedly heinous acts that were like…AHHHH {little laugh}…Yes…and I thought…we need some…We definitely need help! No one would know how to deal with this. And they didn’t do a thing…Nothing…

36. I needed help and support and so did Carl. No one would know how to deal with the kind of heinous acts they were saying Carl had committed. But, no one did a thing; nothing.

37. And they kept saying, “Well hasn’t he…” And I said, “No, he’s not doing any of this.” I….I said…you know…if you ask me I would say I don’t believe it. I said because he was only there so long…he’s been with us longer…he’s never done any of this stuff…umm…

37. I didn’t believe that Carl had done anything sexual, but they kept questioning me.

38. I…but, it was hard for me because after I got this phone call…and all this was said, I was afraid to leave him for a second. What’s he gonna do…is he gonna…is he going to do something horrendous to my dog? He is going to do something horrendous to other children? You know…Yeah…and he never did…so…umm…

38. It was hard for me because after I was told about the sexual acts, I was afraid to leave Carl for a second. He is going to do something horrendous to my dog or another child? But he never did.
39. I saw...you know...in the beginning we had pretty good behavior and...ummm...so when I said...you know...this isn’t fair to him. He has to be around children. And so we did take him to church, and he was a model kid at church...just wonderful. Everybody loved him...you know...he would be...I had to say...ummm...you know...be careful, he has to be...you know...ummm...every...we have a larger church so a lot of...everybody has to be...ummm...we all have to have our clearances to work with children. And...so...ummm...there was not a problem with that, but everybody just kept saying he never bothered any child. He just was very social...and...he loved going. So...that was a positive for him.

40. **How did he do at daycare?** Very well...except...you know...towards the end when he just was wetting himself all the time. He did a couple of things he shouldn’t have done, but...ummm...aah...I had...aahh...the woman who...his teacher said...you know...nothing these other kids don’t do who aren’t in the foster care system. Yes...ummm...they were seeing some things at daycare...you know...like the wetting and occasionally he would do something a little out of character, but the...the most of it...

41. and I don’t know whether he just felt like...ummm...he’s...I sometimes felt like because we loved him the most, we were going to get the brunt of it. That’s how I felt. Now, I don’t know that that’s what was going on, but that’s how I felt.

42. So I tried...ummm...at one point...and umm...about three months into it we were going to just give up. And then I thought, “No, I’m going to try
something else.” So I thought just… umm…not really acknowledging his behavior…his bad behavior as much as…you know …still saying he can’t do that…but, you know…trying to be more …ummm…more like a mom…you know …a regular mom. At first he responded a little positively and then…it got…it didn’t last.

42. When I was just about to give up on Carl, I decided to try not really acknowledging his bad behavior as much. I would still tell him when I didn’t like something, but I’d be more like a “regular mom,” and he responded a little positively at first, but it didn’t last.

43. Carl wasn’t really affectionate with me, and I thought showing him some real affection might help. We played a game after baths. He would say he was really cold, and then I would warm him with a hug. He seemed to really like this, but then after a while nothing like that seemed to work well anymore. I not sure, but maybe the closeness scared Carl.

43. You know…umm…at first he wasn’t real affectionate…you know…but I thought lets try…you know…like when he would get up…I…still bathed him. And…ummm…when he got out…I…ahh …one of the games we would play is I’d wrap him in a towel…and he’d always say, “I’m really cold.” And I’d said, “Well, if you’re cold then you have to get warm.” So I would hug him. A well …after a while he’d say, “Mom, I’m really cold,” and he’d…you know…and I’d say, “Well, okay…then that means I get to hug you.” You know…so it became like a game…and he seemed to like that. But…ummm…after a while nothing like that seemed to work well anymore. Ahhh…that sort of went by the wayside after awhile. And I don’t know whether that scared him…

44. but… ummm…for Christmas we tried …you know…that was one thing. For Christmas I thought…you know…he’s never really had a wonderful Christmas. Let’s make this a wonderful Christmas. And he wasn’t real excited. And I look back….I think that he probably didn’t know how to…you know…what do I do with this?

44. I wanted to make Christmas very special for him because he never really had that. He wasn’t real excited though. Looking back now, I think he probably didn’t know what to do.

45. I think a little bit of disappointment, but at the same time you think…Well, he doesn’t know what to do. You know…I think there were a lot of times when we understood that he didn’t know what to do.

45. I was disappointed about Christmas. At the same time though, we understood that he just didn’t know what to do. I think this happened at lot.
do…umm…especially in a case like that. Umm…but…but I was a little disappointed cause I wanted him to be happy.

46. But…umm…with the games… instead of playing with them…like…he would just…he stood on the boxes and broke all the boxes…the sides down. And…umm…I tried to play with him a couple times, and he just wouldn’t listen. You know like…”That’s not how you play that”…and I would go, “Now, this is the way we play.” And so…you know… I’d play games with him. Some of the games he never did play,

46. Carl didn’t seem to know how to play with his Christmas games. He would stand on the boxes and break them. I tried to help him play his games, but he just wouldn’t listen.

47. but…umm……at…at school he really liked to paint and draw so I bought him an easel. And…umm…some of the big paper for it…and…ahh…we got him an…umm…some paints. No, he had paints so he didn’t need it, but…umm…we were…this was like the week before he left, and I…we were like shopping. I go, “Why don’t you get some new paints?” “I have paints.” “Yes, I do…and I don’t need…you know…I don’t want any paint.” I said, “But, you…” because he loved it at daycare. And when we got home, he didn’t have paints. He had these little paints cause we had bought him some…umm………no, somebody else had bought him a little…umm…you put this little airplane together, and you paint it.

47. I bought Carl an easel because he really liked to paint at school. We were out shopping, and I said I wanted to buy him some new paints. He didn’t want paints. In the end, we did not buy paints, and when we got home, he discovered he actually did need them.

48. So…umm…the one…the one Sunday…the Sunday…I think it was the Sunday before he left or a couple of Sunday’s before he left…when he had just thrown stuff everywhere. And, I’m on the phone with the agency saying, “I don’t know what to do.” Because you’re not allowed to do anything…you know…you don’t really have a lot of recourse.

48. I would call the foster agency and just say, “I don’t know what to do.” We weren’t really allowed to do anything. We really didn’t have a lot of recourse.
49. So…umm…he went, and he took that paint. I actually threw it in the garbage cause he had thrown stuff all over the room. I said, “If you throw it, it goes in the garbage.” So I threw it in the garbage, and he’d gotten it out, and while I’m on the phone with the case manager…he painted all over himself. He just had a mess. And, he had…umm…he painted…what all…I can’t even remember what all he’d painted. Yes…yes…and I thought. {Laughing}…yeah…like I’m so tired. (R: It wore you down…) Sometimes is did…you know…

50. **Tell me about a specific time when you had to offer comfort to Carl.**
Umm…sometimes……….I remember a couple of times…you know…like…I would try to talk to him…and say…you know…and just sit and talk and say…you know…about…you’re not happy when you do this…and you know…we’re not happy…so…nothing’s really gained from it and…umm…….you know…and I would say, “No matter what you do, we’re gonna love you.” And sometimes we would talk later, and he’d say…umm…every night we said prayers.

51. So one night I would talk… I was talking to him and it was time for prayers, and he would pray about his behavior, and he’d say, “Dear God, help me be better tomorrow…you know.” So there were times when…I….ahhh… he wanted to improve…I think….ahh …..sometimes… but, yet…then towards the last couple weeks…you know…we just didn’t know what to do anymore.

52. Yes…so it was very…very hard cause this was… I guess a couple weeks after Christmas. And then…umm…you
know...we finally said it was time to hand in our...you know...because everyday when my husband would come home...he said...you know....."This is not good," you know...like... umm... he’d come home and say, “Well, how was he.” And I’d say, “Well, he threw this, and he did that”

52. It was very, very. My husband would come home everyday and ask about Carl’s behavior, and he would say, “This is not good.”

53. Carl would act out in front of my husband too.

54. One day my husband and I took Carl to the grocery store, and we had had a very good day. I had to walk away for a moment, and in the short time, Carl called my husband an “M F’er.” My husband chose to ignore it, but Carl said, “Didn’t you hear what I said,” and said it again. My husband told him not to use that kind of language again.

55. He just started...you know...he’s standing up in the thing. He...ummm...I...
said, “You know, you’re going to get hurt.” I…so I took him out of the cart and…umm…he threw himself on the floor…starts screaming….and…umm …really carrying on,

56. and everybody at the grocery store was looking at us {laughing} and…umm… so my husband said, “I’ll take him out to the car.” So, he took him out to the car, and he just started this screaming at the top of his lungs in the parking lot… and umm…kicking everything… and really carrying on. So when I came out…umm …I did say to the check out girl …I said, “O...
threw them in the car. So I said, “Well,”…you know…it wasn’t cold…it wasn’t wet. So I said, “You’re going to walk into the house in your socks.” Well, then he really got mad. “I’m not going in the house.” I said, “You have to go in the house. We have to put the groceries away.”

60. He sat down, and he peed himself. Um hmm…yeah. So, I said, “Okay, what do we do with this?” {Laughing.}

61. So, it was…you know…that…and I’d get…that’s why I don’t understand the agency. They knew all this stuff was going on. Why weren’t they giving us help? It was our first experience. Maybe, they don’t give you help. But, I hear other kids get…you know… umm ………..umm…Behavior Specialists or a TSS whatever. I just couldn’t understand why we couldn’t because… this is stuff…you know…

62. this is not normal behavior……….. Especially like when you wet yourself …you soil yourself. I mean at one point…ahh…we had to throw…ummm …some of his clothes away cause we couldn’t get the smell out of it. Yeah ….so…ummm …sometimes he didn’t tell us he soiled. And then we’d smell something….and …you know…I remember washing some of the clothes three and four times. Soaking it…you know. You know… trying to get the smell out…and umm…

63. Yeah…and when he first came to us, he would eat everything. Towards…you know…after a couple months….I don’t know what triggered it. I don’t know whether being with this…the former foster mother….ummm…for the visitation …ummm…you know…

60. He sat down and peed himself. I didn’t have a clue what to do with that.

61. I just couldn’t understand why the foster agency wouldn’t give us help for Carl. I wondered if this was just the way it was when you’re a foster parent, but then I knew other foster parents who got wraparound for their foster children.

62. I worried that Carl’s behavior was not normal. He would wet and soil himself on purpose. I even had to throw some of his clothes away because I could not get the smell out. That’s not normal.

63. I noticed that Carl changed after a couple of months. His eating changed. I tried to figure out what triggered it, but wasn’t sure.
64. Yes...yeah..... and the courts said they had to see each other. I’m like {made a face as if confused} ..........{both laughing} Ummm...I don’t know...... so......

65. That’s okay....Well, that’s just....it’s just....it was just.....very hard to know what to do. And because....umm....we didn’t know what to expect from him next....and umm....... 

66. he did say....umm....when he went for visitation with his...the perspective family he was going to from us, he did come and said, “Mom, I said bad words.” I said, “What did you say?” He said, “M F’er.” And I said......he said, “But, I apologized.” I said, “Okay......” I said, “But, you know you’re not allowed to say words like that.” He said, “I know.”........

67. Well, I actually....when he left, then I felt like relieved because I didn’t have to....umm....pick him up off the floor. And I could put the groceries in without having to....you know....you know ...having to deal with both them and.... because he was....he was on this side and my husband was on that side of the cart....you know....he was....He was....I had taken him out of the....ah....so that.... ummm.......so he was right there, and I thought....I would rather him go to the car then continue....

68. it’s not....I guess I felt it wasn’t fair to everybody else in the store to watch this child screaming and....you know.... Kicking....{both laughing} ....

69. And I....we couldn’t figure out why he did it....you know. There was no reason ....I mean we had such....and I asked him, I said, “We went to....we had such a good time. Why would you do that?”

64. It was hard to understand why the court would make Carl have visits with his former foster mother given their difficult history together.

65. It was so very hard to know what to do to deal with Carl’s behavior because I never knew what to expect from him next.

66. Carl used bad words when he met his new foster parents, then came home and told me as if it were nothing. Carl knew he wasn’t allowed to say those words.

67. It was easier to have someone take Carl out of the area whenever he was acting out. It was hard to do things like paying for groceries without having to worry about Carl at the same time.

68. It wasn’t fair for others to have to watch Carl screaming and kicking.

69. I just couldn’t figure out what set Carl off, we were having a good day.
70. So, I tried...there was something I tried ....Oh...We got up on a Saturday. He did one of his screaming, kicking things ...and...And, I knew we had to go to the grocery store again. So, it was probably a week or two before he left us. And I said, "You know...I have some lollipops...some Tootsie Roll Pops. And if you go to the store, and you go in the cart, and you don't carry on...I will give you two Tootsie Roll Pops." Well, candy for him was a big, big deal. And so he did pick...he did...Oh, it worked. So...that worked...umm...but, then he came home and...you know...he didn't get his way on something, and so he still carried on, but...

71. Yes...yes...And I thought...I'll take it {whispering}.

72. You never knew what to...especially after a couple months. Like I said in the first couple weeks...I couldn't believe anything...I couldn't believe why anybody would not want him as a foster child cause he was just so...you know ...and umm...from the get go though...you know...he called me mom.

73. And so...umm...you know...I thought ...I thought it was going to go much better then it did. I mean...you don't expect it to go perfectly. But...umm ....I know other families who have fostered and...umm...they don't always ...well... they're not destructive. Some of them... you know...have...they all have to have issues. Those poor things ...I mean they're not with their family. But... umm......when he picked up the lamp and threw it {laughing slightly}, I'm like...Ohhh...this was this vintage lamp that had been my parents. And it was in his room and...you know...I

70. One thing that did work was to promise to give Carl a Tootsie Roll Pop if he behaved himself in the grocery store. But, then when he got home, it would no longer work.

71. I took whatever successes with Carl that I could get.

72. I never knew what to expect from Carl especially after the first couple of months. He was so sweet that I couldn't believe that anybody wouldn't want him for their foster child. He even called me mom.

73. I expected things to go better with Carl then they did. I knew that he would have some problems; I mean the poor thing was not with his family, but I never thought he could do the things he ended up doing.
….like I don’t think he knew...........
My expectations were different.

74. You know like you think...okay...lets make everything really nice for him. I don’t think he’s ever had that. But, he didn’t...he just didn’t know what to do with that kind of stuff. I’m thinking... he ...maybe, he’ll be glad to have this... you know...we had the room all set up for him...and...you know...and ahh... we had all...we had....toys for him....and umm...you know...we went and...I took him...you know, I would take him shopping and buy whatever he wanted and always make sure he looked nice and...you know...make sure...and umm ...I don’t think he knew. That wasn’t normal for him. That was normal for me, but not for him.

75. **What was it like to comfort Carl if he was upset?** He didn’t really show sadness. Ummm.....you know....I’m .....he didn’t always want to be cuddled. You know...even though he...but then some times he would want to come sit on my lap. So...ummm...I sort of let him go with it for the most part...because (R: Let him make the decision?) Yeah... umm...because...you know...

76. I was also told that he had been sexually abused. So you’re...you’re really cautious with that. You know...how does he...you know...what’s he thinking ...you know...ummm...so ...you’re...you know...you’re I think both my husband and I probably...at times you’re on pins and needles...we don’t want to do the wrong thing...we don’t know what the right thing is right now...ummm...does he feel safe? Does he feel threatened? It was very confusing...It wasn’t like... there was that clear cut thing like...if I do this, this is going to happen.

74. I wanted to make everything nice for Carl because I didn’t think that he had ever had that. But, he didn’t know what to do. I thought he would be glad, but he wasn’t. It was normal for me, but not for him.

75. Carl didn’t really show sadness or want to be cuddled, although he would want to sit on my lap sometimes. I let him decide what he wanted to do.

76. I was told that Carl had been sexually abused. We had to be really cautious because we didn’t know what he was thinking. At times we were on pins and needles. We didn’t want to do the wrong thing and make Carl feel unsafe or threatened. It was very confusing. It wasn’t like doing X would result in Y happening.
You know…umm…but… umm…the one thing he really…of all the things that we tried was the thing after he got a bath if I hugged him to keep him warm…that was the thing that worked the longest that he seemed to like the most. You know…and it was just putting your arms around him and keeping him warm…you know…it was really simple. So you had to wrap him up in a towel…you know…and… umm…he’d…you know…

77. Of all the things that we tried, the one that really worked the longest was the game of hugging and keeping him warm after a bath. It was so simple, and he really responded to it.

78. those are the kinds of things you miss. Yeah…it was sweet moments for me, and it was…umm…not…you know…he didn’t feel threatened. I didn’t feel threatened…ahh…and… umm… sometimes…he had real curly hair… And… umm…sometimes we like play like take the towel and like ohhhhh {movement like drying hair}…you know...with his hair and those kinds of things he…he…he…didn’t seem to mind.

78. I miss those sweet moments like keeping him warm after a bath or drying his hair when I could just be with Carl, and he didn’t feel threatened, and I didn’t feel threatened.

79. And he always…was always really good about brushing his teeth…I have to brush my teeth. Except one time, I had bought him this…ahh…he really likes Spiderman…so I’d bought him… for his…his birthday was while he was with us, and we had a friend over, and we had a cake, and we had ice cream, and I’d gotten him a Spiderman toothbrush and toothpaste. So…umm…he had one night I went in, and he had this blue toothpaste. It was really ugly.

{Laughing.} You know…but, he thought it was great. He had it was everywhere. {laughing} So I said…okay…so then I…you know…there’s thing that…okay that was an…I said, “You shouldn’t have done that…you know. Now you don’t have any toothpaste.” Except there was a little bit left so I knew that I had to

79. I would try and point out the natural consequences to Carl of his actions. For instance, one time he put his new Spiderman toothpaste all over everything. I told him, “You shouldn’t have done that. Now you don’t have any toothpaste.”
hide…keep the toothpaste with…out of his reach.

80. And I thought, “Wow, it’s been a while since I had a 5-year-old.” Well, although my kids didn’t do a lot of the stuff he did so I…and even though it had been a while…I still didn’t worry about…you know…it was something that I wouldn’t have thought of…

81. So… but he just didn’t have boundaries…you know…boundaries weren’t really set for him except that he had a…he was with a foster family for I believe 22 months…the one before the one before me…And supposedly they were very abusive and that’s why they were taken out of the home.

82. It is…it was…and that’s why I thought…I have to say that I was pretty angry towards the…my husband and I both were…we sat there, and we were really upset with the agency cause we thought…we wanted to help him, but we could not do it…and….ummm…without help. You know…we needed support along the way…oh…even…I mean even the things like not having the 30-day hearing. I mean…they…they just weren’t doing anything.

83. So….ah….and then they’d call and say, “Well, you need to do this,” and “You should have been doing this,” but it was exact…and I’d call back, and I’d say, “You told me to do the opposite.” You know……

84. Yes…from him no…it was…it was very confusing and that was like…wow.

85. And then…umm…when…umm…things had gotten pretty bad the day he had bit me and kicked me and hit me….my husband said, “That’s it.” He said, “I’m

80. I had to learn to start keeping things out of Carl’s reach. I wasn’t used to having a 5-year-old in the house again, but then again, my kids didn’t do a lot of the stuff that Carl was doing.

81. Carl just didn’t have any boundaries. He never had boundaries set for him. One of his previous foster homes was actually abusive home, and he was taken away.

82. My husband and I were so angry because the foster agency knew all about Carl’s background and the problems he was having with us, but still they wouldn’t give us the support we needed to be successful with Carl. They just weren’t doing anything.

83. Working with the foster agency was so difficult. Sometimes they’d call and tell me to do the exact opposite of what they had said before.

84. It was confusing to work with the foster agency.

85. When we finally had had enough, my husband took the day off to get everything resolved. We called the foster agency three times, and they never called him back.
staying home from work tomorrow…
we’re going to call the agency…we’re
going to get all of this resolved.” He
called them three times…told them,
“I…look I took the day off. I need to
talk to somebody.” They never called
him. Umm hmm……

86. So it was….it was…you know …we
need…you know like I kept saying, “We
really need some help.” And I said, “It …,” and when they said, “Well, I put a
call in,” and I said, “But…you know…
call them back if they don’t call you.” I
said, “Look…..,” I……my son had a lot
of problems growing up. We had to have
a Behavior Specialist come in…we had
wraparound services…and he um… he’s
Bipolar…So…umm…and….I know that
these agencies want to help. They were
wonderful to work with. So I thought…
and they also…. that’s what they do for
a living…So… they’re going to call you
back if you call. So…I didn’t get why
nobody ever called them back. I said,
“It’s been two months.” Yes… that’s
what they told me. So they told me that.

87. **Tell me what it was like to separate
and then reunite with Carl.** Well, in
the morning he was just ready to go.
Yes…and like sometimes…I would
always say, “Would you like a hug
today?” You know…and sometimes
“yes,” sometimes “no.” So…he didn’t
really cry or anything when I left him…
And…umm…when I would go pick him
up, he didn’t want to come home
because he was playing. He really liked
the interaction…you know…with…
with his peers…Yeah… and so…umm
… sometimes he would…you know …
act up and not want to come home… like
throw himself on the ground {slight
laugh}. Yes…yes… umm, but…other
times he would be glad to see me…you
know…Yeah. Most of the time he

86. Finally, the foster agency did say
that they put a call in to a
wraparound agency so we could get
help. We waited two months, and
they said the wraparound agency
never called back. I just didn’t
believe that. I had past experience
with wraparound, and they were
always eager to help. Anyway, if
they really hadn’t called back, call
them again.

87. Carl never had any problems going
to daycare, but sometimes he didn’t
want to come home because he
wanted to play. He really liked
being with the other kids. I never
knew whether Carl would come right
away or if there was going to be a
problem.
didn’t want to come. He wanted to play. He just wanted to play. So… now, when he first came to us was in September so the weather was really nice…and we… excuse me…

88. at first…that was the other thing…the agency says, “Well you can’t work.” And I said, “What do you mean I can’t work?” I’m…they knew I was a substitute teacher. They said, “Well.” They actually…I forget who it is, but they pay for childcare for him…for foster children. Well, they wouldn’t pay for it unless you worked fulltime. I said, “Well, that doesn’t make sense. Wouldn’t it be better for a parent…a foster parent to be home more?” So… for the first month I couldn’t work. So …Yes. So I…I got called many times, and I had to say “no.” And so I went…I missed about probably…oh I don’t know 12 or 16 days of pay. And thought… finally, I called [couldn’t make out] and I said, “I don’t understand this.” They go, “Well, you can work.” (long pause) And I must have called my agency four times…five times…six times…like, “I don’t understand this… have we gotten this resolved?” Wellllll, they’re telling us you can’t do it. I made one phone call. I had it all resolved in one day, and I started working the following Monday.

89. And they didn’t think anything of that. I’m thinking, “This is all [unable to understand].”

90. You know…hey…it’s…it’s probably you…

91. Did what happened with the foster agency affect how you felt about Carl? Not at all. Yeah…I think it made us love him more. Because we…we…you know…it was like…he’s a…these foster

88. The foster agency said that I wouldn’t be able to work, and I actually missed about 12 or 16 days of pay before I finally got the matter resolved. The foster agency was absolutely wrong about what they were telling me.

89. The foster agency did think anything of giving me an excuse.

90. I started thinking it was probably just me.

91. I think the foster agency’s attitude made us love Carl even more. We had to be his advocate. He wasn’t getting his fair shake.
kids are fighting so many different things. So...you know... you have to... it made me want to fight for him to get help more. You know... like I said... you know... I would call people and I'd say... you know..."Look, I'm his advocate. And I... you know... I'm calling." I said, "I'm... I will keep calling... you know... till we meet. He needs help. We want him... you know... this isn't fair." You know... I'd say it wasn't fair to him... and umm... I think sometimes it would make you just look at him and just love him all the more because... umm... you thought, "You're not getting your fair shake."

92. How did it make you feel when the closer you got to Carl, the more his behavior became disturbed? It was frustrating... I think... I think the one word that would describe it was frustrating...

93. My daughter... I have a daughter, and she was... she didn't finish her Master's program, but she was in Special Ed... and... umm... she would say, "Mom... umm... you know... it really sounds like attachment... umm..." I said, "Attachment?" There's some kind of... she actually said it was a term... that... something attachment disorder or something. Yes... and she said... so she's the one who said, "Mom... you know... tell em you..." She told me what I needed... and umm... but, I never got it. But, I mean... she's going, "Mom... this... you have to... you know... ask." And I said, "Well, I keep asking... you know," {laughing}, and ahh... but, she was a help to me cause sometimes she could tell me things that... you know... I was in science... you know... I did DNA. {laughing} I wasn't... umm... ahh... you know... I didn't have a background

92. I was so frustrated by my attempts to get closer to Carl because the more I felt love for him the harder it seemed to be for him.

93. I was so lucky that my daughter had experience in special education. She told me that she thought Carl’s problems were related to attachment. She was really the first person who gave me some direction and helped me to understand. She told me what to say to the foster agency in order to get help, but it still didn’t work.
in Special Ed and ahh...so ah...luckily I did have my daughter who could...you know...help me out with some things.

94. Umm....I think my...umm......my church was very supportive...and umm.....I had...I...one of my good friend's was very supportive...and umm...like in the beginning...you know....umm...she gave me a lot of clothes for him and toys and things like that...and umm..........you know... umm......I had...ahh........."Kevin" who's my son...I had "Lisa" that's my daughter...and ahh.......my husband was really supportive

95. because like I said most of the time I was home with him. If he was sick, I didn't work. If he... umm....had a really bad day, I didn't work...you know...so...I was the one who was home most of the time with him...and umm............we had to....

96. and I know it probably sounds like everything was negative, but it wasn't all negative, you know...like I said in the beginning it was really good...and then...you know...you just felt like... ummm....there was a flicker of hope... and so yeah there was...

97. it didn’t turn out the way we wanted, but...I.....people say, “Well, are you sorry you did it?” And I say, “Absolutely not.” I say, “He knows he was loved, and he knows how to pray now...and umm...and he knows what it’s like to have...you know...a warm home and people who care about him and a birthday party and Christmas.” There’s a lot of things that came out of it...umm...I just...umm....

94. It was very important for me to have the support of my church, friends, my adult children, and my husband.

95. I was the one who was home with Carl most of the time so the burden of dealing with his behavior fell on me.

96. Not everything was negative with Carl. In the beginning it was really good, and then there was always a flicker of hope that kept me going.

97. Even though it didn’t turn out the way we would have hoped with Carl, I’m absolutely not sorry that I fostered him. Now Carl knows that he was loved. He knows how to pray and what it’s like to have a warm home and people who care. I’m very happy that I could give him that experience.
98. I felt as if I had failed Carl when I had to let him go, but we didn’t see any other alternative. I asked the foster agency for help with my feelings, but they couldn’t understand why I would feel like a failure. It was like they just didn’t get why I might be upset.

99. It was very hard for me when Carl left. The foster agency wouldn’t let me tell Carl anything. I didn’t even get to say goodbye or have adequate time to pack up his things. This really bothered me because I thought Carl was going to think that I was just one more person who left him alone. This haunted me for days.

100. I cried a lot when I heard that he was going to leave even though I had asked for his removal. I cried because I felt such ANGER at the foster agency; “If you had only helped us.”
101. **What was your sense of yourself as a woman/mother?** In…towards the end or after he left? Oh, at first I just felt like he was always part of us. It was funny how…how fast you bond…and umm……then…you know…I really felt…saw him being with us as long…. In fact, oh…believe this or not…the second week we had him they called and asked if we wanted to adopt him. And we’ve never said anything about adoption…we always…because we’re older….and umm…..we actually considered it.

102. But …then we knew…as his problems worsened that we were too old…we felt …to handle it in a pos(itive)….not in a positive way. How do I want to say it ….umm….it wouldn’t be good for him. We were too old…you know…he needed…we felt he needed other children. We saw how much he liked being in daycare. Umm….and um….. you know…umm….Our generation handled things totally different then they do today. So, we thought this wi(ll)…

103. it wasn’t going to be very good, which was hard because I think we wanted to ……but, there were too many problems for us to take on at our age…so……

104. Oh, reactive…okay…that’s what it was…okay. And…umm…that’s what I thought, and I’m thinking….You’re working with agencies that are supposed to be experts at this… {laughing} …and you’re not getting any help. And it was like……..help……

105. But, it was so funny because once you put them aside, it didn’t matter dealing with him…they did…it…they were one thing, but he was a totally different thing. And…it…you know…it never frust(rated)…you never felt frustrated

101. I bonded with Carl so quickly. I just felt as if he had always been a part of us. We even considered adopting him, but this was before he really started showing his problem side.

102. As Carl’s problems worsened, we realized that we were too old to give him what he needed in a positive way. We were just too old. He needed other children and our generation handled things so totally different then they do today.

103. We really wanted to keep Carl, but we knew he had too many problems for us to take on at our age.

104. I couldn’t understand why we could see his attachment problems, but the people in the foster agency, who were suppose to be experts, weren’t giving us any help.
towards him because of them...and...you, you know...two totally separate things...and so...when he was there, he had needs, and that’s what we were there for. So...umm...yeah, sometimes we were frustrated with it. Sometimes we were like so confused...that’d be a good word to say like...and umm...but umm...you’d look at him and you’d see...what a precious little life.

106. And you know...he was...he was four weeks shy of his fifth birthday when he came to see us, and he weighed 32 pounds. He was so thin......So the first month and um...there’s a lot of things you have to do in the first month...you know...the dentist...the doctor and all this stuff. And so we had him gain about 4 ½ pounds the first month, but he’s very, very active so...he could eat like a horse, but he was so active....I thought, “Well, 4 ½ pounds is 4 ½ pounds {laughing}.” And I’m thinking...I thought for sure for as much as he’s eating...he’s going to gain more than 4 ½ pound. But ahh...I guess that one of the foster families withheld food as a punishment. So...we...you know...I was always making brownies and cookies and which he loved...and...he would eat anything. We were like, “Wow!” {Laughing from both}

107. But, yet as time went on...there were more-and-more things he wouldn’t eat. And I thought that was very unusual...even his eating patterns changed. Even sometimes...umm...dinner would be a battlefield...you know......at first it was never...I mean...he was just pleasant at the table...and...I’m not sure what...did...I...I...you know...who knows what goes on inside their heads. And we couldn’t figure that one out, but then sometimes he like...umm...just start

105. Our frustration at the foster agency was totally separate from our feelings for Carl. We were there for his needs and even if we were frustrated or confused, we’d look at him and just see a precious little life.

106. I would look at Carl knowing some of the things he had gone through in his short life, and I just want to make things better for him and do what was right to help.
this...you know....he did things like
started eating with his fingers...like
...soup........yeah....I was like, “You
know better then eating your food with
your hands like that.” And he......Yes.
And I kept saying that...that was a word
I used quite a few times...you know...
I’d said, “You know, he’s regressing.
I’m really concerned.” You know and
I’d say like...like...”He eats soup with
his fingers.” You know...like this is not
good...and umm...............but, he
wasn’t eating like he did in the
beginning.

107. But over time Carl’s behavior
changed in odd ways. At first he
was so pleasant at the dinner table,
but then meals became a battlefield.
He stopped eating foods that he used
to like and he started eating even
things like soup with his fingers. He
was regressing, and I was really
concerned, but yet I still couldn’t get
help for Carl.

108. But, he kept...he also started towards
the end {laughing}....I laugh now, it
wasn’t funny at the time. Umm...you
could not put out anything...you know at
Christmas sometimes you’ll put out
dishes of candy and stuff...He would eat
it all...the entire bowl. So you couldn’t
put anything out like that. So...umm...
then we were putting things up. He was
getting chairs and ladders and stuff...
he’d find things. I don’t know how he’d
find things. And... umm...one day, I
couldn’t find his shoes, and so I was
cleaning out his closet cause...and he
had...I used to find him in his closet a
lot cause he started this thing...oh, he
would lock himself...not lock...shut the
door on his closet, and I’d go find him
and umm.... he’d be standing there.
Well, later I found out that he was taking
all this candy and eating it in his closet.
There were all these wrappers in his
closet. And it...he would...like if...
somebody had gotten candy for
Christmas, he took their candy.

109. And he was taking things from people.
And... umm...I caught him taking...
ahh...he found something. It was a
piece of my jewelry. I said, “Where did
you get this?” “I found it...it’s mine.”

108. I can laugh about this now, but at
the time it was very upsetting. Carl
used to take food such as candy and
eat an entire bowl. He started hiding
in the closet where he would eat and
eat.
I said, “It’s not yours. It’s mine.” He goes, “No,” and he got really mad…. umm… he took…umm…he went into one of the bedrooms, and he took some money… you know…things like that, and I said, “You know…that’s.” I explained to him about the stealing part of it. That’s really what it is…”Oh, I just borrowed it.” And I said, “No.” {Laughing}… you know…umm …so……..umm…..

109. Carl started to take things from people too like a piece of my jewelry or money. He would say that the things really belonged to him and would get very mad. I explained that he was really stealing, and then he would say that he was only borrowing.

110. you know I don’t know why in the beginning that all those things didn’t happen. They say they call it a honeymoon phase. Yeah….and you can understand that.

110. I wondered why all of the problems didn’t come out in the beginning, but then they say there will be a honeymoon phase.

111. Sometimes Carl’s behavior would push me to the brink, and I’d just “want to smack his behind,” but then I knew that I couldn’t do that. I knew that he had already been through so much of that and then foster parents aren’t allowed. One time I put my hand over his mouth and told him to stop screaming, but then I thought I shouldn’t do that because he might get scared.

112. So… ummm….you know these are all things you’re going…cause you’re trying to think …..why….would somebody only 5-years-old have all this behavior…you know…you’re like an amateur psychologist….{both laughing}.

112. I was like an amateur psychologist trying to figure out why someone who’s only 5-years-old could have all this negative behavior.
113. You seemed to be very sensitive to what he was going through. Yeah... and sometimes you couldn’t think about all that at one time... but when you walked away from it... or sometimes you could actually in the midst of all of it... I think it sort of helped me to deal with what was right in front of me. But, then other times you were just trying to react to the... you know... like umm... when he’s throwing something... you know... and you know... you’re going into the bedroom and then he’s just throwing stuff all over there {slight laugh}... you know... and you’re saying, “Stop it.” You’re not like thinking, “Why is he doing this?” You just... you know... I mean at least it (reflecting on what had happened to Carl) gave you enough strength for the next time.

114. And my husband and I would talk a lot... you know... umm... and we’d talk about this, and we’d say... you know... how difficult it was to watch it... but, then when you step back... how difficult it is to realize what he’s been through... you know... and umm....

115. I think that that was one of the things that... ah... as things progressed, and we knew that... you know... he was not going to be with us that we both just sat and talked to each other about... how hard it was... because we had such hope in the beginning. Yeah (it was hard for me and Carl)... and my husband. Yeah... yeah... you know... luckily I could talk to him about everything... you know...

116. What would you say to other foster parents who might be going through a similar experience? Umm... get as much information as you can on your own. Don’t depend on your agency.
I think I’ve learned that...you know...I would often make phone calls myself, but when it came to the advocacy of getting him the...umm...the help...the wraparound services...I probably should have been more assertive in taking...I didn’t know who to call...I didn’t know which agencies...who works with what, but I probably could have started making phone calls. Now that I look back, I just didn’t realize I could. The agency says every...does...you know...they’re in charge of everything...umm...

116. I would say to other foster parents that they should get as much information on your own and not depend on your agency. Our agency said they were in charge of everything, but then when they did nothing, I wished I would have been more assertive.

117. It’s funny because Three Rivers Adoption Counsel had come to our home and interviewed him and then interviewed me cause he is up for adoption. But then they say that he is not because his mother’s rights haven’t been severed...then they say he has to go to the psychologist because they have to meet with the mother and the psychologist, which they told me was going to happen, and it never did...and umm...so...it was just...they said...umm...Three Rivers called me about something, and they said...he has several siblings and some of them have already been adopted...and so...the oldest one really missed her brothers and would like to keep in contact...So she asked me to call the adoptive mom, and I said that wouldn’t be a problem for me, but my agency said, “No,” when I told them, and they said, “From now on, you don’t...you refer all phone calls to us.” And so...umm...you not...you know... (R: So you really are stuck.) Yeah.

118. In our case, it didn’t happen. They say...umm...a lot of times it’s the case manager. So I...you know...whether that was the case or if it was just the agency falling down...I
don’t know. You know……that’s the hard part because they’re all going to be different …you know…we had an extreme case. And..umm…

119 …………..You know…you want to tell them to just keep loving them. And umm…………………..it’s hard because you’re going to put so much into it, and in the end…umm…they’re not yours. So that’s really hard…umm…

119. I would tell foster parents to just keep on loving their foster child. This is hard because you put so much into it, and in the end, the child is not yours, but do it anyway.

120. And people will tell you to keep things in perspective. You’re loving this child {laughing}. You can’t keep things in perspective…you know…you’re just wanting them to be well and healthy….and umm…..you know…..I….I wouldn’t even know what to tell somebody. You know…I’d like to think…but, just keep loving them……you know…… {tearing up} {Silent tears} ………..Yeah, he was only five…..

120. People told us to keep things in perspective, but I couldn’t do that. I cared about Carl so much. Just keep on loving your foster child.

121. I wanted to make a difference. You know, I wanted him to be….to really know what it’s like to have love….and umm…………………..I think he did, but I don’t know. I wish that…ahh …you know I think…I said…you know like when I said my prayers I say, “I hope someday we get to see him again” …..umm……….and that he… you know…we really loved you. So…… sorry….{crying} ....Well……… they’re just babies……………… Sometimes I think I cry because am…

121. I really wanted to make a difference in Carl’s life. I wanted him to know what it is like to have love. I’m not sure if I was successful, but I hope so. When I say my prayers, I pray that I will get to see him again and tell him that we really loved him. He was just an innocent baby.

122. like I wanted to just get through to CYF, which was really hard to deal with…oh my gosh… Yeah….well… forget that. They just… and then ahh…

122. CYF was really hard to deal with! You could just forget them.

123. I think the system could be revamped. They say well we’re…you know…CYF is…is the quintessential…ahh….agency

123. I can’t believe that Allegheny County CYF is considered the quintessential CPS agency in the US. That was not my experience, and in fact, I think the system needs to be revamped.
for the whole United States…they’re the role model…you know…Allegheny County…you know….but, that was not our experience AT ALL...

124. But, when I would go above our case manager in CYF…over to the supervisor…I got things done…But, then my agency says, “Well, you shouldn’t be talking to them. That should be our job.” I’m thinking, “I’m not waiting. He needs help now…you know…I’m the foster mother. I’m going to call them. She’s in charge, I’m going to call them.” You know…he needs help...

125. so…and then I did in the end I got a call… I finally…I had made maybe 10 or 12 phone calls, and she never…the CYF case manager never called me back…and umm…then one day she calls me, and she says, “Oh, you should be doing this, and you should be doing that, and you should be doing this.” Well, she just leaves this message on my machine. I mean on my voice mail, and I called her back, and I said, “I don’t get this.” I said, “I’ve called you 10 or 12 times. I’ve never once returned my phone calls.” I said, “Then you call, and you say this, which is exact opposite of what you told me to do two months ago…{disgusted sound}. I don’t understand. Please call me back.” No…never called me back.........So....

126. It was…ummm …and I thought…I think that for the most part I thought…You know what? We’re just gonna do this the best we can because every time we try to deal with all these agencies it’s not….But, when somebody has this…what we think is the RAD… You do need help with it. You can’t…there’s nothing that you can do because …ahh ….I shouldn’t say there’s

124. I was able to get help when I went over my caseworkers head, but then the foster agency would get mad that I called CYF.

125. When the CYF case worker did finally return my call, she left a message that basically said I should be doing the exact opposite of what she told me to do months before. I was disgusted. Then when I called her back to ask about it, she never got back to me.

126. I decided that I would just do the best I could without the help of CYF or the foster agency, but then we started to think that Carl might have RAD, and I knew we needed professional help.
nothing. You can try a lot of things.....but, you know ...what really is going to work? ....you know...

127. Well, to a foster parent...even if you have a negative experience...what you think is...if you step back, you’ll think, “Wow...it was good.” I mean....yeah, the agency stuff wasn’t good, but...there were times when he would laugh ...and umm........and he would roll around and...you know...you could like...you know...like at night...praying with him...and sometimes you just...I would just smile because he would have these little simple prayers ...and umm...and sometimes...you know...my favorite times were when he let me really be his mom...you know...and ahh {getting choked up} ...and sometimes we played ball out in the back yard...you know...or umm...him running around...he...umm ...one really, really cute thing...one day ...ah...it was getting a little bit cold, and we gotten our...we have a fireplace ...so they’d had let the wood come...we had gotten this wood. And so my husband’s out there, and Carl is going to go out...and he’s going to work with Mr. R. He always called my husband Mr. R. He always called me mom. And so he’s going, “Mr. R, I’m going to come out and help you.” Cause he’d asked Carl to help him. And so they worked together all day. It was the cutest thing. He’s pulling...you know...he’s this skinny little...cute little thing. And he’s got...he’s got these big pieces of wood, and he’s putting them in {laughing} ...It was hysterical. And he worked really hard...So those kinds of things...you know...take...umm...remember those moments

127. I would tell foster parents that even if they think they are having a negative experience, once they take a step back, they will see the good. Maybe, they wouldn’t see good in dealing with the system, but they will see the good times with their foster child. I have some very special memories with Carl that I will never forget.
128. . . . you know because . . . umm . . . they . . . they’ve just been through so much most of them that . . . ahh . . . . I can’t relate to what he’s been through. But, you know that . . . that’s not normal because . . . kids are not born that way. A lot of what he did was learned behavior.

129. You . . . I’m sorry I think that . . . ah . . . I’ve been so negative . . . {laughing} Well . . . you know . . . talking a lot about how hard it was to work with the agencies . . . sounds pretty negative when you step back . . . but, it’s what happened.

130. We did . . . we did really love him. And I think because . . . we just . . . that was what we went in there for . . . you know . . . umm . . . had wanted to do it for 10 years . . . umm . . . But, I was a single mom for like 15 years. So . . . umm . . . had to get . . . you know . . . my son well. So . . . couldn’t do it. And then when we were . . . you know . . . as he got better . . . umm . . . this just kept . . . it was on my mind . . . you know . . . so . . . we did tell them we would be respite givers . . . but, we would not take another child right now. And we haven’t heard from them at all . . . so . . . We have three grandchildren coming in the next four months. Yeah . . . we knew we couldn’t. And two of them are out of state. So, we knew that we were going to have to be traveling a lot . . . and umm . . . so that . . . that wouldn’t work out very well . . . And we needed time . . . I think that . . . when you love somebody, and they go . . . you need time to heal from that.

131. You really seemed to connect with Carl. I think you just DO . . . I think it’s just . . . if you go into it for the right reasons . . . I think that it’s just a normal thing that happens . . . umm . . . He . . . he called me mom. So, I think that he
opened the door for me to be able to love him back because…you know…he…from the get go he just said, “Hey, you know…mom.” And he’d always come to me…Mom this, and Mom that…and umm…you know…and like sometimes I could just put my arm around him, and that was okay…and umm……you know you can’t put that into it and not….be glad you did… No …and not…I’ve never regretted doing it.

131. I couldn’t help but get really close to Carl. He called me mom and opened the door for me to be able to love him. You can’t put that much of yourself into caring for someone and not be glad you did it. I’ve never regretted fostering Carl.

132. Well, thank you…I think that…umm …in a lot of ways we were lucky to have him…you know…

132. In a lot of ways, we were lucky to have Carl.

133. I guess that the biggest thing is the sense of failure that you have to get beyond.

133. The biggest problem I had after Carl left was dealing with my sense of failure. I had to get beyond that.

134. Do you still feel that sense of failure now? Not really. I feel like I did the best I could do…umm……you know … ’m…I’m…I’m just a lay person. So …I…I really feel that…umm…we did…we really did do the best we could do.

134. Now, the sense of failure is gone, and I feel we really did the best that we could under the circumstances.

135. Yeah…basically…oh yeah…it’s like deal with…they…This is an example. One…he had to go to the psychologist … and umm…have a meeting…and I said, “Do I need to go?” “NO.” They call me the day that they’re supposed to come pick him up…like in 15 minutes. I’m in the shower cause we were going to go somewhere while he was at the psychologist’s…And my husband says …{laughing})…he come…he just puts the phone in there and goes, “They want you to go.” I said, “Well, she’s going to be here in 15 minutes.” Well, she’s running late, and she says…umm …she got a call last night that they want you there. Yeah….and after I’d asked… “No, you don’t need to go.”

135. Dealing with the foster agency was unbelievable. We started to expect that they were going to do things that just didn’t make sense like tell me I didn’t have to go the psychologist’s office with Carl and then 15 minutes before he was to be picked up, they call and tell me I have to be there. It was just so messed up that it was almost funny.
Brenda, Andy, and Aden -
Data Analysis

1. **Tell me about a time you had to set limits for the boys.** Umm...you mean initially when they first came or...like as things progressed or...They were here for so long...I mean they really did do like a lot of growing up. Umm...towards the end...umm... I...we don’t know...because there was that...like the BSC and TSS and things like that and more psychologists involved it was hard...to say whether it was because they got older...that...they were......was their behaviors getting bader because they were old? They were getting worse. Or.... um....like they were gonna be screened for some type of thing. So I don’t know...like the BSC said generally this is the age where things start to start coming out. So...is it because of that? {Slight laugh} So we didn’t know how to take it...

2. Oh, just defiant. I mean...like...when we would you know do the time out...Time outs didn’t even work. I mean time outs were just a waste of time. And...I mean they would flat out just say...umm...you know...we started giving like choices...you know...well, you know, this or this...and you know...tell me why you did this or you’re going to have time out. Well, I don’t want time out cause it’s easier for me to stand there and sulk.

3. So this is a kid who just turned four so....umm... TSS would come and...you know...she’d try to correct them and he...you know...they’d say, “You’re not my mother. I don’t have to listen to you.”

1. I didn’t understand why their behavior was not getting better. They were getting older, and I was told that was the time when the behaviors would get worse, but I wasn’t sure how to take it.

2. They were just so defiant. All of the usual ways of dealing with bad behavior weren’t working. Time outs were a waste of time, and giving choices didn’t work. They would just stand there and sulk rather than do what I ask.

3. This kid was only 4-years-old, and when the TSS would try to correct him, he’d say, “You’re not my mother. I don’t have to listen to you.”
4. And it...like where did they hear this stuff? We don’t talk that way in our house. So why’s this...you know...four-year-old {laughing}...we don’t say these things.

5. They never said those things to me. Umm...just...they were defiant to a....more so towards the end and then not giving the answers...wouldn’t talk...you know, just not answering me. {something unintelligible} and then, “Why did you do that?” “Well, I’m not going to answer you.” “You want to go in time out?” “Yeah, I get out of time out.” “Okay...well...you know...you come out of time out when you tell me. “I’m not going to tell you. I’ll stand here all day.” VERY defiant...very defiant.

6. Did anything work? Nope! We took things away from them...toys away from them. They...nothing...nothing worked.

7. Temper tantrums? Oh yeah, yeah...especially the one who...he...the one more so than the other. Andy threw more temper tantrums then Aden. Ahh...they always...they both cried a lot when they first came. They cried the majority of their waking hours. {slight laugh} Umm...they still cried a lot when they left, but not like they did. I mean they cried all the time. They just cried. They cried for everything. EVERYTHING...everything. You’d just look at them {both laughing slightly}, and they would just cry. I mean...they just...that was like the thing...like every...like everybody knew...they would just cry...like at the agency they....” They’re going to cry.” It’s their visit...Oh no they’re gonna be crying...you know...like....they just cried ALL THE TIME.

4. I just didn’t understand this behavior came from. We didn’t act that way. They were not learning that behavior from us.

5. They treated me differently then they treated others. They were still defiant, but with me, they would stop answering. They would just stand there all day and defiantly not do what they had been asked.

6. I never found anything that worked. Even taking away their toys was ineffective.

7. They would throw temper tantrums and they both cried all the time. They would cry over EVERYTHING and everyone who was working with us knew about this. We would all dread things like visits because we knew the crying was going to start.
8. **Did anything calm them?** One particular thing...like we always kept them busy...like...as long as they were busy and doing something, they didn’t have time to cry....ummm...you know what I mean? Like...like...they have no time. So like between that...

9. And...like when I talked to the pediatrician about it and they’re like...
"{something undistinguishable} but like they need tough love." Like... they never had rules. They didn’t have........ you know I guess even at the other foster home it was kind of like laid back and casual and stuff...and they didn’t have...you know...boundaries... So.....

10. you know, they come in my house, and they were jumping on the couch. “NO! You’re not going to jump on my couch period.” Yes...yes towards...towards the beginning it worked, and they listened...umm.....But the older they got...it just got...the more defiant they got...

11. These kids were so manipulative. I mean I have never met anybody in my life as manipulative as they kids. They were...I mean even the TSS worker will tell you {slight laugh}...just...I mean just...they would play people so much. Like....... somebody would come....my mother-in-law would come and...umm ...like if I had to run somewhere or go to the doctor or down the street for a half-n-hour or something....“Oh, foster mom lets me play with the computer.” “No she doesn’t.” “Yes she does, and she lets me do...” “No she doesn’t.” “Oh...oh yeah she lets me do this all the time.” And, I mean they just....... we...we had another....foster child in our home. He was older at the time and umm...they talked him into...you

8. Keeping them busy did seem to help with the crying. As long as they were busy doing something and distracted, they didn’t have time to cry.

9. I ended up talking to the pediatrician because I needed help. He said they needed tough love. They had no boundaries, and I needed to be tough on them.

10. I tried saying ‘NO’ and being forceful; and it worked for a while, but as they got older they became more defiant.

11. And they were so manipulative. They would do things like tell other people who were unfamiliar with the family rules that I said they could do something they were not allowed to do. They were so good at it that other people couldn’t see it coming.
know…”Oh, we’re allowed to do this, and we can do that” and everything. And…the little ones are talking this big…and they…

12. and he caught on. And he would come to me, and he…he was a teenager, and he would say to me, “Ms. Mom I can’t believe how disrespectful these little kids are to you!” “And how they talk to you. Or how they are towards other people or like their TSS worker…and things like that.

13. They…they like with the TSS worker they would spit on the floor. They spit…they spit here a couple times. Cause they would come home from visits and say, “My dad spits,” and they would spit. One of them spit all over my chair one time {slight laugh} and I got a scrub brush and a bucket…I said, “You clean that chair. You scrub that chair.” Period. Like you do not spit in my house!

14. So…then who started spitting…you know, my little one…and started…you know, he sees it. So all their behaviors…you know…he was 2 ½ at the time…he’s doing…he wants to be like them. He’s doing everything that they’re doing.

15. You know and they don’t…as much as we explained that to them…they just…. No….you know we tried to explain to them…you know… you’re…you’re the big brother and you know…you have to set a good example…and you know…we don’t want you to do that kind of things and…. you know…Do you want all of us to spit? No……………….They don’t…you know…

16. they’re not remorseful for things that they do…they don’t….

12. Other people like my teenage foster child could hear how they talked to me and the other people who were trying to help and couldn’t believe how the twins were behaving.

13. They would go on visits and then come back and do something disrespectful like spit on my furniture. They would do things and then blame it on their dad. I would get so angry. One time I made them use a scrub brush to clean up all their spit.

14. The little boy who I was going to adopt started imitating the twin’s behavior. He wanted to be like the twins.

15. I was so upset that they were affecting my little boy and tried to explain this to them, but no matter what I said, they just didn’t care.

16. They never showed any remorse for their behavior.
There was a point…that’s when the… the BSC was here…and……they…. want …Andy kept going over to the refrigerator and taking the magnets off and like……like running them down the refrigerator… And I kept telling him not to do it, and…after the second time, I said you’re not allowed to play with them anymore (sounding frustrated). And he just started crying…and you know…this biggg you know tantrum…

And my little one went over to him, and he was rubbing him on the head. He said, “You’re okay” {little kid voice} …you know…patting him and…and she said to me, “Do you see that? Do you see what he just did?” And I said, “Yeah.” She said, “Have you ever seen them do that?” And I said, “Lord no.” I never seen like…they don’t do those kinds…they don’t show those emotions. I mean they’ll laugh or they’ll…

Empathy? Right. Right…you know they’ll step on your foot…they’ll say, “Oops sorry.” But, that’s it. You know they go through the motions, but they don’t actually… {mother appeared to be really struggling to find words}…You don’t FEEL that they mean it?… Right…right…so that like they lack that …Compassionate feeling? Yeah …they lack compassion…that…… like tenderness…

I mean it’s like they care…like they really care like…..some of the things from pre-school…their little sheets that like….they would say like, “Oh…I don’t want foster mom to be sick” or, you know, “I don’t want her to get hurt.” And things like that so it’s like they care, but……they don’t…… Yeah …like…
20. I don’t know if it’s just that they don’t know how to express emotions?...or put the two together?

21. It’s like they care about it, but they don’t……but, they’re not doing…

22. **Response to being given comfort?** I mean he was okay. You know they had…like me and the BSC have this…you know…like let them go for a little bit and then…with both of them, if you didn’t step in with crying. They’ll just go on forever. Like they couldn’t self-sooth…or comfort. They couldn’t do that. More and more they…I mean…they were doing much better cause we just…you know use the word…and stuff…like how we you know like…you got it to stop. Yeah…cause I mean at first they would…they would fall down or…not even fall down…whatever…I mean they would drop something, and they would just cry for…hours. I kid you not…hours they would cry….

23. **Would they let you hold and cuddle them?** Not…not really…like I remember first like I’d like try to read them a story and bring them up on my lap and be like cuddly with them…They would sit on my lap, but they aren’t…they were like…**They wouldn’t cuddle back?** Yeah….yeah…

24. and even shortly before they left…like a couple weeks before they left…Andy had fallen down like two or three of the bottom steps… and I ran over, and I picked him up and he was just like ………….you know like that {showing how he pulled away} like…not limp, but just you know like…didn’t … Yes…yeah! I said to my husband all I felt was like his torso against me…like that was it. Yeah…and I said I just…..I was like beside myself…like…Oh my...

20. I didn’t know if it was a developmental problem; they don’t know how to express emotions.

21. It’s like they care, but they don’t show it appropriately.

22. It was as if the twins couldn’t self-sooth or comfort themselves. I could let them cry for a while, but then I had to go in and stop it or it would go on for hours.

23. I would try to cuddle with them on my lap, and they would sit there with me, but they wouldn’t cuddle back.

24. One time Andy got hurt, and I tried to pick him up. He pulled away like a little baby who does not want to be held. I was beside myself. I’d never felt a child who did not respond back to comfort.
gosh…like I’d never felt a kid who
didn’t respond back to you.

25. So I just sat him down on the steps, and I
sat next to him and…you know…just
calmed him down and talked to him…
and….I just…even after all this time…

26. I mean, but they hugged…I mean it
wasn’t that they didn’t…I mean they
hugged. Especially Andy, Andy was
very affectionate and all ways wanted
hugged and kissed and everything…so
I don’t know……I don’t know. He
just did not… I think it went either way
…I mean he initiated a lot…a lot… He
initiated a lot or…I mean if he…Yeah
…but, like we would always tell him
“squeeze” like that’s not a hug cause
he’d always just go…you know like
touch you. Right…right…and we’d say
“squeeze…you know…you better
squeeze us…you know…what kind of
hug is that? That’s not a real hug.
You’ve gotta squeeze back.”

27. And I know like in their school they
would always…they have to ask….so
……..were they…free to touch anybody?
Umm…so they always asked, “Can I
give you a hug? Can I give you a kiss?
Ummm…you know ….like…which, you
know, we sort of ended up doing that
because that’s how they were, you know,
taught in school …Right…yeah…I mean
…so us….well me…I mean it took me
getting used to cause I’m not…you
know…having kids…yeah…you know
…{both laughing}. So that took getting
used to, you know, especially when
you’re playing around or…you know…
you know…you give them hugs at night
or whatever, you know, usually family…

28. And there were some nights…umm
…”you know…So it’s bedtime, you

25. I was able to calm him down by
sitting next to him and talking.

26. They did want hugs and kisses,
especially Andy, and could ask for
them, but we had to tell them to
“squeeze” us back. They didn’t give
real hugs.

27. They always asked if they could give
a hug or kiss because that is what
they were taught in school. It was
really hard for me to get used to this
because I was used to hugging or
kissing my family members
whenever I wanted.
know….and they’ll go to bed and don’t even ask for a hug. And then other nights it’s like they’re half way up the steps…”Ahh I didn’t get the hug…I didn’t get the hug.” No…{slight laughter from both}…I guessing like maybe if they were having a good time …right before bedtime it was like…you know…I had a good time and I wanted to give them a hug…or you know…or maybe if they weren’t then…you know …they didn’t………

28. Some times at bedtime they would ask for hugs, but sometimes they didn’t. I thought maybe it had to do with whether or not they were having a good time.

29. They lived in the moment and that’s why we didn’t think they would miss us when they left; “Out of sight, out of mind.”

29. they…they…they lived in the moment …Andy and Aden…you know…like they lived…that’s why we said…like …when they were leaving here, they weren’t going to have any problem because it’ s out of sight, out of mind. They…..they …..seemed to retain long-term memory things, but short-term…they’ll retain some, but not a lot.

30. Was there ever any real closeness? I think……the last couple months they did because we were at my daughter’s house, and we were really, really surprised…we were getting ready to leave, and we were playing around with them and like “Oh no, you’re not going to leave”…cause they didn’t they wouldn’t get their jackets on. And we were like “Oh no…okay you can stay. We’re leaving.” And……..one of them …I think it was Andy started like… "Oh…{made sad face}” you know …getting….Yeah…like whimpering like he didn’t want us to leave, and he didn’t want to stay and… you know… not that he didn’t want to stay, he didn’t want us to leave…right. So we were like shocked cause that was the first time that he ever had shown that …and that was…it was in the wintertime …I’d say like maybe around Halloween time

30. I was shocked that after almost a year it seemed as if the twins had actually started to feel some kind of closeness with the family and seemed to want to be with us.
so...it took almost a year or him to get to that point.

31. **Was there something that prompted you asking for the twin's removal?**
No...no...we just...we gave our notice...they...he just, you know, the behaviors started getting...you know, more and more...negative, harder to correct...uhm...you know, they were harder to control.

32. There’s the three of them and...you know...

33. I mean basically the best advice from the BSC and the best thing I’d come up with, you know, was always try to leave one out. When you got the three of them together it was just...I couldn’t leave the three of them in the room together...you know, if I had to leave the room, I’m always pulling one out...uhm...

34. and there were times...if the three of them were in a room, as soon as I’d walk out of the room, they’ll...the two of them were teaming up on the littler one...um...one time they rolled him up in the carpet and sat on top of him...in the throw rug...um...another time they had tackled him, and I had to take him to the doctors cause he complained that his back hurt for days. I’m like...this isn’t...you know...a two-year-old...his back shouldn’t be hurting...They couldn’t find anything wrong with him...so...the one day...I think it was like a Monday...Andy had tackled him. Wednesday Aden had tackled him...you know...or one was sitting on top of him...Aden sat on top of him on the rug the one day. And then two days later, Andy is...threw a desk of something on top of him. So...Like a

31. I asked that the twins be removed because their behavior was becoming more negative and harder to control.

32. I had three toddlers at one time you know.

33. The best advice I got from the BSC was to never leave all three children alone together. I would always pull one child out with me.

34. If I left all three children alone together, the twins would team up on my little boy and sometimes they would really hurt him (e.g., threw desk on top of him). I couldn’t allow the twins to hurt my little guy.
little {couldn’t understand} desk. I said to my husband, you know, that, you know, they did everything they could at the doctor’s. I…my best guess is that, you know, they hurt his back. And… so, you know…….when it comes down {slight laughter} to physically hurting him, then we had to really think about ….you know….taking some action.

35. And I mean…I was probably, you know, that was probably like two months before we gave our notice…and things really…their behavior just started escalating and….I mean they would go on visits and they’d come home from visits just….just out-of-control there and, you know, then when they’d come home here, you know, they’re sticking their fingers in the fan of the computer… and then they’re sticking things inside there….ummm…you know, some of the drivers they were just so bad for….you know…they’re taking things out of their book bags and throwing them in the cars …they’re spitting on other kids and, you know, in the vans when they’re picking them up. They’re calling them names… they’re… they’re telling other kids I’m dead. Yeah…they’re getting unbuckled… they’re opening the doors while they’re driving. Yeah…so it wasn’t any one thing, it was just everything…and it kept getting worse and worse. Yeah… it’s getting worse and worse…and, you know, we’re looking here,

36. and I’m like, you know, this is having no positive impact on my little boy…. he’s seeing us getting more-and-more the bad guys with them. He’s seen us raising our voices…We were never like that {slight laughter}…He sees us raising our voices…what message is that sending to our…

35. We ended up giving our notice because the twins behavior just kept getting worse and worse, especially after going on a visit to see their biological family (e.g., sticking things in the computer, spitting on kids, telling other kids that I was dead, opening the car doors when car was moving).

36. The twin’s presence was not having any positive impact on my little boy. He was seeing us becoming more-and-more the bad guys and raising our voices. We were worried about the kind of message this was sending.
37. Our 12-year-old gets 1% of our attention {laughing}…you know, like he gets none of our attention. Our little guy gets, you know, maybe 5% of our attention. Here’s these two kids who are getting 95% of our attention.

38. And…you know…we’re all stressed…we’re stressed to the max…and they’re not making any progress.

39. Yeah, they’re getting worse…there’s, you know, no positive impact that it’s having on our little one. I mean…..whatever social impact that they were having was negative {slight laugh}…I mean it…it…it socially he knows how to play with other kids now. Okay {slight laugh}…I mean he still is rough around the edges, but….Okay.

40. So….. I mean we’ve had…um…like when…..um…the little one….umm….the case specialist was here and then the CYF worker was here. There two specialists here…and ……you know ….Aden sat there…at least for a half-n-hour and barked like a dog. Andy was in timeout pounding his fist off the wall.

41. And…I’m sitting here and I’m saying, “Can you understand {slight laughter} why I gave my notice?” And my little one was sitting here and umm….Aden was barking like a dog. And there was …you know…They’re, “Don’t feel any guilt,” like “If you feel any guilt, don’t feel any guilt.”

42. Cause I did…I mean felt guilty for a little…I mean I still do, but…. You know……{tearing up} …I had to do what was best…and….for us…and that’s what I did. Ultimately, I had to do what was best for my family…you know…..My family is here to stay and……you know……I feel bad, but……
43. And…and…I’d even….it seems like one of the first times the BSC came… and you know, I said, “I’ve tried every-thing…I know.” And I said, “Now, granted I don’t have my degrees and all this stuff like you do, but I think I have pretty much common sense…and being around kids a lot of kids and long enough…

44. and I tried every way I could think of to mesh them, but like my little one is here on this rainbow, and the Andy and Aden are over here {show rainbow with hands}.” And…I can’t…

45. and she said, “When you have kids that are like that you never…and no matter what you do, you’re never going to mesh them.”…

46. and like when they came, my little one happened…and still…he’s still going through the terrible twos and everything…and when they came, he got very…..I’d say aggressive or defensive or whatever, and cause you know, I…and…and you know, biological dad was complaining. And all I’m saying…Hey, I can totally understand him. He has been in this house…he’s 21 months old…they’re coming in his territory…and they basically took over all his toys. They’re wearing some of his clothes. They’re taking his mommy and daddy. I’m sorry, but if you can’t understand why he is defensive and…agitated then …You know, that makes sense to me…. and um………………he….he’s would, you know, was aggressive with them, and then he starts….not right away, but a couple months later he started biting {couldn’t make out what was said} the biting started happening in like the spring time. Umm…but he, he was getting…he became aggressive with
them and like, you know, just normal stuff….

47. and what bothered us the most…and we said it from I think the day or the day after we got them…to their case worker …They never would defend themselves. Like my little one would come after…not come after them, but…they would sit there like this….{showed using hands to cover upper body}…Yes…yes …and to the day they left…they were still the same way {laughing} …no matter how much we worked with them……no matter what we did………a little bit….a little bit. It got better…umm……they got better,

48. and it was to the point…. there was a little while and then it became…it was aggressive on their part…like they would turn it around and like instead of just telling him, you know, “No, leave me alone,” or something they would just start…yeah …going after him… yeah …instead of like, you know, just saying “No” or you know, and we’re like, you know, fine… you could push him away, but they were just….you know….totally ….way over the top…so then it came to a point where they were too aggressive {slight laugh}…so……. Ummm, but even, and it’s wasn’t all the time. It was just sporadic.

49. But even…I mean the day they left or right before they left I mean my little one, you know…they would take a toy…and a lot of times they were still instigate…they were instigators….they would instigate this behavior and even the TSS person would comment, you know, like Andy and Aden would be sitting here and…….ummm …………… it was like two weeks before they left or

47. What bothered us the most about the twins was that they would never defend themselves no matter how much we worked with them, although this did get a little better with time.

48. Then the twins would sometimes get overly aggressive with my little one. It was like they just could not tell him to stop it. It was like they could only either be passive or way-over-the-top aggressive.

49. The twins were instigators. They would try to make it look as if my little boy had been the aggressor when in actuality it had been one of the twins.
something, and we were eating, and they were sitting here. My little one’s done…he gets up and he’s like sitting in between them under the table and….. I’m watching them…. and…………my little one, he um… scratched his arm or hand or something …and he starts crying and crying and crying…and she says, “Why are you crying?” And he says, “Randy did this…he did this.” And….I said, “And tell her why Randy did that.” And she said, “Well, what did he do.” And he said, “I hit him on the head.” And she said, you know, all the tables are turned …the tables are turned, you know,

50. like Randy didn’t cry…you know like they cried at the drop of a hat, I mean, Randy would go like this, and they’re screaming, but yet we seen them with each other…kicking, punching…I mean picking him up, throwing him down… Nothing! Nothing. We go like that {show slight touch}, “You pushed me. You…did this. You did that.” They were so….overly sensitive, but to each other, they could do…they could smack each other in the face and not…not cry…not shed a tear, but you could go…you’d go over and just touch them, and their screaming….they’re screaming and crying.

51. As a mother, how did you feel when you could not get the twins to behave? I…I answered this… I mean I was frustrated because like...I mean...like… I…think…like… um...more than a better then average parent, and I know things. I know what I’m supposed to do and none of these things are working…

52. I have….you know….support. I’m asking all these people “What do I do.”

50. The twins were so overly sensitive of what others did to them (e.g., cry at the drop of the hat), but would be extremely aggressive with each other without shedding a tear.

51. I was so frustrated that I couldn’t get the twins to behave. I’m a better then average parent, and I know what I’m supposed to do, but nothing worked.
I’ve tried this…I’ve tried that and nothing has worked….

53. and then…you know…then you question yourself. Well, am I doing it right…am I…Is it ME? Why can’t I get these kids to do this?

54. Or why are they doing this? And…you know…I mean the BSC, you know, she’s like…you know she’d be like… you know…it’s not…they not wired right is how she would explain it. You know…but, the…

55. it made me feel better the more people that got involved and saw things. Then …I was like saying to my husband… Oh…we’re not crazy…like people do see this…like it’s not us. People are saying…okay…yeah, there’s something …something is, you know, off kilter here or something isn’t right… yeah…like it’s not…like it’s these little subtle things, but yeah, they shouldn’t be doing that,

56. or you know, like we’d be like…. they’re 4-years-old….or then so-and-so’s four year-old. And like when we’re at these functions, and we see other 4-year-old kids…..they can walk up and down bleachers…and these kids are still falling…you know…it’s like …different things or the way kids act and run around and play…or…you know, like my little one will go…when there’s a bunch a kids playing, he’ll go up and say, “Can I have the ball?” You know, they’ll be like standing there looking and waiting and waiting for the other kids to ask or…or you know… wait for us to lead them over or something….just … just…you know…. just a lot of little subtle things. Oh yeah….{laughing} ….Some pretty obvious…Oh yeah … yeah…they definitely go….they’re on both ends…

52. I have a lot of support and ask people for help, but still nothing seemed to work.

53. I started to question myself. Am I doing it right? Is it ME? Why can’t I get these kids to do this?

54. I wondered why the twins were behaving badly, and the BSC said they were not “wired right.”

55. The more people observed the twins’ behavior and told us that something was “off kilter,” the less I felt like I was going crazy, and I felt better.

56. I watched my little boy and other kids around the same age as the twins, and I realized that the twins were not on target developmentally. Some of their problems were fairly subtle (e.g., trouble walking on bleachers), but some were pretty obvious.
57. But, unfortunately…um…for I’m
guessing other foster parents will do this
too, by the time all these other things
and therapists happen or are in place it’s
so long…it’s such a long process. I
mean they were in foster care for……a
year before they even got like evaluated
for anything {slight laughing}. They…
well they saw a psychologist for their…
to get the TSS and BSC, but that’s…I
mean…

58. They’re getting screened…..I guess soon
because the coordinator called me
last…on Fri…just on Friday…last
Friday and said can I….cause you know,
I still offer my services…cause they
were here so long, and I…she asked
there’s a lot of developmental questions
…would it be okay if I called you
sometimes this week cause they were
going to be screened…we could go over
that part with you since, you know, they
lived with you a longer then the new
foster parents…it’s only two weeks…
whatever, they don’t really know that. I
said, “Yeah, that’s fine.”

59. And as a matter-of-fact, we ever…
umm…..which we have to look into
deeper…well, umm……we didn’t
realize it was available until recently
…umm…there was another foster
agency, and I guess this foster agency
has…you could do like temporary foster
care where you could just do respite
foster care…umm…so we asked…..
umm……some of the people involved if
they thought it would be okay if we
could back…if we would go get certified
with them…with the other agency also
to do the respite for them…like bring
them back here like once a month or
whatever for a couple days if it wouldn’t
be like too hard on them or….

57. It is a very long process to get a
foster child in therapy. I took a year
before the twins got evaluated for
wraparound.

58. The twins are just now going through
some kind of screening, and even
though I’m no longer the twin’s
foster mother, I was called to answer
developmental questions, which I
will do.

59. We are looking into becoming
respite care foster parents and
bringing the twins back for visits
once a month or so for a couple of
days if it wouldn’t be too hard on
them.
60. like we thought…the only negative thing I could see is it being too hard on my little one…cause he…I mean… EVERY DAY…{slight laugh}…he was asking for them, and he still…I mean he’s still asking for kids we…that were here two and three months ago….he’s still asking for them…where as we don’t think they’re asking the opposite. Umm……cause I mean they just hugged each other…I mean they got along. I mean they butted heads…and ……fought and everything, but that’s what brothers do…you know…and if you asked him …you know…who are …you know who’s your brother. He would include them cause that’s all he knew…I mean…15 months to a 2-year-old…{slight laugh}…is all his life. You know…he thought they were his brothers…so….umm…you know, me and my husband talked about it, and we said, you know, it’s just like anything else, you know, kids are resilient, and he’ll get used to it…knowing that they’ll come here…they’ll sleep here for a couple of night, and they’ll go somewhere else. Like…eventually, you know, the pattern will kick in and he’ll get used to it…you know it’s not like …I mean, he’s didn’t cry when they left …he’s…you know…he’ll get used to it…you know, cause, if we do it the first time and it’s hard, then we don’t do it anymore…you know…that’s the choice we make…so…

61. No…no…and it…when we like when we….the hard thing that CYF got involved in and everything was last minute and everything, but everybody was all worried about getting them ready. “Oh, let’s get them.” Then they made a calendar…like a countdown calendar for them…their BSC made it. And everybody’s talking to them at
school and their TSS is talking...we’re
talking...you know...they’re case
workers are talking to them. And I said
to my husband, “Who’s talking to our
little one? He’s the one who’s gonna be
the most affected by this. I said,
“Nobody’s talking to him.” Nobody’s
telling us...what should we say to him?
How should we prepare him? He’s
gonna feel the worst out of this...and
umm...so I brought that up...and...I
mean two day’s before it happened. And
everybody said like “Ohhhh, we didn’t
even think of that.” And I said, “Yeah...
like we’re the ones.”

61. When it was time for the twins to
leave, everyone was trying to make
sure they were going to be prepared.
No one ever thought about the effect
that the loss of the twins was going
to have on my little boy. He was the
one who would most likely feel
upset.

62. I had talked to...umm...they go to a
therapeutic preschool...the twins...and I
had talked to talk to them about it, and
they said, “Oh, you’re right.” And I
said, “I’m expecting to see...like...
acting out behaviors.” And they said,
you know, we’ll it sounds like you’ve
thought it through, and I said, you know,
we just plan on keeping him busy...and
...you know...

62. I talked to the twin’s therapeutic
preschool teachers about the affect
the twin’s departure might have on
my little boy, but they said I seemed
to have it under control.

63. and then unfortunately, I got sick
...and...what had happened is he..... and
he’s a foster kid too until next month,
and then he’s ours {laughter from both}.
But...umm....and I talked to the
pediatrician cause he was at the
pediatrician last week...we had a foster
child...the teenage that I told you about
...last...I think the end of January, but
he had left, and then the twins left the
end of February...beginning of February
I can’t remember. And then the twins
left...it was February 28th, and then I
was in the hospital March 6th. So...I
was in...and then Randy was really,
really good from when the twins left till
I went to the hospital...I mean he was
like....and I was expecting really bad
behavior, and he was really, really good.
I was in the hospital

63. My little boy seemed to take the
twin’s leaving in stride, but then
after I got sick and was in the
hospital a short time later, he started
to have real behavior problems. It
turned out that all of the losses (e.g.,
teenage foster child, twins, mother in
hospital) were very difficult for him
after all.
Thursday and Friday, and he didn’t see me. Well, I come home from the hospital...Oh my gosh...it was like a totally different kid. I mean just bad behavior...bad, bad, bad. And he was at the doctor’s last Friday, and I said...I was telling the doctor, and he said, “Well, think about it...you know...you had a kid that left...you know...a month prior...didn’t come back. You had Andy and Aden that left...didn’t come back. Then you left.” And, he was like...think about it. He’s testing you to see how far he can take it. Right...so...there was behavior..... {Laughing}...

64. They had problems like with...even before they started preschool...they started preschool in October I think it was...the therapeutic preschool...and one of the big things...that...well, when they came to us they were so...Randy was 21-months old and they were just turning 3. They were so far behind. And...I mean...it ended up basically...Randy’s basically standing still where he was, and I had to caught them up to where he was cause they were so far behind...and umm...

65. when they started preschool she said, “Did you work with them? Cause I can’t get them to qualify for DART.” I am like, “Yeah...I couldn’t stand it.” Like...you know...it was ridiculous where they were developmentally...I couldn’t...I’m not gonna have a kid in my house {slight laugh} who’s 3 ½ and can’t count to 10 and doesn’t know their ABC’s and can’t walk up and down the steps... like......I’m not that kind of foster parent. Like...maybe some people can, you know, sit their kids in front of the TV all day or put them in their room, I can’t do that stuff...like, that’s not me. And like I couldn’t get

64. When the twins first came to our house, they were developmentally so far behind my little boy. I had to basically ignore my child in order to catch the twins up to where they should have been.

65. The twins made so much progress when I was teaching them that they no longer qualified for DART or transportation once they started preschool. Everyone seemed to actually upset that the twins were doing so well. But, I’m not the kind of foster parent who will sit by when a foster child needs help learning.
them to qualify for DART and transportation, and I’m like, “Well I’m sorry, but I just…I can’t do that stuff. That’s just not me.”

66. They……….cause everything…you have to be repetitive and that’s what I said to her. They… their problems are like daily living skills things like that like even they just…like brushing their teeth…you had to tell them about it… like that’s what we put down on one of your sheets like daily living skills that they had troubles with…like one day is fine, the next day you gotta be in there …”Did you brush your teeth?”  “No.”  “Did you wash you face?”  “No.”  And sometimes …Aden …you’d send him to wash his face, and if you didn’t go in there and tell him to stop, ten minutes that kid would be in there still washing his face until it was bright red…if you didn’t go in there and stop him…I mean and it was not all the time, just sporadically. I mean they’ll got to the bathroom…”Did you flush?”  “No.”  “Did you wash your hand?”  “No.”  I’d say to the BSC, “Okay…it’s something they do how many times a day…day after day… shouldn’t that be set in, you know, routine…you know, you flush the toilet …you wash your hands.”  And they just…and that’s why she says, you know, that there’s just something…

67. How did the twins do when they had to separate from you?  I didn’t take them. They were actually transported by the foster care agency. We’re they okay when they left the house?  Um hmm… They were always fine. They were always happy to come back… umm… usually Randy was always napping… most of the time…90% of the time at least they would come back and he was napping…it’d be like…”You’re to be quiet” and they’d be like

66. I had to be repetitive with the twins and just keep reminding them what to do especially when it came to living skills. They could learn with help.

67. I did not really have any problems separating from the twins when they went to school. They were happy to go and happy to come back.
“Oh…{could not understand}.” And they were always happy to come back …and they’re…they loved going to school. I mean, but it was……a lot of……like therapeutic play preschool …you know…there was a lot of play…

68. They…like…that burning…like…it’s not something that they talked about like daily, but when they talked about it, it was like….like repetitive and…the one time they talked about it…the one day…even later in the day they were like…… ah…it was…we said it was even in their like subconscious because they were substituting words in sentences the word burn in their sentences for it…so …like we always said there is like deep in them…burning or something. Both of them…I mean they…the one time …………………… I want to say shortly after preschool they like…the therapist walked over and that day was like December…November …December…they were in the toy room…the three boys were in the toy room, and I was in here in the kitchen, and they had…umm …well, they’re not in there now, but like rubber strips… like all around the fireplace and they had taken two off and they were using them as hoses and they were pointing them….like as if somebody was standing there and calling out their classmates names and saying, “Sarah …burn…burn…burn…burn.” And I looked over there, and I’m just watching them,

69. and I let it go for a minute cause Randy was off in the… playing by himself, and I just let it go for a minute.

70. Then they’re going, “Die… die…,” and you know like pointing like going lower to the ground, “Die…die… die…burn

68. The twins seemed to be fixated even in their subconscious on the idea of burning people or killing people by fire and would sometimes make a game of it saying that classmates should burn and die.

69. I would let the burning play go for a time if my little boy wasn’t in the room.
… burn” Now, I went in there and just said, “Stop that!” {laughing} I was like, “Come on put that down… you know… who wants to come be my helper… who wants to come downstairs to the laundry room?” {Both laughing}

71. And I called the school and I’m like, you know, “What do I do?” I said, “I just like redirected them.” That was like way… I said, “I let it go for a minute just to see where it was gonna go, and then eventually the burning went to dying I said… so I just like stopped it.” And when they do that go, “Why… why did you want to hurt your classmates.” And I said, “When my kid is there… I’m sorry… I said I’m not saying that because now my, you know, 2 ½-year-old…”

72. You know, and they did it again…. I mean they did similar instances again and… umm….. you know it was maybe two to three months ago they’re playing Ring-Around-the-Rosie and instead of playing Ring-Around-the-Rosie they like come on Randy and their holding hands and their like going, “Burn, burn, burn, burn,” you know, “Chase me… burn me …burn me… chase me.” And I walked in there, and I’m like, “NO! You are not to play like that. You are not to say that.”

73. I said to my husband, “I don’t want my,” you know, Randy’s going to start preschool in the Fall, I don’t want him to go to preschool saying those things… playing like that {laughing throughout} … and then they’d be calling me thinking… my kid has these problems.

74. Oh my Gosh… I’m like, “NO! Stop it. You’re not doing that right now.” I’m probably wrong for doing that and not questioning, “Why do you want to play

70. I didn’t like that the twins played the burning game so I would telling them to stop and then try to redirect their attention to something else.

71. I asked the school about the burning game, and they wanted me to ask the twins why they wanted to hurt their classmates. I told them I was sorry, but I wasn’t going to do this when my little boy was present.

72. The twins tried to play the burning game with my little boy, and I walked in there and told them they were not allowed to play that game.

73. I was worried that when my little boy started preschool, and might talk about the burning game at school. Then the teachers would be calling me thinking that my child has problems.
74. I didn’t want my little boy exposed to the burning game, and my natural instinct as a mother was to stop the game immediately. I didn’t care if the teachers wanted me to ask the twins why they wanted to play that game.

75. We had everything locked up high so they could not get things. They didn’t have the problem solving skills to figure out how to get at that stuff, unlike my little boy.

76. My little boy was the one who taught the twins how to play. They had no imagination and did know what to do with toys when they first came to my home.

77. **What would you say to other foster parents who might be going through a similar experience?** {long pause}

.........I don’t know.......I think I just ...I mean I think...well in our instance, it was hard cause it was two...you know ...it was twins. It was like...me and my husband, you know...everybody...
{whisper} everybody suggested that they split them. And…you know…the county went, “No, No, No,” but everybody suggested that cause they do so much better when they’re split. They do so much better… I mean… it was like such a difference. I think if it was only one, we would have stayed and stuck in it and…it would have been better… umm…

77. I think it would have been better for us if the twins had been split up. It was much too difficult to parent both boys together. I think if there had been only one, we would have stuck it out.

78. I think it’s just… I don’t know it’s hard to give somebody advice or words or wisdom. I think it depends on the situation and…… the individual and the child and how bad it is and how much the parent can tolerate or whatever… you know, it is really hard.

79. What do you think was like important in helping you get through the experience? My husband! {Both laughing} If it wasn’t for my husband …cause I had and…

78. Each foster child and parent is different. What you do really depends on the behavior of the child and how much the foster parent can tolerate.

79. My husband was the most important reason why I was able to do as much for the twins.

80. and my daughter…I mean…cause she helped……she helped a lot, but…..

81. I mean it is important to have somebody…. I mean and, and my two best friends that, I mean, not physically to help me just there to vent… you know…I’d pick up the phone… “My gosh I can’t believe they just did this,” you know {laughing}…..you know that was my…that was my source of getting my frustrations out or whatever my venting and complaining and stuff, you know, people shop… I hate… I’m not a shopper. I mean I have to do it when I do it, but I don’t.

80. My daughter helped a lot too.

81. It is important to have somebody to turn to for support. My two best friends helped me a lot by just allowing me to vent and complain.

82. How did you feel about yourself as a woman and/or mother? {long pause} … I guess I maybe sometimes I did a little bit, but………………..If I say this wrong way, then I’ll come across as me being arrogant or something, but I
think I’m just like strong and confident enough that I know……like that I feel …..I feel sure enough in my abilities, and I see that I have these other kids who…that I raised already, and I look at them and I know…I’ve done this before {laughing}, I know what I’m doing. Look at them…they’re in society… they’re giving back…I…you know, I know what I’m doing. I’ve done it. I’ve had other foster kids who’ve gone on and……every other foster kid we’ve had never wants to leave, you know, they don’t want to leave… they’re crying when they leave…they, you know, we had one twice…they requested that he comes back here. {laugh} So we know that we’re doing the right things… so……Yeah…I mean….you know, you doubt yourself. I mean I doubt myself. You know just like when we gave our notice …like you doubt yourself and feel guilty like, “Why couldn’t I do this? Why am I not…why didn’t I get through to them? Like is there something”……….

82. I don’t want to sound arrogant, but I have a lot of confidence in my parenting skills. I have raised my own children and many foster children successfully. Despite my feeling this way, however, the twins made me doubt myself as a mother. I felt guilty that I hadn’t been able to get through to the twins and wondered if I had missed something.

83. but then, you know, you look at the flip side and, you know…..there’s….you have …you know……did the best I could. I did,

84. and I………like everybody….like you can ask my husband when I do something {laugh}, I…I….do…everything I do, I have to do it the best. That’s just in me. I am just the most competitive person you’ll probably ever meet. {laughing} But, even when we gave like our notice, I just kept putting it off and putting it off because I kept feeling…..Am I not giving this my all? Did I not try something? Is there something I’m missing?

83. I would tell myself that I did the best job that I could, and I did.

84. It was very hard for me to make the final decision to send the twins away, and I put it off for some time. I do everything to the best of my ability, and I kept feeling that I hadn’t given it my all or that there was something I was missing.
85. And then like I said when all these other people started getting involved and saying, “Hmmm?” you know...like “Something’s wrong here.” And then realizing there’s all these more steps and talking to somebody who talked to somebody who what the kids are gonna go...be tested and everything...ummm....

85. It was easier when all of the other people got involved and they started to say that something was wrong with the twins.

86. she had...a friend who has a disorder, and he’s a young, young adult right now and she said, you know, our fear is, you know, when we’re older and he, you know, is in his mid 40s or whatever and were older, and we’re not there, who’s going to take care of him? And he.... she said it’s so hard with one, I can’t imagine my life with two...with...you know at the same time cause they were ...their both in the same... I don’t know what’s the word...I mean their both almost identical where they are... umm ....you know I just looked and thought, “Do I want to spend the rest of my life giving 95% to these two kids and only 5% shared among my other three kids?”

86. I spoke with a friend who was taking care of a disabled person and would have to due this for his entire life. This made me think; “Do I want to spend the rest of my life giving 95% to these two kids and only 5% shared among my other three kids?” This put the problem in perspective for me.

87. And I can’t...I mean...as much as I care about them, I can’t. I mean I want the best for them, and I think what’s best for them is....to...have....I won’t say to have better {laughter}, but to have somebody who can provide them with with...more attention...with no other kids around...with no other distractions.

87. I do really care about the twins and I want the best for them. I want them to have somebody who can provide them with more attention with no other kids around or distractions.

88. So...you know, when I...when we...we made that decision it was....it was ............like I knew whole heartedly it was the right decision...like without a doubt cause if I had a...if I...I mean if I have little doubts, there’s something always there to dispel them...like I knew....I knew that it was the right thing.

88. When I made the final decision, I had thought it out and whole heartedly knew it was the right thing to do. I had no doubts. But then again, sometimes I had little doubts; however, there was always something that would dispel the doubts.
89. You know, you just get that little guilty thing, you know…

90. there’s no one person I…not ONE person I talked to that had any little shred…of anything to say to me that …you know that would be played the other way or anything….. {both laughing}….you know, not one person … I mean from any other workers any of the people involved …the friends… the family……Nobody. I mean everybody just knew how hard it was and…..the stress and everybody and…..

91. And…and…like my kids are my kids for the rest of my life, and they…I mean it’s hard to say, but I mean my family always comes first and…..yet, they are my family, and I even said, you know, it’s nice to hear my little one call them his brother because that means I’m doing my job treating them as if they are my own kids, but………………. I wouldn’t turn my own kids away, but…

92. It was…I mean…and you know, to say goodbye to them and not cry….you know, I don’t want to cry in front of them. You know make them….upset or make them….you know, it’s hard, but …you know, like I said, you know, it’s the right thing. It’s what they need. It’s what they need.

93. And….you know, I talked to another foster mom who… where the teenager went…and umm…you know, she said people who don’t do this just don’t get it. They keep…they won’t…they can’t understand your decision. I said, “You’re exactly right.” It is hard to talk to somebody out…like outside of the circle cause it’s…you know, people say, “How can you have these kids for so long and then….and then you know do that?” And it is a hard decision, but unless you live it {laughing}…..you
just don’t understand… I mean… it’s very hard, but it was very hard to live it… you know… It’s hard… very hard.

94. And that’s what everybody says… how can you leave… leave… I talked to… became really good friends with people from the agency… who have left the agency… who were the directors like the program directors at foster care, and I’ve talked to them and… they said, “I can’t believe you kept them that long. I can’t believe you stayed for that… with that that long.”

94. Everybody asked us how we could just leave the kids after so much time. But, the people I knew within the foster care system couldn’t believe that we had stayed with the kids for so long.

95. And, you know, people have asked us… way before about {phone rings} … asked us a long time ago… early in the summer whatever if we were going to adopt them and… there’s the situation… and we said, “No,” and first and foremost it’s because if we did, then our house was full, and we couldn’t take anymore kids… and you know, it’s not why we started doing this to become full and to stop. But, you know, we said, “No,” and they’re like, “Why? You’re the only people we’ve ever seen control them.” {laughing throughout} So we thought you would cause you can control them.” I said, “But, controlling them takes all of our energy.” No, we can’t… we can’t!

95. The foster care agency used to ask us if we would adopt the twins because we were the only ones who could control them. I said, “No,” because controlling them was taking all of our energy, and we didn’t want our house to be full.

96. I talked to somebody last week who I haven’t talked to in I can’t tell you how long… a year or something. I am just so looking forward to… not that we had this big life or anything, but just… you know… having something just… like friends I haven’t talked to for a year and a half {laughing}, you know, or anything… just. I mean having three toddlers is… is rough you know? You know… and having, you know, three boys and having two with some type of… some problems.

96. Now, I’m looking forward to getting my life back. It was hard having three toddlers and two with problems. I had put a lot of things like my friends on hold.
97. **Anything else we missed?** I was just trying to think. Did you look over my sheets? Is there any questions? I might not have anything else. Believe me… there’s…you can write a novel on those two. I……yeah…some of the case workers would say that because they would just get with anybody…umm… we had a lot…talked a lot when they first came about strangers because they would…ummm…they would just go…I mean they would just leave and go… umm…we have like in our yard…. we’re out there all the time when the weather is nice, and a lot of people….I don’t know if you can see that level spot…there’s a lot of people who walk their dogs…and in the summertime there’s all these kids and people walking their dogs…we’d be back here, and they would just take off and talk to anybody and…I mean it was just….they had to leave and meanwhile my kids… not so much Randy yet, but like my kids were always so fearful of strangers… like they were just petrified…petrified of strangers. And these two are just like Nothing… Nothing. So we just talked about strangers for I can’t tell you how long…and…I mean even now they’re still…like…they won’t ask…you know, can we go talk to them or anything…. they just….just as long as somebody talks or looks or acknowledges or waves, they’ll just go running over and just take off and…that’s was one of our concerns too cause they are so…..impressionable and so……I can’t think of the word… I’m drawing a blank, but like you can talk them into doing anything…So as manipulative as they could be, they’ll falling for other people doing it to them too…getting them to do something or… that and being so passive. That was the first two things when they first came… the first two things we told the case

97. I was afraid for the boy when they were here because they had no fear of strangers. They would talk to anyone, and I was so worried that they would be taken advantage of by someone.
worker…like …they were so worried like they could be talked into doing anything …anything…. like…that scared me. I mean it still scares me.

98. Do you still feel like their mom?
Yeah…yeah…cause I still…I said to my brother, “I can’t take their pictures down yet.” You know, I guess like when I do then it’s like the final…you know, and I know…I mean…the probably …………… I mean I know it’s probably like the sooner you do it…like I know you’re supposed to do it…

98. I still feel like their mother even though they are gone now. I can’t bring myself to take down their pictures yet. I guess that’s when it will be final, but I’m not ready.

99. It’s like nice to have…you know the kids who’ve we’ve had we always…we have a wall upstairs…picture frames …and we always take their pictures, and we have all of them up there. We have pictures that they’ve drawn up and given me. We’ve even had…we had…through somehow they got a picture or letter to somebody and got it too us and…so….I thought this is a neat feeling. It’s really a neat feeling. When…when somebody asks my 12-year-old how many brothers and sisters he had and…and…I can’t remember. He says, “Like I have like 5 sisters and 7 brothers.” And they’re like, “What!” {Laughter} Cause even though some of them might have only been…might have stayed here for a weekend…or two weeks or something …you know…Yeah…they all got counted. He counted all of them. And yeah…that’s nice. They’re all…like you said… they’re all…you know, they’re all a piece of us…they’re all part of…who we are and why we do this and you know their stories are gonna stay with us. I mean it’s like…I mean we’ve had…I could tell you everything… somebody said to me, “How can you remember all these dates?” I’m like, “I don’t know.”

99. I keep pictures up of all our children present and past. It’s like they are all still a part of our family, and I remember all of them.
You just…I don’t know…like with all these kids… there you know…how can remember this happened on this date or you had this hearing. I said, “I don’t know. I just remember.” You just do. How can you remember these names…and I don’t know…you just…you just do. I can remember, you know, these…you know…these girls and their names and they came to us. Where we were and you know what time the phone rang…. {laughing} you know, like I could just remember the…you know, I remember all their stories and…you know…their situations and…I don’t know…you just do. Right. And it’s just…

100. the same thing everybody, you know, why do you do foster care? I don’t know. You can’t explain it. I just…I can’t explain…I can’t put it into words. I don’t know. I have that feeling. It’s just the feeling…I can’t explain it. I’ve always wanted to do it, and three years ago was the right time in my life and…..now, I thank God I did cause now I have this beautiful boy… you know…you know…I don’t know. I had all these kids and it’s still… and we’re…I mean…

101. we decided just to take a little hiatus…{laughing}…cause the twins really wore us out. And we just have… a bunch of events coming up in the next couple months… Yeah…need a little break right now. {laughing}

100. It’s hard to explain why I go through all of the emotions involved in fostering a child. It’s just a feeling, and I can’t explain it. Thank God I became a foster mother when I did, because now I have my beautiful little boy.

101. We’re going to take a little hiatus from fostering for a couple of months. The twins really wore us out.
Anna and Dean – Data Analysis

1. Talking about when Dean first came to the home. And then I had a brother and sister that were like 4 and 5. The girl was good, but the boy had issues… The five and she was…yeah…she was the baby, he was the big boy…and umm…he really did, but nobody had diagnosed it at the time, but the other home he was in said he was doing strange stuff. Yeah…like he caught the shower curtains on fire… um… just go in the refrigerator throw your butter on the floor…he poured sugar all in my…in here…he did the curtain thing there…or whatever…

2. and I said, “Oh no…he catch something on fire here, I just… I just don’t want to take the chance.”

3. But, um…he came here, and he was like…if you weren’t looking he’d go on the kitchen table and he took the sugar one day and just poured it all in my rug and then smashed it with his feet… He just…he…there was just days he would do that. He didn’t even have to be mad. Like he would spit on you and kick you…like if you’d be like such-and-such… ”You can’t do that,” you know what I mean like do something that he can’t…. most kids would be like, “Oh, okay,” but he would just be like Mmm Mmm {made angry face and gestures}…just…

4. and then his sister wasn’t like that, but then her looking at him, I’d see sometimes like she wanted to be sneaky like him but, she had a different personality, but if they were together long enough it seemed like she was going to get that personality…now maybe she didn’t cause I had kept in

1. Dean had issues. He came from another home where he had been doing strange stuff (e.g., set shower curtain on fire), but he didn’t have a diagnosis.

2. I couldn’t chance him catching my house on fire. 

3. Dean would do such terrible things when I wasn’t looking. He didn’t even have to be mad. He would spit on you or kick you if you told him to stop.

4. He was so different from his sister, but I was worried that she would get his personality from watching him.
contact with the foster mother who eventually adopted them,

5. but she put him in therapy. He had to go to therapy, and they found out he had some issues. So he had issues here that wasn’t being addressed…so…yeah…

6. but I called and then I tried to send them back and they’re like, “Well, just give it another month.” And I said, “NO, because you know I can’t do it. I just can’t do it. And he’s destroyd my stuff here and, you know what I mean…you know…hey, time outs don’t work for him…you know…and NO. So I had to write a 30-day letter.

7. They was here for about 4 or 5 months. It might have been a little longer. It wasn’t a year, but he was somewhere about 6 months no more than that. Oh, he was horrible. I never say kids is horrible…but he was horrible. He was like….

8. his mom was young or something MR and the dad was old or something. And I don’t know if the dad had issues, you know, or whatever, but it really took a toll on that little boy. And………very defiant…like I said the time out didn’t work, you know what I mean?

9. **Tell me about a time you had to set limits for Dean.** Like he would hit me and stuff, you know, and they’d said, “Okay, well, you know, try to hold their arms,” you know, so you….I’d try to do this…you know…try to get behind him and say, “Come on,” you ain’t gonna say his name, Dean….I’d be like, “Dean, you gotta stop.” And he’d be like, “NOOOOO.” I mean like…(R: Oh actually kicking and throwing a little fit right in your arms?) Yeah. Yeah…I mean ohhh,
10. but I didn’t know he had issues until we later found out…I mean I knew there was some issues but, he just wasn’t diagnosed…

11. Yeah…but, he was like, “Ahhhhhh.” And then like I’d have to talk and talk and talk, and I guess he’d…you know…like essentially he’d be like…I’d be like, “Now, don’t you want to get a prize?” I’d tried everything I could…like I’ve gotta give him a prize or something… I just can’t stand here with him. And then I’d try different things like…well I’ll take you here…I’ll take you to this…but you gotta listen, and then finally he would be okay.

12. But then I don’t know what a trigger would even be cause…you know…I think his triggers was “No” when you said, “No.” I think that was his trigger. Cause like if he was doing something or whatever and you’d say, “No, you know, you can’t do that.” Or he’d hit his sister, and I’d be like, “Dean, you can’t hit Miriam. You can’t hit her.” Then he just be like Mmmmm {mad angry face and gestures}. You know….

13. Like…and I was…yeah…yeah…and I mean he was BAD. I’m not lying. I told them I said, “Oh, I don’t know how long I can do him.” I done did a many of kid…and most of them…I’d be like, “Go over in that corner and stand.” And he’d be like……{make angry face} Oh…I mean it seemed like he could beat you.

14. and that was my theory cause I said, “He might kill me in my sleep or something.” You don’t know the…. little kids you still…because he’s little don’t mean he might not come down in the night. So most of the times I was like peaking in

10. I didn’t know he had undiagnosed issues at the time, but I knew he had issues.

11. I couldn’t just stand there and do nothing about his behavior. So I would try everything I could think of to get through to Dean (e.g., give a prize, take him somewhere). Eventually, he would be okay, but I wasn’t sure what actually worked.

12. I think he was triggered by hearing the word “No,” but I wasn’t sure. If I told him No, he’d get mad.

13. I fostered many children, but he was really BAD. He would look at me with such anger that it seemed like he could have beat me.

14. I had a theory that he might actually kill me in my sleep or something even though he was just a little boy. I would watch him in night and break my own rest in order to make sure he didn’t get up and start creeping around.
there at night in his room and stuff making sure...like I’d get up, you know, and break my rest to make sure he was sleeping well. Cause I was like I don’t want him to get up and start creepy around or something.

15. And then some days he’d have a good day and you’d say, “Dean don’t do such and such.” And then he’d just move from it and do it.” And other days he would just...he would kick you and spit.

16. He was terrible. He was terrible...he would spit like {making sound like spit was coming} and spit on you. And you know we ain’t allowed to do nothing, so I’m like....”You, get in the chair and sit down.” Cause now I’m, you know, “Sit in that chair. Don’t move from that chair. Sit there till I tell you to get up.” You know...I’m telling you you’re feeling some type of way. You know, and he’s sitting there like...{making angry face}....and his sister was like, “Don’t do that Dean. Stop that.” He’s like, “Shut up sissy. Shut up.” That’s why I just really couldn’t do him...I mean, I done did a lot, but that was one that I just could not take the chance of getting medicine and still keeping him...I just...no...

17. The only thing that worked was just letting Dean do whatever he wanted, which was not okay. He didn’t like getting instructions from anyone. It was as if he wanted to be an adult, but he was still just a kid.

15. His behavior was really unpredictable. Some days he was just fine while other days he would kick you and spit.

16. He would make me feel so angry. All I could do was make him sit in a chair while he made angry faces. His sister would try and help get him to stop, but he would just yell at her. I just couldn’t do it anymore even if he got medication.

17. Did anything ever work with Dean? If you let him do what he wanted. That’s what worked. You know, if you had no supervision...if you would let him...cause I noticed if I would let him like put the TV on when I said, “Grown ups do the TV,” or whatever...he was cool, but I’d be like, “Didn’t I tell you to leave that TV alone.” He’d get an attitude like he didn’t want instructions. He didn’t want that. He wanted to be more-or-less like a grown up, but he was a kid.
Yeah, but he wanted to be like, “I’m gonna do what I want,” you know.

18. His sister…like…he’d be…You’d hear him sometime like {whispering}, “Come on Miriam. Come on.” Like that’s just when he was getting ready to do stuff like sneaking in the kitchen. Cause one time I was in there and they was playing in here or something… that’s when he went…and I’m watching TV…now he snuck the little sugar thing in here and hid it somewhere till I wasn’t looking…cause I didn’t see him pour the sugar…you know, and he’s like, “Come on Miriam. Come on.” So they both went in the kitchen. So he was I guess trying to get her to be partners in crime, but she didn’t take the salt and pepper. I guess maybe if she would have took the salt and pepper that would have been on her too, but he took the little sugar thing. Then I’m like, “What you doing?” And I looked in… ”Oh, nothing. We’re going to pee.” Like…cause there’s like bathrooms. So, you know, he’s like, “I’m going to pee.” And Miriam said, “I’m right here.” So I guess when he was in there doing his thing, she was in there covering for him. You know what I mean,

19. and then when I….when you least expected it, he came and he just…I think I had went to the bathroom, and he just smeared the butter again. He wasn’t even mad at me like when he had the sugar thing. And the butter thing…he wasn’t…he went in there with sticks of butter. He went in that refrigerator and…I say…we were out

18. He would try and manipulate his sister into doing bad things with him, but she never did. She would try and cover up for him though.

19. When you would least expect it, he would do something outrageous (e.g., threw butter on the floor). Sometimes he wasn’t even angry about anything.
on the porch. It was summer…he had to pee again, you know, you let him go pee….cause he knows how to go pee pee…the front door’s open. Well, I came in here…he had took the sticks of butter and just threw them all on the floor. In my kitchen…but still the butter was…it was warm…

20. and I’m like, “I don’t think this is for me,” you know what I mean, I’m just thinking like, “Oh boy.” I tell you…you know…Oh, I love kids and stuff, but this is not for me. I just gotta to be real. You know, I couldn’t…I couldn’t…you know.

21. **Tell me about a time when you tried to comfort Daniel.** He really wasn’t a loving child. His sister was…his sister was a LOVING child…like I mean with him…he really didn’t want hugs and stuff.

22. I’m thinking he was mad because the mom wasn’t here. She had went away somewhere, and then I guess the dad had them for a while…living with different people in different houses and stuff. So I don’t know even with him being that small maybe he just was mad ….like at women…I mean, I don’t know… But, he was, you know, they’d have little visits eventually with his dad, but um….he was mad when he left and really mad when he came back home. He was just terrible! I’m telling…He was terrible.

23. He didn’t even want a hug…

24. and I would try to do it with him and his sister would be like, you know, “Come on. Come on. Ms. Anna this and Ms. Anna…” He’d do and he’d do stuff, but he really wasn’t like all, you know. But Miriam was more like a little lady.

20. I love kids, but I had to be real. Taking care of Dean just wasn’t for me.

21. Dean was never a loving child like his sister. He didn’t want hugs and stuff.

22. I think maybe Dean was angry at women because his mother had left him. Visits with his dad seemed to make Dean even more angry.

23. He never even wanted a hug.

24. His sister and I would try and get him involved, and he would do things sometimes, but he really didn’t seem to care like his sister.
25. He was trying to turn her into a little roughneck, but she was a little lady. She was nice, and she’d hold your hand and stuff and say, “Oh, your hair’s pretty,” or something.

26. And him, he more-or-less was like, “It’s my way. I don’t want no…I don’t want to be bothered. I like you. I really don’t want to be here.” That’s what it seemed like to me. No…and “I’m gonna make your life miserable until I leave or something”…you know,

27. cause then I’m like…the sugar thing okay…but, I wonder if he would have poured like bleach or something on my rug. You know, I’m thinking like…them was just little things, but wonder if he was super mad….then would he have just took something and messed up something…like, you know…But, like I said we keep it with Mr. Yuk, but just the thought of it…he did do sugar and the butter….

28. Yeah…yeah…I mean I had to 24/7 with him…

29. and then when I took him to like daycare when I was working then… umm …and I’d say to the daycare lady, you know, watch him. Just want him very closely …without going into detail, just watch him very closely cause he’s real busy…you know cause you don’t want to go to daycare and say, “He’s horrible.” Yeah…so just WATCH HIM. Not so much her, but if they’re together watch them both, but if he’s doing his age, and she’s doing her age, just keep an eye on him. Watch him a little closer…then you would the other one.

30. **Tell me about a time when you had to separate from Dean.** He didn’t care. No, I mean like he didn’t take a tantrum
and all that…you know, I’d be like, “I’ll be back Miriam and Dean.” She be like, “Okay {sweetly},” and he’d just go on with the kids…you know, but it wasn’t like…well if you come back…if you don’t…I mean, you know, he didn’t say, “Well, don’t come back or whatever,” but he more-or-less just went on and said, “Okay, I’m gonna terrorize these people.” {slight laugh}

31. Well, you know what…I…to me personally I just thought it was something with the situation and things that I didn’t know. And I’m thinking…maybe something went on…and if he don’t want that closeness, I don’t want it either cause I don’t want anybody to think…you know, nothing strange or anything…so if he…he might be push offish because of something else that I don’t know.

32. So…he don’t want to really…like….he would talk to me sometimes, but I’m saying he wasn’t all like loving.

33. So I didn’t really…you know…I just said that there was something that I probably don’t know. I don’t know. Maybe there was something that went on from house-to-house with his dad going to this person’s…sleeping in that person’s…maybe you just…some things went on, and you don’t really want to be bothered.

34. So…I left it like that…you know…I still fed him, I washed him, I talked to him, but I really wasn’t…in love, like I loved her…type of thing.

35. Yeah…even though sometimes you could see he was trying to sway her…because he would like, “Come on Miriam,” you know, and she was more like a little lady, but she was…that was still her brother. So she’d be like,

30. Dean did not care at all if I went away and left him at daycare. This was so different from his sister’s reaction. He would just get on with things and walk away.

31. I thought something must have happened to Dean that he didn’t want closeness, and I didn’t force it. If he doesn’t want to be close, I don’t either. I didn’t want anyone to think anything strange was going on.

32. He would talk to me at times, but he never acted in a loving manner.

33. I just thought something had happened to Dean, which that I didn’t know, that made him not want to bother with closeness.

34. I took care of his needs, and I talked to him, but I really wasn’t in love with him like I loved his sister.

35. He tried to get his sister to do bad things, and I think she would go along up to a point because he was her brother.
“Okay, Dean,” you know… it was more-or-less like that.

36. No… no… I mean, it wasn’t me. I don’t think he’d like anybody.

37. He wanted to be with his mom probably…and whatever situations went on that ahh… {interruption due to a phone call}… umm…

38. so… it wasn’t me personally. I didn’t even take it like that.

39. **Tell me what it was like to be reunited with Dean.** Umm… without, you know, her really knowing stuff that he did with me or whatever… some-times he’d say he had a good day or sometimes he’d say he had rough day today, you know, or he’s gets a little bored or something and I told him that he couldn’t do that. But… you know what I mean like… yeah… some days he… I guess he played, you know, cause nobody said, “No,” you know to make him mad or whatever and other days… he’s like… he didn’t go over there and burn them down or nothing, but… {both laughing}… some days, you know, he gave them a little run for their money.

40. I mean… well they’d be like, “There’s Ms. Anna.” And… you know… I mean he’d come over… like he wasn’t overjoyed, but… He’d be like, “Get your coat Miriam,” like, you know, he… “Get your coat Miriam. We’re leaving,” you know, or stuff like that. But he wasn’t like running over…” Oh my God there’s Ms. Anna.” He knew it was time to go, and he knew he was going to my house….. so… you know…. and then sometimes he’d be nice in the car though.

36. I didn’t take Dean’s lack of closeness personally. I don’t think he would have liked anyone.

37. I guessed that Dean just wanted to be with his mom and didn’t want anyone else as a substitute.

38. I never took Dean’s lack of closeness personally.

39. Dean’s behavior fluctuated at daycare. Sometimes he was fine, but at other times, he gave them a little run for their money.

40. Dean never came running over when I came to pick him up. He knew it was time to go and just matter-of-factly took care of business (e.g., Get your coat Miriam.) Sometimes he’d be nice in the car.
41. Sometimes he’d…oh, but I’m telling you…he’d beat the case workers up. He’d pull their hair and everything. I’m just…yeah…I’m saying cause they’re not going to know. The case worker would come back and by like, “Oh…oh…,” like in the back I bet he was like pulling their hair sometimes …while they was driving.

42. **Any other negative experiences?** No. I mean that’s about it. He didn’t…I don’t remember…Yeah…just always watch…always watch cause you didn’t want it to be like he was mad today, and you know you better watch out cause he would be…Cause, you know, I mean to me I’m thinking…he might have would have broke my TV screen or if he was mad…cause you didn’t know what he wanted to do. Yeah…he was very wise…very wise…so…..

43. **What would you say to other foster parents who might be going through a similar experience?** Get them in therapy as soon as possible…get an evaluation or something.

44. Like when he came here, I don’t…I think he was like…when he left the other place or whatever they was trying to get him in therapy or working on getting him in there. But I guess he maybe hadn’t got there yet. I don’t remember him going to therapy here. I think like when he left….you know, and I knew the lady knew something was wrong with him in a sense, and then he came here. But I think they just didn’t think that it was serious enough maybe. You know what I mean…maybe that was just a one time thing. But if…

45. I think if you get them in there and you notice some early signs…like try to get an evaluation or something…just to make sure.

41. Sometimes Dean would beat up the case workers (e.g., pulling their hair while driving) and they would get pretty upset.

42. I was always worried and watchful. I never knew what Dean might do if he got mad. He might destroy something important like my TV screen.

43. Get your foster child an evaluation and get them in therapy as soon as possible.

44. I don’t believe that anyone took Dean’s behavior serious enough prior to his coming to my house and so they never got him the help he needed.

45. If your foster child displays any early signs of problems, get an evaluation just to make sure they are okay.
46. You know because he could really stress the foster parent out. He could absolutely.

47. Um…to me I thought it was a little long for him. Now there was one that came that was, you know, of the kids that came that had already been in therapy, which was good…you know. And then they transported him back-and-forth and stuff.

48. But I just think……I don’t know if like I said maybe they had started the process cause you know then there’s CYS…then you have an agency so CYS has to get it rolling…then they let the agency know what…Yeah…so I’m thinking maybe…and I’m not saying they drug their feet or anything to be smart, but I’m just saying…I think he really needed it like a long time ago…you know what I mean…instead of just thinking maybe he’s acting out or no he had issues.

49. Yeah they did, but I really don’t remember…like cause they all, you know, they just say, “I seen Miriam and Dean,” like one of the workers or something. I think he was ADHD. There was like 3 or 4 things all together. Yeah…he had a lot of stuff going on.

50. Um hmm…I’ll have to ask one day too just to check on him and see if, you know, they know what’s going on with him.

51. But he had a lot of stuff. And he was on medicines. Eventually, he got on medicines. I know that…I remember them saying, but I can’t remember exactly cause it’s been a while…but, umm….he had some issues….

52. so I’m just saying if you get one, and you notice it’s a little strange…not the

46. A child like Dean can really stress a foster parent out.

47. I thought it took a little too long to get Dean into therapy. I’ve had other foster children who had a different experience.

48. I’m not saying that CPS drug their feet about getting therapy for Dean, but the process of asking for therapy is complex and it takes time. However, I do think Dean needed therapy much earlier then he actually got it.

49. I did finally find out that Dean had multiple mental health problems.

50. I still wonder about Dean and will have to check on how he’s doing.

51. I heard that Dean eventually got on medication. He definitely had some issues.

52. If you notice your foster child acting a little strange, get them checked out.
kids because they [unable to hear] or stuff like that…kids do that…

53. but I’m saying if you sitting back…and you know cause I sit back a little bit and act like I’m doing something to just still chill and just be like observing some thing…

54. and if you notice some little strange stuff…..I would address that. That’s what I would say to a foster parent… address it, you know what I mean? You don’t say, “Well, I’ll just wait and see.” Address that if it seems strange.

55. Yeah….so that you can kind of get the ball rolling in case you need to get them in therapy you won’t have such a waiting period or paperwork and all that…to fill out. I would just let somebody know…well he so or she did such…or it didn’t seem right to me.

56. Any sexual abuse worries with Dean?
   No…because I might…with him and her more-or-less…no…they really never had that time to do that. Nope. And I never gave him the opportunity cause like I said I got girl’s rooms with bunk beds and boy’s room with bunk beds. So…I never even let them mingle …like you know they’d mingle here…or they play here, but I’m…you know… No…no…I didn’t want to give him that opportunity cause he was strange…a little strange. And I just didn’t want that to be part of the strange.

57. I’m thinking maybe something may have happened with him. I think maybe a little bit of everything may have. I don’t want to say…I mean that I know for a fact because I’m lying. But I’m just saying….he was so mean. I don’t know why he was mean. But I thought

53. I always sit back and act like I’m doing something just so I can observe.

54. If you notice anything strange about your foster child, address it. Don’t say “I’ll just wait and see what happens.”

55. Let someone know what’s happening so you can start the process of getting therapy early. There’s a lot of paperwork and sometimes it can take a long time.

56. I never let Dean have a chance to act out in a sexual way. I keep the boys and girls separate. Dean was strange, but I didn’t want that to be part of the strange.
in my mind...something somewhere...cause he's too little to be mean. He hasn't even experienced like hardly nothing. And he was mean like you or I would be like if we had a broken relationship and dah dah dah dah...you know, being like, “I don’t like men. They’re just mean.” He was like mean, and he was too little to be mean. Um hmm...yeah...he was mean.

58. Yeah...and I mean he was gorgeous...beautiful little boy. Him and his sister looked like...oh...they looked like they could be little models like...beautiful, beautiful children. I mean beautiful.

59. One day I’m going find out though...I’m going to ask like...about Miriam and Dean to see if any of them hear from them. You know, or hear from the mom that eventually...because their mom was in foster care. And...when them...when their mom was in foster care, she end up like with this foster lady who end up later getting her kids. So...so the foster lady that did the mom ...raised the mom ...and then the mom had kids and ended up giving the kids to that lady. Um hmm .....um hmm...um hmm ...yep...so...that’s why she end up adopting them that lady because she knew the mom from having the mom... and she had them before they end up going back in the system because the dad came and took them cause he still had rights at that time or whatever...and the mom had left the state...so then the old man who was the dad went on and took them...and then I guess the court found out that they was living from pillar-to-post so they end up going back in the system...you know what I mean...so they more-or-less made like the Ring-Around-the-Rosie. But the lady who had the mom first ended up with them, and that’s who adopted them. So that way when their

57. I don’t actually know what happened to Dean, but I think it had to be something pretty awful. Dean was so mean. He was too little to be so mean.

58. Dean and his sister were such beautiful children. They could be little models.

59. I do wonder how Dean and his sister have turned out. I know they were adopted by the foster mother who fostered their own mother.
mom visits, she could visit...yeah...cause that was like her mom...cause she raised her.

60. Um...hmm...........I don’t know...I mean you can give them all the love you can give them, but I just think...um.......

61. if there’s warning signs in another home I’m hoping that the agency would kind of come and talk to us more in detail ...yeah then say like, “You know what, there may have been such-and-such, and we don’t know either.”

62. But, you know, because when he came I knew he was like a little bad, but I’m like, “Oh, okay, he just played with a lighter.” Not that that was okay...you know like, “Oh, okay, it’s just a lighter.” But I was like, “Okay, he’s a little bad.” But I wasn’t expecting that bad. I mean he was horrible. You know what I mean, so I’m thinking...Yeah...more-or-less...like I said they told me about the little shower curtain thing or something, and I said, “Okay...he’s not gonna burn my shower curtains or my house down?” And they’re like, “No, it was just a one time incident.” So I’m like, “Okay, but...” I mean maybe there was other things I just didn’t know.

63. You know, and not saying that they did it to be mean or something, I’m just saying maybe there was things...so if you could just be upfront and just be like, “Look, I mean now if you want to take him and his sister, that’s cool, but this is how it is.”

64. But, you know, I’m just think, “Okay, he had this one little incident...bad day...the lady left the lighter out or something...and you know, that was just that.” But, burning something is

60. I think you can give children all the love you can, but that won’t make everything okay.

61. If there are warning signs in another foster home, the agency should tell the new foster family everything.

62. When Dean first came to my house, I knew he had some problems, but I had no idea how horrible he could be. I wondered if the foster agency and CYF knew about Dean, but didn’t say anything.

63. I don’t think the foster agency/CYF was trying to be mean in not giving me all the fact about Dean. But, they should be upfront so that foster parents can make informed decisions whether to take a particular child.
not normal, you know, so I’m not saying he was normal cause he burned it, but I’m saying well maybe that’s one incident. But, I’m thinking there probably was a whole bunch of stuff that he did, you know, and then he comes here, and I’m just thinking well he had a bad day that day or something, but he gets here, and he was just……

65. I wouldn’t want to wish that on somebody. I’m just saying cause somebody else might have been so mad they might would of hit the little guy. I mean…you know what I mean,

66. but I know my clearances and this and that and I don’t even have time. I’d rather you leave. That’s my thought…like get him out of here. I want to keep what I got. Take him, and let me still be normal here. Take him out of here.

67. But, you know, somebody else might…might of would have snapped like, “Oh my God…,” you know what I mean…it’s just…yeah…

68. **Do you think knowing more about Dean’s history would have helped?** Yeah….I do. I think it would have helped me maybe like….in talking to him because like I said I think when you said “no” that was the problem…so I might of would of approached things a little different…maybe by just…you know….if they would have said, “Well, if you tell him no or something, you know, he’s gonna snap.” Then I’d be like…I’d probably would have just been like….well…you know, Dean….I don’t know, I just wouldn’t have said “No” or something like that…I would have approached it a little different….so that he wouldn’t took a tantrum…you know…I…and all that stuff…Yeah…that’s what I would have did…

64. I think there was a lot more to Dean’s behavior problems then the foster agency/CYF ever told me. I certainly did not expect that his behavior would be as bad as it turned out to be.

65. People need to make informed decisions. Someone else might have gotten so mad at Dean that they might have hit the little guy.

66. I couldn’t risk losing my clearances and my other children. I’d rather that Dean left, then my family could be normal again.

67. Someone else who was unprepared for Dean’s behavior might have snapped. I hate to think of that.

68. Knowing more about Dean’s history of front would have helped me approach him differently.
69. cause like I said they…I don’t want nobody to go into nothing blind. You know what I mean, it’s not fair to…it’s not fair to your families, you know, cause my kids were like, “Mom that boy’s down there snapping out.” And I’d be like, “Well, don’t say nothing to him.” You know I’m gonna let him go ahead and vent and then I’m just gonna hold him in the hold and let him do what he do…cause that’s all you could do.

70. Yeah…you just have to restrain him… yeah…or sometimes you could drop with him, you know, grab him like this and just drop…you sit on the floor and he’d sit on the floor and let him kick…like cause if he’s kicking, and I think it’s gonna hurt me, then I’m dropping to the floor…he can kick the floor. Cause I…

71. can’t afford to be black and blue and let you kick so hard…you go ahead and we’ll both sit here and let him vent. Well, he’d scream…until he was tired kind of…yeah, you know, like he’d be {screaming}.

72. And I’d just be like, “Dean, you stop that. You’re a nice boy.” I’d try everything you know cause I didn’t know what to say to him….I’m just, “You’re a nice boy. Nice boys don’t do that.”

73. I even prayed over him and everything. Yeah…you know what I mean, I was like, “Lord…is he a devil.” I mean I don’t really know….you know, Miriam would be like, “Stop that Dean.” Cause she had a little squeaky voice like that, and he’d be like, “SHUT UP SISSY…SHUT UP,” like he was possessed sometimes…
and then eventually I’d be like, “See, now I’m taking Miriam to the store, and you’re not going.” I’d just be saying all kinds of stuff, and then eventually… I don’t know which one, but eventually then he’d just be wore out. You know, then I said, “I’m not letting you go until you’re nice. If you’re gonna get up and be nice…”

I would say all kinds of stuff to Dean trying to get him to calm down (e.g., “I’m taking Miriam to the store, and you’re not going,” “I’m not letting you go until you’re nice.”) and finally he would just eventually wear himself out.

He didn’t even have to apologize. I didn’t even care. I wasn’t trying to make him do exactly what I said. I just wanted him to act nicely.

All I could do was spend time sitting there with Dean until he calmed himself down. I certainly wasn’t going to let him hurt me. I’m too old for that.

I didn’t even care if Dean apologized. I wasn’t trying to make him do exactly what I said. I just wanted him to act nicely.

I didn’t even have to apologize. I didn’t even care. You know what I mean, but I said, “Now, if you’re gonna be nice, we’re gonna get up, and I’m gonna let you know, but if you’re not, then we’re gonna sit here a little longer”…you know what I mean…

and that’s what I’d do…I ain’t got nothing but time. “We’ll sit here, you know, cause you’re not gonna get up and kick me and all that…Oh, no… I’m old.” {slight laughter from both} You know

and then other days he would play nice or whatever…and, you know, listen, and at 5 honey…you’re gonna have to listen until you’re 18…so you know,

There was a lot of work to be done with him…A LOT…and I couldn’t do it. I just gotta be honest.

There was a lot of work to be done with Dean, and I had to be honest and say I just couldn’t do it.

I had my own natural kids…cause I’m taking from them, you know, sitting here holding you, when you could be playing…there was books and coloring books and toys and trucks and stuff. No…no…that just wasn’t for me.

I was taking time from my own kids spending all that time holding Dean. I wasn’t fair to my kids.

Yeah…he needed a one-on-one…him and his sister.

Dean and his sister need one-on-one attention.
rapport like that… I’m like, “She’s welcome to stay. He got to go.” I mean that’s how I was feeling like…. “She can stay until she’s 18 if she wanted to, but he got to go!” You know what I mean …so…..

81. I told the foster agency that I would keep Dean’s sister, but they don’t like to split the children up.

82. I hated to ask for the children to be removed, but at least they are still together.

83. I felt like I was kicking the kids out, but I couldn’t do the best job I could do.

84. I didn’t know what to do for Dean because I didn’t know what the problem was.

85. It was rough to let Dean go. I didn’t beat myself up, but I cried. I hate to kick the little kids out cause they’re little kids.

86. I hate to kick out other people’s kids who have had such difficult lives. My kids never went through that. I don’t want kids to suffer.

87. I’m really trying to do good and help other people, but I didn’t know what else to do for Dean.

88. Then I felt so bad cause I was kicking the kids out, and they’re going to end up going from house-to-house, which is not good.
89. He needed a one-on-one that I couldn’t give him…you know what I mean, cause if…he needed to be with somebody by their self, you know, where they could just do him. Where my kids still had to go to school, and they still had homework, you know, and I still had to do this, and I had to do that, and I couldn’t just do him…like this here. I couldn’t.

89. Dean needed to be one-on-one with someone, and I couldn’t do that. I had my own children who still needed me.
1. **Talking about Hannah’s history.** We could just put her in...[counldn’t understand]...and what she does is she wiggles...{made wiggling motions}...with her arm...with her arm...and then she would stand up and wiggles out of that...and I can’t tell you how many times I was on the Parkway and either had to climb back...you know my husband would be driving...or I made my 11-year-old do it...and then I’m putting two children in harms way if a truck or somebody, you know, rear ended us...why they would have been like a torpedo flying threw the window.

2. And so I put my 30-day notice in January 3...and I said, “I’m sorry, but due to circumstances beyond my control, I need to ask for her to leave,” you know, and placed elsewhere.

3. Well, then they...they did have this family that was interested in her in December, and then there was a court hearing in January and I had a conversation with mother at one of the doctor’s meetings...or...or at Children’s South when the baby went for endocrinology...and I said...she said, “There’s a hearing tomorrow.” And I said, “Uh huh, what’s happening.” And she said, “Well, they’re talking about a pre-adopt home.” And I said, “Well, Jeannie...she’s been with me for 21-months and the other 5-months of her life has been in hospital.” I said, “How long are you going to drag this out?” I said, “There is a family that’s interested in her.” I said, “They came in December.” And I said, “You know you can’t expect an adoptive family to hang on forever. They move on.” I said, “If

1. Hannah could wiggle out of her car seat. Someone would have to get her back in the seat, which meant that other family members would also be in danger if something happened.

2. I asked that Hannah be removed due to circumstances beyond my control. I felt sorry, but there was nothing I could do.
you don’t relinquish, they will move on.” And I said, “You know what, you’re the eleventh hour chick…you do just enough to get by for the court hearing.” And I said, “That’s our tax dollars paying…that’s paying for this and dragging this out.” I said, “This is a little ridiculous.” Well, she got to thinking about what I said because the hearing’s the next day and there was nobody there but me and the guard and her…and I was waiting for the caseworkers to come, and she said, “Ms. J I thought a lot about what you said.” And I said, “Okay.” And she said, “I’ve decided to voluntarily relinquish her.” Well, you know, I almost cried because I thought…you… wow, I had an impact on this girl…and I did treat her like as if she was my daughter and made her try to listen to me cause she was obnoxious when I first met her…the most hated girl everywhere she went. And very confrontational and….you know, I just told her you got to zip your lips…you got to smile and nod…these are people that are caring for your child. They’re professional people…they’re trying to help her… they’re trying to help you, but you’re not helping yourself, and you’re not helping the situation with this little girl. So…she made that decision and so I took her face in my hands and I said, “Jeanne, I’m really proud of you.” I said, “You know it takes a big person to be able to do that.”

3. They did have a family who was interested in taking Hannah, but her birth mother was dragging out the termination of her parental rights. The caseworkers were not allowed to really say anything, so I said exactly what I thought, and it worked. Hannah’s mother listened.

4. And the guard thought I was the caseworker. He came over to me and he said, “Are you ready to go in?” And I said, “I’m not the worker. I’m just the foster mother.” {slight laughter from both} Well, this place was humming and bumbling and, you know, they’re all talking about this foster mother who
did counseling. {laughter} But, she did really…you know, I’ve seen her a couple of time since…she’s very appropriate…I don’t know if she’s now on medication? But, hopefully, she’s going to get her life together…and I said, “You know, you call me. I don’t mind talking to you,” I said, “But, you have to be appropriate with me because I will hang up on you.” You know, you have to be firm and tell her the way it is. And I said, “If you were my child…behaving like you are, I’d be telling her the same thing.” So….

4. I really took Hannah’s birth mother under my wing and some people were amazed that I would do this.

5. I can do it, but the caseworkers can’t do it because they have…they have their guidelines, you know.

6. And I said… normally I don’t get attached to birth mothers… I said…I’m very professional…I said, “You’re the second young girl that I’ve got attached to.” And I said, “I will tell you a success story about the other little girl.” I said, “Her baby died…because of…I guess she was going on there with this foster mother.” And I said, “I buried that little girl.” I did. I buried her with my mother. And I said, “That little girl was a victim.” I said, “They were going to send her to jail.” And I said, “But what…what good is that going to do?” I talked to the detective that led…I said, “She was molested from the time she was 7-years-old by her brother and father. Father shot himself.” I said, “This little girl was age 15. She got pregnant by dad or brother.” And I said, “You can’t punish her for something that happened to her…that wasn’t her doing.” And I said, “She needs rehab.” And she went…she went to some of these group homes that wasn’t good for her, and finally she went to a foster home with another baby. And I had

5. The caseworkers can’t say what they really think because they have guidelines to follow.

6. Normally, I’m very professional and do not get attached to birth parents; however, Hannah’s mother was one of very few exceptions.
her other baby that was very severely…
ahh…damaged, and I…I don’t know,
there was never a diagnosis….but there
were horrible seizures and atrophy of the
brain tissue …so….um…. she went to
this other home, and it was a Christian
home, and thankfully those people got
through to her, and she became a better
person. She went on to school. She
became an LPN. I got a Christmas card
from her. She lives in Buffalo, New
York. She’s working in a nursing
home….she really got her life together.
And I said, “Jeanne, she’s the same age
as you are.” And I said, “She got her life
together.” And I said, “And you can do
the same thing. You need to get
educated. You need to get a job, and get
away from your home.” Yeah…I…I
mean I told her that, and I was very open
in the court room. I told them the same
thing what I said to her.

7. Tell me about Hannah. Umm
……….she can be very demanding
…umm…for the longest time I could not
get close to her. She was never loving or
affectionate…ahh…

8. just since probably December she would
give you hugs and kisses… actually,
appropriately. She will call us mommy
and daddy now. She’s never done that
before. (R: And you’ve had her for two
years?) Yeah….

9. when you would carry her, she never
clung to you or held on…she’s just like
there. And it wasn’t just me, it’s
everybody that she does that to including
her birth mother.

10. And…um…some people over at the
Children’s Institute picked up on that,
and they asked me about that. And I
said, “She’s just been like that

7. Hannah is very demanding and
difficult to get close to. For the
longest time, she was never
loving or affectionate.

8. Hannah’s behavior recently
changed after two years. Now,
she is able to give hugs and
kisses and will call us mommy
and daddy.

9. Hannah would never cling to you
or hold on to anybody including
her birth mother.
from day one.” And they said, “How much closeness does the mother have with her?” And I said, “She was actually not with her for those 5 months that she was in this variety of hospitals.” So…umm…she’s just learning to be affectionate…um…….

10. People at the Children’s Institute noticed that Hannah had a problem getting close too. I think that Hannah is just now learning to be affectionate.

11. Do you ever wish Hannah was your child?…No, and I don’t mean that in a bad way…um… I’m too old for adopting.

11. I don’t wish that Hannah was my child, but not because of her problems. I’m just too old to adopt now.

12. And they asked many a times if I would take her, and I was like, “No.” [Researcher couldn’t understand next section because speaker was laughing.] They were like, “I was just asking…you could change your mind.” I had to be very firm about that…I mean we have Casey… and we have to raise her yet.

12. The foster agency asked me to adopt Hannah multiple times as if trying to change my mind, and I had to be very firm with them. I still have a child in my home besides Hannah whom I have to raise.

13. Will you miss Hannah when she leaves? Yes, I will. I do miss her when she leaves. Yes I do. She’s… umm… I think I’ve become very close to her… umm… her medical needs were very fragile…and the two years… it was not easy to take care of her. But, um… because I’m a nurse, I took her on as my responsibility. Yes, I became very attached to Hannah.

13. I’m very attached to Hannah and will miss Hannah when she leaves. I already do miss her. I’m a nurse, and I took her on as my responsibility. I’ve taken care of her fragile medical needs for two years.

14. Yes… I always hug her and kiss her and tell her how much I love her…I never actually saw her own birth mother do that.

14. I always hug and kiss Hannah and tell her that I love her, and I do. I never saw her birth mother do these things.

15. What are Hannah’s medical issues? Um…well she came home on monitor… heart and breathing monitor because… umm… she had [unable to hear]… and umm… airway… Bronchial Pulmonary Dysplasia, which is the one problem… she was severely premature… um… and so she was on oxygen that was required night and day. And the heart monitor
just would there to alert us if she should stop breathing. Then slowly we weaned her off the heart...AB monitor ...and then...um...as of November of the 07, she was off of oxygen completely.

16. Yes...and actually, it’s as needed...it’s called PRN. And she came back sick on Sunday, and I had to... um... put her back on the oxygen. On Monday night I put it up to a quarter of a liter. Tuesday and Wednesday night I dropped it down to an eighth of a liter because she was coughing...coughing ...and coughing. And I doubt that the new mother recognized that this was a full-blown cold that she had. And...um ...and then last night I had her on a sixteenth of a liter. And I really don’t think she’s going to need it over the weekend, but I sent it....So....it’s... umm...it’s there if she needs it. And her pulse also dropped down and so she wasn’t getting enough air into her lungs ...when she has a cold...when she’s sick. And of course, they have animals in that house, and I don’t know if that precipitated this. (R: Allergies?) Well, that could be...even if she wasn’t wheezing, she was coughing and that’s usually a sign that she has a cold. Yes ...I syringed her a couple of times today so...but, she needs to be on her breathing treatment...they’re three times a day, as well as the Pulmicort that she gets in the morning and so I told the mother, “You need to do that.” I always write everything that needs to be done. Whether they follow through {laughing}, I don’t know.

17. **Tell me about a time you had to set limits for Hannah.** Umm.......the first time was probably when she became mobile...umm...I always had her in a

15. Hannah suffers from Pulmonary Dysplasia due mainly to her being born premature. I’m a nurse and have been able to use my specialized knowledge in order to take care of Hannah.

16. Now that I know Hannah is going to be leaving, I’m very worried that her new mother is not going to be able to take care of her as well as I do. I’ve been trying to write things down in order to help her to know what to do, but I have my doubts about her actually being able to follow through.

17. I started to have difficulties setting limits for Hannah from when she became mobile.
18. I had to be careful because Hannah’s mother said she would sue me if Hannah got hurt.

19. I had to be firm and just say “no” to Hannah (“You have to do this”), but she would become very belligerent and want things to go her way.

20. but like she would listen for my husband…

21. and she would push my buttons and still does. And she does this with her mother I’m told…and she also…

22. I guess the father is a little more firm…so she does need that father figure in her life…Yeah….very firm.

23. Like…we have an understanding…Hannah. You need to be there. And in order to keep her in there, it was redirecting…giving her something. She liked junk mail; we’d give her that. Well, her attention span wasn’t long, so…you know….{laughter}….you had to move on…you had to have a back up
every two minutes or something to…. 

24. **Other times when you had to set limits?** Oh yes. She would climb out of the playpen and...umm...play with the TV. And I’d said, “No,” and she would throw a fit...and throw herself on the floor and...get...stiff...and limp and bite and claw and try to bite you. When you would just try to remove her from the situation...{laughing} It was very difficult to get her to stop.

25. Just a lot of redirecting, giving her things,

26. just....trying to change the scene... walking away from wherever she was...she’d be squirming out of your arms...just going to the door and looking out the window...just little things...

27. Well, it worked for a while and then you’d bring her back to that situation and it was like a one track mind...like, “I’m going to do what I set out to do.” “And you’re not going to change me from doing it.”

28. And my husband was very good with her. He’d say, “Hannah.” And I don’t know if it was the tone of his voice... firmness...um....she often times would listen.

29. But...but that kept coming back. It’s...it was really hard to break that... pattern of what she wanted to do. (R: She’d keep going back to it if she was right there by it?) Right....

30. now she has more....and so...I mean at that time there no speech at all....and so there was no way of communicating. Now, I see she has these words, and it’s helping some. I’m not sure if she totally understood. I think she knew some

24. Hannah’s behavior can get pretty out-of-hand (biting, clawing, throwing fits). I try to remove her from the situation, but it’s very difficult to get her to stop.

25. I use a lot of redirecting and giving her things.

26. Sometimes it works to give Hannah a change the scenery (looking out the window) and take her away from the area in which she is having difficulties.

27. Hannah has a one track mind. When you bring her back to a situation, she will pick up her bad behaviors again. It’s like “I’m going to do what I set out to do, and you’re not going to change me from doing it.”

28. I’m not sure why my husband handles Hannah so well. It might be the tone of his voice; the firmness.

29. When Hannah wants to do something, it’s really hard to break that pattern of behavior.

30. I think some of Hannah’s problems stemmed from her having no way of communicating. Now, that she can understand more language and speak better, she’s doing better, although she doesn’t listen to the word “No.”
things that we were saying...like she
knew the word “No.” She just wasn’t
going to listen to the word “No.”

31. She was going to have Her way, not
Your way. And she still has a lot of that in her.

32. …I’d say…no it’s not gotten worse…I
would say it’s…it’s a little bit better. I
don’t know if it’s because she’s gotten
older…that could be a possibility…
umm…maybe her cognitive is getting
better, and she’s understanding what
you’re saying better. I don’t
know…I…I…

33. Well she pretty much of a bully. When
….um…there’s children that are on two
feet walking…you know…and she’s
around them, she tries to push them
down…she tries to sit on them. They
don’t have to be in a closed in quarters
like in her playpen…they can be in an
open room with her, and she’ll go after
them, and she try to pull their hair. And
I’m not sure if…it’s a mean streak that
she has or if it’s an attention thing. I’m
not sure.

34. Oh…she tries to get my attention, and
she’ll go {imitated sounds made by
Hannah}. Sometimes I ignore her, and
sometimes I’ll say, “Hannah, look at me.
What do you want? Are you hungry?
Eat {speaking very deliberately}.” I go
through the sign language. And…well
she’s not an eater so…it’s…it’s hard to
get her. Now, this morning I was
feeding the baby, and she started to
ask…and saw the baby’s cereal. And I
said, “Would you like some of her cereal
{speaking very deliberately}?” So…
after the jar was almost finished, I said
to Hannah, “Would you like a bite?
We’ll share.” And she came over to the
playpen, and then she backed away.

31. Hannah still wants things only her
way.

32. Things have been getting better with
Hannah, and I struggle to understand
exactly why this is so (she’s older,
she’s cognitively more developed,
she understands more language), but
I just don’t know.

33. Hannah’s really a bully (pushing,
hair pulling) when it comes to other
children. I’m not sure if she just has
a mean streak or if she is trying to
get my attention.

34. Hannah often tries to get my
attention, and it’s hard for me to tell
if she seriously wants to
communicate or if she is just trying
to take me away from what I am
doing. Sometimes I ignore Hannah’s
attempts to get my attention, but at
other times when she clearly seems
to want something, I won’t. When I
do communicate with Hannah, I
speak directly to her in a very
deliberate manner.
And I said, “Well Hannah, I think you told me you would like to have a bite.” And then she took a bite of that cereal. I think she wanted to see what this kid was eating … [unable to understand]…. And she took a bite…she didn’t gag… she didn’t throw up.

35. Part of her behaviors prior to all this, would be she could gag…she would start coughing…if she didn’t get her own way, she would gag and she would go…any piece of furniture that you had in your house to throw up on…it was almost like, “I’ll pay you back because you want me to do something.” She kind of stopped that now, but she… Uh huh…uh huh…I can’t tell you how many chairs… and then she would look at you like, “And what are you going to do about it?” And……..there was an incident recently where…um….oh…it was on a Friday, and she was going out for a visit…this was several weeks ago. In fact, it was…umm …Good Friday …that she was leaving. And…I think…I mean she was to be discharged that day. She was not coming back. And she was very angry… very, very angry. She took her [not able to understand] off, and she [unable to understand] …she took them off, and she threw them at the shutters…and then looked at me like, “And what are you going to do about it.”

36. I did not call attention to that at all. I think she did something else…I can’t remember exactly what it was, and I waited for a little while, and then I took her and sat her on the chair and said, “You’re going on a visit, and we need to put your shoes and your socks back on so that you’re ready when they come to pick you up.”

35. Hannah can also be very defiant. She will deliberately do things that she knows is wrong (throw up on specific pieces of furniture, throw her shoes), and then look at you as if to say, “What are you going to do about it.”

36. I try not to call attention to Hannah’s provoking behaviors, and then when things have calmed down, I’ll try again to talk to her about whatever is going on.
37. And I think this was traumatic for her… I think it’s traumatic for any child… to be put in somebody else’s car in your car seat… a long journey … it’s an hour-and-a-half drive where she has to go… up in Evan’s City where they live. And then… she doesn’t know these people… it’s not the same driver that picks her up all the time… and you know and she’s… she’s riding in this car seat. She doesn’t see us for… for several days…

38. and then she comes back and then it’s like… this startled look like, “Where did you come from.”

39. So… she was absolutely acting out that day… I didn’t call any attention to that… because I didn’t want to see her do this again. And so I waited for awhile… and… she didn’t get a reaction from me… and she thought, “Okay, I’m not getting…”

40. But she… she needs boundaries. She needs that playpen. She needs a car seat sometimes to corral her because if she becomes over stimulated, I have a hard time dealing with her… umm…

41. when she went to the new family, they were told to get baby gates… playpen, crib, and a car seat for in the house. The same set up as what I have here. They did not get the gates… they did not get the playpen… they did not get the car seat. I get a frantic call from the mother one evening, “She’s wired. What do I do?” I said, “Well, do you have a place where you could put her?” I said, “She’s over stimulated. She can not handle running constantly. She has to have boundaries. Do you have the baby gates?” “No.” “Get those. Do you have a playpen?” “No.” “Get that. This is why I keep telling you.
42. These are things that you need so that she has the same continuity as what she has here.”

43. I said, “She follows you everywhere. She running…you’re chasing her…you can’t get your work done.” I said, “She loves that. She LOVES no structure in her life.”

44. I said, “You need to learn to structure her.” I said, “The next time she comes, I will send a car seat. But, you need to get a playpen. If you don’t do that, I will send my playpen, and when she leaves, you can have it. But, until she leaves for good…I…I need it.” Yes. So….in the meantime…like maybe about a week ago she just like….umm … I said to her, “You know, you can try a little Tylenol at night. If she’s over stimulated, hold her…hold her close.” I said, “She probably won’t sit on your lap….but, you need to try to do that. She has to have some boundaries.”

45. **Does she respond to holding?** Well, sometimes she’ll kick…sometimes she just doesn’t like it. And, you may hold her for a little bit, and she’ll sit and that’s it. So she can…it’s her way or no way. And…you just have to let her know that…she can’t be boss all the time.

46. **Does she respect boundaries?** Not at all. She doesn’t always respect you. You…you have to gain her respect and that’s only by teaching her, “Look, this is the way it’s going to be Hannah. This is the way we…we work here. This is…” She’ll be everywhere in your house.

47. Yes…and it’s not always all that bad. She finds her own things to play with…like for instance in the kitchen, if you have juice…little juice bottles or

42. Hannah needs continuity between our two homes.

43. Hannah gets out-of-control when there is a lack of structure, and she seems to love that.

44. I keep telling the pre-adopt mother about structure and boundaries. I have even offered to give her my playpen, but she doesn’t seem to be getting it. I told her to try and give her Tylenol at night and hold her close.

45. Hannah doesn’t always want to be held and will often fight to get away. I think she just wants her own way, and I have to let her know that she can’t be the boss all the time.

46. Hannah doesn’t respect other people’s boundaries. You have had to gain her respect by teaching her how it’s going to be and telling her.

47. It’s not always all that bad. Hannah is able to find her own things to play with.
something you know in a basket, she’ll bring those and play with them. It’s not all that bad,

48. it’s just……you’re chasing her constantly. I mean she’s not…I can’t say she’s destructive. I can’t say…. she’s mean. She just…she wants everything her way. And if it isn’t her way, you know, just distraught…

49. because one day she will be in a school program, and that’s coming quickly…three years and she’ll be in the….some sort of a preschool…and she needs to learn respect and boundaries and what is expected of her…and it’s going to be very difficult, you know….um…

50. hopefully, her speech will improve better…she can start understanding…

51. She has never really had an MRI, and I can’t say there’s a diagnosis. She had an MRI to find out about the feeding issues…whether it was that Arnold Keeric syndrome…that ruled out…it was negative…umm…but, there was never an MRI done…

52. unless there was…you know, I’m kind of contradicting myself….sometimes severe premies do have MRIs, but that was never ever shared with me. I don’t know that for a fact. But, with that said, as far as I know, there is no diagnosis…. there’s…there’s problems…there’s symptoms like Bronchial Pulmonary Dysplasia…the airway disease that she had that required the oxygen…um…the feeding issues…the global delays…that sort of thing, but there is no definite diagnosis.

48. I have to keep chasing Hannah constantly. She’s not mean or destructive, she just wants everything her own way or she will become really distraught.

49. I’m really worried for Hannah if she does not learn respect and boundaries because she’s going to be in school soon, and it will be very difficult for her.

50. Hopefully, her speech will improve, and she can start understanding.

51. It would be nice to know exactly what is wrong with Hannah, but she’s never had an MRI and has no diagnosis.

52. I don’t really know what’s actually wrong with Hannah because no one has shared that information with me. There’s no diagnosis.
53. **Tell me about a time when you tried to comfort Hannah.** That’s difficult. She pushes away from you. {made motion as if pushing away.}

54. She…ah…she’s getting a little better with that now because of the hugs and kisses we learned…”I’ll kiss your boo boo.” {made kissing noise} You know, I’ll do that…umm…

55. like just…just did not want that contact …that human contact.

56. **What would happen if you picked her up?** A wiggle worm…just like out of your arms on…”I don’t want you to do that.”

57. Yes. She’s getting better now. I think maybe her words or her speech, or she’s understanding, or maybe it’s just age. I don’t know what it is. But…ah… she will let you hold her for a little bit. And …she let me kiss her and hug her and then…

58. I’m happy for that because……….that would just be so difficult for any family to deal with…you know,

59. and I don’t know how much these people are aware. I don’t know….and ….I don’t know the type of picture CYF painted. I’m very honest with people. I tell them everything because I feel they need to know.

60. Because I don’t know what she’s going to be like as she grows. I mean… hopefully, she’ll keep getting better, you know, and will be able to listen and…

61. I’m trying…I really am trying. And you know, I don’t have a whole lot of services in the home…umm…the goal’s always reunification…so The Alliance For Infants…the developmentalist and the physical therapist would see her out
at the agency…at Family Services with her mother. And of course there was no communication with me what was going on. Ah…I had my own agenda. I knew what was going on with her, and so…I had enough experience I guess to try to do my thing with her. Umm… since her mother relinquished her, the scenario has changed a bit, and I’ve had a few people in my home,

62. and then….I had to say she’s leaving… and now she didn’t leave all because of clearances…FBI clearances and some other clearances… that’s why she hasn’t been permanently placed with these people. So there’s…there’s a delay here of…weeks before she goes permanently with those folks.

63. And in the meantime, I’ve had the physical therapist, and I had a speech therapist that came into the home…a speech girl…an OT. And those girls were fantastic. The OT probably was here three times…not enough to get to know them, but…um …this has worked wonders with her. And then the physical therapist…I think is absolutely marvelous.

64. She gives hand outs, and I copied those handouts and sent them to the new family. Because someone taught her to go down the steps on her rear…she can’t do that. She doesn’t have the cognitive or the strength that if she went forward, and the defense is to catch herself…so I had to underline that and send that to the new mother so that she be able to understand…this is not what you do. You follow what your PT is saying.

65. So I think if I would have had the people in my home from day one, I would, you know, I may have……..
been able to discuss this...some things with her...and maybe they could have given some specifics too.

66. The birth mother never played with her constructively. It was always a pop bottle and a cell phone from day one. From five months of age, that was all she did. And...the birth mother saw her just...um...Wednesday of this week, and she couldn’t believe how much her speech has...has exploded. And I thought it’s because she doesn’t see you ten hours a week every week. Yes... yes...and it was the same-old, same-old...and no matter who I told, “This is not right. You don’t play with a cell phone. You teach her.” And I even told the mother what to do, you know, “Do the B, B, B...the Da, Da, Da sounds so that we can get her speech going here.” But, it was lay on the floor with her...the cell phone and the pop bottle. She displayed some of that behavior at The Children’s Institute...with the child she would come for some trainings over there to learn how to feed her...and as soon as the kid saw the cell phone and the pop bottle, she dropped the toys...

67. Yes...But...umm...Hannah does get Occupational Therapy, Speech, and Feeding Instructions over at Children’s Institute. And she’s been going there since July of 07.

68. Was it difficult to get services? Well, no the services were in place. They were always out there at that agency, but nobody communicated with me what they were doing. Unless I went there every week for her services... which I wasn’t always able to do. I think if it would have been here in my home,

69. I would have been able to constructively talk to the person, you know, who was...
doing the service for her and said, “Look, this is what I’m experiencing. How can we help? Can you show me what to do? Or…you know…give me some advice here.”

70. Because the PT that’s coming now… she’s an older woman…very experienced…and she’s picked up on a lot of things…not just the walking and the, you know, the motor skills. She’s picked up on other things…behaviors and, you know, is teaching her to do steps and, you know,

71. she wants the new family to be taught the same way that’s why she’s handing the handouts. Yes…. and this particular lady will never be her PT in her new home.

72. They will have to get services up there. And…umm… Alliance For Infants is aware of that, and they were supposed to connect with somebody up there… but ….some things were canceled and we can’t…we can’t actually look into all of this until there is that discharge date. I had to cancel oxygen…I had to cancel up there oxygen, you know, and I’m just on a temporary basis here until this all gets straightened out. And it’s all hinging on the clearances. And there’s three counties and…and two different agencies involved. There’s somebody out there, and then there’s CYF matching…they’re separate…and then their agency is in Westmoreland county…so we’re talking Allegheny, Westmoreland, and Indiana counties. . It’s…it’s difficult. Nobody wants to step on somebody else’s toes, and so that’s where the delay is coming in here.

73. When you get a chance to give her a hug and kiss, does she do it back to you now? Yes…you can say, “Hannah,

69. If I would have been involved in Hannah’s treatment, I could have shared my experiences of Hannah, and they could have given me advice on how to help her.

70. The service providers she has now pick-up on a lot of problems that I don’t see and then teach Hannah how to do things better.

71. The services providers are also concerned that Hannah should have the same types of interventions at her new home.

72. It is a very complicated process trying to get Hannah placed with the pre-adopt family, and the rules of the Child Protective System don’t make things any easier. Also, there are multiple counties involved, which all have different rules. And then nobody wants to step on anyone else’s toes.
give mommy a hug,” and she’ll come… she’s really sweet, you know, and she’ll give you…put her arms around you and …Yes…I’m so happy she’s doing that.

74. Because at one time, there was nothing …there was no affect at all. It was like……this wall was there. You couldn’t reach her. No, I’d say…I’d say it’s pretty much all the time.

75. Unless she’s engrossed in doing something and then she’s not going to listen to what you have to say.

76. And I think Cathy…I think Cathy had a lot to do with that because Cathy likes her and there’s interaction between child-to-child….and…um…Cathy’s one of ours…she’s our 11-year-old. Yeah…it’s her. If it was the little [laughter and unable to hear what was said]…our 11-year-old so…no…so that’s…I think she was very instrumental in helping her. I think she had a lot to do with that. And I can remember in December when the new family came to see Hannah… Hannah had a one track mind. We were sitting in that room in there, and all she wanted to do was knock the lamp over…the floor lamp. And the father had his hands there where she could get it. And I sat there and I thought, “How long…..before they take her out of the situation?” I didn’t do anything. I just sat there. And finally then…about 15 minutes later, the mother took her and took her for a walk. And then broke that habit of what she wanted to do. Yes…. This is what I’m going to do… one track mind. I’ve got to do this. I’ve got to do this. I’ve got to do this constantly. And then finally, she took her for a little walk, and then she threw a little hissy fit, and….Cathy came into the room,

73. I’m so happy that Hannah now gives hugs and kisses. She come and put her arms around you and be really sweet.

74. Hannah used to have no affect at all. It was like there was a wall between Hannah and other people, and you just couldn’t reach her.

75. Now, Hannah’s always listening unless she’s engrossed in something.

76. I believe that our 11-year-old daughter, Cathy, was very instrumental in helping Hannah. I think that child-to-child interaction was very important. Cathy can calm Hannah right down.
and she picked her up, and she brought her in here and gave her a doll or something… took her back and the husband says, “Oh honey, look at that. She quieted her down.” {laughter}

77. And these people…inexperienced… they’ve got a lot to learn…they really do cause this child is…big time. And then in the meantime, they got another kid, but they don’t have that child now. He was 9-years-old and real behavior problem. And I…I almost choked when I found out that they had this child because she needs one-on-one. Desperately, needs one-on-one. And I think things are better in that household now just…listening to their conversation about how well she’s doing in some areas, you know, because I…I think they were just overwhelmed.

78. Then that’s very much. “You can’t save the world” is what I told her. She said, “I don’t want to be another failure in this life.” And I said, “But you can’t save the world.” I said, “She needs you’re primary…” She is a super handful. So hopefully she’ll turn into a nice little girl…and I know she’s always going to have some little issues, but……. And that stuff is so important. It’s not just the feeding…I mean…we’ve…we’ve got this whole thing.

79. And then the father said to me in December, “Oh okay. We still have delay. When are they going to resolve?” And I said, “I can’t give you a timeframe. {laughter} She may have them forever. I don’t know.” I don’t know…the doctor’s won’t…they’re not going to commit to a time…And then he asked me that twice in January, and I said, “I’m going to tell you the same thing that I told you in December.

77. Hannah is a very difficult child who needs one-on-one attention. I don’t believe Hannah’s pre-adopt mother would have been able to handle Hannah and another child together.

78. I told the pre-adopt mother that I didn’t believe you can save the whole world or every child. You have to put your full attention into the child that’s in your care, and do what you can do. Hannah’s a super handful.

79. It will take a lot of time and effort to help Hannah. There is no timeframe or date when she will no longer have any problems. You’ve got to work on things. It comes in baby steps that you can see when you look back at how far she has come.
There’s no answer here. You’ve got to work on these things.” And I said, “Let me ask you something. Do you see a difference in her now then it used to be?” “Yeah.” “Okay.” I said, “It comes baby steps.”

80. **Tell me about a time when you had to separate from Hannah.** Wow…she just goes. Yeah…last night I had a meeting at school. I had an IEP. She didn’t care. And then when I came back it’s like…”Oh…she’s here.” Wow…wow…I didn’t see her cry…the first time she went in these people’s car, you know, the transporter that took her up to Indiana…she didn’t cry. She just sat there and she’s looking, and I go, “Bye, bye darling. Bye, bye honey. [throwing kisses]” And she didn’t love us back…and I thought, “Oh…she’s going by herself. I can’t believe this.” However, she’s been transported by our agency before …another visit…and there was no problem…other then climbing out of her car seat…you know…well, no problem. And now at that age, it’s just like I give her something to play with in their car cause I think…it’s a long drive …I hope she doesn’t climb out. {laughter} Oh, she’s a Houdini. I’ve never seen a child like her. She’s a real Houdini.

81. I let CYF watch her…observe her. I said, “I’m going upstairs to change a baby.” I said, “Carol, sit there and watch her.” And Carol said, “No, I’ll hold her.” And I said, “No…no…you’re going to sit, and watch her climb out of her car seat.” I came back down, and she said, “Ohhhhh, I can’t believe that.” I said, “Now, do you know why I put my 30-day notice in? She’s a danger. She’s dangerous to herself and….to us…

80. Hannah doesn’t seem to care of she has to leave us. I throw kisses and tell her “Bye, bye darling,” but she doesn’t love us back. It’s like she’s going by herself, and I just can’t believe it. She just goes with no problem.

81. I don’t believe CYF understood how dangerous Hannah’s behavior could be, and I had to show the caseworker why I put in my 30-day notice.
82. and I don’t want to be homeless. Her mother would be laughing all the way to the bank.” {both laughing} I’m serious…I’m serious…it would be…her attorney wouldn’t allow it…yes…. {laughing}….but I got through to mom so……

83. How did it feel when she wasn’t affectionate back? It felt kind of ucky. I felt…why is she doing this? I… {laughing}…how could you get to the root of it. Does she not like me? Is she very attached to her mother? You know, those were things…but yet when I…I would observe the mother handling her, and I’d said, “Well, Jeannie, she does the same thing to you that she does to me.” You know, and Jeannie would say, “Yeah, she’s always been like that.” So, I don’t think Jeannie had enough cognitive to realize that this wasn’t normal.

84. Umm…well, I felt a little better. I said, “Oh, well, it’s not my fault.” You know because I was always good to her and ….you know, took very good care of her and…it…

85. it does…it kind of gives you an empty feeling like…why is this happening? And I…I’ll be honest with you, out of all my other kids that I’ve had…and I’ve had over 100, you know, probably before she came along, I never saw this before…so it was kind of mind boggling. Was it because of her severe prematurity? She’s not connecting here. Or was it something a little bit deeper.

86. And then I saw some of these personalities emerge like what mom had, and I said, “Look, obviously there’s a genetic thing.” And I always felt sorry for Jeanne, the birth mother,
because she didn’t come from a very good home life. Not everybody is raised the way you raise your children. And I saw a lot… I heard…and I was in the presence of mother and the stepdad …seeing this yelling… hearing the yelling in court. I mean they did it, and there was no loving like… with Jeanne, “I’m going to support you. I’m going to help you all I can.” They’d say, “Oh, you’re kid is retarded. Don’t bring her home.” Things like that. That’s why I told her, “You need to get away from that home life.” Yeah… still is. She’s been on the streets. She’s been homeless… umm … her birth father… and I don’t know if I can say this or not, but…her birth father was [someone who was shot and killed]. Yeah, there’s just not a real loving environment. There’s a lot of MH/MR in that household… and …they’re …they’re… I thought, “It’s not like my lifestyle.”

86. I watched Hannah’s birth family interact in a very negative way (e.g., yelling, mental abuse) and there are a lot of MH/MR issues, so I thought there must be something genetic at work in Hannah.

87. And it was very difficult. And I can remember when I first met the birth mother…she did a lot of swearing…a lot of 4-letter-words… [couldn’t understand]… I said, “You don’t say things like that. You smile and nod.” And so she did start to listen to me… and I can remember we went to court another time, and I was on the stand in front of Judge Rangos and…. um… her attorney was asking me some questions, and he said, “Does Jeannie listen to you.” And I said, “Sometimes.” And he said, “Why is that?” I said, “I don’t know. I tried to be a mother to her. I did take her under my wing.” And he smiled, and the judge looked over at me and smiled too. So I thought… she …she’s a positive figure in her life. And I hoped that I was… that kind of a person for her….

87. I tried to take Hannah’s mother under my wing and help her, and I do think I was a positive figure in her life.
88. **What would you say to other foster parents who might be going through a similar experience?** I would just say keep working at it. Don’t give up.

89. Keep being loving and affectionate because at some point in time, hopefully, there will be a break through. With me, I saw it with her… umm………..

90. Get all the help you can get. I mean, you know, there’s all the services out there for a child under the age of three, and there’s should be services for beyond…umm…….

91. If they don’t have a diagnosis, get your doctor to order an MRI because that’s very, very important to know what’s going on in their head…right… right…umm…..

92. just be as loving as you can.

93. It’s difficult sometimes when they don’t listen…it really and truly is. It can throw your household off, and you’re riding in the car, and they’re out banging on somebody’s head…or whatever…climbing out…yeah, that’s dangerous. I mean it…it is, but you just try to be a positive role model and

94. just……hang in there and keep going. Yeah, that’s what you have to do. You can’t have negative thoughts enter into your head because it won’t work. Absolutely….Yeah…and say, “Tomorrow, hopefully, it will be a better day.”

95. And you know, you can teach kids. You can do something if it’s repetition over-and-over-and-over…maybe 150 times and you haven’t gotten it…and all of a sudden maybe on the 151st time…

88. I’d advise other foster parents to keep working with their child and don’t give up.

89. Keep being loving and affectionate even if you are not getting it back because at some point, hopefully, there will be a break through.

90. Get all the help you can get. There are a lot of services out there to help kids.

91. If your foster child does not have a diagnosis, get one. It’s very important to know what’s going on in their head.

92. Be as loving as you can.

93. It is very difficult when your child doesn’t listen. I can throw off your entire household, but you must try and be a positive role model.

94. Just hang in there and keep going. You can’t have negative thoughts because it won’t work. Just say to yourself, “Tomorrow, hopefully, it will be a better day.”

95. Kids can be taught through repetition. It might take 150 times, but then all of a sudden on the 151st time, the light bulb goes off, and they’ve got it.
Ahhh…Ahhh…the light bulb went off. They got it!

96. So, you just have to keep trying and trying. It’s hard. Don’t give up.

97. **What was it like when Hannah first hugged you?** I was like, “I can’t believe this. She really did this.” She just…she just…Cathy said to her, “Go give mommy a hug.” And she came right over to me and she hugged me. I was, “Hannah, you understood. Oh…oh ….oh…” {in a high happy voice} You know, it was exciting. It was very exciting.

98. I mean she would never follow any commands. You could not give a command. I… I would say probably December…is probably the earliest time that you could get maybe a one part command out of her. I’d say, “Can you pick that up?” {speaking slowly and deliberately} And she would ignore you. Finally, all of a sudden it was like…Ahhh…the light bulb went off. She picked it up. “Can you hand it to me?” So the second little command, she could come over, and now I see the PT asking her to do one and two part commands. So….up until that time it was like…{laughing}…there was a wall there. And…and nothing was getting through.

99. **Was there a break through in the area of emotional closeness?** Yes…yes…I don’t know what it was, but there was just a connection there …like…”Oh my gosh, she realized ….another human being….she …she …likes me, you know, she really likes me now. And she would look at you and give you eye contact and smile.
Until then it was like…like…and I don’t get it. Yes…it has…she does give eye contact.

But, it’s work with a capital W the whole way. I mean this is just a little break through. But, it’s a start and…and

…I really…I believe in her. And, you have to continue believing in the child.

And, you know, when people are adopting, sometimes they don’t see things the way you see it. You know, this is a child coming into their home, which is something…I’ve adopted twice. I can relate to that…umm…and you don’t see beyond that. And so that’s why I’m trying to teach these people…Right, but sometimes people just see… ”Oh, I needed a baby so bad, and this is my baby.” And they don’t realize that there’s issues there. You know, when I started out I may not have recognized these things either, but I think through years of experience you…get trained…with people coming into your home …working…you know, it’s…it’s just…it’s an educational process the whole way.

What’s your experience of working within the Child Protective System?  Umm…you know what I really can’t answer that cause I don’t know how much an agency will tell. There was a…a woman from Three Rivers who came out and did the profile, and the profile…they…they work with charts and hospitals and they get medical records…and I’ve never seen a copy of that profile. This is the first child that I’ve never gotten a profile on. And…the new family should have gotten a copy of that profile.

Before the light bulb moment, I just didn’t get why Hannah would not connect.

It takes a lot of work to get a little break through.

You have to believe in your child and continue believing no matter what.

People don’t always understand that adopting a child is going to take a lot of work. People just say, “Oh, I need a baby so bad, and this is my baby.” Over the years you learn how it really is, and it’s an educational process.

I’m not sure what kind of information foster parents get from CYF or the foster agency. I usually get a profile, but I didn’t with Hannah.
105. She came in January I believe it was, and she did this child profile, and she had all the medical. And of course, she didn’t share any of that with me. I mean…a lot of the medical I was telling her because I keep records of…you know…um…but, part of her interview was similar to yours…what does this child do? Even things like that. And I was very straight forward with her about the bullying…about…you know that she wasn’t affectionate. She definitely was not an affectionate child. Didn’t…umm…you still need to carry her. She doesn’t really hold on to you. You know there’s still some of that… (R: Distance) yeah… That’s right…. and I don’t know if you noticed when I carried her she didn’t… I don’t think so. I don’t think her defenses are that strong yet… because that’s…PT even said coming down on the steps on her rear …she didn’t want that. And I said, “I didn’t teach her that. I just discovered that one…the girl was showing me.”

Umm…I said, “I stay away from the steps because of the track there. I don’t want her to get hurt.” She said, “Well, make sure she comes down on her belly…you know…when she’s going to come.” And when she’s going up, she steps… and she…she needs to learn uneven steps and up-and-down steps before she goes to school because we’re talking November, you know…That’s right, and it’s not too far away. But, she only started to walk at probably the age of two…so…It’s a very rural area. What they have there, I don’t know.

106. But, I don’t know how much agencies tell…and they should tell the whole thing not sugar coat. You know, and I kind of think that these people just knew that there was oxygen and………Ahhh…Oh no… there’s a little more to this than oxygen. I don’t know that
they do. I don’t know. I gave them a summary that was written from Children’s down in Pittsburgh…it wasn’t a lengthy summary, but it told about when she came into care and was only there for three weeks and her issues and what’s going on with her… and… umm… gave them a bit of the history about the mother. I told them that all that. I wasn’t going to lie. This is what mom’s done… you know… this is mom’s diagnosis, and it’s not treated … there are no meds. And… umm… that’s why she’s never graduated… you know… so… I would want to know and yet, I have three adopted children who… I don’t know… I don’t know.

107. **What helps you do what you do as a foster mother?** Well, first of all I have the drive to do this. As you know, I have… you know… some skills that are helping me… umm… and it’s just… I don’t know… It’s just… it’s like an infectious disease. You get it in your bloodstream. Nursing is a disease too. You get it in your bloodstream, and you can’t get rid of it. It’s just that need… and… it’s our way of saying thank you and giving back to the community. So… it’s a drive and a need. It’s rewarding… very rewarding. Yeah… yeah… because I see progress. If I didn’t see progress… ahhh… I guess I’d still think that it’s rewarding.

108. because they can only go as far as their potential… what they have to work with. (R: so expecting more than what they’re capable of…) That would not be good. And I have a child who’s blind and CP and a wheelchair and I still remember the doctor’s telling me, “What you see, is what you get.” And honestly, he… has a little bit of vision in his right eye, and he still needs total care, but you know, he has a great laugh and he’s

106. I think that foster agencies/CYF should tell the whole thing and not sugar coat the facts. I don’t think that Hannah’s pre-adopt family was told about everything, and I don’t feel this is right. I told them everything. I’m not going to lie.

107. I am driven to be a foster mother. It’s my way saying thank you and giving back to my community. And it’s rewarding to see the kids make progress. It would be rewarding even if they didn’t make progress.

108. I don’t throw kids away because they are not perfect. I help them go as far as their potential will allow them and love them for who they are regardless.
sweet, and he says Momma. And that’s where he is in life…and you don’t throw somebody away just because they’re less than perfect…

109. and that’s the way…and I’ve stuck it out with Hannah. Then I put my thirty day notice in, but I’m on 90 days, {laughing} you know, and I’ll probably keep going because I did all of her stuff with the family and umm…and maybe it’s good that it’s been…a little bit longer cause maybe they need more experience. That’s…that’s right…that’s right because I can remember in court…mom’s an RN and the judge said not…not every nurse knows how to take care of this child. And that was the truth. When the baby came back on Sunday, she was sick, and the mother didn’t realize…okay…she’s not breathing, so I had to give her the breathing treatment. So she has to be taught what you have to do….you continue doing that until this clears up. And now, she’ll go back to them with the cats and maybe…. come back and it will happen again. I don’t know…and she’s got meds up there, and she’s got the…I said, “Keep a lot of this stuff because she might need it, and I have other equipment here that I can use.

110. So… I hope it does because they seem like they like her. I know the mother said, “I miss her already.” And she’ll call me to tell me she’s on her way… and…and she’ll say, “I miss her already.” And then she told me last week that they went to her parent’s house, and she said the family just eats her up. She’s the first grandchild. And I said, “Oh, that’s so nice.” I’m happy that’s she’s really wanted there…not…um…well, we need a family. I’m…she really seems like they really…

109. I’ve stuck it out with Hannah even though I gave my 30-day notice because I want her to reach her full potential. She needs me and her new family needs my help.

110. I’m happy that Hannah is going to live with a family where she really seems to be wanted.
Right cause there was one woman who came here, and she was young…very educated…very nice girl, I had nothing against her, but I would just say to her…. {laughing}…first of all she worked. She wanted her in daycare, and I said well you would have to be…you would have to go to…umm ….A Child’s Way. I said, “That’s where she would qualify.” Nobody in this area will take her because of her needs. “Well, that’s too far to travel.” I said, “Well, where do you work?” And she said, “In town.” Well, it’s just beyond…you know…I said, “Well, then you have to hire a nanny.” And she wasn’t too thrilled about that. {Laughing} You know, I wasn’t trying to be cruel…but, it was not a good fit. That’s right. It wouldn’t have worked out. She was a nice girl, but, you know,

Hannah needs a mom and a dad….

and she…one that’s going to be with her most of the time. And mom does… the new mother does work. And I said to someone, “Does she have to work? She needs to be there with that child.”

She…Hannah’s not easy. Feeding is a problem. She can push you’re buttons, and she already did it to the new mother…and squirmed and…. Mom… look her square in the eyes and say, “I’m not going away. Sit down. You’re going to eat.” And that’s what you have to do.

Sometimes you have the time sometimes…but, {laughing} …that’s why I have my husband. I just said, “Hannah, we have an understanding …eat.” And she’ll stand right there …and I’ll say, “I’m going to get dad.” {laughing} And she looks at me like, “Yeah, I know you are.” She’s…she

There was one woman who wanted to adopt Hannah who was not a good fit. She wasn’t willing to do what was necessary to help Hannah grow and develop.

Hannah needs a mom and a dad.

Hannah needs a mother who is available a lot of the time. I’m worried because her new mother does work.

Hannah can really push your buttons. You have to be firm and let her know that you are not going to back down or go away.

Sometimes I just can’t get Hannah to do what I want, and that’s why I have my husband as a back up. I tell Hannah that I’m going to get dad if she doesn’t shape up, and Hannah knows. She’s smart.
just...they're so smart. They just know...they do.

116. When the researcher was leaving, there was another conversation about the first time Hannah seemed to be emotionally present. This foster mother said that up until that time, Hannah had not been a “real” little girl. She had not been emotionally present. There had been an emptiness about her. After Hannah seemed to have the breakthrough, she would give eye contact and seemed to become more “real.”

116. Before Hannah had her break through, she was not a “real” little girl. She was not emotionally present and there was an emptiness about her. Now, she will make eye contact, and she seems to have become more “real.”
1. **Tell me about Daniel.** He’s a bee charmer. He’s a bee charmer. Yes….he’s….he…ahhh….he really is a mix of just an incredibly great personality and then this kind of underlying…grrr….so…..he’s cute. He’s adorable. He can be really very affectionate with us…with my husband and I…umm….and he can also just be very aggressive….umm…he’s very intelligent…and there’s things he knows and he figures things out….umm…and yet, he can’t get colors. No matter what we do. So there’s…and some of that is typical development and some of it’s…who knows. But….he’s….he’s a good kid, you know,…he’s a good kid.

2. **Do you ever wish that Daniel was your child?** Well, that’s the plan at this point (adoption). His goal is…it was changed last November from reconciliation…umm …to…how do they say it… reunification. From reunification to adoption….and…we are….I don’t know when it becomes official, but we are the pre-adopt family. The GPR hearing is in a couple weeks. But, you know, who knows… there’s a whole appeal process. So…we probably will adopt him….we’d like to.

3. Well…..we do want him to be our child and…and a piece of that if because we’ve fallen in love with him….

4. and …and another of piece of that is because….umm…as much as we really …umm…try to be sensitive to…like what…what was his life experience from his data….cause there’s not a lot we know….you know….but… umm….that….we don’t really think it would be good for him, you know, in his best interest at this point to…to be…to go

1. I have a deep appreciation of both the wonderful and difficult qualities of my foster child and overall he’s a good kid.

2. We are hoping to adopt him, but with the system, it’s difficult to know if this will actually happen.

3. We want him to be our child because we’ve have fallen in love with him.

4. We want him to be our child because we don’t think being returned to his birth mother is in his best interest and we love him.
back with his birth mom...you know
...so there’s this piece of...we love him
and there’s another piece of...we don’t
think it would be good to have...

5. I…I...don’t know what would happen to
him if he did have to be reunited with his
birth mom. What he might go through
and....and...how he might grow up as a
result of that cause he’s got some real
challenges. I mean I work in the mental
health field and see...some of the
challenges that I see... that I see with
him and concerning challenges...you
know...so.....to go back and to make
another change again and re....when
he...I’m sure he knows her. I mean he
was with her for the first how many
months of his life....year... year and a
half of his life I think. I don’t know.

6. I think he may have been in and out.
They won’t tell...everything we ask
them it’s like, “Why are you asking?”
His caseworker actually said to me,
“Why are you asking that? I told you,
you have no rights.” So. So...we’re not
sure in terms of whether he was in-and-
out of the home initially,

7. but the placement that he was in before
he was at our house...he was there for
over a year...you know...and so to go
back...go back with his birth mother
now I think would just devastate him. I
mean it would break him. He’s 3½.

8. How much would you miss Daniel if
he had to leave? Umm...I think
it...that would feel the same way that
my reason for wanting to parent him is.
Personally, I would be broken hearted
because I have come to love him. We
love him. He is...before it was even
certain that he was going to come to live
with us...because he was with

5. I worry about what he might go
through if he has to make another
placement change or back to his birth
mother. He’s been through so much
and he struggles with so many
personal challenges.

6. No one will give me any information
about Daniel’s history. His
caseworker is actually told me that I
have no rights and shouldn’t ask.
We’re actually not sure about his
history.

7. I think that removing him from our
care and sending him to his birth
mother would be devastating for
him, and would break him.

8. If he left, I would be broken hearted.
I have come to love him. He’s the
son of my heart.
another foster family. We initially began providing respite for the other foster family...umm...I had said to my husband, “He’s the son of my heart.” And he is. I just adore him and I love him. So personally, it would break my heart....

9. because I feel more-and-more every day strongly that it would not be in his personal best interest to go back with his mother because I work in the mental health field professionally...you know ...from a professional perspective, it would harm him.......so......

10. Tell me about a time you had to set limits for Daniel. Oh, so think of one concrete example... ......umm.... oh boy ....umm...well, probably bedtime is the challenge. Let me think of a concrete example... umm....so...last night he was...we had had a great, great, great day...you know and so then we went through his bath process really easily and leisurely and, you know, he was in great position...and right now he has decided this week that he’s going to put himself to bed. And what that means is, we don’t have to lay there with him for 2 hours until he goes to sleep. We get to sit on the chair next to his bed. And so there’s this piece of...we very much want him to have that sense of independence, and we have been kind of talking over the last couple months of...you know...he’s potty just in {can’t understand}...so potty training is...a next step would be at some point in terms of helping him developmentally would be to say...how do we transition from him needing for us to lay next to him...and we very much needed that when he came with us. He was terrified. He had night terrors, you know, all of those reasons. So....so we’re saying we don’t know when we’re going to

9. From a mental health perspective, I feel more-and-more strongly every day that if he went back with his mother, it would harm him.

10. I struggle to be sensitive to Daniel’s developmental process. I try to look ahead in order to determine what might be his next steps (e.g., potty training) and then figure out how to help him reach his next milestone while also attempting to let his needs (e.g., night terrors) and desires (e.g., wanting to put himself to bed) guide what steps we take. For instance, he decided to put himself bed, but he can’t yet because he doesn’t have the skill.
do that or how we’ll do that, but that’s in the back of our mind….at some point before the summer is over was our thinking…let’s think about how we’re going to do this. And so he said this week, “Do not thinking…I put…I put me to bed.” Okay, great…[laughter]…good. You handled that for us. Umm…but then he struggles to do it….and so it’s that whole sense of the same thing…it’s like I try to put on a sock, but I don’t quite have the skills. I want to do it, you know, “Help me, help me…no don’t help me.” You know that kind of thing. So….putting him to bed is, you know…well, he’s gonna do it himself. No, he’s not.

11. And so……. we…when I was putting him to bed, we had a routine of…we read books…. we….walked and did roll over your bed. We said our prayers. We went back and did potty again… umm…he was allowed to have his little sippy cup to take to bed with him. He wanted to take books to bed with him. He had two like hard books…not paper books. He could take a little car that had lights on it if he wanted to look at the books in bed….ummm…he couldn’t take toys that were hard because he rolls on them and they scare him in the night. You know any of those kinds of things.

12. So last night….he said, “I…I…I put me to bed.” Okay. “You sit in that chair.” Okay…allowing him to have that kind of control, but when that goes, then he’s up-and-down, up-and-down, in-and-out of bed, going out. So then I close the door. So he’d go back out. So he’s in-and-out of bed in-and-out of bed, and you know, back-and-forth. “I get another book.” “No, you can have the same two books. You can’t take all

11. We try to keep to a routine, but let him have some control over what happens within the limits that we set.
your books in bed with you.” So…then he’s reaching down and grabbing a book. And I’m like, “No, you have your two books.” “Okay, I want…” and then all these toys…a teddy bear that he likes…a stuffed rabbit that he likes. Then he wants his slippers cause there furry slippers…he wants his slippers…. so… okay, you can have all of those things because I’m thinking…he wants and he’s packing them around him, so I’m thinking…okay, this is really good, you know, he’s doing…he’s used to having a person next to him. He’s packing the stuffed animals around him. He’s doing a nice transition. Let him do that. Just support him in that. But, then it becomes this whole thing of…I need to get back out of bed. I need to get this…I want to take my pants to bed with me. I want to…so, you know, okay. Here are the things. Let’s go through the things that you have. Which of these do you? Okay…you wanted all of them except for this teddy bear. Okay fine. Here’s your water. So…these are the things now. You know you need to go to sleep. Get… you know…stay in bed. So then he rolls on the side of the bed and dips his foot out. So I ignore it. So then he rolls over and he dips both feet out. So I ignore it. So he rolls over and he puts his feet floor. And then I said, “I know this is really a new thing…it’s a challenge. You know, if you’re going to put yourself to bed, you need to stay in bed to go to sleep.” So then there’s this rolling back-and-forth, back-and-forth, you know, and I…if he’s just dipping his foot out, I’m ignoring it. If he’s out of bed, I’m getting up and putting him in. So we did that two or three times, and I said to him, “I know this is really different from when I lay with you, but you need to go to sleep

12. Trying to allow him to have some control while staying within some boundaries is really difficult. I ignore some behaviors, but have to put my foot down with others. Sometimes Daniel just doesn’t have the ability to do what he would like, and I have to tell him that we will try it again later.
because you need to have the sleep. It’s important to get sleep. So, I’m going to let you try one more time, and if you get back out of bed then I’m going to have to come

13. So, I’m like…okay…so let’s get back. Well, then he’s screaming. “I want this…I want that.” “No, we’re not gonna…we’re not.” So…..he still quiets down, and I’m just kind of laying next to him. He gets a whole big mouth full of water and…he comes over and spits it on me. So I said, “Well, now you can’t have your water in bed. You know, because if what your going to do with your water is spit it on me then you can’t have it.” “I want my water!!!” “I know you want your water.” “I’m thirsty!!!” “Okay, just one little drink… that’s it. Now the water’s going out of bed. We’ll try again tomorrow.” Oh…he’s screaming hysterically… screaming hysterically.

14. So…I have kind of thing…if the other person is downstairs whoever is putting him to bed…if…if we need help, then we’ll say something or like sometimes if the other person just comes, it breaks it. And so…then I just said in a voice that was loud enough so that he could hear…”Boy a break would be nice.” You know, so he came up, and he sat with him. And he goes, “Daddy….Momma took my water.” And you know, “Well, Momma took your water cause you spit it on her.” And you know, well, he was just …just beside himself. So then it was a decision of is it better if I stay with him …he comes to break the ice and leaves … which is what we typically do…is to say whoever started the process, continue… so, you know, so that he’s not splitting and, you know, those kinds of things. Last night what we choose to

13. Sometimes, no matter how hard I try to work with him, he just gets more-and-more worked up, and he will do things to get me worked up too (e.g., spit water).

14. When I feel things are out-of-control and I just can’t take it anymore, it’s good to have my partner there to step in order to either give a break or to take over if needed. It’s important, however, that we both support each other and are not allowing Daniel to split us into the good parent and the bad parent.
do was… umm…he stayed with him, and I went down because he was just so worked up…and when he tried…he was really worked up, and so it was like…okay. So then he kept saying to him, “I want more water,” and he…you know…held the line, you know, “You have water. Tomorrow, momma will try with you again. You’re learning… learning to be a big boy, and when you spit water on people, that’s not what big boys do, so tonight no more water.”

15. So….but this was from beginning to end…and…and bedtime is sometimes a two hour process. And last night it was a two hour process. And then somewhere in this then he’s hitting, you know, because…when I told him he wasn’t allowed to have his water he was hitting and, that’s one of the reasons why I thought a break would be nice…cause if he starts to get violent, we really want to stop that.

16. Right…so…so there’s this two hour process of, you know, trying to ignore the mad behaviors…set limits…. let him explore his own growth and development and yet set limits. You know, it’s a huge challenge because there’s this piece of….children very much need to learn limits…umm…they also need to know that they’re safe, and that they’re heard, and that they’re respected. With a child like Daniel, who has these…you know has these attachment challenges there’s always…at least to me it feels like…there’s always this balance…check and balance constantly of when is it in his best interest for me to hold the line so that he learns limits, and when is it in his best interest for me to not hold the line to help with his attachment and his security. And that’s…that’s the balancing act that I live all day long.

15. It can take a very long time for Daniel to settle down (e.g., 2 hours to go to sleep), and it’s very trying. At times, he can get violent, which we try to stop as quickly as possible (e.g., ask for a break).

16. Because Daniel has attachment challenges, I am always trying to balance when it is in his best interest that I help him learn limits, when it is in his best interest for me to help him to feel safe and secure, or when he should be allowed to explore his own growth and development. That’s the balancing act that I live all day long.
17. How did you feel during those times?
   Well, it’s…it’s probably depends a whole lot on what my day was like…I mean there are days when I’m just so exhausted and so…sometimes what we do so that we can stay calm…you know…so that, you know, one of the things I say when I go into…when I’m working with people…parents…when I work with other parents I say, you know, when self-regulation is what’s needed…your self-regulation comes first. And so…the days when I…it’s been a really long day, it’s much harder for me to stay self-regulated. And so…there’s this ongoing, I wouldn’t stay constant, but this ongoing check of how regulated am I staying…you know…

18. and so then there’s this piece of if I know…you know, if…it’s so much a challenge for me at this point that it’s getting way…way {laughter}…then there’s the light bulb…call the other team. And there are times when it’s been…it’s gone on for hours where we switched a couple of times because he would burn one of us out…the other one goes….a half hour later, we switch again…you know…again…it’s the balance of what’s better for him in that second…to ride it out with one person or to feel safe and secure with an adult who can be self-regulated.

19. So…sometimes I feel exhausted…sometimes I feel frustrated…sometimes I just want to cry…sometimes I can go to a place of like…okay, it’s going be okay cause you do not want to do this for 20 year…please God…{laughter}.

20. So…how I feel, I think, depends a lot on what I brought to that situation and I think what I brought to the situation…

17. I tell the parents I work with, when self-regulation is what’s needed, your self-regulation comes first. How I feel when Daniel is having a difficult time depends in part on my own ability to self-regulate, which I monitor on an ongoing basis. If I’ve had a stressful day, it will be much harder for me to stay calm.

18. If it’s too difficult for me to remain calm in the moment, I will call on my husband for help. Then I balance whether it’s better for Daniel to ride it out with one person who might be feeling a bit out-of-control or to feel safe and secure with an adult who can be self-regulated.

19. I can feel exhausted, frustrated, and want to cry, but I try to tell myself it’s going to be okay. It has to be because I don’t want to do this for 20 years.
that situation too...because he knows that if one of us is more tired or one of us is...he’s more apt to have a harder time. No matter how much we are working to stay and being self-regulated, he has this radar for if we’ve had a bad day or...and then he’s typically...worse yeah...more challenging....yeah...yeah.

20. How I feel affects Daniel’s response to me. He has radar for when we’re not self-regulating, and he will typically be more challenging at those times.

21. Has anything worked? Well, some times we say...ummm...you know.... we...ummm...alright, I’m going to go do this other piece, you let me know when you’re ready. Or I’m going to go...like in the morning a lot of times I’ll say, okay I’m going to go dry my hair. I’ll be back to see if you’re ready. I’m going to go put on my socks. I’ll come back to see if you’re ready. What he typically does is as soon as you leave, “I’m ready now.” You know, and then sometimes we say...well, now I’ve started something else, I’m going to finish putting my socks on, and I’ll come back. That works

22. rather it doesn’t work too well in the evening because he’s delighted if you are going to do something else because it’s...the whole, I think, his whole thing is about...two things...one is delaying the process because, although he doesn’t seem to have night terrors now, he...he has had some pretty significant night terrors in his history, and he wakes up and...now he calls to us or he comes, and we come right to him so that he feels more secure, but there’s still that piece of, I think, I don’t want to go to sleep. And then there’s this other piece of...I don’t know if he has some sensory issues or whatever...that...he can’t shut off because some nights he’s working hard. He’s really trying, and he say’s, “I can’t do it. Rub my back.” Which I think is pretty advanced...insight. I mean we work really hard with him

21. I found that if I let Daniel do things on his own while I go do something else then check back on him later, it works better.

22. I’m always having to think about the motivation for Daniel’s behavior and trying to meet the behavior with the appropriate response. For instance, if he’s having difficulties shutting off at night, giving him the responsibility for saying when he will go to bed has the affect of making him more hyper. Instead, I have to help him calm down. If he’s feeling afraid, we come right to him so he feels secure.
on those kinds of things. He can’t even… when he’s trying really hard, and he’s having a good night, and I’m having a good night…and…you know, sometimes it’s, “I can’t do it.” Right…right…so……the things that work in other instances don’t work there. Alright, okay, I’m just going to get up and leave because then it’s…. cause we tried that, and then he’s just like, “Whoo,” and then he’s just really hyper and then he’s jumping on the bed and jumping off the bed cause he’s so excited. He’s got us to leave and now he’s {couldn’t understand}…right …right…

23. **Tell me about a time when you tried to comfort Daniel.** He mostly does accept it. Sometimes he doesn’t, but mostly he readily accepts it. Umm…what we did when he first came with us was we would just slowly approach him and say, “Oh…do you feel bad,” or “I know you’re upset,” whatever to try to name his feelings and then say, “Is it okay?” “Is it okay if I pick you up and comfort you or I pick you up and hold you?” And sometimes initially he wouldn’t say anything, and we’d pick him up, and he was okay with it. So then he started… and he’d say “yes” or whatever. And so we…you know we’d rub his back…you know…cooed and talked in his ear… named his feelings, “Oh I know that must be so…I know that hurt,” you know whatever. And just talk him through that.

24. Once in a while he’ll say…”No,” when we say can I pick up…”No.” “Okay, you tell me if you need me.” And once in a while he’ll…

25. but mostly he wants… and now he’ll say, as soon as he falls down, and he’ll go, “Pick me up.” You know,
he likes ice even if...even if he’s not really hurt badly. He likes ice, and he likes to hold the ice on his face. So he may have hurt his arm, and we pick him up, “Oh, are you okay. Can I kiss it.” And he always says “No,” he doesn’t want you to kiss it. No, kisses are not okay. Umm....you can kiss his cheek, but usually, but don’t kiss where he got hurt. So we’ll say, “Do you want ice.” “Yes.” He always wants ice. Like for example if he hurt his arm, he still puts the ice on his face usually. So... sometimes it’s, you know, he’s kind of in a routine of like...you know, and sometimes if he’s feeling really badly, and you didn’t offer him ice because he wasn’t physically hurt, he’ll say, “I need ice.” “Oh, okay,” and we give him ice. So...that works really....comforting him, generally, is a pretty successful and a pretty easy thing to do. I know that doesn’t always happen. These kids who have been in the foster care system, but for him, it works pretty well.

25. Daniel has a kind of routine he follows whenever he hurting that consists of his asking for ice, which he puts on his face regardless of the actual injury cite. Sometimes if you don’t offer him ice he’ll ask for it. Comforting him this way is a pretty easy thing to do.

26. Tell me about a time when you were separated and reunited with Daniel. Umm...he did...he does go to an Early Learning Center every day...and...he...Monday’s always harder then anything else, but we work really hard and he’s...I mean we WORKED really hard to get him at the best Early Learning Center that we could find. We’ve paid the price for that in that the county won’t deliver services to him because he’s in the City and any of those kinds of things. But, we took him there because in the midst of being lots better reasons for being great, they really have a focus on play and on helping kids socially and emotionally. So...we...so they are in tuned to that,

26. It was very difficult to get Daniel into an Early Learning Center that focused on what I thought was important for his continued development. As a result of my trying to find the best placement for Daniel, he was actually no longer eligible for some county services.
Daniel and I have a routine we follow when he gets dropped off at his Early Learning Center. Daniel and I have a routine we follow when he gets dropped off at his Early Learning Center.

I am very affectionate and playful when I drop him off at the Early Learning Center. He laughs and kind of melts into me a little bit.

I remind Daniel where all family members will be by asking him directly (“Where’s momma go?”).

It’s really important that the Early Learning Center teachers are involved and go along with Daniel’s routine. I let Daniel decide how he wants things to be (e.g., put him down or held by a teacher).

And then his teachers also are very good about…and I say, “Okay, do you want me to put you down or do you want Ms…you know, one of his teacher’s names, to hold you while I go?” And they’re very open to that. And then as the situation…I can walk out and wave at the window. So they are very good about that too.

So he’ll say, “I’ll wave at the window.” So most days when he watches…and I go out and walk so he can see me at the window, and I wave and blow him kisses, and he waves…and then he’s
31. I am careful to make this transition period very short so that I’m not prolonging and/or growing his anxiety. I am affectionate, very playful, and then hand him off to somebody so he feels secure, go out, and he see’s me leave. I wave. I turn, and I don’t come back. And he...he does fine. And they say by the time I’m three feet away, he’s playing. {laughter} He’s okay.

32. It’s difficult to find people who can watch Daniel because these people have to follow the child protective service rules and get clearances.

33. We got a friend to get clearances then had her come over lots before we left him. He seemed to be okay.

34. It’s very hard for Daniel to transition when we’re not there. This makes it more difficult for me and my husband to be away from home. One time I went away on business and it took much longer to get Daniel to sleep.

35. **How does it feel to leave him?** Well, it feels....I mean it feels horrible. And then there...the first couple times we did it...like I would go, and I would cry in the elevator...or go sit in my car...and cry in the car...
36. and then I would call my husband and, you know…and so he would do that. So…I think there’s some piece of it because we…because I am a therapist, and we have been able to talk that through…we have a good relation… so how are we going to do this.

37. And we have a good relationship with the Early Learning Center and we say, “How can we do this, and how can you help us with this.” All of those pieces…so…..

38. as a mom out there crying through…. a…a, you know, now it’s a place where we feel secure about that…you know …but still he said, “Pick me up,” and they’ll be a little tear…you know…pulling, pulling at your heart. Well, I feel like, you know…like…. Should I leave him here? I shouldn’t leave him here. I should take him home…you know….At one point, I said to my husband you know, one of us… maybe one of us should quit our job. I don’t know how we going to do it financially, but maybe one…you know we’ve made this commitment to foster him. He has all these challenges. Maybe one of us should quit our job? You know…and yet there aren’t any other children in our home. He’s in an incredible place. He’s getting good care…I mean I really believe for him, he’s been in early care for most of his life. To take him out now, would be another change that wouldn’t be good. So I think it’s good for him to be there, but it’s still, you know, there are days when I think, “Should I quit my job? And keep him home? I don’t think that would be good for him, but maybe I should.” I’m sure that piece of when he cries and you leave….well, you know, he wouldn’t have to separate from me and…you know…….(R: He would just be there

36. It’s been helpful to be able to talk through each situation and my feelings with my husband.

37. Having supportive people at the Early Learning Center where we can get assistance has also been helpful.

38. As a mom, I feel him pulling at my heart when I have to leave. I question if I should actually leave or just take him home. I even thought about having one of us quit work, but then it’s also a good thing for him to be in school and to get used to doing that and being with other people because I won’t always be able to be there with him.
with you all the time.) Right, which…. but, that’s for him. And someday he’s not going to be able to be here with me all the time…you know…so if we do this in a healthy way, it’s better for him,

39. but still, you know, when he’s in my arms, and I’m hugging him and kind of whispering in his ear and trying to get him to a place of…you know…I’ll go, “Where does everybody go?” and “I love you. I love you.” And…you know …and get him to laugh and get him to be able to make the transition. There’s still that piece of me that…like….

39. Even when I’m trying to leave and helping him to make a good transition, there’s still a part of me that just wants to take him home and stay with him.

40. Yeah, I do pick him up sometimes and especially because since I’m a mobile person sometimes I’m literally…even if it’s not my day to pick him up quote, I’m literally driving past, and it doesn’t make any sense for me not to pick him up so I do more of the transport only because I’m a mobile person and….for my job and so…umm…and yeah I pick him up

40. Some times I do pick him up early even when it’s not my day to do so because it just makes more sense for me to do it, and I want to do it.

41. …when we first started…when he first came with us, he would like…kind of look out of the corner of his eye and see us, but he would not stop playing, and he would not come to us. He knew I was there, and I would go over, and I would just talk to him or sit down next to him…and then once I would do that … and I think my husband had the same experience…once we would do that then sometimes he would just like jump on me or jump into my arms, but he would not come. He would not come to us. And the other kids would say to him, “Daniel, your mom’s here…your mom’s here.” But, he wouldn’t even look…you could tell that sometimes you’d see him looking out of the corner of his eye, but he wouldn’t turn directly and look, and he would never come.

41. At first when I would pick him up, he would not stop playing and would not come to me, although I know he saw me. I would have to go over to him, and then he might jump into my arms. Now, he will sometimes come over and hug me around the legs then run away.
And then not too long ago he would look, but he wouldn’t come. He still typically doesn’t come, but sometimes what he might do is he’ll come over and say hug me around the legs and then go run and go play with something. And it’s easier cause he’s not…

42. He doesn’t want to leave and he really seems to like his teachers and the kids, but he never cries.

42. he doesn’t cry. He doesn’t want to leave…I mean sometimes if it’s snack time, he doesn’t want to leave his snack. So we wait until snack time’s over or we….take…the teacher will say, “Well, here we’re having a cookie for snack. You can take it. Is it okay mom if he eats it in the car?” But...he never cries, but he doesn’t want to leave. And he likes...he asks about his teachers and asks about the kids at night like when we have night prayers, but he never cries.

43. How does it feel when you get that response? Well, the thing for me is…I think it’s...I think it just pulls on my heart again, you know this sense of...umm.....he feels so unsure...you know...it...it...and I don’t know, maybe I’m reading it wrong, but I think it’s the sense of I’m not going to put myself out there. You’re gonna have to come to me. You know, to be 3-years-old and to have to think through that is just.....{crying} (R: And is that part of why you’re crying right now...part of the feeling that he shouldn’t...) Yeah...that’s just like...you know...innocent babies...what they live through

43. I feel him pulling at my heart in those times when I go to pick him up. I feel like he’s saying, “I’m not going to put myself out there. You’re gonna have to come to me.” He’s been through so much that he can’t trust I will be there. He’s just an innocence baby, and it breaks my heart and makes me cry.

44. How do your interactions with Daniel make you feel as a mother, woman? Umm...I don’t think I had any expectations for motherhood and then it was different because of my life circumstances....umm.......like I...I wasn’t like planning on having a child
and then it was like...oh, I was infertile so...I didn’t want to adopt or any of those kinds of things. What happened was......we had decided not to adopt. We talked about it early in our relationship. We said we’re not going to do that...umm...and...but the question of how do we contribute to a child or some children specifically came up because we both work with things in terms of...I’m a therapist. He works administrative with children’s programs. So we have that affect on children, and so we said we wanted to get my...personally, but because of our age because of lots of things, we’re not going to adopt a child....umm...and we’re not going to do fulltime foster care. So...we did a number of things in terms of trying to connect with children and work directly with children other than professional....like I’m their therapist or that type of thing. Umm...and so...he knew somebody who worked with the agency that we’re now with, and they said we’re doing this new program called respite, and I said, “Oh no. I know people who’ve done respite care. That means that will take that child in the middle of the night ...and they say they’re going to take them on the weekend, and they don’t, and then you end up adopting them. We’re not doing that.” {laughter} So he said, “No, No...it’s for kids who are already placed, but it’s to provide respite for the foster family or the pre-adopt family....whoever has them, and they’re the primary caregiver. You just have them like on one Saturday a month or if they go out-of-town, you have them overnight and that kind of a thing.” So we said sure we’re going to do that. So it wasn’t...I didn’t have this great expectations and then it’s different from that. We never planned to adopt
or to foster…..fulltime. So in that sense … it…isn’t a mismatch because it was like…more like we landed in this and said, “Okay…do we, you know… we prayed with it and talked…talked to people. Is this something that we are going to than choose to do?”

45. So….all that being said there’s still the sense of…when he has a behavior…that I know is related to his trauma past…. it’s still makes me feel like, well…you know….is something…if I’d have done something better, he wouldn’t have done that…or he wouldn’t have to suffer this …or…so there’s a piece of questioning myself, and I work in my job…I’m a clinician….I work with families and people who take care of young children, and there were days… well, there was this one day when he was a little particular in the morning, and umm……he….umm…torn my lip open…or bit my lip. It was bleeding. So I got touched up, and I went to work …and …then I was working with a 2-year-old who scratched me across the face, and I came in and my boss said to me, “My God what’s happened to you?” And I said, “Well, I was beat up by a 2-year-old at 8:00 and a 2-year-old at 9:00.” {laughter} And I went home, and I told my husband I feel like a fraud …you know, here I am I’m supposed to be working with young children who are…have challenging behaviors, and I can’t even parent my own child. Like ….I suck as a mother, and I suck as a professional. {laughter} So that’s… those days are hard.

46. How do you get out of this mood? Umm… you know, sometimes it’s just …..you know, you suddenly emerge on the other side, and you think thank God …….or… I have a particularly successful moment with Daniel….or… a successful

45. If Daniel has a behavior, I wondered if I’d have done something better, he might not have to go through that. I question myself all the time. Sometimes I feel like a fraud because I’m a therapist and should know how to deal with these problems, but I can’t even parent my own child. Some days I feel like I suck as a mother, and I suck as a professional. Those days are hard.

46. I try to cling to my successful moments either with Daniel or at work in order to get out of a mood. And sometimes I hang up a cute picture that reminds me of Daniel.
moment at my job, you know, you cling
to those really successful moments…
and you make cute pictures like that to
hang on your wall… {pointing to a
picture} …. {Laughter….}

47. **What would you say to other foster parents who might be going through a similar experience?** Umm…I…I think it’s important to know that….if you really are loving enough, and you’re really trying to be thoughtful… and about providing a structure for them…cut yourself some slack.

48. I mean get whatever help you need.
Talk to whoever you need to to help, you
know, those kinds of things,

49. but you know, keep trying to cut
yourself some slack.

50. You know…and… and work really hard
with your spouse or your partner…
whoever is doing it with you.

51. **Has is been helpful to have someone else there?** Oh…it’s been helpful. I say all the time…

52. I…you know…I mean cause of my job I
run across lots of woman who single
parent…like…How could somebody
single parent? How could you do that?
I mean I always have wondered…
knowing the challenges of that and
thought how do people do that, but now
I think, “Oh my God…those people…
like we should have this whole new class
of sainthood,”…(laugher)… single
parent…particularly to a single parent.

53. There was this one woman who we ran
into who is a single woman who is
fostering a child, and I think the agency
really did her a huge disservice, because
it was her first foster child, and she
really wanted a girl and really made that

47. To other foster parents, if you really
are loving enough and you’re really
trying to be thoughtful and providing
them structure, cut yourself some slack.

48. Get help if you need it and talk to
whoever can help you.

49. Cut yourself some slack.

50. Work really hard with your partner
or whoever is fostering with you.

51. Having someone else there to help is
very important.

52. I don’t know how anyone could be a
single parent let alone parent a child
like Daniel alone.
known...no girl was coming through the system, and they said, “I really want you to take this boy,” a young boy who was her preference age and at least it’s the age that you want, but he’d already been removed from two foster homes because he was such a challenge. And it was her first time...and not...you know, she wanted a girl, and it was a boy. She’s single parenting, and they put the child with....and then....finally, they were taking him for an assessment and...the mom picked him up, and she called the caseworker in tears and said, “Don’t bring him back to my house. You may not bring him back.” And...I think a piece of that was...he was, I suspect, a horribly challenging child and secondly, she kind of got duped... and thirdly, she was doing it by herself.

54. And there are days when...I...I think what would I do? I don’t know what I would do if I was an hour and a half in.....and he was spitting water on me and punching me in the eye and kicking me....and I was in pain, and I was tired, and I was frustrated, and I was still trying to do my best job to hold it together... if I couldn’t say, “A distraction would be nice,” and get a partner who would come up and give me a break. I just don’t know what would happen.

55. Can single parents do it? Well, I’ve worked with parents who are single... you know single parenting. Not in the situation like this, but of their own... you know...I worked with a woman who had a child who had some, you know, organic challenges...and he was an extremely challenging child, and.... you know...he aged out of where I was working and went....and I worked really hard to make sure we had the supports to go. And both....she and her child haunt me...because I wondered if

53. I know of one single mother who got “duped” by the foster care system. She was a first time foster mother, and they gave her a horribly challenging child. She had a terrible experience and ended up sending the child away.
she could do it because she used to…

she used to call me. And she had my
cell phone number. And she would call
me and say….I… I can’t do it… you know
…and I would say, “Where is he?”

“He’s in his bedroom.” Yeah, there’s
nothing in his bedroom but a mattress
anymore… Okay…and I would talk her
through it, you know. And I made sure
that she had somebody ….she had crisis
numbers and those kinds of
things…when he went off to the next
system…..that…..I don’t know if her
next clinician is going be okay with her
calling on a Sunday afternoon when
she’s in the grocery store. I…I … I
don’t know. And it haunts me because I
think she doesn’t have someone. I
don’t… so I think people do it. Do
they eventually break? I don’t know.
Do they eventually get to a point where
they can’t…they can’t be cool minded
and…do the best thing for the child? I
don’t know. Yeah…Yeah …I couldn’t
do it…you know…whether somebody
else could, I don’t know…. you’re going
to have to find a single parent mother
and ask these questions. {laughter}

55. I know that single parents do parent
children who are very challenging,
but do they eventually break? I
don’t know. Do they get to a point
where they can no longer do what’s
best for the child? I don’t know. I
know that I couldn’t do it.

56. **Is there anything else about being a foster parent that you would like to add?** Well, I think as much knowledge as you can have…and…and…and…so a piece of that is knowledge of what happened to your child,

57. which you may never get. You may get
a caseworker who says, “Why are you
asking me that, I told you, you have no
rights.”

58. Umm…so there’s that piece in terms
of the history because I think if you know
what happened, you can understand
some of the behaviors better….

56. I think that in order to be a
successful foster mother it’s
important to have as much
knowledge about your child’s history
as you can get.

57. You may never be able get any
information because you have no
rights within the foster care system.

58. I think the more you know about
what happened to your foster child,
the better you can understand their
behaviors.
59. sometimes you just have to have a hypothesis and go on that…you know….um…..

60. and I also think in terms of information…like I went to a conference on trauma and attachment….you know….information……you know…. 

61. **Anything you would like to add?**

   No…I don’t….I just think it’s…it’s probably the hardest experience of my life, you know, and I….I haven’t had this horrible life. I’ve had a good life…with some really significant challenges in it, and this is one of the most significant challenges in my life,

62. but it’s also, you know, one of the greatest blessings in my life…so it’s…you know…..

63. I think the hard piece is about, you know, just balancing…so I don’t know whether you think of it as juggling or a scale that weighs back-and-forth, but it’s all of those pieces…any…any piece of my life has become this kind of balance, and the result is experienced as a balancing act.

64. And the hardest experience of my life, and the….most rewarding experience of my life….so…..How it will end. I don’t know. {laughter}

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59. Sometimes you just have to make a hypothesis about the behavior and go on that.

60. I think it is important to have as much information as possible about attachment and the effects of trauma on children.

61. Being a foster mother to Daniel has been probably the hardest experience of my life.

62. Fostering Daniel has also been one of the greatest blessings in my life.

63. I experience my life now as a balancing act. I am balancing all of the aspects of my life.

64. Parenting Daniel is the hardest experience of my life, and the most rewarding experience of my life. How it will end. I don’t know.
Thematic Groupings

*Julie and Carl – Grouping of Meaning Condensations*

**How I felt about Carl**

I couldn’t help but get really close to Carl. He called me mom and opened the door for me to be able to love him. You can’t put that much of yourself into caring for someone and not be glad you did it. I’ve never regretted fostering Carl. (130)

I bonded with Carl so quickly. I just felt as if he had always been a part of us. We even considered adopting him, but this was before he really started showing his problem side. (101)

People told us to keep things in perspective, but I couldn’t do that. I cared about Carl so much. Just keep on loving your foster child. (119)

I expected things to go better with Carl then they did. I knew that he would have some problems; I mean the poor thing was not with his family, but I never thought he could do the things he ended up doing. (73)

I never knew what to expect from Carl especially after the first couple of months. He was so sweet that I couldn’t believe that anybody wouldn’t want him for their foster child. He even called me mom. (72)

I wondered why all of the problems didn’t come out in the beginning, but then they say there will be a honeymoon phase. (110)

As Carl’s problems worsened, we realized that we were too old to give him what he needed in a positive way. We were just too old. He needed other children and our generation handled things so totally different then they do today. (102)

We really wanted to keep Carl, but we knew he had too many problems for us to take on at our age. (103)

Sometimes Carl’s behavior would push me to the brink, and I’d just “want to smack his behind,” but then I knew that I couldn’t do that. I knew that he had already been through so much of that and then foster parents aren’t allowed. One time I put my hand over his mouth and told him to stop screaming, but then I thought I shouldn’t do that because he might get scared. (111)
Concern for and worry about Carl

I noticed that Carl changed after a couple of months. His eating changed. I tried to figure out what triggered it, but wasn’t sure. (63)

Carl started standing up in the cart. I told him he was going to get really hurt. I took him out of the cart, and he threw himself on the floor and started screaming. (55)

I had to think about safety issues (e.g., child safety locks) that I hadn’t thought about in years. (12)

I was panicking when I thought he was out in traffic, but then he popped his head up. I don’t know if he heard the fear in my voice or if he saw me looking up and down the street. I don’t know why he showed himself. (11)

One time I was trying to get him to leave my older son’s home, and he just plain refused. I had to almost drag him to the car, then he refused to get in and went all limp. I picked him up and he bit me more than once until he got the desired affect. When I attempted to drive away, he got out of his seat belt and opened the door so that I thought he had gotten out of the car. I was really scared that he had gotten out into traffic, but he was hiding in the car. (10)

I was told that Carl had been sexually abused. We had to be really cautious because we didn’t know what he was thinking. At times we were on pins and needles. We didn’t want to do the wrong thing and make Carl feel unsafe or threatened. It was very confusing. It wasn’t like doing X would result in Y happening. (76)

Carl’s former foster family accused him of being sexually active, and I couldn’t believe it. I never saw anything, and he was with me longer. Nobody really believed it, but it was such a big issue. (29)

I was shocked by the sexual things they were saying Carl had done. No one should have to hear those things. (30)

I didn’t believe that Carl had done anything sexual, but they kept questioning me. (37)

I couldn’t understand why we weren’t seeing the sexual behavior after all he had been with us a lot longer. (34)

It was hard for me because after I was told about the sexual acts, I was afraid to leave Carl for a second. He is going to do something horrendous to my dog or another child? But he never did. (38)

I was told that Carl couldn’t be around kids or animals. I couldn’t even take him to daycare. (31)
Carl wasn’t allowed to see his siblings either, and I really pushed for this because I could see how it was breaking his heart. (33)

I didn’t feel it was fair to Carl that he couldn’t be around other children, and I wasn’t seeing any behaviors, so we did take him to church. The adults at church had their clearances and knew how to work with kids. Carl was a model kid and everyone loved him. (39)

But over time Carl’s behavior changed in odd ways. At first he was so pleasant at the dinner table, but then meals became a battlefield. He stopped eating foods that he used to like and he started eating even things like soup with his fingers. He was regressing, and I was really concerned, but yet I still couldn’t get help for Carl. (107)

I worried that Carl’s behavior was not normal. He would wet and soil himself on purpose. I even had to throw some of his clothes away because I could not get the smell out. That’s not normal. (62)

**Sending Carl away and my feelings**

It was so very, very hard to just keep trying with Carl. My husband would come home everyday and ask about Carl’s behavior, and he would say, “This is not good.” (52)

I cried a lot when I heard that he was going to leave even though I had asked for his removal. I cried because I felt such ANGER at the foster agency; “If you had only helped us.” (100)

It was very hard for me when Carl left. The foster agency wouldn’t let me tell Carl anything. I didn’t even get to say goodbye or have adequate time to pack up his things. This really bothered me because I thought Carl was going to think that I was just one more person who left him alone. This haunted me for days. (99)

I felt as if I had failed Carl when I had to let him go, but we didn’t see any other alternative. I asked the foster agency for help with my feelings, but they couldn’t understand why I would feel like a failure. (98)

The biggest problem I had after Carl left was dealing with my sense of failure. I had to get beyond that. (132)

My husband and I talked to each other about how hard it was going to be to lose Carl. We had such hope in the beginning. It was so painful, and I was so luck that we had each other to talk to. (114)

Now, the sense of failure is gone, and I feel we really did the best that we could under the circumstances. (133)
How I worked with Carl

Being an Amateur psychologist:

I was like an amateur psychologist trying to figure out why someone who’s only 5-years-old could have all this negative behavior. (112)

I would tell foster parents that even if they think they are having a negative experience, once they take a step back, they will see the good. Maybe, they wouldn’t see good in dealing with the system, but they will see the good times with their foster child. I have some very special memories with Carl that I will never forget. (127)

I was so lucky that my daughter had experience in special education. She told me that she thought Carl’s problems were related to attachment. She was really the first person who gave me some direction and helped me to understand. She told me what to say to the foster agency in order to get help, but it still didn’t work. (93)

It was hard to think about the reasons for Carl’s behavior when you were actually in the midst of it all just reacting. However, thinking about the Carl’s life experience and how he had been affected did give me enough strength to deal with the next outburst. (113)

My husband and I talked about how Carl’s behavior might be difficult to watch, but then when you step back, it was just as difficult to accept that he had been through so much. (114)

I don’t know if he was getting enough sleep prior to his coming to live with us. (7)

Carl’s behaviors:

I wondered why all of the problems didn’t come out in the beginning, but then they say there will be a honeymoon phase. (110)

His behavior problems started to escalate (e.g., throwing things like a lamp and garbage cans), and he would scream. (20)

I didn’t know what to think. Carl had been with my animal, and at least in the beginning, he had been very loving. (32)

He wasn’t mean with the dogs all the time. Sometimes he was loving and then sometimes he was mean. He said he wanted to hurt the dog, and it did seem as if he was looking to get a particular response, which he did get. (4)

It was very hard to sit by and watch him get so upset because I knew that it was going to get worse. Once he got started, Carl would get so upset he would do things like rip his bed apart or dump all his clothes out. (23)
Sometimes it seemed to me as if he were proud of himself for biting, kicking, or hitting me. I would tell him that it’s not something to be proud of. (16)

I bought Carl an easel because he really liked to paint at school. We were out shopping, and I said I wanted to buy him some new paints. He didn’t want paints. In the end, we did not buy paints, and when we got home, he discovered he actually did need them. (47)

It seemed sometimes like his negative behavior was done on purpose with intention. (14)

Carl used bad words when he met his new foster parents, then came home and told me as if it were nothing. Carl knew he wasn’t allowed to say those words. (66)

I had a lot of problems with his negative behavior whenever I wanted him to do something that he didn’t want to do. (8)

Carl started to wet the bed after visiting with a former foster family. He had been potty trained, but then needed to wear Pulls ups all day. He was much too old to be having these kinds of problems, and they did stop the visits. (24)

Sometimes he would get mad and just soil himself on purpose. (25)

I just couldn’t figure out what set Carl off, we were having a good day. (69)

He really didn’t know right from wrong in a lot of areas. (17)

He would do things (e.g., kick in car vent) on purpose then say, “Hey mom, look what I did,” as if he were trying to provoke me to get angry. (57)

One day my husband and I took Carl to the grocery store, and we had had a very good day. I had to walk away for a moment, and in the short time, Carl called my husband an “M F’er.” My husband chose to ignore it, but Carl said, “Didn’t you hear what I said,” and said it again. My husband told him not to use that kind of language again. (54)

I can laugh about this now, but at the time when everyone in the grocery store was looking at us, it was difficult. My husband took Carl outside, but then I was left inside alone. I tried to explain to the check out girl, but you could see that she didn’t understand. (56)

It wasn’t fair for others to have to watch Carl screaming and kicking. (68)

It was easier to have someone take Carl out of the area whenever he was acting out. It was hard to do things like paying for groceries without having to worry about Carl at the same time. (67)

What I did with Carl:

I was the one who was home with Carl most of the time so the burden of dealing with his
behavior fell on me. (95)

He was harder on me because I was with him most of the time, but as time went on, he started with the dogs too. (3)

I couldn’t leave him alone for one second and had to call on others for help. Everything took a lot of extra time. (13)

My son would come over to help because Carl really loved to play with him, but my son couldn’t take it either and wanted to leave. (22)

I had to pick him up to get him in time out, and he didn’t like it. He would start screaming, and he would kick or hit me and anything else that got in his way. (2)

I would try and point out the natural consequences to Carl of his actions. For instance, one time he put his new Spiderman toothpaste all over everything. I told him, “You shouldn’t have done that. Now you don’t have any toothpaste.” (79)

One time when he was throwing stuff all over his room I told him, “If you throw it, it goes in the garbage.” He threw his paints, so I followed through and put them in the garbage. But then when I was trying to call the foster agency, he got the paints out and painted everywhere. He would just wear me out sometimes. (49)

Sometimes after an episode of bad behavior, I would sit with him and just talk about what happened. “You’re not happy when you do this, and we’re not happy. Nothing’s really gained from it.” I’d always tell him “No matter what you do, we’re gonna love you,” and I meant that. (50)

He sat down and peed himself. I didn’t have a clue what to do with that. (60)

It was so very hard to know what to do to deal with Carl’s behavior because I never knew what to expect from him next. (65)

I would call the foster agency and just say, “I don’t know what to do.” We weren’t really allowed to do anything. We really didn’t have a lot of recourse. (48)

One night he screamed for an hour and a half straight. It was so difficult, and I finally just walked away and called the foster agency because I didn’t know what to do anymore. The woman was very supportive, but she didn’t have any advice other than to just let him scream it out. (21)

One thing that worked was to put him down for a nap when he was really cranky. He would be a new kid when he woke up. (6)

Carl wouldn’t quit. I wanted to get him down for a nap so that he could wake up and start over, but he wouldn’t do it and said he wasn’t going in the house. (59)
The only thing that worked during the day was to get Carl to take a nap. When he would get up, it was like nothing ever happened. (27)

I would give him opportunities to do things for himself because he seemed to enjoy it (e.g., “Look I can do this.”). (15)

One thing that did work was to promise to give Carl a Tootsie Roll Pop if he behaved himself in the grocery store. But, then when he got home, it would no longer work. (70)

When I was just about to give up on Carl, I decided to try not really acknowledging his bad behavior as much. I would still tell him when I didn’t like something, but I’d be more like a “regular mom,” and he responded a little positively at first, but it didn’t last. (42)

Of all the things that we tried, the one that really worked the longest was the game of hugging and keeping him warm after a bath. It was so simple, and he really responded to it. (77)

I took whatever successes with Carl that I could get. (71)

We would say prayers together at night and he would say, “Dear God, help me be better tomorrow.” It was like he wanted to improve, but then things started getting so bad that we just didn’t know what to do anymore. (51)

Boundaries:

I had a hard time disciplining Carl and setting boundaries. Normally, he would have a time out until he calmed down, but he would get irate and throw things or kick and hit. He needed to have boundaries; however, it was a battle. (1)

Carl just didn’t have any boundaries. He never had boundaries set for him. One of his previous foster homes was actually abusive home, and he was taken away. (81)

Carl started to take things from people too like a piece of my jewelry or money. He would say that the things really belonged to him and would get very mad. I explained that he was really stealing, and then he would say that he was only borrowing. (109)

I can laugh about this now, but at the time it was very upsetting. Carl used to take food such as candy and eat an entire bowl. He started hiding in the closet where he would eat and eat. (108)

I had to learn to start keeping things out of Carl’s reach. I wasn’t used to having a 5-year-old in the house again, but then again, my kids didn’t do a lot of the stuff that Carl was doing. (80)
How Julie made sense of what was going on with Carl

It was heartbreaking to watch Carl regressing. (26)

I started thinking it was probably just me. (90)

I wasn’t the only person whom Carl would act out in front of. (53)

I felt a little relief when Carl would act out in front of others. I could say, “Hey, see it’s not just me.” (58)

The more comfortable he became with us, the more his negative behaviors became. (9)
I think the more we loved him and showed him affection, the more fearful it made him and the more he took it out on us. We thought we were doing a good thing treating him like one of our own, but I think he saw it as a negative. And, everything just kept getting worse. (18)

I wanted to make everything nice for Carl because I didn’t think that he had ever had that. But, he didn’t know what to do. I thought he would be glad, but he wasn’t. It was normal for me, but not for him. (74)

I felt we got the brunt of his negative behaviors because we loved him the most. I don’t know if this is true, but that’s how I felt. (41)

I wanted to make Christmas very special for him because he never really had that. He wasn’t real excited though. Looking back now, I think he probably didn’t know what to do. (44)

Carl didn’t seem to know how to play with his Christmas games. He would stand on the boxes and break them. I tried to help him play his games, but he just wouldn’t listen. (46)

I was disappointed about Christmas because I so wanted Carl to be happy. At the same time though, we understood that he just didn’t know what to do. I think this happened at lot. (45)

**Closeness and giving comfort**

Carl didn’t really show sadness or want to be cuddled, although he would want to sit on my lap sometimes. I let him decide what he wanted to do. (75)

I was so frustrated by my attempts to get closer to Carl because the more I felt love for him the harder it seemed to be for him. (92)

Carl wasn’t really affectionate with me, and I thought showing him some real affection might help. We played a game after baths. He would say he was really cold, and then I
would warm him with a hug. He seemed to really like this, but then after a while nothing like that seemed to work well anymore. I not sure, but maybe the closeness scared Carl. (43)

Of all the things that we tried, the one that really worked the longest was the game of hugging and keeping him warm after a bath. It was so simple, and he really responded to it. (77)

**Separating and Reuniting with Carl**

Carl never had any problems going to daycare, but sometimes he didn’t want to come home because he wanted to play. He really liked being with the other kids. I never knew whether Carl would come right away or if there was going to be a problem. (87)

Carl did well at daycare except for when he started wetting himself toward the end. The teacher said Carl wasn’t doing anything that the other foster kids didn’t do. (40)

**Dealing with the foster agency**

Dealing with the foster agency was unbelievable. We started to expect that they were going to do things that just didn’t make sense like tell me I didn’t have to go the psychologist’s office with Carl and then 15 minutes before he was to be picked up, they call and tell me I have to be there. It was just so messed up that it was almost funny. (134)

It was confusing to work with the foster agency. (84)

The foster agency said that I wouldn’t be able to work, and I actually missed about 12 or 16 days of pay before I finally got the matter resolved. The foster agency was absolutely wrong about what they were telling me. (88)

Working with the foster agency was so difficult. Sometimes they’d call and tell me to do the exact opposite of what they had said before. (83)

I’m worried that I’ve been too negative talking about what it was like to work with the various agencies, but it’s what happened. (128)

The system was slow:

It was hard to understand why the court would make Carl have visits with his former foster mother given their difficult history together. (64)

He was with us 4 ½ months and never got his 30 day hearing. The system really failed him. (35)

I’m no expert, but from my point of view he definitely had attachment issues, and I needed help. For almost three months I kept asking for wraparound, but got no help. I
told them that I knew services were available, but they said, “Well, it takes time.” I said, “But if we don’t move forward, we’re not ever going to get anywhere.” We never did get any help. (19)

I was stuck and couldn’t do it by myself:

I was really stuck when it came to getting things done for Carl. The agency wouldn’t let me take care of anything, but then they would not do anything either. (116)

I was able to get help when I went over my caseworkers head, but then the foster agency would get mad that I called CYF. (123)

The foster agency was no help:

I needed help and support and so did Carl. No one would know how to deal with the kind of heinous acts they were saying Carl had committed. But, no one did a thing; nothing. (36)

Carl was seeing a therapist, but I was upset because they weren’t dealing with the pressing attachment issues. (28)

I couldn’t understand why we could see his attachment problems, but the people in the foster agency, who were suppose to be experts, weren’t giving us any help. (104)

I decided that I would just do the best I could without the help of CYF or the foster agency, but then we started to think that Carl might have RAD, and I knew we needed professional help. (125)

I just couldn’t understand why the foster agency wouldn’t give us help for Carl. I wondered if this was just the way it was when you’re a foster parent, but then I knew other foster parents who got wraparound for their foster children. (61)

Finally, the foster agency did say that they put a call in to a wraparound agency so we could get help. We waited two months, and they said the wraparound agency never called back. I just didn’t believe that. I had past experience with wraparound, and they were always eager to help. Anyway, if they really hadn’t called back, call them again. (86)

The foster agency did think anything of giving me an excuse. (89)

When we finally had had enough, my husband took the day off to get everything resolved. We called the foster agency three times, and they never called him back. (85)

My husband and I were so angry because the foster agency knew all about Carl’s background and the problems he was having with us, but still they wouldn’t give us the support we needed to be successful with Carl. They just weren’t doing anything. (82)
I never did understand why it was so hard to get the agency to help Carl. It might have been the particular case manager, or it might have been the actual agency. I guess each situation is different too. (117)

My attitude toward Carl:

I think the foster agency’s attitude made us love Carl even more. We had to be his advocate. He wasn’t getting his fair shake. (91)

Our frustration at the foster agency was totally separate from our feelings for Carl. We were there for his needs and even if we were frustrated or confused, we’d look at him and just see a precious little life. (105)

Dealing with CYF

CYF was really hard to deal with! You could just forget them. (121)

I can’t believe that Allegheny County CYF is considered the quintessential CPS agency in the US. That was not my experience, and in fact, I think the system needs to be revamped. (122)

I was able to get help when I went over my caseworkers head, but then the foster agency would get mad that I called CYF. (123)

When the CYF case worker did finally return my call, she left a message that basically said I should be doing the exact opposite of what she told me to do months before. I was disgusted. Then when I called her back to ask about it, she never got back to me. (124)

Advice to other foster parents

I would say to other foster parents that they should get as much information on your own and not depend on your agency. Our agency said they were in charge of everything, but then when they did nothing, I wished I would have been more assertive. (115)

It was very important for me to have the support of my church, friends, my adult children, and my husband. (94)

My son would come over to help because Carl really loved to play with him, but my son couldn’t take it either and wanted to leave. (22)

I would tell foster parents to just keep on loving their foster child. This is hard because you put so much into it, and in the end, the child is not yours, but do it anyway. (118)

I would tell foster parents that even if they think they are having a negative experience, once they take a step back, they will see the good. Maybe, they won’t see anything good about dealing with the system, but they will see the good times with their foster child. I
have some very special memories with Carl that I will never forget. (126)

Not everything was negative with Carl. In the beginning it was really good, and then there was always a flicker of hope that kept me going. (96)

**Last words**

In a lot of ways, we were lucky to have Carl. (131)

I really wanted to make a difference in Carl’s life. I wanted him to know what it is like to have love. I’m not sure if I was successful, but I hope so. When I say my prayers, I pray that I will get to see him again and tell him that we really loved him. He was just an innocent baby. (120)

I would look at Carl knowing some of the things he had gone through in his short life, and I just want to make things better for him and do what was right to help. (106)

I couldn’t help but get really close to Carl. He called me mom and opened the door for me to be able to love him. You can’t put that much of yourself into caring for someone and not be glad you did it. I’ve never regretted fostering Carl. (130)

Even though it didn’t turn out the way we would have hoped with Carl, I’m absolutely not sorry that I fostered him. Now Carl knows that he was loved. He knows how to pray and what it’s like to have a warm home and people who care. I’m very happy that I could give him that experience. (97)

I miss those sweet moments like keeping him warm after a bath or drying his hair when I could just be with Carl, and he didn’t feel threatened, and I didn’t feel threatened. (78)

We’re going to take a little break from fostering right now. We really did love Carl, and when you love somebody and they go, you need time to heal from that. (129)
Brenda, Andy, and Aden – Grouping of Meaning Condensations

How I felt about Andy and Aden

I do really care about the twins and I want the best for them. I want them to have somebody who can provide them with more one-on-one attention. (87)

My family always comes first, and I had to protect them. But, the twins were also part of my. I wouldn’t turn my own kids away, but yet, I did. (91)

I do still care about the twins and want to be a part of their lives. We are looking into becoming respite care foster parents and bringing the twins back for visits once a month or so for a couple of days if it wouldn’t be too hard on them. (59)

I am a little worried about how my little boy will be affected if the twins come back for respite. My boy considers the twins his brothers, but it might be too hard on him to have the twins coming and going all the time. If we try it and it doesn’t work out, then we will stop. (60)

Concern for and worry about the twins

I watched my little boy and other kids around the same age as the twins, and I realized that the twins were not on target developmentally. Some of their problems were fairly subtle (e.g., trouble walking on bleachers), but some were pretty obvious. (56)

I wondered why the twins were behaving badly, and the BSC said they were not “wired right.” (54)

The twins were so overly sensitive of what others did to them (e.g., cry at the drop of the hat), but would be extremely aggressive with each other without shedding a tear. (50)

What bothered us the most about the twins was that they would never defend themselves no matter how much we worked with them, although this did get a little better with time. (47)

I was afraid for the boy when they were here because they had no fear of strangers. They would talk to anyone, and I was so worried that they would be taken advantage of by someone. (97)

They would throw temper tantrums and they both cried all the time. They would cry over EVERYTHING and everyone who was working with us knew about this. We would all dread things like visits because we knew the crying was going to start. (7)

They would go on visits and then come back and do something disrespectful like spit on my furniture. They would do things and then blame it on their dad. I would get so angry. One time I made them use a scrub brush to clean up all their spit. (13)
And they were so manipulative. They would do things like tell other people who were unfamiliar with the family rules that I said they could do something they were not allowed to do. They were so good at it that other people couldn’t see it coming. (11)

They never showed any remorse for their behavior. (16)

Then the twins would sometimes get overly aggressive with my little one. It was like they just could not tell him to stop it. It was like they could only either be passive or way-over-the-top aggressive. (48)

The twins were instigators. They would try to make it look as if my little boy had been the aggressor when in actuality it had been one of the twins. (49)

The twins seemed to be fixated even in their subconscious on the idea of burning people or killing people by fire and would sometimes make a game of it saying that classmates should burn and die. (68)

I would let the burning play go for a time if my little boy wasn’t in the room. (69)

I was worried for my own family especially my little boy

My little boy got very upset when the twins first came and were taking his toys, clothes, and mommy and daddy. He got very aggressive with the twins, but I could understand his feelings. It seemed like a normal reaction to me. (46)

The little boy who I was going to adopt started imitating the twin’s behavior. He wanted to be like the twins. (14)

My little one was watching the twins act out and the case specialist and CYF worker were there. (40)

The twins had no positive impact on my little boy and negative social impact. (39)

The twin’s presence was not having any positive impact on my little boy. He was seeing us becoming more-and-more the bad guys and raising our voices. We were worried about the kind of message this was sending. (36)

I was so upset that they were affecting my little boy and tried to explain this to them, but no matter what I said, they just didn’t care. (15)

I tried every thing I could think of to “mesh” my little boy and the twins, but it didn’t work. (44)

The BSC said that I would never be able to mesh my little boy and the twins. (45)
Then the twins would sometimes get overly aggressive with my little one. It was like they just could not tell him to stop it. It was like they could only either be passive or way-over-the-top aggressive. (48)

If I left all three children alone together, the twins would team up on my little boy and sometimes they would really hurt him (e.g., threw desk on top of him). I couldn’t allow the twins to hurt my little guy. (34)

The best advice I got from the BSC was to never leave all three children alone together. I would always pull one child out with me. (33)

The twins tried to play the burning game with my little boy, and I walked in there and told them they were not allowed to play that game. (72)

I didn’t want my little boy exposed to the burning game, and my natural instinct as a mother was to stop the game immediately. I didn’t care if the teachers wanted me to ask the twins why they wanted to play that game. (74)

I asked the school about the burning game, and they wanted me to ask the twins why they wanted to hurt their classmates. I told them I was sorry, but I wasn’t going to do this when my little boy was present. (71)

I was worried that when my little boy started preschool, and might talk about the burning game at school. Then the teachers would be calling me thinking that my child has problems. (73)

I wasn’t actually worried that the twins would try to start a fire. We had everything locked up, and they didn’t have the problem solving skills to figure out how to get at that stuff, unlike my little boy. (75)

It was difficult to make the decision to send the twins away

I had three toddlers at one time you know. (32)

Our own children were getting almost no attention while the twins were getting about 95%. (37)

The twins had no positive impact on my little boy and negative social impact. (39)

My little one was watching and learning things from the twins that I didn’t want him to be learning. (40)

We were all stressed to the max, and the twins were not making any progress. (38)

I talked to everyone (e.g., workers, friends), and there was not one single person who told me that I wrong to send the twins away. Everyone knew how hard it was and the kind of
stress the twins were putting on my family. (90)

It was easier when all of the other people got involved and they started to say that something was wrong with the twins. (85)

I spoke with a friend who was taking care of a disabled person and would have to due this for his entire life. This made me think; “Do I want to spend the rest of my life giving 95% to these two kids and only 5% shared among my other three kids?” This put the problem in perspective for me. (86)

Everybody asked us how we could just leave the kids after so much time. But, the people I knew within the foster care system couldn’t believe that we had stayed with the kids for so long. (94)

I don’t think that people who aren’t foster parents can understand what it is like to make the kind of decision that we made to send the twins away. It was a hard decision, but unless you live it, you just can’t understand. (93)

It was very hard for me to make the final decision to send the twins away, and I put it off for some time. I do everything to the best of my ability, and I kept feeling that I hadn’t given it my all or that there was something I was missing. (84)

We ended up giving our notice because the twins behavior just kept getting worse and worse, especially after going on a visit to see their biological family (e.g., sticking things in the computer, spitting on kids, telling other kids that I was dead, opening the car doors when car was moving). (35)

I asked that the twins be removed because their behavior was becoming more negative and harder to control. (31)

When I made the final decision, I had thought it out and whole heartedly knew it was the right thing to do. I had no doubts. But then again, sometimes I had little doubts; however, there was always something that would dispel the doubts. (88)

The foster care agency used to ask us if we would adopt the twins because we were the only ones who could control them. I said, “No,” because controlling them was taking all of our energy, and we didn’t want our house to be full. (95)

My family always comes first, and I had to protect them. But, the twins were also part of my family and my little boy even thinks of them as his brother. I wouldn’t turn my own kids away, but yet, I did. It’s very hard to come to grips with what has happened. (91)

I just couldn’t help but feel a little guilty about letting the twins go. (89)

I do really care about the twins and I want the best for them. I want them to have somebody who can provide them with more attention with no other kids around or
distractions. (87)

It was really difficult to let the twins go

I talked to the twin’s therapeutic preschool teachers about the affect the twin’s departure might have on my little boy, but they said I seemed to have it under control. (62)

When it was time for the twins to leave, everyone was trying to make sure they were going to be prepared. No one ever thought about the effect that the loss of the twins was going to have on my little boy. He was the one who would most likely feel upset. (61)

My little boy seemed to take the twin’s leaving in stride, but then after I got sick and was in the hospital a short time later, he started to have real behavior problems. It turned out that all of the losses (e.g., teenage foster child, twins, mother in hospital) were very difficult for him after all. (63)

It was so difficult to say goodbye to the twins and not cry. I didn’t want to make them upset. But, then I knew that it was the right thing for them to leave. It’s what they needed. (92)

I would tell myself that I did the best job that I could, and I did. (83)

I felt guilty for sending the twins away, and I still do (tearing up). Ultimately, I had to do what was best for my family. My family is here to stay, but I do feel very bad. (42)

The CYF worker and the case specialist saw the twins’ behavior, and they told me not to feel guilty about my decision to send the twins away. (41)

I still feel like their mother even though they are gone now. I can’t bring myself to take down their pictures yet. I guess that’s when it will be final, but I’m not ready. (98)

I keep pictures up of all our children present and past. It’s like they are all still a part of our family, and I remember all of them. (99)

We are looking into becoming respite care foster parents and bringing the twins back for visits once a month or so for a couple of days if it wouldn’t be too hard on them. (59)

I am a little worried about how my little boy will be affected if the twins come back for respite. My boy considers the twins his brothers, but it might be too hard on him to have the twins coming and going all the time. If we try it and it doesn’t work out, then we will stop. (60)

Now, I’m looking forward to getting my life back. It was hard having three toddlers and two with problems. I had put a lot of things like my friends on hold. (96)

We’re going to take a little hiatus from fostering for a couple of months. The twins really
wore us out. (101)

It’s hard to explain why I go through all of the emotions involved in fostering a child. It’s just a feeling, and I can’t explain it. Thank God I became a foster mother when I did, because now I have my beautiful little boy. (100)

How I worked with the twins

Developmental approach:
When the twins first came to our house, they were developmentally so far behind my little boy. I had to basically ignore my child in order to catch the twins up to where they should have been. (64)

I had to be repetitive with the twins and just keep reminding them what to do especially when it came to living skills. They could learn with help. (66)

My little boy was the one who taught the twins how to play. They had no imagination and did know what to do with toys when they first came to my home. (76)

The twins made so much progress when I was teaching them that they no longer qualified for DART or transportation once they started preschool. Everyone seemed to actually upset that the twins were doing so well. But, I’m not the kind of foster parent who will sit by when a foster child needs help learning. (65)

Dealing with behavioral problems:

I tried saying ‘NO’ and being forceful; and it worked for a while, but as they got older they became more defiant. (10)

They were just so defiant. All of the usual ways of dealing with bad behavior weren’t working. Time outs were a waste of time, and giving choices didn’t work. They would just stand there and sulk rather than do what I ask. (2)

They treated me differently then they treated others. They were still defiant, but with me, they would stop answering. They would just stand there all day and defiantly not do what they had been asked. (5)

I ended up talking to the pediatrician because I needed help. He said they needed tough love. They had no boundaries, and I needed to be tough on them. (9)

Keeping them busy did seem to help with the crying. As long as they were busy doing something and distracted, they didn’t have time to cry. (8)

I didn’t like that the twins played the burning game so I would telling them to stop and then try to redirect their attention to something else. (70)
I never found anything that worked. Even taking away their toys was ineffective. (6)

I have a lot of support and ask people for help, but still nothing seemed to work. (52)

**How I felt about not being able to parent the twins as I would have liked**

I didn’t understand why their behavior was not getting better. They were getting older, and I was told that was the time when the behaviors would get worse, but I wasn’t sure how to take it. (1)

Other people like my teenage foster child could hear how they talked to me and the other people who were trying to help and couldn’t believe how the twins were behaving. (12)

This kid was only 4-years-old, and when the TSS would try to correct him, he’d say, “You’re not my mother. I don’t have to listen to you.” (3)

I just didn’t understand this behavior came from. We didn’t act that way. They were not learning that behavior from us. (4)

I would get so frustrated because they would not listen. If I tried to discipline them, they would start to cry and throw a big tantrum. (17)

I tried everything I could with the twins. I don’t have any college degrees, but I do have common sense and a lot of experience with children. The twins were not normal children. (43)

I was so frustrated that I couldn’t get the twins to behave. I’m a better then average parent, and I know what I’m supposed to do, but nothing worked. (51)

I don’t want to sound arrogant, but I have a lot of confidence in my parenting skills. I have raised my own children and many foster children successfully. Despite my feeling this way, however, the twins made me doubt myself as a mother. I felt guilty that I hadn’t been able to get through to the twins and wondered if I had missed something. (82)

I started to question myself. Am I doing it right? Is it ME? Why can’t I get these kids to do this? (53)

It was easier when all of the other people got involved and they started to say that something was wrong with the twins. (85)

The more people observed the twins’ behavior and told us that something was “off kilter,” the less I felt like I was going crazy, and I felt better. (55)

*Closeness and giving comfort*
My youngest child would be able to show compassion and empathy for the twins, but the twins didn’t seem to have the capacity to show emotions in a real way. (18)

The twins would say and do the right things, and it seemed like they cared, but something was missing. (19)

It’s like they care, but they don’t show it appropriately. (21)

I did know if it was a developmental problem; they don’t know how to express emotions. (20)

They always asked if they could give a hug or kiss because that is what they were taught in school. It was really hard for me to get used to this because I was used to hugging or kissing my family members whenever I wanted. (27)

Some times at bedtime they would ask for hugs, but sometimes they didn’t. I thought maybe it had to do with whether or not they were having a good time. (28)

I would try to cuddle with them on my lap, and they would sit there with me, but they wouldn’t cuddle back. (23)

They did want hugs and kisses, especially Andy, and could ask for them, but we had to tell them to “squeeze” us back. They didn’t give real hugs. (26)

One time Andy got hurt, and I tried to pick him up. He pulled away like a little baby who does not want to be held. I was beside myself. I’d never felt a child who did not respond back to comfort. (24)

I was able to calm him down by sitting next to him and talking. (25)

It was as if the twins couldn’t self-sooth or comfort themselves. I could let them cry for a while, but then I had to go in and stop it or it would go on for hours. (22)

Separating and Reuniting

I did not really have any problems separating from the twins when they went to school. They were happy to go and happy to come back. (67)

They lived in the moment and that’s why we didn’t think they would miss us when they left; “Out of sight, out of mind.” (29)

I was shocked that after almost a year it seemed as if the twins had actually started to feel some kind of closeness with the family and seemed to want to be with us. (30)

Advice to other foster mothers
It is a very long process to get a foster child in therapy. I took a year before the twins got evaluated for wraparound. (57)

The twins are just now going through some kind of screening, and even though I’m no longer the twin’s foster mother, I was called to answer developmental questions, which I will do. (58)

It is important to have somebody to turn to for support. My two best friends helped me a lot by just allowing me to vent and complain. (81)

My daughter helped a lot too. (80)

My husband was the most important reason why I was able to do as much for the twins. (79)

Each foster child and parent is different. What you do really depends on the behavior of the child and how much the foster parent can tolerate. (78)

I think it would have been better for us if the twins had been split up. It was much too difficult to parent both boys together. I think if there had been only one, we would have stuck it out. (77)
Anna and Dean – Grouping of Meaning Condensations

How I felt about Dean

He would make me feel so angry. All I could do was make him sit in a chair while he made angry faces. His sister would try and help get him to stop, but he would just yell at her. I just couldn’t do it anymore even if he got medication. (16)

His behavior was really unpredictable. Some days he was just fine while other days he would kick you and spit. (15)

I fostered many children, but he was really BAD. He would look at me with such anger that it seemed like he could have beat me. (13)

I had a theory that he might actually kill me in my sleep or something even though he was just a little boy. I would watch him in night and break my own rest in order to make sure he didn’t get up and start creeping around. (14)

I feel bad, but I didn’t know he had undiagnosed issues at the time. (10)

My worry that someone would get hurt

I was really worried that if Dean got super mad he would destroy my things, and I didn’t want that. (27)

I had to watch him 24/7. (28)

I was always worried and watchful. I never knew what Dean might do if he got mad. He might destroy something important like my TV screen. (42)

I even tried prayer over Dean because sometimes he acted as if he was possessed by the devil. (73)

I couldn’t chance him catching my house on fire. (2)

He was so different from his sister, but I was worried that he was trying to influence her in a bad way. (4)

He tried to get his sister to do bad things, and I think she would go along up to a point because he was her brother. (35)

He would try and manipulate his sister into doing bad things with him, but she never did. She would try and cover up for him though. I didn’t want to see him ruin his sister. (18)

I didn’t want Dean to turn his sweet little sister into a roughneck. (25)
I had to restrain Dean because there was no way that I could afford to let him hurt me. He could kick really hard. (71)

All I could do was spend time sitting there with Dean until he calmed himself down. I certainly wasn’t going to let him hurt me. I’m too old for that. (76)

I was worried that maybe Dean had some sexual abuse in his background; his behavior was so strange. I took steps to keep him for getting the opportunity to act out on anyone. (56)

I thought something must have happened to Dean that he didn’t want closeness, and I didn’t force it. I didn’t want anyone to think anything strange was going on with Dean and me. (31)

I made sure that other people like his daycare providers knew to watch him closely, although I didn’t want to tell them he was horrible. (29)

I struggled to make the decision that Dean be removed

I struggled to make the decision to send Dean away. I’m really trying to do good and help other people, but I didn’t know what else to do for Dean. (87)

I felt like I was kicking the kids out, but I couldn’t do the best job I could do. (83)

I feel bad, but I didn’t know he had undiagnosed issues at the time. (10)

I couldn’t risk losing my clearances and my other children. I’d rather than Dean left, then my family could be normal again. (66)

I was taking time from my own kids spending all that time holding Dean. I wasn’t fair to my kids. (79)

I tried to send them back, and the foster agency tried to get me to keep them. But, he was destroying my stuff, and I couldn’t find any way to control his behavior, so I just said no. (6)

I told the foster agency that I would keep Dean’s sister, but they don’t like to split the children up. (81)

There was a lot of work to be done with Dean, and I had to be honest and say I just couldn’t do it. (78)

I hated to ask for the children to be removed, but at least they are still together. (82)

Then I felt so bad cause I was kicking the kids out, and they’re going to end up going from house-to-house, which is not good. (88)
I hate to kick out other people’s kids who have had such difficult lives. My kids never went through that. I don’t want kids to suffer. (86)

I never say that kids are horrible, but he was horrible. He wasn’t even here for that long, but I couldn’t take it anymore. (7)

It was rough to let Dean go {tearfully}. I didn’t beat myself up, but I cried. I hate to kick the little kids out cause they’re little kids. (85)

I love kids, but I had to be real. Taking care of Dean just wasn’t for me. (20)

Dean needed to be one-on-one with someone, and I couldn’t do that. I had my own children who still needed me. (89)

Dean needs someone who can spend one-on-one time with him. (80)

I do wonder how Dean and his sister have turned out. They had such a difficult life. (59)

I still wonder about Dean and will have to check on how he’s doing. (50)

I did finally find out that Dean had multiple mental health problems. (49)

I heard that Dean eventually got on medication. He definitely had some issues. (51)

How I worked with Dean - I tried everything

When Dean wouldn’t listen, I’d try to follow the advice of the foster agency and hold him from behind, but he would kick and throw a fit in my arms. (9)

The only thing I could do was to restrain Dean by sitting with him on the floor and just letting him kick and vent it out. (70)

I didn’t know what to say to Dean, but I would tell him that he was a nice boy and that nice boy’s don’t act like that. (72)

I didn’t even care if Dean apologized. I wasn’t trying to make him do exactly what I said. I just wanted him to act nicely. (75)

Dean had a hard life that really took its toll him and made him very defiant. I just couldn’t find anything that worked. (8)

I couldn’t just stand there and do nothing about his behavior. So I would try everything I could think of to get through to Dean. Eventually, he would be okay, but I wasn’t sure what actually worked. (11)

I would say all kinds of stuff to Dean trying to get him to calm down (e.g., “I’m taking
Miriam to the store, and you’re not going,” “I’m not letting you go until you’re nice.”) and finally he would just eventually wear himself out. (74)

I even tried prayer over Dean because sometimes he acted as if he was possessed by the devil. (73)

The only thing that worked was just letting Dean do whatever he wanted, which was not okay. He didn’t like getting instructions from anyone. It was as if he wanted to be an adult, but he was still just a kid. (17)

I tried to figure out what was wrong, but I didn’t understand and didn’t know what to do

I was so shocked sometimes by his behavior. He would do such outrageous things (e.g., threw butter on the floor) at times when he wasn’t even angry about anything. It didn’t make sense. (19)

He would do such terrible things that other kids would never do. He didn’t even have to be mad. It was so hard to understand his behavior. (3)

I couldn’t understand it, but some days he would listen and be nice. (77)

I feel funny saying this, but sometimes Dean would beat up the case workers (e.g., pulling their hair while driving) and they would get pretty upset. (41)

Dean’s behavior fluctuated at daycare. Sometimes he was fine, but at other times, he gave them a little run for their money. (39)

Dean and his sister were such beautiful children. It’s hard to understand how Dean could have been through so much. (58)

I tried to understand how Dean could have gotten so angry especially at women. I thought maybe he was angry at women because his mother had left, but visits with his dad made Dean even more angry. (22)

I think he was triggered by hearing the word “No,” but no one told me that. I had to figure it out on my own. (12)

I guessed that Dean just wanted to be with his mom and didn’t want anyone else as a substitute. (37)

I don’t actually know what happened to Dean, but I think it had to be something pretty awful. Dean was so mean. He was too little to be so mean. (57)

Dean came from another home where he had been doing strange stuff, but he didn’t have a diagnosis so I thought it would be fine. (1)
I didn’t know what to do for Dean because I didn’t know what the problem was. (84)

Part of the problem was that he had issues that were not being addressed. (5)

Giving comfort to Dean

Dean was never a loving child like his sister. He didn’t want hugs and stuff. (21)

He never even wanted a hug. (23)

His sister and I would try and get him involved, and he would do things sometimes, but he really didn’t seem to care like his sister. (24)

He would talk to me at times, but he never acted in a loving manner. (32)

I thought something must have happened to Dean that he didn’t want closeness, and I didn’t force it. I didn’t want anyone to think anything strange was going on with Dean and me. (31)

I never took Dean’s lack of closeness personally. (38)

I didn’t take Dean’s lack of closeness personally. I don’t think he would have liked anyone. (36)

I just thought something had happened to Dean, which that I didn’t know, that made him not want to bother with closeness. (33)

I took care of his needs, and I talked to him, but I really wasn’t in love with him like I loved his sister. He tried to get his sister to do bad things, and I think she would go along up to a point because he was her brother. (34)

Dean wanted everything his way. I think that he did like me, but he didn’t want to be in my home and so he was going to make my life miserable until he left. (26)

Separating and Reuniting with Dean

Dean did not care at all if I went away and left him somewhere. This was so different from his sister’s reaction. He would just get on with things and walk away. (30)

Dean’s behavior fluctuated at daycare. Sometimes he was fine, but at other times, he gave them a little run for their money. (39)

Dean never came running over when I came to pick him up. He knew it was time to go and just matter-of-factly took care of business (e.g., Get your coat Miriam.) (40)

His sister and I would try and get him involved, and he would do things sometimes, but
he really didn’t seem to care like his sister. (24)

Problems with CPS

When Dean first came to my house, I knew he had some problems, but I had no idea how horrible he could be. I think the foster agency and CYF knew about Dean, but didn’t say anything. (62)

I think there was a lot more to Dean’s behavior problems then the foster agency/CYF ever told me. I certainly did not expect that his behavior would be as bad as it turned out to be. (64)

You have to know what’s wrong, because a child like Dean can really stress a foster parent out. (46)

I don’t think the foster agency/CYF was trying to be mean in not giving me all the fact about Dean. But, they should be upfront so that foster parents can make informed decisions whether to take a particular child. (63)

If there are warning signs in another foster home, the agency should tell the new foster family everything. (61)

I don’t think that foster families should have to go into situations with a new foster child blindly. It’s not fair. My own children had to put up with a lot while I was trying to deal with Dean. (69)

Someone else who was unprepared for Dean’s behavior might have snapped. I hate to think of that. (67)

People need to make informed decisions. Someone else might have gotten so mad at Dean that they might have hit the little guy. (65)

Knowing more about Dean’s history of front would have helped me approach him differently. (68)

Advice to other foster mothers

I think you can give children all the love you can, but that won’t make everything okay. (60)

Get your foster child an evaluation and get them in therapy as soon as possible. (43)

If you notice anything strange about your foster child, address it. Don’t say “I’ll just wait and see what happens.” (54)

If you notice your foster child acting a little strange, get them checked out. (52)
If your foster child displays any early signs of problems, get an evaluation just to make sure they are okay. (45)

I always sit back and act like I’m doing something just so I can observe. (53)

I don’t believe that anyone took Dean’s behavior serious enough prior to his coming to my house and so they never got him the help he needed. (44)

Let someone know what’s happening so you can start the process of getting therapy early. There’s a lot of paperwork and sometimes it can take a long time. (55)

I’m not saying that CPS drug their feet about getting therapy for Dean, but the process of asking for therapy is complex and it takes time. However, I do think Dean needed therapy much earlier then he actually got it. (48)

I thought it took a little too long to get Dean into therapy. I’ve had other foster children who had a different experience. (47)
Joyce and Hannah – Grouping of Meaning Condensations

How I feel about Hannah

I’m very attached to Hannah and will miss Hannah when she leaves. I already do miss her. I’m a nurse, and I took her on as my responsibility. I’ve taken care of her fragile medical needs for two years. (13)

Hannah suffers from Pulmonary Dysplasia due mainly to her being born premature. I’m a nurse and have been able to use my specialized knowledge in order to take care of Hannah. (15)

I’ve stuck it out with Hannah even though I gave my 30-day notice because I want her to reach her full potential. She needs me and her new family needs my help. (109)

I don’t throw kids away because they are not perfect. I help them go as far as their potential will allow them and love them for who they are regardless. (108)

How I feel about Hannah’s removal from my home

I don’t wish that Hannah was my child, but not because of her problems. I’m just too old to adopt now. (11)

Hannah could wiggle out of her car seat. Someone would have to get her back in the seat, which meant that other family members would also be in danger if something happened. (1)

I asked that Hannah be removed due to circumstances beyond my control. I felt sorry, but there was nothing I could do. (2)

The foster agency asked me to adopt Hannah multiple times as if trying to change my mind, and I had to be very firm with them. I still have a child in my home besides Hannah whom I have to raise. (12)

I don’t believe CYF understood how dangerous Hannah’s behavior could be, and I had to show the caseworker why I put in my 30-day notice. (81)

I worry that if something happened to Hannah her mother would sue me, although I think I may have gotten through to her mother. I don’t want anything to happen to my family. (82)

I had to be careful because Hannah’s mother said she would sue me if Hannah got hurt. (18)

My worries for Hannah’s future
I’m happy that Hannah is going to live with a family where she really seems to be wanted. (110)

I’m worried about what Hannah is going to be like as she grows. I hope she will keep getting better. (60)

I’m really worried for Hannah if she does not learn respect and boundaries because she’s going to be in school soon, and it will be very difficult for her. (49)

Now that I know Hannah is going to be leaving, I’m very worried that her new mother is not going to be able to take care of her as well as I do. I’ve been trying to write things down in order to help her to know what to do, but I have my doubts about her actually being able to follow through. (16)

I kept telling Hannah’s pre-adopt family about the importance of boundaries, but they don’t seem to be listening. (41)

Hannah needs a mother who is available a lot of the time. I’m worried because her new mother does work. (113)

I told the pre-adopt mother that I didn’t believe you can save the whole world or every child. You have to put your full attention into the child that’s in your care, and do what you can do. Hannah’s a super handful. (78)

I keep telling the pre-adopt mother about structure and boundaries. I have even offered to give her my playpen, but she doesn’t seem to be getting it. I told her to try and give her Tylenol at night and hold her close. (44)

Hannah needs continuity between our two homes. (42)

I’m always very honest and upfront because I believe adoptive parents need to know about they’re adopted child. I worry about Hannah in particular and want to make sure that her new family has as much information as possible. But, the new family lives in such a rural area, I’m afraid the services won’t be available. (105)

I’m very concerned that Hannah is not going to get proper services at her new home. I’m trying to make sure that the new mother follows what the service providers are advising (e.g., sending handouts). (64)

The services providers are also concerned that Hannah should have the same types of interventions at her new home. (71)

Hannah is a very difficult child who needs one-on-one attention. I don’t believe Hannah’s pre-adopt mother would have been able to handle Hannah and another child together. (77)
Hannah needs a mother who is available a lot of the time. I’m worried because her new mother does work. (113)

How I work with Hannah

Medical perspective/Her biological problems:

Hannah suffers from Pulmonary Dysplasia due mainly to her being born premature. I’m a nurse and have been able to use my specialized knowledge in order to take care of Hannah. (15)

It would be nice to know exactly what is wrong with Hannah, but she’s never had an MRI and has no diagnosis. (51)

I don’t really know what’s actually wrong with Hannah because no one has shared that information with me. There’s no diagnosis. (52)

Hopefully, her speech will improve, and she can start understanding. (50)

I think some of Hannah’s problems stemmed from her having no way of communicating. Now, that she can understand more language and speak better, she’s doing better, although she doesn’t listen to the word “No.” (30)

Things have been getting better with Hannah, and I struggle to understand exactly why this is so (she’s older, she’s cognitively more developed, she understands more language), but I just don’t know. (32)

I think it was traumatic for Hannah to be put in somebody else’s car and taken up to visit people she doesn’t know for several days. It would be traumatic for any child. (37)

I watched Hannah’s birth family interact in a very negative way (e.g., yelling, mental abuse) and there are a lot of MH/MR issues, so I thought there must be something genetic at work in Hannah. (86)

Parenting:

Hannah does improve when you work with her appropriately. Hannah’s birth mother has never helped Hannah in the way that she should. I’ve even told the birth mother what she should be doing with Hannah, but she doesn’t do it. (66)

Hannah doesn’t respect other people’s boundaries. You have had to gain her respect by teaching her how it’s going to be and telling her. (46)

Hannah is getting better because I’ve been teaching her about hugs and kisses (“I’ll kiss your boo boo.”). (54)
I always hug and kiss Hannah and tell her that I love her, and I do. I never saw her birth mother do these things. (14)

It takes a lot of work to get a little break through. (101)

Limits/Structure/Boundaries/What works:

I started to have difficulties setting limits for Hannah from when she became mobile. (17)

Hannah’s behavior can get pretty out-of-hand (biting, clawing, throwing fits). I try to remove her from the situation, but it’s very difficult to get her to stop. (24)

Sometimes it works to give Hannah a change the scenery (looking out the window) and take her away from the area in which she is having difficulties. (26)

I have to keep chasing Hannah constantly. She’s not mean or destructive, she just wants everything her own way or she will become really distraught. (48)

It’s not always all that bad. Hannah is able to find her own things to play with. (47)

Hannah’s really a bully (pushing, hair pulling) when it comes to other children. I’m not sure if she just has a mean streak or if she is trying to get my attention. (33)

Hannah often tries to get my attention, and it’s hard for me to tell if she seriously wants to communicate or if she is just trying to take me away from what I am doing. Sometimes I ignore Hannah’s attempts to get my attention, but at other times when she clearly seems to want something, I won’t. When I do communicate with Hannah, I speak directly to her in a very deliberate manner. (34)

Hannah knows how to push my buttons and her birth mother’s buttons too. (21)

Hannah can really push your buttons. You have to be firm and let her know that you are not going to back down or go away. (114)

Hannah still wants things only her way. (31)

I had to be firm and just say “no” to Hannah (“You have to do this”), but she would become very belligerent and want things to go her way. (19)

Hannah can also be very defiant. She will deliberately do things that she knows is wrong (throw up on specific pieces of furniture, throw her shoes), and then look at you as if to say, “What are you going to do about it.” (35)

Hannah needs physical boundaries like a playpen or car seat in order to help keep her calm. If she becomes over stimulated, I have a hard time dealing with her. (40)
Hannah gets out-of-control when there is a lack of structure, and she seems to love that. (43)

Hannah has a one track mind. When you bring her back to a situation, she will pick up her bad behaviors again. It’s like “I’m going to do what I set out to do, and you’re not going to change me from doing it.” (27)

When Hannah wants to do something, it’s really hard to break that pattern of behavior. (29)

I tried to redirect Hannah when she not behaving (e.g., give her junk mail). But, Hannah’s attention span was short, and I had to keep doing different things every two minutes. (23)

I use a lot of redirecting and giving her things. (25)

I didn’t call attention to her acting out behavior. If Hannah doesn’t get a reaction from me, she will stop. (39)

I try not to call attention to Hannah’s provoking behaviors, and then when things have calmed down, I’ll try again to talk to her about whatever is going on. (36)

The importance of my husband:

Hannah listened better for my husband. (20)

I’m not sure why my husband handles Hannah so well. It might be the tone of his voice; the firmness. (28)

Sometimes I just can’t get Hannah to do what I want, and that’s why I have my husband as a back up. I tell Hannah that I’m going to get dad if she doesn’t shape up, and Hannah knows. She’s smart. (115)

I think Hannah needs a father figure who will be very firm. (22)

Hannah needs a mom and a dad. (112)

Giving Comfort

Giving Hannah comfort is difficult because she always pushes you away. (53)

Hannah just did not want human contact. (55)

Hannah doesn’t always want to be held and will often fight to get away. I think she just wants her own way, and I have to let her know that she can’t be the boss all the time. (45)
Hannah will wiggle worm out of your arms like “I don’t want you to do that.” (56)

Hannah would never cling to you or hold on to anybody including her birth mother. (9)

Hannah is very demanding and difficult to get close to. For the longest time, she was never loving or affectionate. (7)

People at the Children’s Institute noticed that Hannah had a problem getting close too. I think that Hannah is just now learning to be affectionate. (10)

Hannah’s behavior recently changed after two years. Now, she is able to give hugs and kisses and will call us mommy and daddy. (8)

Hannah’s getting better and will let me kiss and hug her sometimes. I’m not sure why she’s doing better (e.g., age, speech, more understanding). She’ll let me kiss and hug her now. (57)

I’m so happy that Hannah now gives hugs and kisses. She come and put her arms around you and be really sweet. (73)

I’m happy Hannah is doing better because her lack of closeness would be hard for any family to deal with. (58)

I believe that our 11-year-old daughter, Cathy, was very instrumental in helping Hannah. I think that child-to-child interaction was very important. Cathy can calm Hannah right down. (76)

Separating/Reuniting: The lack of connection

Hannah doesn’t seem to care of she has to leave us. I throw kisses and tell her “Bye, bye darling,” but she doesn’t love us back. It’s like she’s going by herself, and I just can’t believe it. She just goes with no problem. (80)

When Hannah comes home, she seems startled to see us (“Where did you come from?”). (38)

Hannah used to have no affect at all. It was like there was a wall between Hannah and other people, and you just couldn’t reach her. (74)

When Hannah’s not affectionate back, it gives you an empty feeling. You start to wonder why Hannah isn’t connecting. Is it her severe prematurity or is it something a little bit deeper? I’ve never had a foster child act like this before. (85)

I feel kind of ucky when Hannah does not show affection back to me. I worry that she doesn’t like me, and wondered what’s going on. But then her birth mother said that she’s always been like that. (83)
It was like a wall was up, and Hannah couldn’t understand. Nothing was getting through. And then all of a sudden it was like the light bulb went off. (98)

I felt a little better when I realized that Hannah’s lack of affection wasn’t my fault. I was always good to Hannah. (84)

Before the light bulb moment, I just didn’t get why Hannah would not connect. (100)

When Hannah first hugged me, I couldn’t believe it. She really did it. Cathy told her to give a hug, and Hannah understood. It was very exciting. (97)

Now, I feel that Hannah likes me, she really likes me. She will look at me and make eye contact and smile. (99)

Now, Hannah’s always listening unless she’s engrossed in something. (75)

Before Hannah had her break through, she was not a “real” little girl. She was not emotionally present and there was an emptiness about her. Now, she will make eye contact, and she seems to have become more “real.” (116)

Problems with the CPS system

CYF system is complex:

The services that Hannah is entitled to depend on her CYF goal. I wasn’t always able to learn about what the various service providers were doing to help Hannah because they were working more with Hannah’s birth mother. The service providers had no communication with me until recently when Hannah’s goal changed to adoption. (61)

If I would have been involved in Hannah’s treatment, I could have shared my experiences of Hannah, and they could have given me advice on how to help her. (69)

If I would have had help with Hannah from the beginning, I think Hannah would have been further along. (65)

Now, I get to work with Hannah’s service providers, and I’m learning so much about how to work with Hannah. (63)

It is a very complicated process trying to get Hannah placed with the pre-adopt family, and the rules of the Child Protective System don’t make things any easier. Also, there are multiple counties involved, which all have different rules. And then nobody wants to step on anyone else’s toes. (72)

Hannah has not been able to move on because of the requirements of the system. There’s been a long delay to get clearances for the new family. (62)
CYF and foster agencies should be honest:

I’m not sure how much the new family knows about Hannah or what CYF has said about her problems. But, I feel the family needs to know about Hannah. (59)

There was one woman who wanted to adopt Hannah who was not a good fit. She wasn’t willing to do what was necessary to help Hannah grow and develop. (111)

I think that foster agencies/CYF should tell the whole thing and not sugar coat the facts. I don’t think that Hannah’s pre-adopt family was told about everything, and I don’t feel this is right. I told them everything. I’m not going to lie. (106)

I’m always very honest and upfront because I believe adoptive parents need to know about they’re adopted child. I worry about Hannah in particular and want to make sure that her new family has as much information as possible. But, the new family lives in such a rural area, I’m afraid the services won’t be available. (105)

I’m not sure what kind of information foster parents get from CYF or the foster agency. I usually get a profile, but I didn’t with Hannah. (104)

They did have a family who was interested in taking Hannah, but her birth mother was dragging out the termination of her parental rights. The caseworkers were not allowed to really say anything, so I said exactly what I thought, and it worked. Hannah’s mother listened. (3)

I tried to take Hannah’s mother under my wing and help her, and I do think I was a positive figure in her life. (87)

I really took Hannah’s birth mother under my wing and some people were amazed that I would do this. (4)

Normally, I’m very professional and do not get attached to birth parents; however, Hannah’s mother was one of very few exceptions. (6)

The caseworkers can’t say what they really think because they have guidelines to follow. (5)

Advice for other foster mothers

You have to believe in your child and continue believing no matter what. (102)

I’d advise other foster parents to keep working with their child and don’t give up. (88)

It will take a lot of time and effort to help Hannah. There is no timeframe or date when she will no longer have any problems. You’ve got to work on things. It comes in baby steps that you can see when you look back at how far she has come. (79)
It is very difficult when your child doesn’t listen. I can throw off your entire household, but you must try and be a positive role model. (93)

Just hang in there and keep going. You can’t have negative thoughts because it won’t work. Just say to yourself, “Tomorrow, hopefully, it will be a better day.” (94)

Be as loving as you can. (92)

Keep being loving and affectionate even if you are not getting it back because at some point, hopefully, there will be a break through. (89)

Kids can be taught through repetition. It might take 150 times, but then all of a sudden on the 151st time, the light bulb goes off, and they’ve got it. (95)

So keep trying and don’t give up even though it’s hard. (96)

Get all the help you can get. There are a lot of services out there to help kids. (90)

If your foster child does not have a diagnosis, get one. It’s very important to know what’s going on in their head. (91)

People don’t always understand that adopting a child is going to take a lot of work. People just say, “Oh, I need a baby so bad, and this is my baby.” Over the years you learn how it really is, and it’s an educational process. (103)

Hannah has been getting a lot of help to address her problems from the various service providers. (67)

The services were not difficult to get, but no one communicated with me about how they were working with Hannah. (68)

The service providers she has now pick-up on a lot of problems that I don’t see and then teach Hannah how to do things better. (70)
Karen and Daniel – Grouping of Meaning Condensations

How I feel about Daniel

I have a deep appreciation of both the wonderful and difficult qualities of my foster child and overall he’s a good kid. (1)

We are hoping to adopt him, but with the system, it’s difficult to know if this will actually happen. (2)

We want him to be our child because we’ve have fallen in love with him. (3)

If he left, I would be broken hearted. I have come to love him. He’s the son of my heart. (8)

We want him to be our child because we don’t think being returned to his birth mother is in his best interest and we love him. (4)

I worry about what he might go through if he has to make another placement change or back to his birth mother. He’s been through so much and he struggles with so many personal challenges. (5)

From a mental health perspective, I feel more-and-more strongly every day that if he went back with his mother, it would harm him. (9)

I think that removing him from our care and sending him to his birth mother would be devastating for him, and would break him. (7)

How I work with Daniel

Developmental process/His sensitivities:

I struggle to be sensitive to Daniel’s developmental process. I try to look ahead in order to determine what might be his next steps (e.g., potty training) and then figure out how to help him reach his next milestone while also attempting to let his needs (e.g., night terrors) and desires (e.g., wanting to put himself to bed) guide what steps we take. For instance, he decided to put himself bed, but he can’t yet because he doesn’t have the skill. (10)

I’m always having to think about the motivation for Daniel’s behavior and trying to meet the behavior with the appropriate response. For instance, if he’s having difficulties shutting off at night, giving him the responsibility for saying when he will go to bed has the affect of making him more hyper. Instead, I have to help him calm down. If he’s feeling afraid, we come right to him so he feels secure. (22)

Sometimes you just have to make a hypothesis about the behavior and go on that. (59)
It’s been helpful to be able to talk through each situation and my feelings with my partner. (36)

Control/Limits/Boundaries:

We try to keep to a routine, but let him have some control over what happens within the limits that we set. (11)

Trying to allow him to have some control while staying within some boundaries is really difficult. I ignore some behaviors, but have to put my foot down with others. Sometimes Daniel just doesn’t have the ability to do what he would like, and I have to tell him that we will try it again later. (12)

I found that if I let Daniel do things on his own while I go do something else then check back on him later, it works better. (21)

My self-regulation/My effect on Daniel

I tell the parents I work with, when self-regulation is what’s needed, your self-regulation comes first. How I feel when Daniel is having a difficult time depends in part on my own ability to self-regulate, which I monitor on an ongoing basis. If I’ve had a stressful day, it will be much harder for me to stay calm. (17)

How I feel affects Daniel’s response to me. He has radar for when we’re not self-regulating, and he will typically be more challenging at those times. (20)

Sometimes, no matter how hard I try to work with him, he just gets more-and-more worked up, and he will do things to get me worked up too (e.g., spit water). It’s like things just escalate for us both until we’re out-of-control. (13)

It can take a very long time for Daniel to settle down (e.g., 2 hours to go to sleep). At times, he can get very violent, which I try to stop as quickly as possible (e.g., ask for a break). (15)

If it’s too difficult for me to remain calm in the moment, I will call on my husband for help. Then I balance whether it’s better for Daniel to ride it out with one person who might be feeling a bit out-of-control or to feel safe and secure with an adult who can be self-regulated. (18)

Giving Comfort

At first, I had to teach Daniel how to accept comfort. I would slowly approach him and help him name his feelings. I would ask if it was okay to hold him, although initially he would not respond, and I would just pick him up anyway, and he was okay with it. Then he started to verbally say it was okay to give him comfort and then I would rub his back, coo or talk in his ear, and basically talk him through the experience. (23)
Sometimes he didn’t want to be picked up, and I would respect his wishes while letting him know that if he needed me, I would be there. (24)

Daniel has a kind of routine he follows whenever he hurting that consists of his asking for ice, which he puts on his face regardless of the actual injury cite. Sometimes if you don’t offer him ice he’ll ask for it. Comforting him this way is a pretty easy thing to do. (25)

Separating from Daniel

I am very affectionate and playful when I drop him off at the Early Learning Center. He laughs and kind of melts into me a little bit. (28)

I remind Daniel where all family members will be by asking him directly (“Where’s momma go?”). (29)

I am careful to make this transition period very short so that I’m not prolonging and/or growing his anxiety. I am affectionate, very playful, and then hand him off to somebody so he feels secure, then I go out, and he see’s me leave. I wave, turn, and I don’t come back. (31)

As a mom, I feel him pulling at my heart when I have to leave. I question if I should actually leave or just take him home. I even thought about having one of us quit work, but then it’s also a good thing for him to be in school and to get used to doing that and being with other people because I won’t always be able to be there with him. (38)

Even when I’m trying to leave and helping him to make a good transition, there’s still a part of me that just wants to take him home and stay with him. (39)

We got a friend to get clearances then had her come over lots before we left him. He seemed to be okay. (33)

It’s very hard for Daniel to transition when we’re not there. This makes it more difficult for me and my husband to be away from home. One time I went away on business and it took much longer to get Daniel to sleep. (34)

I feel horrible when I have to leave him. Sometimes I would go sit and cry in the car. (35)

Some times I do pick him up early even when it’s not my day to do so because it just makes more sense for me to do it, and I want to do it. (40)

Reuniting with Daniel
At first when I would pick him up, he would not stop playing and would not come to me, although I know he saw me. I would have to go over to him, and then he might jump into my arms. Now, he will sometimes come over and hug me around the legs then run away. (41)

He doesn’t want to leave and he really seems to like his teachers and the kids, but he never cries. (42)

I feel him pulling at my heart in those times when I go to pick him up. I feel like he’s saying, “I’m not going to put myself out there. You’re gonna have to come to me.” He’s been through so much that he can’t trust I will be there. He’s just an innocence baby, and it breaks my heart and makes me cry. (43)

The Importance of a partner/spouse

When I feel things are out-of-control and I just can’t take it anymore, it’s good to have my partner there to step in order to either give a break or to take over if needed. It’s important, however, that we both support each other and are not allowing Daniel to split us into the good parent and the bad parent. (14)

It’s been helpful to be able to talk through each situation and my feelings with my partner. (36)

Having someone else there to help is very important. (51)

I don’t know what I would do if when I just couldn’t hold it together any longer, I couldn’t call for a partner who would come up and give me a break. I just don’t know what would happen. (54)

Difficulties of being a single foster mother:
I don’t know how anyone could be a single parent let alone parent a child like Daniel alone. (52)

I know that single parents do parent children who are very challenging, but do they eventually break? I don’t know. Do they get to a point where they can no longer do what’s best for the child? I don’t know. I know that I couldn’t do it. (55)

Importance of getting help from others

Daniel and I have a routine we follow when he gets dropped off at his Early Learning Center. (27)

It’s really important that the Early Learning Center teachers are involved and go along with Daniel’s routine. I let Daniel decide how he wants things to be (e.g., put him down or held by a teacher). (30)
Having supportive people at the Early Learning Center where I can get assistance has also been helpful. (37)

Problems with the CPS/Foster Care system/Adoption

You may never be able get any information because you have no rights within the foster care system. (57)

No one will give me any information about Daniel’s history. His caseworker is actually told me that I have no rights and shouldn’t ask. We’re actually not sure about his history. (6)

It was very difficult to get Daniel into an Early Learning Center that focused on what I thought was important for his continued development. As a result of my trying to find the best placement for Daniel, he was actually no longer eligible for some county services. (26)

We are hoping to adopt him, but with the system, it’s difficult to know if this will actually happen. (2)

I know of one single mother who got “duped” by the foster care system. She was a first time foster mother, and they gave her a horribly challenging child. She had a terrible experience and ended up sending the child away. (53)

Advice to other foster mothers

To other foster parents, if you really are loving enough and you’re really trying to be thoughtful and providing them structure, cut yourself some slack. (47)

Cut yourself some slack. (49)

Get help if you need it and talk to whoever can help you. (48)

Work really hard with your partner or whoever is fostering with you. (50)

I think that in order to be a successful foster mother it’s important to have as much knowledge about your child’s history as you can get. (56)

I think the more you know about what happened to your foster child, the better you can understand their behaviors. (58)

I think it is important to have as much information as possible about attachment and the effects of trauma on children. (60)

I try to cling to my successful moments either with Daniel or at work in order to get out of a mood. And sometimes I hang up a cute picture that reminds me of Daniel. (46)
I can feel exhausted, frustrated, and want to cry, but I try to tell myself it’s going to be okay. It has to be because I don’t want to do this for 20 years. (19)

How I experience my life with Daniel

I didn’t have expectations about what it would be like to be a mother then those expectations weren’t met in some way. I am choosing to be his foster parent. (44)

If Daniel has a behavior, I wondered if I’d have done something better, he might not have to go through that. I question myself all the time. Sometimes I feel like a fraud because I’m a therapist and should know how to deal with these problems, but I can’t even parent my own child. Some days I feel like I suck as a mother, and I suck as a professional. Those days are hard. (45)

Because Daniel has attachment challenges, I am always trying to balance when it is in his best interest that I help him learn limits, when it is in his best interest for me to help him feel safe and secure, or when he should be allowed to explore his own growth and development. That’s the balancing act that I live all day long. (16)

I experience my life now as a balancing act. I am balancing all of the aspects of my life. (63)

Being a foster mother to Daniel has been probably the hardest experience of my life. (61)

Fostering Daniel has also been one of the greatest blessings in my life. (62)

Parenting Daniel is the hardest experience of my life, and the most rewarding experience of my life. How it will end. I don’t know. (64)
APPENDIX J

Possible Topics for Attachment-Relevant CPS Trainings

1) “Attachment 101” – Basic information regarding Attachment research and the significance of attachment disruptions on foster children

2) “Trauma 101” – Basic information regarding the definition of the different types of trauma foster children may experience (e.g., physical, sexual, neglect), as well as the kind of “relational trauma” attributed to inappropriate attachment relationships

3) Training Foster Parents About Attachment-disordered Foster Children – How to present information to prospective foster parents regarding what they can expect from the attachment-disordered foster child (e.g., behaviors of the attachment-disordered foster child, typical foster parent reactions, strategies for dealing with different emotions, realizing that not everyone should foster the attachment-disordered foster child)

4) Supporting the Attachment-disordered Foster Child – The kinds of supports required by foster mothers (e.g., help navigating CPS, parenting assistance, listening, finding appropriate mental health professionals, respite care) and foster children (e.g., listening without blaming)

5) The Art of Removing a Foster Child from a Foster Placement – Steps to removing a foster child in the least traumatic manner (e.g., prepare in advance, allow time to process loss, providing adequate security during transition, continued follow up)
APPENDIX K

What Foster Mother’s Need to Know

1) Basic information regarding the effects of disrupted attachments and trauma on foster children including information on how the developing brain is affected.

2) The basics of child development and how attachment-disordered foster children may present differently in a developmental sense then other children.

3) What to expect from the attachment-disordered foster child (e.g., behaviors, how it might make the foster mother feel, experiences of other foster mothers who have parented attachment-disordered foster children, which to expect from CPS, what to do if you do not get the support you need)

4) Parenting the attachment-disordered foster child (e.g., meaning of child’s behavior as understood through the lens of attachment theory, sensitive parenting interventions, the importance of understanding the child’s developmental needs, learning how to “grow” a foster child’s emotional capacity)

5) The importance of emotional self-regulation and what to do when you can not manage your feelings (e.g., parenting partner, monitoring your own internal process, strategies for self care, the importance of a supportive foster caseworker, the significance of a foster mother’s attachment history, when to get personal therapy and/or how to determine if you are in over your head)