

Author: Stratton, Lindsey J.

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STUDENT:

NAME Lindsey Stratton **DATE:** May 6, 2013

ADVISOR: (Committee Chair if MS Plan A or EdS Thesis or Field Project/Problem):

NAME Dr. Amanda Barnett **DATE:** May 6, 2013

This section for MS Plan A Thesis or EdS Thesis/Field Project papers only
Committee members (other than your advisor who is listed in the section above)

1. **CMTE MEMBER'S NAME:** **DATE:**

2. **CMTE MEMBER'S NAME:** **DATE:**

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Stratton, Lindsey J. *School Counselors and Adolescents in Foster Care: Fulfilling Needs Using Attachment Theory*

Abstract

Adolescents in foster care face a number of challenges in their lives beginning with neglectful home settings, transitions between homes, and changes in attachment figures. These factors adversely affect healthy attachment and thus how adolescents in foster care interact with their surroundings. These difficulties can affect their school lives in the form of attendance issues, falling behind due to moving between schools, and poor attendance rates. When viewed through a lens of attachment theory, school counselors can more clearly understand hardships faced by adolescents in foster care. The school counselor is a crucial advocate for this population in collaboration, referrals, and direct exposure within the domains of personal/social, academic, and career.

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Chapter I: Introduction

According to the Adoption and Foster Care Analysis and Reporting System (AFCARS) there were 400,540 children in foster care in the United States in 2012. (U.S. Department of Health and Human Services, 2012). About 121,000 of these foster children were age 14- 20, thus eligible for service within a high school. Adolescents in foster care tend to face more challenges than their peers due to the nature of their home life and the instability that accompanies unexpected transitions. The school is one setting in which a student can attain resources and services to ease such instabilities. The school counselor is a suitable candidate to help this population make connections to these resources. This critical review of the literature will identify challenges faced by adolescents in foster care and solutions that school counselors can supply. The topics to be explored include viewing adolescents in foster care through the lens of attachment theory, describing the home life of this population, and identifying the school counselor's role in serving these students.

Foster care is the system in which children are removed from their biological families and placed under legal state custody in a temporary home (U.S. Department of Health and Human Services, 2012). The removal is ultimately for the safety and well-being of the child. This placement is intended to be temporary until they can return into the care of their parents or have the parental rights terminated making the child available for permanent adoption. However, there are several problems that exist in the foster care system which create disproportionately more challenges for adolescents in foster care.

One problem with the current foster care system is prolonged placement, which further contributes to the instability. After initial placement in foster care, these children often spend a significant amount of time trapped in the system. According to the 2011 AFCARS report, 55%

had been in care for one year or more (U.S. Department of Health and Human Services, 2012). The average (mean) time spent in foster care was 23.9 months with a median of 13.5 months. According to Casey Family Programs (2011) the average number of transitions between foster placements was 3.1. Factors such as lingering in foster care and frequent transitions both contribute to attachment issues.

Another problem is non-traditional launching of foster children into adulthood via “aging out.” The number of foster children who “aged out” in 2011 was about 26,000 (U.S. Department of Health and Human Services, 2012). When this happens, these young adults are sometimes without permanent adult figures to serve as “life coaches” to provide guidance. This creates problems in identifying healthy, long-term attachment figures to depend on through life’s struggles. When children exit state care via this route, they enter the adult world sometimes lacking the necessary skills to thrive. Although they may not legally need an adult guardian, adolescents still benefit from adult mentors to aid in making decisions and having someone to depend on during times of need.

Schools provide a wide array of services to students, especially for those in foster care. The school counselor is one adult who can help recognize struggles and connect the student to appropriate services. This can be done through consideration of attachment theory. The school counselor is in a position to collaborate with the student’s stakeholders such as social workers, teachers, and parents (biological and foster). Additionally, the school counselor can provide individual and group counseling as well as access to legislation pertaining decision-making for the benefit of the adolescent in foster care.

Statement of the Problem

Foster children are faced with overwhelming instability in many domains of their lives. This starts in their home and spreads to their school and beyond. Stressors associated with foster care begin with the uncertainties of their living situations and sometimes abuse. These factors interrupt their attachment and thus later functioning. From a school standpoint, the school counselor helps students with academic, personal/social, and career domains, all of which are hindered for adolescents in foster care with attachment issues. A crucial area for study includes addressing how school counselors can reach these students and leave a lasting impact.

Purpose of the Study

The purpose of this study is to identify ways that school counselors can leave a lasting impact on adolescent students in foster care in American schools. Information was collected in the form of a literature review, gathered during the 2012-2013 academic school year.

Research Questions

There are two main questions this research paper will attempt to answer:

1. What are the challenges that adolescent students in foster care disproportionately face in school?
2. In what ways can school counselors provide appropriate services for adolescents in foster care?

Definition of Terms

The following terms are necessary for understanding this research:

Aging out. A phrase used to describe children who exit foster care as a result of exceeding age requirements to be under the custody of the state. This can be between ages 16 and 21 (U.S. Department of Health and Human Services, 2012).

American School Counselor Association (ASCA). A national professional organization for school counselors.

Adoption and Foster Care Analysis and Reporting System (AFCARS). A mandatory foster care data reporting system generated by the federal Children’s Bureau reporting on the fiscal year (October 1 through September 30); (U.S. Department of Health and Human Services, 2012).

Attachment. A persistent, enduring emotional bond, which occurs between the child and a consistent caregiver (Boris, Fueyo & Zeanah, 1997).

Family Educational Rights and Privacy (FERPA). A federal law that protects the privacy of student records by preventing disclosure without adult consent (“Family educational rights,”).

Foster children. Children removed from their biological parents and placed in legal custody of the state in the form of a temporary home (U.S. Department of Health and Human Services, 2012).

Reactive Attachment Disorder (RAD). A type of irregular attachment identified by the Diagnostic and Statistical Model, 4th edition (DSM- IV) where a child simultaneously craves and fears their primary caregiver, exhibiting numerous unhealthy behaviors as a result.

Waiting children. Children who have a case goal for adoption and termination of parental rights, yet remain in foster care due to unavailability of a permanent adoption home (U.S. Department of Health and Human Services, 2012).

Assumptions of the Study

The assumptions of this research are:

1. Students in foster care face more challenges in their homes and at school than their

peers.

2. Transitions into, within, and out of foster homes are difficult and can even be considered traumatic.

3. Adolescents in this population are likely to experience attachment issues.

4. Life after school for students in foster care is more challenging due to the possibility for delays in academic, career, and personal/social domains.

5. School counselors can make a positive impact on the lives of adolescents in foster care.

Limitations of the Study

The limitations of this research are:

1. Adolescents in foster care are under the custody of the state and each state has different regulations and legislation, so findings will vary by state.

2. There is limited access to continuity for factors such as data collection and accountability due to the high mobility of this population.

3. School counselors are largely limited to service within school hours and within the school building.

Chapter II: Literature Review

This chapter will begin by discussing the tenets of attachment theory and why this theory is applicable in guiding research and practice on adolescents in foster care. It will discuss the home life and school life of this population. Finally, it will provide examples of how the school counselor is associated in helping these students within the school system.

Attachment Theory

Attachment is a persistent, enduring emotional bond, which occurs between the child and a consistent caregiver, also known as an attachment figure (Boris, Fueyo & Zeanah, 1997). The relationship is so emotionally significant that separation causes distress to the individual (Ainsworth, 1989). The most important feature of an attachment bond is that the child desires protection, security, and affection (Bowlby, 1969/1982). Attainment of such distinguishes between secure and insecure attachment, manifesting itself in four ways: secure, avoidant, resistant-ambivalent, and disorganized/disoriented (Boris & Zeanah, 2005). Secure attachment is exhibited by a child's mental representation of the attachment figure being available and responsive in times of distress (Main, 1990). If the child is not able to perceive that his or her caregiver is a safe person to turn to (due to an unresponsive or inconsistent caregiver), he or she can develop one of three types of insecure attachment.

Attachment theory finds its roots in the 1951 work of John Bowlby. After observing psychopathy of young boys in a juvenile home, he made the assumption that early relationships with the mother affect the child's later functioning (Cassidy, 2008). This observation inoculated his divergence from traditional theory and caused him to draw from evolutionary biology, ethology, developmental psychology, cognitive science, and control systems theory to form attachment theory (Bowlby, 1969/1982). His research was soon accompanied by that of Mary

Salter Ainsworth. She initiated two naturalistic observational studies of mothers and infants in Uganda in the early 1950s and in Baltimore in the 1960s. She used the ethological foundations of attachment theory to guide her work and also introduced an assessment tool for empirical study, the “Strange Situation” procedure (Cassidy, 2008).

Attachment has some biological roots. Bowlby (1969/1982) stated that the proximity of the child to the parent is likely to result in predictable, beneficial outcomes for the child. These benefits include feeding, knowledge of the environment, and social interactions. At a more fundamental level, the young one is less likely to become victim to a predator, thus seeking a parent or attachment figure for protection during a time of distress is natural and healthy.

Attachment also goes beyond biology. Bowlby (1969/1982) indicated that children will attach to their attachment figures whether or not their physiological needs are being met by these particular figures. This evidence is contrary to traditional “drive” theories such as psychoanalysis and animal studies, which state that the creature is driven by what pleases them. Ainsworth (1967), Harlow (1962), and Schaffer & Emerson (1964) suggest that attachment is not simply a result of feeding. It is evident that there are more factors that influence attachment.

Attachment style can affect how comfortable a child is with exploring his or her surroundings. Ainsworth (1963) described the concept of an infant using an attachment figure as a “secure base from which to explore,” which is a central tenet of the theory. Ainsworth, Bell, & Stayton (1971) further described an “attachment-exploration balance” which means the infant assesses the danger of an environment against their belief of how supportive and available their caregiver will be. The infant is unlikely to explore if he or she senses danger in an environment or if his or her attachment figure is absent or unsupportive. On the contrary, when the attachment figure is nearby and he or she is in a comfortable setting, the infant can more freely explore.

Attachment and adolescents in foster care. It is critical for school counselors to be knowledgeable of attachment theory when aiding adolescents in foster care. Although the main focus of early research is on the mother during childhood, attachment is a lifetime phenomenon (Bowlby, 1956). No one is free of the need for reliance on other people; even an adult will try to attain proximity and support in a time of stress (Hazan & Zeifman, 1999), such as phoning a friend or seeking counseling. Children's previous interactions with attachment figures have an effect on how they adapt to new adults in their lives such as foster parents, educators, and school counselors. According to child development theorists John Bowlby and Erik Erikson, early relationships lay groundwork for future relationships, allowing the infant to feel secure or insecure, and later ensuring a positive or negative attitude towards the self and others (Zilberstein & Messer, 2010). Adolescents depend on their "internal working models" of attachment paired with continual guidance to face new obstacles such as school and other social activities. This foundation is influenced by both the quality of past attachment and the number of times the child is required to adapt to new attachment figures. The health of attachment is aggravated by time when consistent, healthy attachment figures aren't available.

Quality of attachment can serve as an indicator of future social success. Bowlby (1956) stated that children will even attach to abusive attachment figures. Removal from an attachment figure, even if abusive, intensifies the trauma involved with the removal from the home. If early attachments are unhealthy due to abuse, the child may lack trust in relationships, have negative self-regard, and lack social skills (Zilberstein & Messer, 2010). Additionally, these factors make social situations difficult and less rewarding, which can confirm their internal working models of a world that is "chaotic and unfriendly." That is why the role of a school counselor is so important in addressing personal/social issues such as these to aid adolescents in foster care.

The quality of early attachment relations is only one dynamic in forecasting later behavior patterns. Factors such as frequently changing placements and caseworkers further complicate it. Bowlby (1969/1982) stated that attachment is further damaged by constantly changing conditions beginning with removal from the primary attachment figure. Experiencing change in caregivers makes it difficult for children to form attachments, which inhibits their ability to form social relationships later in life (Grigsby, 1994). The child exerts considerable energy trying to repeat the process of attachment. In environments where children have many attachment figures, it has been observed that there are limits in their abilities to adapt to large numbers of caregivers (Tizard & Rees, 1975). Although young children can freely form attachments to their adoptive attachment figures (Chisholm, Carter, Ames & Morison, 1995; O'Connor, Bredenkamp, & Rutter, 1999; Tizard & Rees, 1975) the quality of successive attachments are sometimes hindered (Chisholm, 1998; O'Connor & Rutter, 2000).

Creating opportunities for healthy attachment become more difficult with time. As the child gets older, the plasticity of attachment decreases (Broderick & Blewitt, 2006). Most research supports that children placed in foster care younger than 12 months can develop trusting relationships with caregivers more quickly (Dozier & Bick, 2007). Only 16% of foster children were under 12 months old in 2011 (U.S. Department of Health and Human Services, 2012). That means the majority of children in foster care have moved beyond this critical period in healthy attachment formation. Children placed later than a year of age exhibit more avoidant and resistant attachment behaviors (Dozier, Lindheim, Lewis, Bick, Bernard, & Peloso, 2009). Such hindered attachment is one reason that adolescents in foster care are of particular concern, requiring specific attention from school counselors.

When abuse is present, new problems persist. Young children undergoing abuse are at risk for a psychological disorder known as reactive attachment disorder (RAD). RAD is recognized by the Diagnostic and Statistical Manual of Mental Disorders, 4th Edition (DSM-IV), and defined as:

A mental disorder of infancy or early childhood (beginning before age 5 years) characterized by disturbed and developmentally inappropriate patterns of social relating...evidenced either by a persistent failure to initiate or respond appropriately in social interactions (inhibited type) or by indiscriminant sociability without appropriate selective attachments (uninhibited type) (Colman, 2006, p.636).

Although RAD is a childhood disorder, it can affect functioning later in life. Often, children in the foster arena are diagnosed with RAD because of their “disturbed behavior,” difficulties in adjustment, and poor relationship formation (Broderick & Blewitt, 2006). A vicious cycle persists as the child fails to both acclimate to new settings and form attachments to caregivers, which contributes to the frequency of changing placements and reduction in candidacy for adoption. This becomes an issue in the school when considering the behavior problems and academic issues associated with such a situation. The school can’t fix the home, but it must be aware of how factors of home life carry over into the school.

Home Life of Adolescents in Foster Care

There are themes of uncertainty, unstable living situations, frequent movement, and impairment of future planning for this population. Children in foster care are plagued with the consequences of the negligence of the adults caring for them. Such consequences include the transitions associated with foster placement, varying degrees of involvement of their biological parents, and adapting to new homes.

Transitions associated with foster care. Children transition into foster care for a number of reasons associated with their safety. In a sample of 281 foster children, there were a handful of overlapping factors influencing child removal; the two main factors were neglect (84%) and physical abuse (64%), followed by about 30% of each of the following: caretaker substance abuse, sexual abuse, abandonment, poverty, and under 13% of each of the following: caretaker mentally ill, caretaker incarcerated, family violence, homelessness, and other (Mapp & Steinberg, 2007). After the initial transition, often several subsequent transitions follow.

The transition into foster care can happen once or several times among numerous types of settings. In 2011, these settings included relative foster homes (27%), non-relative foster homes (47%), and less than 10% in each of the following: institutions, group homes, pre-adoptive homes, trial home visits, runaways, and supervised independent living (U.S. Department of Health and Human Services, 2012). These transitions are difficult for children, but even worse, they usually don't transition only once. In one study, with a sample size of 238 foster children, only about 5% had one total foster transition. Fifty-four percent of children had between two and six placements, while the remaining half had from seven up to 30 placements (Mapp & Steinberg, 2007). At this rate, foster children spend more time adjusting to new placements than forming meaningful relationships within their homes, schools, and communities.

Every child has to exit the system somehow, which happens in a number of ways. The mean age of children exiting care is 9.4 years, while the median age is 8.6 years (U.S. Department of Health and Human Services, 2012). The chief reason for discharge is reunification with parents or primary caretakers (52%), followed by adoption (20%), emancipation (11%), living with other relatives (8%), guardianship (6%), transfer to another agency (2%), runaway (1%), and death (under 1%).

Some children transition out of foster care as a result of adoption. In 2011, 25% had a goal for adoption and the number of children that exited foster care via adoption was 49,866 (U.S. Department of Health and Human Services, 2012). However, the process for permanency is far from efficient. Children available for adoption are referred to as “waiting children,” which is defined as children with a case goal of adoption combined with termination of parental rights (excluding children 16 and over with a goal of emancipation). Although ready to exit foster care, these children spend a considerable amount of time waiting in foster care until adoptive homes are available, which delays their opportunities for consistent, long-term attachment. In 2011, there were 104,236 children who were identified as “waiting,” with a mean amount of time in continuous foster care of 23.6 months with a median of 11.5 months. The average (mean) amount of time elapsed between termination of parents’ rights to adoption was 13.6 months, with a median of 9.7 months.

Not all children in foster care have the opportunity to assimilate into a new family. Last year in the U.S., over 26,000 youth aged out of foster care when they reached the age 18, or sometimes 21 (U.S. Department of Health and Human Services, 2012). According to Yaroni, Wetts & Ross (2010, n.p.), aging out refers to “youth who leave foster care without permanency” such as “being adopted, placed in the guardianship of a family member, or formally reunited with their families.” They are released into adult life without adequate guidance. “These children are required to function more autonomously without a caregiver in close proximity, yet lack sufficient internal resources to cope with environmental demands” (Zilberstein & Messer, 2010, p.88). Because these adolescents have not attained a permanent family, they may not have acquired adequate attachment figures to practice appropriate social interactions. Not only do

these youth have deficits in their social interactions, they are lacking consistent adults to coach them in life issues should a problem arise.

Involvement of biological parents. While children are making transitions, the biological parents vary in the level of involvement with their children. Some critics believe in encouraging involvement of the biological parents with this process. One benefit of maintaining parent involvement is for the purpose of preserving attachment, even if they are only minimally involved. Maintaining contact is beneficial to children as it helps them collect a personal history, assemble their identity, and create accurate pictures of their parents (Mapp & Steinberg, 2007). This philosophy holds that the parent can still offer a long-term relationship, even at a distance. The school counselor doesn't have control over this process but can encourage the students to talk about it and explore their identities. The school counselor needs to be especially sensitive to terminology involving "parents" during family lesson programming. For example, when discussing families, the counselor should be cautious when referring to "parents" as solely traditional two-parent homes.

Considering how just over half of children in the foster system have a case goal of returning to their primary caregiver, it seems logical to reform the home. One option is teaching the parents how to interact productively with their children. Landreth (2002) suggested involving parents in their children's lives through filial therapy. This is typically a 10-week group format in which helping professionals share skills with parents on how to better communicate with their children. "How parents feel about themselves, their sense of adequacy as parents, significantly affects their interactions with their children and thus their children's development" (p. 366). A 10-week course may not be enough to "fix" a family, but it could provide some building blocks

and pave the way for similar programs. The school counselor can model such interactions when in contact with parents.

Adapting to a new foster home. Adapting to a new home brings on a considerable number of issues, starting with separation from what was previously comfortable, or at least familiar. Adolescents in foster care have to deal with loss of their parents, yet they can't grieve them because the amount of time associated with the loss is undefined. One phenomenon endured by this population is ambiguous loss, a theory developed by Pauline Boss, professor emeritus and clinical supervisor in Marriage and Family Therapy at the University of Minnesota. Boss (1999, 2006) states that changes heavy with uncertainty are most severe because the outcome can't be predicted. The concept of ambiguous loss helps address "perceptions, emotions, and behaviors associated with losses that are, frankly, irresolvable" (Boss, 2004, n.p.). Foster care allows for many situations related to losses that are not finalized including "lack of information involving circumstances of family members, disagreements regarding family membership, and lack of social validation of the losses" (Lee & Whiting, 2007, p.417).

Children in foster care tend to endure three types of loss. Two widely accepted types of ambiguous loss include people being physically present but psychologically absent or physically absent but psychologically present (Lee & Whiting, 2007). A third type unique to foster care is known as being in transition. Membership of the permanent family or foster family is in a state of change, often decided by the court. The perception of permanency is also in a state of change. "In many situations, the children don't know if they ever again will see the individual- birth parents, siblings, relatives, and foster parents" (p.418).

According to Boss (2004), clinical researchers have concluded that ambiguous loss causes people to experience reactions including unresolved grief, confusion, ambivalence, and

immobilization. Adolescents demonstrate these reactions in a number of ways. They may have an obstruction in coping mechanisms, starting with refusal to talk about the individuals or situation. They may feel helplessness leading to depression, anxiety, and relationship conflicts. They may experience confusion of boundaries and roles, as well as rigidity of family roles such as thinking that the lost person will return and acting upset at the lost person being excluded. They may respond with guilt or denial of facts. It is crucial for school counselors and other helping professionals to recognize such characteristics of ambiguous loss so that certain behaviors exhibited by this population aren't misinterpreted as resistance or other diagnoses.

School Counselor's Role in Serving Adolescents in Foster Care

According to American School Counselor Association (2004), the job description of the school counselor is as follows:

Professional school counselors collaborate with administrators, teachers, staff, families and the community to ensure all students have the opportunity to design a rigorous and relevant academic and career program. Professional school counselors design and implement a comprehensive school counseling program that includes educational and career planning activities for all students designed to assist students in reaching academic, career and personal/social goals.

The school counselor needs to encompass all of these roles when servicing adolescents in foster care. This means consideration of home life, which may contribute to attachment issues.

The school counselor as a key in collaboration. A large component of the school counselor's job is networking with stakeholders involved with the student. The foster child's social worker is involved with the factors concerning placement and removal, as well as decisions regarding permanency plans (Simms, 1991). The school counselor manages more of

the school factors. Communication between these two entities is paramount, as well as between community agencies, other educators, and parents.

Collaboration also occurs between the school counselor and other educators through sharing knowledge and skills with one another to benefit the student (Gibson, Mitchell & Basile, 1993; Harrison, 1993). Consultation with administration may involve questions about school policies and curriculum and other school-related issues (Gibson et al., 1993). Students in foster care tend to have some higher needs and are sometimes harder to “manage” in the classroom. Children who have insecure attachments tend to be more difficult to manage due to lacking self-regulatory skills and self-restraint which can be further aggravated by lacking a consistent caregiver to regulate him or her (Zilberstein & Messer, 2010). Teachers may need to ask for guidance on how to mediate classroom problems. Counselors may be needed to lend a listening ear for catharsis and troubleshooting as well as for advocating teacher self-care.

A crucial component for school counselor communication is of course the parents. This can be complicated in the fostering realm as there are different types of parents involved (biological and foster). It is important for the school counselor to acknowledge that later adjustment can be affected by the attachment between foster children and foster parents. That’s why it’s crucial for the counselor to help with relationship building with all types of parents (Marcus, 1991). School counselors are trained in how to have positive interactions with students. This makes the school counselor a good candidate to direct parents to resources to help them with behavior management and parenting skills (Gibson et al., 1993; Harrison, 1993). Additionally, school counselors are trained in child development and recognizing behaviors that are a result of neglect. This information can be shared with foster parents who may lack such

skill or understanding (Simms, 1991). The simplest service a school counselor can provide to a foster parent is providing support through empathetic listening.

It used to be professional practice for foster parents to not to “get too close” to the foster child due to the chance of harm at removal, but now it is well known that the problems of insecure attachment get worse when not placed in a nurturing environment (Temple-Plotz, Stricklett, Baker & Sterba, 2002). Foster parents can get discouraged when they realize that lavishing their foster child in affection and care doesn’t get a consistent rewarding response. The school counselor can encourage foster parents and educators to realize that the foster parents aren’t “bad” and that successful changes may not be seen while the child is in their care.

School counselor in personal/social, academic, and career domains. Personal/social, academic, and career domains are the responsibility of the school counselor and they are all interrelated. For example, a personal/social topic such as trauma can cause the student to exhibit behaviors that cause problems in academic life, which in turn can affect post-graduation plans in the career domain. Foster children are six times more likely to earn a GED over a diploma as compared to the general population (U.S. Census Bureau, 2003). Dealing with issues outside of school can make it difficult to concentrate on school to attain a diploma.

Not all children in foster care experience a change in school, but many do. In such an event, all of the domains are potentially adversely affected. This inconsistency in the classroom puts them behind their peers due to factors such as credit transfer errors and missing school days (Bruscas, 2008). The school counselor is instrumental in facilitating the change. Redcay (2005) provided a number of examples. First and foremost she suggested the school counselor try to promote a relationship with the student by clearly defining the role of the counselor. He or she should be available to provide for immediate school needs such as school supplies. Checking in

on the student and offering opportunities such as offering lunch in the office can give the student an ally. Sharing age-appropriate books on foster care can help the student learn about normal feelings associated with his or her situation. He or she should contact the caseworker to obtain a behavior assessment for background information. Contacting the previous school would benefit the student by getting information on the student's history. The counselor can take it a step further and facilitate communication with connections at the previous school in attempt to provide closure.

School counselors can meet personal/social needs of a student by means of individual counseling. The psychotherapy needs of the student in foster care are likely to exceed the services that a school counselor can supply. The services offered by the school counselor should be in concert with the student's clinical counselor (Knauss & Geroski, n.d). The scope of what a school counselor can do within the school has limits, but he or she can be available for creating a consistent, therapeutic relationship over time. This may include familiarizing the child with the school and checking in frequently to assess adjustment.

School counselors also meet personal/social needs via group counseling. Counseling groups and psychoeducation groups can be used to discuss trauma issues in foster students from placement or pre-placement conditions (Knauss & Geroski, n.d). The ideal group size is between 3-10 adolescents, depending on the purpose of the group and the personality of the individuals (Corey & Corey, 1992). Having the foster students surround themselves with peers who struggle with similar problems can help them decrease their feelings of loneliness, as well as help them cope with similar trauma (Knauss & Geroski, n.d). It can be especially helpful if the group is specifically designed for foster children to combat feelings of isolation (Mellor & Stores, 1995; Rice & McFadden, 1988).

An important legal responsibility of the school counselor is to keep updated on legislative acts that affect and benefit adolescents in foster care in all three counseling domains. The Uninterrupted Scholars Act passed in the Senate in December 2012 making amendments to Family Educational Rights and Privacy Act (FERPA) regarding access to the educational records of foster students. FERPA prevents information spreading to people other than the biological parents, which makes information sharing difficult for foster parents. The Uninterrupted Scholars Act extended access to child welfare agencies that are legally responsible for that child's care ("S.3472 - uninterrupted," 2013). This opens up information sharing for the social worker, who can further share information with the school counselor.

The school counselor can advocate for students who are both age 18 and over and at-risk of homelessness, particularly those who "age out" of the system. Of the children who aged out, 22% become homeless for one day or more, as compared to 2.6% to 6.8% for the regular population of 18-24 year-olds ("Foster care by," 2011). One resource is the McKinney-Vento Homeless Assistance Act, which benefits some minors in foster care because those awaiting foster placement are classified as "homeless" under this Act ("Foster care and," 2010). Adolescents in foster care are at a high risk for dropping out of school, which is closely related to all three school counseling domains. Acts like this advocate for them to remain in school by removing obstacles. One example is ensuring immediate enrollment despite the possible absence of typically required documents (such as birth certificates). This change impacts the career domain, as graduation is a prerequisite for many jobs and careers. Success in academics is connected to success in the career domain.

Another very important Act to be utilized is the Fostering Connections to Success and Increasing Adoptions Act of 2008 (P.L. 110-351, Fostering Connections). This requires child

welfare agencies to communicate with education agencies to assure the child's education is safeguarded while their home life transitions occur ("The need for," 2010). This covers topics such as maintaining the same school when changing placements, immediate enrollment, prompt transfer of records, and payment of transportation costs between districts.

Conclusion

Adolescents in foster care rely on various adults to make important decisions in their lives. With multiple parents, social workers, educators, the courts, school counselors, and others involved in the process, it is crucial that they have a fluent communication system. Considering that the adolescent spends a significant amount of time at school, it is necessary that the school counselor provides for the interrelated personal/social, academic, and career needs of students to ensure success in school. Students should be encouraged to take advantage of the resources in school to ensure graduation and hopefully attain some tools to support successful and meaningful life after school.

Chapter III: Discussion

Instability and uncertainty are common themes for children in foster care. Early attachments are affected by frequent mobility, abuse, and questions of placement longevity. This section will begin with a summary of the literature review and provide a critical analysis of troubles faced by adolescents in foster care. It will conclude with recommendations for further research and practice, specifically regarding how school counselors can understand and further provide for the attachment needs of students in foster care.

Summary

The first research question asked was, “What are the challenges that adolescents in foster care disproportionately face in school?” According to reviewed research, adolescents in foster care are frequently plagued with deficits in attachment. Their home lives are often traumatic and in transition and they are obligated to rely on outside forces such as the State and the courts to make decisions for them. Disruptions in the home can disturb school life. The school counselor has little impact on what goes on in the home, but he or she can provide for this population during school hours. Such services include meeting their personal/social, academic, and career needs. All of these domains are better understood for foster students when viewed through a lens of attachment theory, which states that future functioning hinges on healthy relationships with consistent caregivers, a common deficit for this population.

The second research question asked, “In what ways can school counselors provide appropriate services for adolescents in foster care?” The services listed were provided in terms of the job description of a school counselor: being key in collaboration to serve students in the three domains of personal/social, academic, and career. The counselor is also available for the special needs of adolescents in foster care, particularly aiding in graduation. According to the U.S.

Census Bureau (2003), instead of graduating with a diploma, students in foster care are more likely to earn a GED. The counselor is present to help with personal/social factors that may affect academics as well as guidance for post high school options. The school counselor has exposure to the student in foster care through settings such as the classroom, small groups, and individual sessions. These are all ways in which the guidance curriculum can be delivered. The school counselor can provide additional resources in the form of referrals.

Critical Analysis and Recommendations

Attachment and adolescents in foster care. As mentioned by Broderick & Blewitt (2006), the plasticity of attachment decreases with time. Regarding critical attachment periods, different literature provides different suggested periods. Despite what the critical period is, it is a consensus that the child's time in foster care should be expedited for the sake of permanency. This allows him or her the chance to begin the attachment process with a consistent adult. "Waiting children" are particularly vulnerable, especially considering attachment. They spend a mean time of 23.6 months waiting for a permanent home (U.S. Department of Health and Human Services, 2012), which hinders their delicate attachment time by being overshadowed by uncertainty. The need for change is evident, but decisions involving the home life are largely out of the hands of the school counselor.

Pioneering attachment research was focused on the child and mother, but it is apparent that different attachment figures do exist and are meaningful. Bowlby (1969/1982) stated that attachment occurs with a significant other and even "often a small set of others." These can take the form of any consistent caregiver such as a relative, foster parent, or adoptive parent. Other consistent adults such as trusted educators are helpful in the attachment process. Healthy attachment can allow the student to attain emotional balance, become resilient in times of stress,

and learn how to decrease emotions such as anger, anxiety, and sadness (Bowlby, 1980). These are all coinciding topics of personal/social development. The school counselor is already trained in this area, so school counselors should be urged to encourage attachment relationships with these students so that they have the tools to process such lessons. Different sources have differing opinions on how close to get to foster children to prevent heartache. Some critics encourage adults to strive for attachment despite the sometimes inevitable separation. Even if a child is switching homes, the school counselor can be a consistent adult for however many years they are scheduled to service that student, assuming the student stays in the same school. Again, school counselors are limited to the school doors as to how much help they can provide.

Regarding attachment diagnoses, RAD is designated for children under age 5, yet the diagnosis does not just disappear as the child ages. The affects of RAD persist throughout the child's life. Bowlby (1956) stated that attachment is a lifetime process, yet the DSM-IV doesn't have a corresponding diagnosis for attachment disorders for older children adults. If research leads to such a diagnosis, this may prove helpful for serving adolescents because that can serve as a clear identifier of need and may result in exposure to more resources. Regardless of whether an adult diagnosis arises, school counselors should recognize the long-term effects of RAD.

Home life of adolescents in foster care. There are differing views on how involved the birthparents should be with the child's foster home. Some critics side with the rights of the child by urging the removal from adults who have been neglectful and advocate for adoption. Others urge for the involvement of the biological parents in the child's life, encouraging interactions while placed in foster care. The idea here is that even if these parents have had negative influences on the child, they can still be consistently present, one criteria for attachment. This exposure can help children form their identities by familiarization with their background and

ancestry. This also helps the child create more accurate depictions of his or her biological parents. No matter what direction the student is being routed, it is recommended that the school counselor remain neutral yet encourage the student to openly discuss feelings associated with this process.

The school counselor can serve as an encouraging advocate for all parents (biological or foster) during collaborative interactions. Although school counselors can share ideas and resources, their services are provided for the student, not the parents, so the school counselor must not get wrapped up in “fixing” the home. However, the school counselor can help coach all types of parents in the tasks of developing healthy attachments at home by modeling healthy behaviors such as using positive reinforcement and empathetic listening. Further research can be put into parent-child interaction programming that the counselor can endorse. Cost would likely be an issue, so it would be best for the counselor to advocate for affordable or free community resources.

As previously stated, the school counselor is largely uninvolved in the decisions regarding the home. The child’s social worker is designated for this purpose. However, the school counselor can take action to indirectly improve the home. In interactions with the student, the school counselor is potentially exposed to information about the home. As a mandatory reporter, he or she must report concerns to appropriate agencies such as child protective services. To do so, counselors need to use their keen insight to notice issues needing reporting. For example, school counselors are trained in healthy human development, so recognition of features that are out of the norm can be beneficial to adolescents in foster care. Recognizing and reporting red flags is the best way for the school counselor to influence home conditions from a school standpoint.

School life of adolescents in foster care. The job description of the school counselor states that they must ensure “all students” with services, which of course includes foster children. However, the school counselor can’t be expected to take up a disproportionate amount of time serving solely this population even though they may demand more time and resources. They service students with the intertwined domains of personal/social, academic, and career goals. What this means is that, for example, personal/social issues could lead to academic issues, which can lead to limited options for career goals. That is why it is especially important for school counselors to help students in foster care with the personal/social issues they bring from home.

One way a counselor can meet needs is through individual counseling. This is primarily short-term counseling such as teaching coping skills and resiliency, which are personal/social elements. Should long-term counseling be required for deeper issues (such as self-harm), the student must be referred to the appropriate external resources such as mental health counseling or inpatient treatment facilities. School counselors are trained in theoretical foundation, but they aren’t directly trained in how this population is affected in terms of attachment theory. Disorganized attachment is seen in 80% of maltreated children (Solomon & George, 1999). As stated earlier by Zilberstein & Messer (2010), this population uses past attachment relationships to build an “internal working model” from which to approach new obstacles. Highlighting this theory could prove beneficial to this population because it acknowledges that these models may be damaged, giving these adolescents a problematic base from which to view new life experiences. It is recommended that this emphasis on attachment theory begins in graduate school counselor training and continue in practice. Professional development opportunities include conferences, webinars, speakers, and other ongoing adult learning communities.

School counselors also service students in the forms of group counseling. Groups are suggested for students with common interests, such as new student groups. Adolescents in foster care, if new to the school, should be invited to join such groups. It is unlikely that a group as specific as “foster students” could form in smaller schools, or due to confidentiality issues. However, with the rise of technology, there is the option of starting online groups to encourage students to network with others in similar situations. One such social networking group is www.Fosterclub.com, a national network for young people in foster care (Bodner). This site provides youth with foster facts, inspiring real stories, Q&A, and message boards. The digital world is familiar for newer generations. It is recommended that the school counselor recognizes this shift in communication style and be well informed of technological trends.

In the career domain, the school counselor can assist with financial aid by helping students fill out financial aid forms and fee waivers for college applications and tests such as the ACT/SAT. They can also aid in finding scholarships and college programming built to increase enrollment of students previously in foster care. Foster students may need assistance in writing college entrance essays to account for possible grade deficits. For example, a counselor may help students frame their personal statements to explain weak transcripts from a “resiliency” standpoint. The college they apply for may take into account trauma and frequent moves when considering a low GPA. The school counselor should urge all students to attend essay assistance workshops, and should always keep a lookout for foster assistance programs at the university level.

The school counselor’s job is to be a key in collaboration. This means the school counselor can’t do everything independently; assisting this population is a group effort of helping professionals such as teachers, administration, and caseworkers, as well as parents

(foster or biological). This also means that the school counselor must not be completely to blame when services fail to meet the needs of these students. Collaboration means that they must listen to teachers for their ideas and concerns, but not to the point of acting as a private therapist to the teacher. School counselors are not qualified for, paid for, or ethically obligated to do so such work, as there is a threat of dual relationships. To increase collaboration, the school counselor must create an image of acceptance of foster care. This may include posters advocating for foster children, which can be ordered for free from the Dave Thomas Foundation (“Posters,” n.d.). School counselors must increase awareness and normalcy of this, sometimes hidden, population.

Schools are encouraged to have a foster liaison, but it is not required. Currently, when a student enters foster care, the case manager notifies the school via the school clerk. The notification doesn’t directly go to the school counselor, who, as a key in collaboration, should be notified immediately. A liaison would increase fluency in communication. One problem is “who” would fulfill this role? The school counselor typically has a “full plate” and adding a new responsibility would require removing a previous one. School budgets are tight, so its unlikely that schools can find funding for an additional role. Identifying these students is the first step in assisting them, and a liaison could help with this.

Laws both limit and aid in what the school counselor can do. Not only is the foster system divided in jurisdiction by state, but further by county. There is a disconnect between counties for resource sharing. The Fostering Connections Act has been designed in attempt to remedy such issues, but this Act isn’t always being put to practical use. The Fostering Connection Act advocates for foster children to stay in the same school even when facing home transitions by allocating federal funding for transportation to the original district. Although well intentioned, such arrangements can’t be followed through on if such transportation doesn’t exist.

In situations where the distance is too far, or in rural areas lacking adequate transportation options, it is increasingly difficult to enforce such guidelines. This Act, and others like it, must be made more visible to school counselors. A counselor can't adequately advocate for the rights of the student if he or she is ill informed regarding policies in place to protect this population. However, school counselors already have a very full workload, so adding law interpretation isn't feasible. Again, this is where a foster liaison would be advantageous.

Transitional services are lacking to help these youth acclimate into functional citizens. Adolescents facing nontraditional launching via aging out of foster care require additional aid to be successful in their independent lives. Most of our nation's children have parents, siblings, or family members to ask for help regarding life advice on infinite topics anywhere from how to do laundry to how to raise children. When adolescents age out of foster care without an adoptive home or relationships with their parents, they lack a "life coach" or mentor. Instead, these youth are expected to somehow possess the tools for successful, independent adult lives with minimal aid. Services are needed for tasks such as obtaining housing, finding and maintaining a job, money management, and other life tasks. Further research should be conducted on affordable programming to provide such services. The school counselor would have a role in implementing such programming or referring a student to such resources.

The best way to prepare counselors to properly aid this population is to integrate such knowledge into their training for licensure. Graduate school programming for school counselors provides comprehensive education to prepare graduates for the field. The training is adequate, yet it is not all-inclusive. Specific training on interactions with students in foster care is not provided in graduate school. For example, the concept of ambiguous loss is not specifically taught. Every graduate should leave the university with at least basic understanding of how the

presence of this phenomenon can effect the functioning of a foster student. Coursework for counselors includes specific classes for Special Education students and for those with Emotional Behavioral Disorders, but not for other special populations such as students in foster care and those facing homelessness or physical home changes. The content covered in programming likely depends on the individual variations in instructors. This is not stated as a criticism, but offered as a suggestion that specific training on issues associated with foster care should be a requirement of school counseling programming for licensure.

In summary, school counselors play a role where they can make a huge impact on adolescents in foster care in personal/social, academic, and career domains. This takes the form of direct contact with the student individually or in small groups, and through indirect services such as tracking achievement, consulting with stakeholders, and providing proper referral services. The school counselor can influence this population within the frames of a school day, but are somewhat limited in the home life. Although the school counselor's workload is already overloaded with responsibilities, there is always room in their training and practice to view adolescents in foster care through a lens of attachment theory to assess and accommodate their needs.

References

- Ainsworth, M.D.S. (1963). The development of infant-mother interaction among the Ganda. In B.M. Foss (Ed.), *Determinants of infant behavior* (Vol. 2, pp. 67-112). New York: Wiley.
- Ainsworth, M. D. S. (1967). *Infancy in Uganda: Infant care and the growth of attachment*. Baltimore: Johns Hopkins University press.
- Ainsworth, M.D.S., Bell, S.M., & Stayton, D.J. (1971). Individual differences in Strange-Situation behavior of one-year-olds. In H. R. Schaffer (Ed.), *The origins of human social relations* (pp. 17-52). New York: Academic Press.
- Ainsworth, M.D.S. (1989). Attachments beyond infancy. *American Psychologist*, 44, 709-716.
- American School Counselor Association (2004). ASCA National Standards for Students. Alexandria, VA:.
- Bodner, C. (n.d.). *Message to grownups*. Retrieved from <http://www.fosterclub.com/article/message-grownups>
- Boris, N., & Zeanah, C. (2005). Practice parameter for the assessment and treatment of children and adolescents with reactive attachment disorder of infancy and early childhood. *Journal of the American Academy of Child and Adolescent Psychiatry*, 44(11), 1206-19.
- Boris, N., Fueyo, M., Zeanah, C.H. (1997), The clinical assessment of attachment in children under five. *Journal of the American Academy of Child and Adolescent Psychiatry* (36), 291-293.
- Boss, P. (2004). Ambiguous loss research, theory, and practice: Reflections after 9/11. *Journal of Marriage and Family*, (66), 551–566.
- Boss, P. (1999). *Ambiguous loss*. Cambridge, MA: Harvard University

- Boss, P. (2006). *Loss, trauma, and resilience: Therapeutic work with ambiguous loss*. New York: Norton.
- Bowlby, J. (1956). The growth of independence in the young child. *Royal Society of Health Journal*, 76, 587-591.
- Bowlby, J. (1969/1982). *Attachment and loss: Vol. 1. Attachment*. New York: Basic Books.
- Bowlby, J. (1980). *Attachment and loss: Vol. 3. Sadness and Depression*. New York: Basic Books.
- Broderick, P.C., & Blewitt, P. (2006). *The life span: Human development for helping professionals* (2nd Ed.). Upper Saddle River, NJ: Pearson.
- Brucas, D. (2008). Children in foster care: A vulnerable population at risk. *Journal of Child and Adolescent Psychiatric Nursing*, 21(2), 71-77.
- Casey family programs. (2011, September). *Foster care by the numbers*. Retrieved from www.casey.org/numbers
- Cassidy, J. (2008). The nature of the child. In J. Cassidy & P. Shaver (Eds.), *Handbook of Attachment: Theory, Research, and Clinical Applications* (2nd ed., pp. 3-22). New York, NY: The Guilford Press.
- Chisholm, K. (1998). A three-year follow-up of attachment and indiscriminate friendliness in children adopted from Romanian orphanages. *Child Development* (69), 1092–1106.
- Chisholm, K., Carter, M., Ames, E., & Morison, S. (1995). Attachment security and indiscriminately friendly behavior in children adopted from Romanian orphanages. *Developmental Psychopathology* (7), 283–294.
- Colman, A. (2006). *A dictionary of psychology*. (2nd ed., p.636). New York, NY: Oxford University Press.

Corey, M. S., & Corey, G. (1992). *Groups. Process and practice* (4th ed.) Pacific Grove, CA: Brooks/Cole.

Dozier, M., & Bick, J. (2007). Changing caregivers: Coping with early adversity. *Psychiatric Annals*, *37*, 411–415.

Dozier, M., Lindheim, O., Lewis, E., Bick, J., Bernard, K., & Peloso, E. (2009). Effects of a foster parent training program on young children's attachment behaviors: Preliminary evidence from a randomized clinical trial. *Child and Adolescence Social Work Journal*, *26*, 321-332.

Foster care and education q & a. (2010, January). Retrieved from

http://www.americanbar.org/content/dam/aba/migrated/child/education/publications/qa_fc_and_mv_overlap_final.authcheckdam.pdf

Foster care by the numbers. (2011). Retrieved from www.casey.org/numbers

Fostering connections to success and increasing adoptions act will improve outcomes for

children and youth in foster care. (2008, October 14). Retrieved from

<http://www.childrensdefense.org/child-research-data-publications/data/FCSIAA-summary.pdf>

Family educational rights and privacy act (ferpa). (n.d.). Retrieved from Family Educational

Rights and Privacy Act (FERPA).

Grigsby, R.K. (1994). Maintaining attachment relationships among children in foster care.

Families in Society, *75*(5), 269.

Gibson, R. L., Mitchell, M. H., & Basile, S. K. (1993). *Counseling in the elementary school*.

Needham Heights, MA: Allyn & Bacon.

- Harlow, H.F. (1962). The development of affectional patterns in infant monkeys. In B. M. Foss (Ed.), *Determinants of infant behavior* (Vol. 1, pp. 75-88). New York: Wiley.
- Harrison, T. C. (1993). The school counselor as consultant/coordinator. In J. Wittmer (Ed.), *Managing your school counseling program: K-12 developmental strategies* (pp. 63-71). Minneapolis: Educational Media.
- Hazan, C., & Zeifman, D. (1999). Pair-bonds as attachments: Evaluating the evidence. In J. Cassidy & P.R. Shaver (Eds.), *Handbook of attachment: Theory, research, and clinical applications* (pp. 336-354). New York: Guilford Press.
- Knauss, L, & Geroski, A.M., Addressing the Needs of Foster Children within a School Counseling Program. *Professional School Counseling*, 3(3),.
- Landreth, G. (2002). *Play therapy: The art of the relationship*. New York: Brunner-Routledge.
- Lee, R. E., & Whiting, J. B. (2007). Foster children's expressions of ambiguous loss. *The American Journal of Family Therapy*, (35), 417-428. doi:10.1080/01926180601057499
- Main, M. (1990). Cross-cultural studies of attachment organization: Recent studies, changing methodologies, and the concept of conditional strategies. *Human Development*, 33, 48-61.
- Mapp, S.C., & Steinberg, C. (2007). Birthfamilies as permanency resources for children in long-term foster care. *Child Welfare*, 86(1), 29-51.
- Marcus, R. F. (1991). The attachments of children in foster care. *Genetic, Social, & General Psychology Monographs*, 117, 365-394.
- Mellor, D., & Stores, S. (1995). Support groups for children in alternate care: A largely untapped therapeutic resource. *Child Welfare*, 74, 905-917.

O'Connor, T., Bredenkamp, D., Rutter, M. (1999), Attachment disturbances and disorders in children exposed to early severe deprivation. *Infant Mental Health Journal* (20),10–29.

O'Connor, T. & Rutter, M. (2000), Attachment disorder behavior following early severe deprivation: extension and longitudinal follow-up. *Journal of the American Academy of Child and Adolescent Psychiatry* (39),703–712.

Posters. (n.d.). Retrieved from <http://www.davethomasfoundation.org/free-adoption-resources/posters/>

Redcay, S. (2005, June). *Bridging the gap for students in new foster care placements*.

Rice, D. L., & McFadden, E. J. (1988). A forum for foster children. *Child Welfare League of America*, 67(3), (231-243).

S.3472 - uninterrupted scholars act (usa). (2013, January 01). Retrieved from <http://beta.congress.gov/bill/112th-congress/senate-bill/3472>

Simms, M. D. (1991). Foster children and the foster care system part I: History and legal structure. *Current Problems in Pediatrics*, 21(7), (297-321).

Schaffer, H. R., & Emerson, P. E. (1964). The development of social attachments in infancy. *Monographs of the Society for Research in Child Development*, (29),1-77.

Solomon J., & George C. (Eds.) (1999). Attachment disorganization. New York: Guilford Press.

Temple-Plotz, L., Stricklett, T., Baker, C., & Sterba, M. (2002). *Practical tools for foster parents*. Boys Town, NE: Boys Town Press.

The need for educational stability for children in foster care: Recommendations for the elementary and secondary education act reauthorization. (2010, April). Retrieved from www.childrensdefense.org/child-research-data-publications/the-need-for-educational-stability-for-children-in-foster-care.pdf

Tizard, B., & Rees, J. (1975). The effect of early institutional rearing on the behavior problems and affectional relationships of four-year-old children. *Journal of Child Psychology and Psychiatry (16)*,61–73.

U.S. Census Bureau. (2003). Educational attainment: *Census 2000 brief*. Washington, DC: Author.

U.S. Department of Health and Human Services. (2012). *AFCARS report*. Retrieved from www.acf.hhs.gov/programs/cb/resource/afcars-report-19

Yaroni, A., Wetts, R., & Ross, T. (2010). *The Academy: A Program for Older Youth Transitioning Out of Foster Care*. New York: Vera Institute of Justice.

Zilberstein, K., & Messer, E. A. (2010). Building a secure base: Treatment of child with disorganized attachment. *Clinical Social Work, 38*, 85-97. doi: 10.1007/s10615-007-0097-1