

Understanding the Healing Nurture in Foster Parents' Psychological Availability: An Annotated Bibliography

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Introduction

From the very earliest outcome research on children in foster care (Theis, 1924; Trotzkey, 1930), to more recent studies evaluating how clients of the system fare, researchers agree that the way in which caregivers approach the task of parenting matters a great deal. It is common knowledge that all children need to feel accepted, cared about, and understood, and they need to know that their goals matter to those caring for them. In this annotated bibliography I describe the theory and research underlying a construct I refer to as *parent availability*: a compendium of parent behaviors, beliefs, motivations, and a relational stance that may help traumatized children in foster care recover from serious emotional and behavioral disorders. Parent availability is examined via a brief exploration of the main theories believed to be an integral part of the construct. First, a brief description of why parent availability is so important for foster and adoptive children.

It has long been recognized that children in foster care are significantly more likely to have a variety of unmet physical health and mental health needs than children who are not involved in the child welfare system (Altshuler, 1996; Bilaver, Jaudes, Koepke, & Goerge, 1999; Chernoff, 1994; Dubowitz et al., 1994; Kortenkamp & Ehrle, 2002; Simms, Freundlich, Battistelli, & Kaufman, 1999). Estimates of the prevalence of emotional disturbance among children in foster care range widely, from 25% to 96% (Altshuler, 1996), making it difficult to determine with accuracy actual rates of disturbance, but also highlighting that even at the lowest estimate, significant percentages of foster children present with serious behavior problems, developmental delays, and poor academic

performance. One researcher characterized the health of children in the child welfare system as "unusually poor," by comparison with children from similar socioeconomic backgrounds who are able to remain with their families (Simms et al., 1999). In addition to the significant physical and mental health problems that arise as children enter the system, researchers have found that a substantial subset of children are not well served once placed in foster care. Clinical experience and empirical research show that placement disruption is still an all-too-frequent event in the lives of foster children with emotional and behavioral disorders (Barber & Delfabbro, 2004; Berrick, Needell, Barth, & Jonson-Reid, 1998; Fanshel, Finch, & Grundy, 1990).

High rates of placement disruption have been associated with many factors, some of which are environmental, and others are apparently more related to the particular child. For instance, higher rates of disruption were found for children with family histories of abuse or neglect, for children of parents with drug or alcohol addiction, and for children from homes in which family structure and residential location changed frequently (Herrenkohl, Herrenkohl, & Egolf, 2003). In urban areas, some combination of these factors are present in a significant percentage of cases that are screened into the system, which suggests that children from these families may be less likely to achieve permanency within the time frames mandated by the most recent permanency legislation (the Adoption and Safe Families Act of 1997).

Despite legislation enacted to address system shortcomings identified by early landmark studies (Fanshel & Shinn, 1978; Maas & Engler, 1959), researchers

continue to find that when the system fails to meet children's developmental needs, outcomes are especially bleak, with system clients experiencing much higher rates of unemployment, substance abuse, mental illness, homelessness, criminal behavior, academic failure, and an increased likelihood of having their own children placed in the system (Barth, 1990; Courtney, Piliavin, Grogan-Kaylor, & Nesmith, 2001; McDonald, Allen, Westerfelt, & Piliavin, 1996; Pecora et al., 2003).

The Adoption Assistance and Child Welfare Act of 1980 (Pub. L. No. 96-272) (AACWA) and its successor, the Adoption and Safe Families Act of 1997 (Pub. L. No. 105-89) (ASFA), introduced philosophical shifts in the mission of the child welfare system, focusing on permanency planning, with the idea that children must have permanency within a family that is dedicated to their well-being if they are to develop optimally. These legislative changes shortened the process by which parental rights can be terminated, thus freeing children earlier for adoption. Since the passage of the ASFA in 1997, adoption rates across the nation have doubled (U.S. Department of HHS, AFCARS, 2003). Passage of the AACWA and ASFA have made a significant difference in the lives of thousands of children, with the research on adoption outcomes demonstrating that adoption has significant advantages over other permanency planning options. When children are adopted by the age of eight, disruption rates are fairly low, and the vast majority of adoptive parents report feeling satisfied with the adoption and with the relationship to their child (Barth, 2000).

Although the AACWA and ASFA have hastened the road to permanency for some, children whose life experiences were particularly toxic often develop serious emotional or behavioral problems that increase the difficulty of caring for them, and can also make them more difficult to place. Anecdotal evidence from child welfare workers highlights the difficulty of placing these children for adoption. As children age within the system, the likelihood increases

that a later adoption may disrupt. Research shows disruption rates for children adopted by age five at only 7%, and 15% for children adopted between the ages of six and eight. However, for children adopted between the ages of 12 and 17, disruption rates can be as high as 47% (Barth & Berry, 1994). Anecdotal evidence from case managers suggests that when foster parents are leery of adopting a child with serious emotional or behavioral problems, they may nevertheless be willing to assume legal guardianship, often viewed as one step removed from the adoption commitment. Recognizing the decrease in permanency options as children age, the system views legal guardianship as a reasonable alternative to adoption, and one that is preferable to the instability of long-term foster care.

Although many children have been adopted and placed with permanent legal guardians as a result of child welfare legislation, we know that a permanent placement, while necessary, is not in and of itself sufficient to guarantee well-being (Altshuler & Gleeson, 1999). In the same way that the literature on effective parenting in the general population points to sensitive and supportive parenting styles as more facilitative of children's well-being and healthy development, it makes sense to assume that children with histories of abuse or neglect, and who have developed a variety of disorders, also need supportive parenting.

With this base underscoring the critical importance of foster and adoptive parenting for helping traumatized children, I will now review the theory and research supporting several conceptualizations of *parental availability*, and then offer a synthetic view of parental availability.

Parental Acceptance and Warmth

Theory

The conceptual foundations of parental acceptance-rejection (PAR) theory begin with the assumption that individuals have

developed a biologically-based need for positive responses from those persons deemed most important to them. These responses include the desire for support, nurturing, and concern, and are subsumed under a construct identified as the *warmth dimension* (Rohner, 1986). The warmth dimension has to do with the affective tenor of the parent/child relationship, and with the verbal, physical, and symbolic gestures parents use to relate to children. Caregivers can be located along a continuum of the warmth dimension, with one end signaling parental acceptance (evidenced by affection, care, and comfort) and the other marked by parental rejection (evidenced by the withdrawal of affection, harsh behavior, verbal criticism, and psychologically hurtful intentions [Rohner, 2004]).

The conceptual foundations of parental acceptance-rejection theory also take into account the phenomenon of psychological unavailability, which Rohner identified as one of the single best indicators of parental neglect. Psychological unavailability may be difficult to delineate, in that parents are physically present, but are inattentive to the child's bids for attention and affection, and do not gratify the child's needs for *psychological* access to them (Rohner, 1986, pp. 21-22). Due in part to the importance of psychological unavailability and its impact on children's development, parental acceptance-rejection can be studied both from a phenomenological perspective (e.g., from the subjective experience of the child) and from a behavioral perspective (e.g., from the perspective of an observer). When the two perspectives yield variant conclusions, Rohner believes that the child's subjective experience of the parent's behavior should take precedence. Parental acceptance-rejection theory postulates that individuals worldwide respond in consistent ways according to whether they perceive their caregivers as accepting or rejecting.

Research

Extensive research using PAR theory and the Parental Acceptance Rejection

Questionnaire (PARQ) has found that individuals who perceive their parents as rejecting tend to develop a constellation of psychological issues, marked by problems regulating hostility, impaired self-esteem, emotional instability, excessive dependence or defensive independence, and a negative worldview (Rohner, 2004). These results, found in several hundred studies conducted around the globe, have been shown to exist universally, without regard for culture, ethnicity, race, language, or gender. A meta-analysis pooling data from 43 cross-cultural studies involving 7,563 respondents worldwide concurred that the experience of parental rejection tended to be associated with psychological maladjustment. Conversely, parental acceptance was associated with psychological adjustment. Moreover, children's mental health was more likely to be impaired in proportion to the duration and severity of the perceived rejection (Khaleque & Rohner, 2002). The meta-analysis also showed that the association between perceived acceptance and psychological adjustment was stronger among child respondents than among their adult counterparts.

Parental acceptance-rejection theory takes into account cultural variance in the expression and subjective experience of the warmth dimension. Recognizing that the ways in which parents express love and affection are in large part culturally determined, the theory states that parents' behaviors and intentions must be understood in cultural context. Similarly, the content of children's meaning structures (e.g., whether children will experience a particular act as intentionally hurtful) may vary along cultural lines. Notwithstanding such cultural variance, because children undergo a protracted period of dependence on parents for the first several years of life, the warmth dimension is believed by theorists to have unparalleled influence on children's long-term psychological adjustment (Rohner, 1986, 2004).

Attachment

Theory

Bowlby conceptualized attachment theory as a variant of object relations theory, in that it focuses heavily on the role of the caregiver and the nature of the parent/child relationship in shaping all aspects of the child's development. For instance, Bowlby compared the provision of a "secure base" to Winnicott's holding environment and to Bion's container (Bowlby, 1988, p. 140). In its original conceptualization, parent availability referred to the realm of optimal physical proximity between parent and child. This is because the key concept was that of a behavioral system in which the child sought to maintain a certain level of homeostasis by regulating the degree of distance between herself and her parent according to the need experienced in the moment (Bowlby, 1969, 1973). However, Bowlby realized that relying on physical proximity alone would limit the relevance of the theory for older children and adults, in that increased mobility and cognitive development would naturally alter the subjective experience of optimal distance. For Bowlby, *availability* meant accessibility, but also the appropriate degree of parental responsiveness (1973, p. 201).

According to attachment theory, the actual presence of the caregiver is critical for the first three years of life, after which forecasts of availability become increasingly important, so that by the time the child reaches puberty, forecasts of the parent's likely responses become the dominant variable. Over time, the child's physical and psychological development result in the internalization of certain aspects of the parent/child relationship, referred to as an *internal working model*. This model consists of a representation of the parent, the parent's communications and behaviors toward the child, a model of the child herself, and of the child in interaction with the parent. The model also incorporates images of the child that the parents have in their minds (1973, 1988). Thus, the child internalizes an entire relationship experience, including parent

and child interactions. As the model becomes internalized it guides the child's expectations of the parent's probable behavior toward her, as well as her behavior toward her parent. Working models are believed to persist across time and across relationships, such that children come to anticipate treatment resembling that in their earliest caregiving relationships.

A quarter century after Bowlby's first writings about internal working models, theoretical ideas about this construct have become more sophisticated (Bretherton & Munholland, 1999; Howes, 1999). However, operational understandings of availability and what it looks like in practice remain largely unchanged in the work of recent attachment theorists. Kobak's (1999) use of the term refers to the parent's contingent responsiveness and how it informs the child's internal working model. Important to Kobak's interpretation is the quality of parent/child communication and the significance accorded to openness, the parent's willingness to acknowledge the child's feelings, and to interpret the child's behavior as meaningful when the child feels threatened by the parent's absence. Cassidy (1999) used the term *parent availability* to signify parental responsiveness and the caregiver's assumption of responsibility for regulating optimal proximity. While most mothers respond to a baby's cues for closeness, it is the manner in which mother responds that is key. What makes the difference is her willingness to accept the baby's clinging and all behaviors associated with it. In other words, it is the parent's desire to provide care and comfort, and her attitude when she does so, that determine her availability.

Research

Dozier, Stovall, Albus, and Bates (2001) and Bates and Dozier (2002) examined the role of foster parents' attachment state of mind as it impacted the adjustment of foster infants placed in their care. They posed the question of whether prior caregiving relationships diminish babies' chances of

forming trusting relationships with new caregivers, or whether babies organize their attachment behavior around the availability of their new foster parents. The researchers found that although foster infants initially pushed their foster parents away, eventually these babies organized their attachment behavior around the availability of their new caregivers, such that infants placed with foster parents who were rated as autonomous on the Adult Attachment Interview tended to develop secure attachments despite their prior experiences of neglect.

Other attachment researchers have also studied attachment in the context of multiple caregivers, which has particular relevance for children in foster care and those undergoing adoption. Howes believes that while early attachment representations are most salient, because they are least conscious, alternative representations can change children's internal models when they are discordant (1999). Howes further theorizes that changes in attachment representations may compensate for or serve as buffers against early negative representations. This possibility is clearly crucial for children who lose parents due to abuse or neglect, and who must move on and attach anew.

One of the most significant tests of attachment theory was published in the findings of a 30-year longitudinal study of child development (Sroufe, Egeland, Carlson, & Collins, 2005). Sroufe et al. set out to evaluate the major hypotheses of attachment theory, in particular that differences in the quality of parent/child attachments are the product of the child's actual experiences with the caregiver; and that these differences in attachment lay the foundation for differences in personality development. While these investigators recognized that many important parenting responsibilities are not part of the attachment system, they nevertheless saw attachment as central to the development of the person, because of its primacy. The depth, breadth, length, and design of this study make it one of the most important contributions to the study of personality development and to attachment research.

Focusing on the parent/child relationship, Sroufe et al. recruited 200 mothers at risk for parenting problems to study the antecedents of attachment. They knew it would be important to control for as many factors as possible that could explain attachment-outcome relationships, so they administered comprehensive measures, controlling for IQ, education level, maternal personality, infant temperament, cognitive development, and other factors. They also took into account other variables that could mediate outcomes, such as peer relationships and internalized representations of the attachment relationship. Their study found that outcomes were best predicted when attachment assessments were combined with other predictors.

Hallmarks of the study include direct observations at multiple points in time and the use of multiple measures. The researchers did age-by-age assessments, beginning before birth and making multiple contacts with the families. They assessed parental expectations before children were born, and did many direct observation assessments between birth and 30 months. They made two observations within the first six months of each child's life, and then again at 12 and 18 months. They also did frequent assessments throughout childhood, adolescence, and into adulthood. They interviewed caregivers and teachers, administered questionnaires, carried out formal standardized testing, and observed parents (both with and without their children) frequently enough to determine whether statements parents made about their parenting were accurate. Children were observed in preschool, in the classroom, on the playground, and at summer camp. As the children developed into adolescents, they themselves were included in direct interviews.

Sroufe et al.'s (2005) findings affirmed Bowlby's hypotheses that infants who were securely attached to their caregivers had experienced a history of more sensitive responsive treatment with those caregivers, in comparison to infants who were anxiously attached. Within the category of anxious

attachment, differences were distinguished between babies who were resistant and those who were avoidant. Of particular note is that infants with avoidant attachments had caregivers who displayed generally negative feelings about motherhood, and were tense, irritable, and disengaged. Sroufe et al. designated these caregivers' psychological *unavailability* as a form of maltreatment due to the degree of emotional disengagement from their babies. The findings in this study match those of the Ainsworth study (1978), which found that babies with avoidant attachments had been routinely rebuffed when they sought comfort and closeness with the caregiver.

Also notable is the fact that Sroufe et al. did not find variations in attachment to be predicted by infant temperament. However, they did find interactive effects between temperament and caregiving. They were particularly concerned about the damaging effects of psychological unavailability when paired with caregiver intrusiveness. This style of caregiving predicted a disorganized pattern of attachment, suggesting that emotional unavailability makes it difficult for babies to organize their attachment behavior in any way. Furthermore, disorganized attachment in infancy was found in and of itself to be a strong predictor of psychiatric symptoms by age 17.

The study lent support to Bowlby's three primary hypotheses concerning the impact of attachment on the growth of self-reliance, emotion regulation, and the development of social competence. Findings provided strong support for the idea that securely attached babies, who used parents as a secure base from which to explore, would become appropriately independent, while those with anxious attachments would be more dependent and less self-reliant later in childhood and beyond. Bowlby hypothesized that the foundation for effective emotion regulation was the caregiver's willingness and ability to respond appropriately to the baby during times of illness, fatigue, hunger, fear, and anxiety. The parent's ability to maintain optimal proximity to the baby,

allowing the baby to cling in times of fear, serves as an external regulator of the baby's internal state, since the baby's nervous system is insufficiently developed to manage this function. The regulation of emotion is thus initially a dyadic experience that becomes imprinted in the baby's developing nervous system. The dyadic regulation is gradually internalized and becomes the prototype for the child's own emotion regulation. Sroufe et al. (2005) found that children with secure attachment histories were assessed by their teachers as more flexible, able to bounce back quickly after stress, more curious, and less anxious when the environment was unpredictable. They also found that children with secure attachment histories maintained positive affective expression more frequently in peer interactions and used positive affect to sustain friendships. Children in the study with anxious attachment histories were more likely to respond to difficult peer situations with frustration, aggression, or withdrawal.

With regard to the development of social competence, Bowlby hypothesized that individuals with secure histories would maintain positive expectations of relationships and would be inclined to work closely with others. On general measures of social competence, Sroufe et al. (2005) found that, from early childhood through adulthood, individuals with secure attachment histories had developed the social and emotional capacities that promote social competence. They were more active in their peer groups, were less frequently isolated, and were often sought out by their peers to provide advice and leadership.

Sroufe et al. (2005) place attachment within an integrative, systemic view of development, stressing that the connections between early attachment and developmental outcomes are complex, nonlinear processes with multiple influences. They refer to Bowlby's concept of developmental pathways, within which individuals may find themselves proceeding along a range of routes, the direction for which is determined by the interaction between the individual and the

environmental context in which she finds herself. Although the child's attachment history weighs heavily in determining early pathways, the course of development is not fixed, and changes in social support and life stress can always shift the child onto a different path. Change can occur all along the way, but it is believed that the longer a particular pathway has been followed, the more difficult change becomes. It is the cumulative history, including changes in environmental support, that accounts for developmental outcomes. Sroufe et al. (2005) were able to document changes in social support and stressors that were associated with changes in functioning. They were also able to document the influence of early attachment patterns that remained following change. Based on children's attachment histories, they were able to predict which children would recover after a period of behavior problems. Teachers who were blind to children's attachment histories identified those children with a core of inner strength who were having serious academic struggles.

Sroufe et al. (2005) found that the accuracy of their predictions was significantly improved when attachment was combined with other predictors. They pointed out that parents do many things for children that are not subsumed under attachment. Taking into consideration such functions as providing guidance, setting limits, supporting problem solving, and the like, the researchers created what they refer to as a *care composite*, which included additional measures of parental support at the ages of 24, 30, and 42 months. They found that the care composite was a much stronger predictor of later competence or social problems than attachment alone. They stated that though it is very important to consider the surrounding environmental context, doing so does not diminish the primacy of attachment. They also noted that parents' caregiving is not the sole determinant of children's developmental outcomes, and that measures of peer relationships, when combined with parenting and attachment variables,

increased the strength of their predictions, with multiple correlations exceeding .50 or .60 over substantial periods of time. Taking into consideration environmental context, they included measures of family stress and social support, and found that for children who had been anxiously attached as infants, increased social support for the primary caregiver was the strongest factor in predicting those children's improved functioning in kindergarten. They concluded that when children recover from a period of early adversity or maladjustment, recovery can be attributed either to a solid, reliable foundation with the caregiver, to increased supports and decreased challenges, or (more often) to all of these factors combined.

Symbolic Interactionism and Event Schemas

Theory

These theories view the development of children's self-understanding as arising through social interaction. They propose that children form an understanding of the world, of what it is like, and what they are like through interaction with those around them. In other words, children come to know who they are through a gradual process of internalizing *from the direct experiences of everyday life* "what we do with others" and "what they think about us" (Saari, 2002). They use their interpersonal experiences to develop scripts that help them organize themselves and develop categories by which to make sense of the world and their place in it. Possible categories include: "what takes place at birthday parties," "what mother is like," and "what it feels like to be me" (Saari, 2002, p. 39).

From the perspective of these theories, meaning cannot develop outside its social context; so that "what it feels like to be me" will necessarily include parental responses to the child's bids for attention and affection. The parent's responses, repeated over time, are incorporated into the script, or internal working model of the self in interaction with the parent. Also included

in the scripts are reenactments of action, as well as conversations that form part of the child's mental representation of familiar events (Nelson, 1989). In addition, part of the script includes the child's experience of the parent as helping the child to accomplish goals or achieve milestones that are crucial to the child's self-esteem and cognitive development. The parent's provision of age-appropriate scaffolding within the zone of proximal development structures the child's learning so that she is more likely to incorporate into her self-concept experiences of success rather than failure (Vygotsky, 1978). These repeated experiences of having properly timed, age-appropriate, supported structures for learning affect the child's internal conversations about her competence, and also about the nature of the parent/child relationship as one that facilitates success. Children's internal conversations about social routines (or scripts) include their parents' verbal and behavioral responses. Thus, children develop understandings of themselves as worthy or unworthy of parents' responses, time, help, affection, and attention. Because the script is created out of relationship experiences, the meaning the child makes of it will necessarily be a socially shared meaning. All of this means that the environmental context, including the parent's availability to the child, holds significant power to determine the content of the child's self-understanding and understanding of herself as a social being in the world (Saari, 1991, 2002; Stern, 1985).

Research

Hergovich, A., Sirsch, U., & Felinger, M. (2002). Self-appraisals, actual appraisals and reflected appraisals of preadolescent children. *Social Behavior and Personality*, 30(6), 603-612.

The symbolic interactionist model contributes to the construct of availability in that parents' appraisals are thought to have a significant impact on the development of a child's self-concept. According to the model, parents' actual appraisals affect children's reflected appraisals, which in turn affect

children's self-appraisals. In other words, children come to see themselves as they believe others see them. Research testing the symbolic interactionist model suggests that the process may be more complex, and is probably not a linear process from actual to reflected to self-appraisal. Hergovich et al. (2002) were surprised to find that there appears to be more direct influence by parents' actual appraisals on children's self-appraisals. While making no claims about the direction of causality, they suggest that the most plausible explanation for this unexpected finding is that parents' actual appraisals influence both self-appraisals and children's reflected appraisals.

Understanding the dynamics of this process is important; however, in the short run it may be sufficient for family therapists and parents to begin by recognizing the power inherent in their appraisals. Earlier longitudinal data examining the reflected appraisal process also concluded that the process appears to be more complex than the symbolic interactionist model suggests (Felson, 1989). Felson found that reflected appraisals were influenced more by generalized others (groups), and that specific reflected appraisals were highly correlated with each other but did not have distinct effects on children's self-appraisals (e.g., children tended to think their mothers and fathers shared similar views of them). Although recent research findings do not make clear the process by which actual appraisals affect children's self-appraisals (e.g., do not clarify whether the process is mediated by reflected appraisals), researchers agree with the basic theory that appraisals of caregivers and others in the child's environment have a significant impact on how children come to view and present themselves.

The Power of Beliefs and Attribution Theory

Theory

Given the influence inherent in the parent's inner life to shape the child's mental

life, we should consider the power in the content of the parent's beliefs as a component of parent availability. Because our beliefs influence our perceptions and our thought processes, they hold tremendous power to create reality, change behavior, and influence outcomes (Wright, Watson, & Bell, 1996). Wright, Watson, and Bell are a team of nurse researchers who have conducted extensive clinical studies on how beliefs affect both the experience and outcomes of illness in families. They are convinced that beliefs not only have an impact on cognition and behavior, but also that the influence of beliefs can be felt right down to the level of cellular function. As Wright et al. (1996) aptly describe, beliefs can be good or bad in terms of their influence on functioning. They use the term *constraining* to define beliefs that obstruct problem solution options, and *facilitative* to define beliefs that increase solution options. To help families shift their beliefs, the research team invites family members to reflect on their constraining beliefs, in the hope that increased reflection will lead to consideration of alternative beliefs. Understandings of what constitutes acceptable solutions to any particular problem will vary according to an individual's beliefs. Wright et al. point out that beliefs are not all equally powerful or important, and that core beliefs have profound and far-reaching effects on the individual and family system.

Core beliefs differ from perceptions and thoughts in that they are usually deeply personal and may operate unconsciously. "Core beliefs are fundamental to how we approach the world; they are the basic concepts by which we live. Our core beliefs are our identity. Core beliefs are generally about the nature of reality, and thus we live as if certain absolutes were true" (Wright, Watson, & Bell, 1996, p. 42).

Research

Wright et al. (1996) wanted to look closely at the clinical knowledge that emerged from their practice with families who sought help in managing serious illness. They found that when families struggled with illness, it was

most often their beliefs about the illness that created the biggest roadblocks. The treatment approach focused on identifying and challenging constraining beliefs, and offering or helping the family to develop more facilitative beliefs. Once identified, the team helped the families to affirm and consolidate facilitative beliefs by identifying behavior that led to change and celebrating that change. They found that with shifts in the family's beliefs came increased appreciation of their strengths and resources, followed by increased energy directed toward discovering solutions to suffering.

Wright et al. examined five exemplary cases from the total of families with whom they had worked between 1989 to 1993 in the Family Nursing Unit at the University of Calgary to answer their research question: "How does therapeutic change occur?" They studied videotaped clinical sessions of all five families, and found that in each case there was evidence of dramatic cognitive, affective, or behavioral change during family interviews. Every family reported sustained improvement in the presenting problem or a reduction in symptoms in follow-up interviews one year later. As part of the process, Wright et al. also examined their own beliefs about families and about illness, recognizing that their personal beliefs influenced how they assessed, cared for, and intervened with families.

Parents' beliefs do not have to operate at the depth of core beliefs to wield tremendous influence on children's development, however. Attribution theory suggests that parenting behaviors may depend on inferences parents make about their children's motives, the social context, and the causes of children's behavior (Dix & Grusec, 1985). Dix and Grusec examined attributional models with regard to children's misbehavior, and investigated how attributions determined parents' reactions. Parents' responses depended on inferences about whether the child's behavior was intentional, controllable, or dispositional, and whether it was constrained by limited developmental knowledge. The researchers also found that

parents' attributions change as children age, and that reactions to misbehavior and the importance of responding were related to those attributions. In addition, parents' attributions sometimes determined the intensity and probability of their response.

Parents may hold beliefs about children that are growth-enhancing, that speak to open possibilities and children's strengths, or conversely, they may hold beliefs that forestall growth and distort development. Murphey, another researcher studying parents' beliefs, reviewed several studies examining the power of parents' expectations and attributions on child outcomes (1992). He found that parents' attributions are very powerful even when they are not directly or verbally communicated. One such study reported that children's perceptions of their math abilities and their expectations for future math success were significantly related to parents' beliefs about the children's math competence. The relationships were significant not only for the parents' self-reported beliefs, but also for children's *perceptions* of their parents' beliefs. Furthermore, parents' beliefs were more directly related to children's self-perceptions than were the children's past math performance! Thus, in the words of these investigators, parents (at least for academic performance) are less role models than they are powerful "expectancy socializers" (Murphey, 1992, p. 214). What these researchers' findings suggest in terms of our understanding of parent availability is that the content of parents' beliefs matter a great deal, because children will identify with parents' beliefs even when those beliefs are not verbalized.

Reflective Function

Theory

Fonagy and Target (1997) suggest that the ability to represent behavior in terms of mental states, or to have "a theory of mind," is key to the development of self-organization. They provide evidence for an association between the quality of the attachment relationship and the existence of

what they call *reflective function* in parent and child. They define *reflective function* as "the developmental acquisition that permits the child to respond not only to other people's behavior, but to his conception of their beliefs, feelings, hopes, pretense, plans, and so on. Reflective function or mentalization enables children to '*read people's minds*'" (1997, p. 679). It is this ability to attribute mental states to others that gives meaning to others' actions, and that is the precursor to children finding meaning in their own experiences of mind. They also theorize that this ability "arguably underlies the capacities for affect regulation, impulse control, self monitoring, and the experience of self-agency, the building blocks of the organization of the self" (1997, p. 680).

Fonagy and Target describe their theoretical understanding of how children develop from a pre-reflective to a reflective mental state. Using the example of an infant's experience of anxiety, they state that the parent reflects the baby's affect, and in that reflection the parent "organizes the child's experience" and thus conveys the meaning of the affect, such that the child "now 'knows' what he is feeling" (p. 683). In other words, the "exchange of affect between young child and caregiver provides a unique source of information to the child about his own internal states. We suggest that the meaning or sense of affect develops out of the integrated representation of the affect in self and other" (p. 683). Following this theoretical construct, the baby is very dependent upon the parent's accurate interpretation of and mirroring of the affect. If the mirroring is *too* accurate, however, it then loses its symbolic potential and becomes instead a source of intense fear. To avoid this, the parent must "mentally contain" that which is intolerable in the experience, and respond in such a way as to convey that she recognizes and acknowledges the affect, while simultaneously modulating the part that is intolerable (1997, p. 686). This works well only *if the parent is available*, by which they mean not consumed with her own preoccupations. However, the

baby will internalize the parent's attitude and reflection of the affect regardless of the parent's preoccupation. Fonagy and Target hypothesize that when the parent relates to the child as though the child's behaviors have meaning and intention, the child gradually comes to understand herself in that way.

Research

Recent research on reflective function shows that it appears to serve a protective and mediating function in the development of psychopathology. Using the Parent Developmental Interview (PDI), an instrument designed to measure the parent's capacity to understand the child's internal world, Slade et al. factor-analyzed 16 PDI variables, which yielded three factors: (1) joy-pleasure/coherence; (2) anger; and (3) guilt-separation distress (Slade, Grienenberger, Bernbach, Levy, & Locker, 2005). These factors were then analyzed in relation to maternal attachment state-of-mind codes and mothering measures. They found that mothers who scored higher on the joy/pleasure coherence factor were more positive in their mothering behaviors than mothers who scored lower on this PDI factor. Parents who scored as having low reflective function tended to be highly defended and to distort the child's inner life.

The researchers suggest that low scoring parents do not use their own internal experience as a guide to respond sensitively to their children. However, I would argue that it is equally likely that the parents' internal experience is indeed being used as a guide, but that internal experience is itself distorted and highly defended, such that it precludes sensitive responsiveness to the child as s/he experiences her/himself. Higher levels of reflective function show a link from the parent's awareness of her child's inner life, or of her own inner experience, to the parent's behavior. The parent with high reflective function recognizes the complex interaction between her own inner world and that of her child, between her inner experience and her own behavior, and between her child's mental state and the child's behavior (Slade, 2005, p. 279).

In the first study to examine the relationship between reflective function and attachment outcomes in mothers and children, Slade et al. found that mothers who were judged secure (coherent) relative to their own childhood attachment history were more likely to make sense of their child's behavior in terms of the child's mental states (2005). These parents understood the feelings and intentions underlying their children's behavior and were particularly sensitive to their children's attachment-related behaviors (desires for intimacy and proximity). The link between maternal reflective function and attachment organization suggests a connection between the way the parent makes sense of her own attachment experience, the way she thinks about her child's emotional experiences, and the way she makes sense of her child's attachment behaviors. Slade et al. believe this may be the process underlying the intergenerational transmission of attachment.

To test this hypothesis, they examined the impact of reflective function on the baby's attachment status. They found that higher levels of reflective function were associated with secure attachment in children, and that lower levels were associated with insecure attachment. However, they also recognize ongoing theoretical and research implications that come from thinking about reflective function as the core capacity that distinguishes secure from insecure individuals, particularly with regard to measurement issues. They suggest that the reliance of attachment research on categories (or types of attachment) may not be the best way to describe differences in attachment organization, as the degree to which insecure categories represent distinct modes of processing is open to question (2005, p. 295). That said, they stand firm in asserting that "the classification of an adult as 'secure' or 'insecure' in relation to attachment serves as a kind of shorthand for the presence or absence of a more basic capacity to make sense of and thus regulate powerful intersubjective and interpersonal experiences" (2005, pp. 294-295).

In a sample of inner-city, traumatized mothers with posttraumatic stress disorder (PTSD), Schechter et al. (2005) found that PTSD and reflective function were significantly associated with mothers' mental representations of their children. Specifically, they found that PTSD interfered with balanced pictures and that reflective function supported mothers' balanced representations of their children. Greater mean severity of violence-related PTSD was significantly associated with a distorted classification on the Working Model of the Child Interview (WMCI). Distorted classifications revealed the presence of hostile, role-reversed representations, or contradictory, inconsistent, and incoherent narrative responses. The finding supported the hypothesis that dysregulation of negative affect in the wake of past interpersonal violence skews a parent's mental representation of the child.

Schechter et al. found that higher reflective function could contribute to resilience within this sample. That said, the impact of PTSD and reflective function (RF) on parents' representations was not straightforward, in that relatively higher RF was not sufficient to ensure a balanced classification even when parents viewed their child as having her own mind with developmentally appropriate thoughts and intentions. They found that one in ten mothers scored above the median RF but were still classified as distorted on the WMCI. They presented a clinical example of a 33-year-old mother of two young boys who had a history of childhood abuse by her father, and had witnessed her father abusing her mother and siblings. The woman had been sexually assaulted at the age of seven by a family friend, and again as an adult (the latter offender is not identified as known or unknown). This parent had among the highest RF scores in the sample, but her WMCI was classified as distorted because she was so distracted by her anger linked to her history of violence. She recognized that her son cried because he wanted more affection, but she interpreted the motive for his temper tantrums as his desire to control

her. She also understood him as having an angry, violent streak that runs in her family, and she compared him to her father. She admitted that she found it hard to give him the love she knew he wanted.

Such cases suggest that while reflective function may support more balanced representations, it does not necessarily lead to improved parental behavior in any straightforward way. Schechter et al. concluded that "it is more accurate to consider that reflective functioning may exert an inhibitory effect on trauma-associated dysregulation" (p. 328). No significant correlation was found between the severity of PTSD and the level of reflective function; rather, RF and PTSD appeared to affect the parent's representation of the child in a more complex manner. Mothers who were classified as having low RF fell, in large part, into the distorted or disengaged categories. What the researchers found but did not expect is that in the group of mothers with relatively high RF and low PTSD, six of nine were classified as distorted and three as balanced; and of those with high RF and high PTSD, four were classified as distorted and four as balanced. They theorized that the capacity for reflective function may be overwhelmed by the combination of internal vulnerability and trauma, and that the crucial factor that will determine the development of psychopathology is how individuals process trauma in the context of constitutional vulnerability (p. 328).

Intersubjectivity

Theory

All of the foregoing theories ultimately point to the inherently intersubjective nature of the child's psychological development, that is, that the child's mind can develop only within a context of relatedness to another. Stern talks about intersubjectivity in terms of the parent's motives to socialize the baby's subjective experience. The parent has to make decisions about *what to do* with the baby's desire for psychic intimacy. The crucial questions are *whether, what kind, and*

how much of subjective experience is to be shared. These decisions may or may not be consciously made by the caregiver. "What is ultimately at stake is nothing less than discovering what part of the private world of inner experience is shareable and what part falls outside the pale of commonly recognized human experiences. At one end is psychic membership, at the other psychic isolation" (Stern, 1985, p. 126).

Intersubjectivity theorists Atwood and Stolorow point out that even the determination of what is real and what is not cannot be made outside of a relational context:

[T]he development of a child's sense of the real occurs not primarily as a result of frustration and disappointment, but rather through the validating attunement of the caregiving surround, an attunement provided across a whole spectrum of affectively intense, positive and negative experiences. Reality thus crystallizes at the interface of interacting, affectively attuned subjectivities (1993, p. 188).

Intersubjectivity theory suggests that healthy psychic structure formation does not take place in a process of helping the child to recognize and accept clear boundaries between self and other, but rather "in a capacity to contain in dialectical tensions different mutually enriching forms of relatedness" (Mitchell, 2000, p. 101).

Research

Trevarthen, C. (2001). Intrinsic motives for companionship in understanding: Their origin, development, and significance for infant mental health. *Infant Mental Health Journal*, 22, 95-131.

In a rich summary of the theory and research providing evidence of infants' innate readiness to engage significant others, Trevarthen traces the development of infants' intersubjective expressions from birth through the course of infancy. He suggests that the primacy of emotions and

their interpersonal sharing is key in brain and cognitive development, and highlights the importance of the caregiver's contingent empathic responses as the forum for the baby's protolinguistic sharing. Trevarthen stresses that it is not just the sharing of emotions and needs for bodily comfort that the baby wishes to communicate; babies need "joyful dialogic companionship" even more than physical support and protection (p. 101). Studies documenting infants' ability to follow shifts in adult attention at two months of age found that babies were able to recognize others' intentions, shifts of interest, and emotional expressions when adults addressed them as if they were socially aware. Infant researchers were also able to distinguish between babies' bids for attachment-related support (once believed to be the sole motive behind infants' early signaling of caregivers) and behaviors attracting others to play. The baby's smile at six weeks, once believed to be a reflex, is now understood to be a signal that the baby is prepared and wanting to be involved in a "mutual and reciprocal engagement of motives states colored by subtle emotional expression" (p. 102).

At around 12 weeks of age, babies' motives to play increase as they are more able to search further into space beyond their bodies. Their playfulness includes curiosity about nearby objects, chiming in when mother sings, and imitating adults. Research confirms that infant imitation is intentional in that central nervous system changes vary according to whether the imitation is seen as "an invitation" or as "a provocation" (p. 104). Researchers are able to distinguish that babies are seeking particular consequences and adjusting their body responses to get them. Other research documented babies' preference for mother's heartbeat and voice and that recognition of voice characteristics are preferred over visual recognition of mother as a conversation partner. This research showed how hearing and seeing combine to regulate attachment, mutual awareness, and communication between mother and baby. The "still face"

research, in which mothers respond with a still face despite babies' attempts to engage them, has been interpreted as evidence of babies' sensitivity to the mother's contingent response. Infants anticipate an immediate sympathetic response, and when it is not forthcoming the baby senses the absence of shared purpose and becomes agitated and ultimately depressed.

Between six and nine months of age, babies' interests grow and change, and research has shown how games with the infant evolve as available parents notice and are guided by these developments. One researcher, who studied playful teasing between parents and infants, introduced a Japanese concept: "space of the We" to describe "a space of sympathy in purposes" (p. 110). During this period there is a shift from "person-person games" to "person-person-object" games in which baby and parent incorporate favorite objects or objectives into play, and this agreement to play in a particular way creates "a progressively enriched consciousness of mutually recognized meanings," or "ways of doing, which have been invented and given value in companionship" (p. 110).

At approximately nine months of age, a significant transformation in motives takes place that Trevarthen calls the "birth of secondary intersubjectivity." He defines it as person-person-object awareness, or cooperative understanding in which the baby seeks to act on things while simultaneously communicating with the mother (p. 111). It is referred to as secondary because the focus is not directed toward affective sharing (which is also present), but is instead on the sharing of subjective states relating to an agreed-upon object or event.

This sharing of consciousness with empathic caregivers is an essential factor in both promoting and regulating the "development of a cooperative cultural intelligence" (p. 111). Trevarthen identifies this as the good news and the bad news: babies are born ready to assume their roles in collaboration with their relationship partners.

Their readiness to adopt "imitative and complementary habits of self-expression" in relation to the family and community also means being vulnerable to emotional and relational disorders that are often adaptations to experience (p. 112). When it works, this relational dance involves mutual adaptation on the part of both partners, with the parent playing a key facilitating role. Parents must be able to perceive the baby's motives, "with generously shared cognition, and participation in sympathetic narratives of action and discovery aimed to engage with the world from the infant's point of view" (p. 114). Parents should not focus solely on satisfying the baby's physical needs, but should notice and respond to what matters to the baby, where the baby's attention is drawn, and what the baby wants to collaborate with the parent on. The emotional health of infants and adults depends upon having a sympathetic other recognize and respond to complex "emotions of companionship" that are present in infancy. Powerful emotions, such as pride in accomplishment or shame in being misunderstood, are "are both relational and referential" from the beginning of life, and as such call for an empathic partner to share in the experience and also to give it meaning within the relationship.

Neurobiology and Affect Regulation

Theory/Research

According to neuro-developmental theory, processes of the mind derive from the way the brain is structured, and this structuring process is simultaneously neurophysiological and interpersonal. Relationship patterns taking place between parent and child will have a significant impact on the way the child's brain develops and the experience of mind that ensues (Siegel, 1999, 2001). Bruce Perry lays out key principles of neurodevelopment research that contribute to understandings of parent availability (2002). Perry's research shows that what we become depends on how experiences shape the expression of our genetic potential. The brain develops sequentially and hierarchically from the

least complex system (the brainstem), to the most complex system (the neocortex) as these systems become needed. Billions of neurons present at birth must organize, specialize, and migrate in order for the brain to function as it should. Initially, there is an overproduction of neurons, some of which will eventually die, either because they are not used or because they are not needed. Experience and genetics play a role in this process, with any toxic experiences (such as exposure to infection, drugs, or alcohol) having a major impact on the expression of genetic potential. Because the brainstem is critical for survival from birth, its neurons migrate, differentiate, and connect much earlier than the neurons for the cortex, and this is the experience-dependent process at work (Perry, 2002, pp. 83-87). Neural systems develop sequentially and are also “experience-dependent,” making certain systems more sensitive to experiential input than others at particular moments in time. Referred to as “windows of opportunity,” and conversely as “windows of vulnerability,” these sensitive periods mean that with optimal experiences the brain will develop efficiently and adapt to the challenges offered by the child’s environment. Deficits or assaults in the environment also play a part in organizing brain systems. Perry stresses that “while experience may alter the behavior of an adult, experience literally provides the organizing framework for an infant and child” (2002, p. 88).

Perry’s trauma research identifies relational patterns as key experiences that structure brain organization. He asserts that the relationships of infancy and childhood determine the neurobiological organization, in that relationship experiences interact with neurodevelopmental processes to structure the brain. During the first eight months of life, synaptic density increases exponentially as developing neurons seek the “right” connections. It is this explosion of synaptogenesis that gives the brain its flexibility and wide-ranging potential. Synaptic connections are strengthened with activity or dissolved with little activity.

Neuroscience technology that measures localized brain activity has found higher levels of brain activation depending on the tasks in which the individual is engaged, demonstrating the importance of the “experience-dependent,” “use it or lose it” development that affects brain structure (Perry, 2002, pp. 84-85).

The neural systems responsible for social and emotional functioning—the orbitofrontal region responsible for affect regulation, empathy, and autobiographical memory—also depend on experience for optimal development. During the time that these systems are developing, what matters most is “collaborative, attuned communication between parent and child” (Siegel, 2001, p. 73).

The work of Allan Schore charts the neurobiology of emotional development. According to Schore, environmental input, and especially experiences in the relationship with the caregiver, are central to the development of affect regulation. Schore believes that the capacity to regulate affect is central to the development of the self, which he defines as a continuity of inner experience across state transitions (1994, pp. 32-33). The capacity to regulate affect begins as a dyadic experience that depends on the nature of the attachment between caregiver and child. Affect is initially externally regulated by the caregiver, as the neural structures within the infant’s brain are insufficiently developed to manage this core human function. The process calls for an optimal balance between stimulation and calming interactions. According to Schore, the amount of early stimulation plays a role in determining the individual’s “arousal set point.” Certain systems within the individual then fluctuate around this set point throughout life as the dyadic affective interactions between caregiver and child become imprinted in the baby’s developing nervous system.

Conclusion

There is ample evidence in the literature (both theoretical and empirical) to weave together and flesh out the construct of *parent availability* and its impact on developmental outcomes. It can be examined from the inside out, starting with neurophysiological processes that take place as relationship experiences interact with genetics to shape brain structure; or from an outside-in explanation that might begin by examining the impact of family scripts and parents' appraisals on self-concept.

Whether we begin in the environment or inside the brain, we begin with an image of the child as embedded in a sociocultural matrix. In assessing the viability of the matrix, we must consider stressors and supports available to the family caring for the child. Foster parents need ample support under all circumstances, but particularly when children are placed with histories of trauma and with significant emotional and behavioral disturbances, parents may find their ability to remain available stretched beyond the limits.

In posing the question of what helps some parents to stretch the limits of their availability for children with difficult problems, it makes sense to consider the integrative, systemic view of attachment and the impact of environmental factors on developmental outcomes. Does the parent have the support of extended family? Is there an absence of domestic violence within the family, and containment of crime in the community? Does the community offer safe, well-equipped parks, high-quality schools, and good neighbors who support the parent's investment in fostering? Are sufficient financial resources committed by

the system to provide for the child's special needs? Do system policies give foster parents sufficient influence to act in the child's best interests? Any missing pieces add stress, and may erode the caregiver's ability to remain available as they mediate for or against the parent's enjoyment of parenting. This is particularly true in situations where relationships are optional. Parents provide many experiences in the interest of furthering children's development, with no single experience being sufficient in and of itself to indicate availability.

Parent availability is a composite of caregiving behaviors and a relational stance that involves a complex balance of nurture, structure, and insightful understanding of the child's unique vulnerabilities and strengths. In the same way that parental coherence of mind is viewed as integral to secure attachments, as a community we should endeavor to create coherent relational fields that support secure family/child commitments. Interlocking social systems that extend downward from the macro level to the foster family can make resources available to caregivers of troubled children, or place undue burdens on caregivers who must ferret out scarce resources in whatever ways they can. In the context of a coherent relational field, availability is not confined to a caregiver quality, but rather flows between and across systems from the macro to the micro level. This might take the form of generous social policies that support child-friendly parenting ideals, that fund high-quality school programs and recreational centers, and give rise to healthier neighborhoods. In this climate of social coherence the parent's availability is continually nurtured and replenished by the cooperative interplay of systems that share the goal of healthy child development.

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