

Considering Attachment Issues in Permanency Decisions:

Professors Byron Egeland, Martha Farrell Erickson and Esther Wattenberg

Introductory Remarks

Protecting children from abuse and neglect confronts the Child Welfare field with daunting decisions that will have life-shaping consequences for both high risk families and their children. These decisions, to be made within strict time limits, deal with removing a child from the birth family, placement, reunification, adoption, guardianship, or long term foster care. The assessment of the child-parent interaction is one of the prime factors in arriving at these crucial decisions.

This questions and answer session with Dr. Byron Egeland, Martha Farrell Erickson, and Esther Wattenberg took place on Friday, June 24, 1998 under the auspice of the Center for Advanced Studies in Child Welfare.

Professors Egeland and Erickson, along with their colleague Dr. Alan Sroufe, are nationally and internationally recognized for their extensive research and contributions to our understanding of the origin and development of various dimensions of the concept of parent-child attachment.

Interview

Question/Wattenberg: *If a consideration of attachment issues is an important feature in assessment, how do you define attachment?*

Egeland: We are talking about the basic emotional relationship between parent and child, which has to do with a developing emotional bond. It is an enduring emotional bond between the infant and a primary caregiver(s). Certainly in the first few years of life, the interaction relationship between the parent and the child are essential for the development of the child. This relationship certainly goes beyond the infancy period, and it includes more

than just being emotionally responsive to the child. When the child is a little older, starting in the toddler period, it involves basic socialization, or to use today's popular terms, the relationship involves behavioral and emotional self-regulation. I guess you would talk about it more in terms of the early relationship serving to help the infant modulate his/her emotional state.

Erickson: I would agree with that, and say that I think what is so important about the attachment construct is that it is the foundation for all that follows. That really deep, intimate, two-way connection between parent and child starts in the early months,

Byron Egeland, Ph.D.
Irving B. Harris Professor of Child Development
Institute of Child Development
University of Minnesota

Martha Farrell Erickson, Ph.D.
Director, Children, Youth and Family Consortium
University of Minnesota

Esther Wattenberg
Director, Center for Advanced Studies in Child Welfare
Professor, School of Social Work
Associate, Center for Urban and Regional Affairs

Q: ...how do you define attachment?

A: [It is] the basic emotional relationship between parent and child, which has to do with a developing emotional bond....[It] has its roots in sensitive, predictable care, so that the child learns to trust that the caregiver will be there, and will respond in a way that is attuned to the child's needs.

It starts developing the moment a child is born... But it is not well established until late in the first year of life, after the baby has become enough of a knowing partner to understand, for example, that the parent still exists, even when they are out of sight. ...it's really a reciprocal, mutual, relationship.

Q: "disorganized attachment." What is that?

A: Our colleague, Alan Sroufe¹, has been interested in this issue. He identified a group of children that had what he called 'unhealthy attachments.' ... he identified a highly inconsistent pattern of behavior. ... seen fairly frequently among children who have been maltreated at an early age.

and when it's working right, has its roots in sensitive, predictable care, so that the child learns to trust that the caregiver will be there, and will respond in a way that is attuned to the child's needs. And the other side of that is that the child learns that he or she is powerful enough to get that response, so it's about trust ... about trust in self. It's the first experience of the human being in being competent. It's competent when they cry, and it works, and it brings someone to comfort them, for example.

At what age do infants or toddlers develop this emotional bond to a caretaker? When does that start?

Erickson: It starts developing the moment a child is born, and is the product of the interactions that go on day in and day out between the baby and his or her primary caregiver or caregivers. But it is not well established until late in the first year of life, after the baby has become enough of a knowing partner to understand, for example, that the parent still exists, even when they are out of sight. And so they know, when mom or dad leaves the room, they want to bring them back. They know that's an enduring object in their life, and they want to maintain that connection ... the attachment begins developing right away, but it doesn't become well-established, and we can't really assess it in a reliable way ... until close to the child's first birthday.

I like that phrase, 'the baby becomes a knowing partner,' usually by the first year.

Erickson: Yes, and it's really a reciprocal, mutual, relationship. Both the parent and the baby work to maintain the right balance of closeness and distance, so that the baby knows that there is a safe place to go for

comfort and reassurance, but can use that caregiver as a secure base from which to go out and explore. And it's that balance of closeness and exploration that really defines attachment. And it's a two-way relationship. It's not just how a parent feels about the baby or how the baby feels about the parent, but it really is the mutuality that defines it.

In one of your papers¹ you identified a phenomenon known as "disorganized attachment." What is that?

Egeland: Our colleague, Alan Sroufe has been interested in this issue. He identified a group of children that had what he called 'unhealthy attachments.' In a sample of maltreated children, he identified a highly inconsistent pattern of behavior. These are children who may make an effort to elicit a response from their caregiver or may totally avoid their caregiver, or may be highly ambivalent, attempting to approach the caregiver, but yet approaching in a fearful fashion. This is something that's seen fairly frequently among children who have been maltreated at an early age.

So it is observable?

Egeland: It's observable, but it requires considerable training and experience in seeing the very subtle signs.

I think that becomes, essentially, very important for the child welfare system, which is attempting, very early on, to see when children — infants, toddlers — may be in high risk situations. Can this be observed, let us say, by social workers in the early years of a child's life? Or is this the kind of behavior that requires child development specialists?

Egeland: Anyone with a background in child development and attachment

¹ Title of study: "Adaptation in a Risk Sample: Infancy to Early Adulthood", PIs: Byron Egeland, Irving B Harris Professor of Child Development; W. Andrew Collins, Rodney S. Wallace Professor for the Advancement of Teaching and Learning and Adjunct Professor of Psychology; L. Alan Sroufe, William B. Harris Professor of Child Development, Institute of Child Development, University of Minnesota.

theory can be trained. However, I'm not so sure that that would be the best approach. It gets back to what I said in the beginning, and that is I think we need to focus on the broad relationship... as Marti pointed out, beginning at birth. Certainly one of the first signs of potential problems would be parents who are not interested in taking care of their newborns. There could be many reasons for poor quality care, including environmental factors, as well as personal factors. Rather than attempting to view the early parent-infant relationship from an attachment perspective, we should approach the early detection of problems from a broader relationship perspective.

Erickson: I agree. ... But I do think that there are a number of good indicators that people really need to be more efficiently and effectively trained in using in their assessments. Byron has certainly hit one of the big ones. What is this parent's interest in this child?

What others would you suggest?

Erickson: Well, to stick within the attachment framework, a concept that is important to all aspects of parenting is sensitivity, and when you're talking about babies, that is sensitivity to the cues and signals that the baby is giving before they have verbal communication. That involves some skill, some knowledge about what is an appropriate response, and some child-rearing beliefs — the spoiling myth is one that we run into all the time as it relates to attachment, thinking that you are going to spoil the child, turning them into a monster if you respond when they cry. This is the opposite of what attachment research would say.

I think also listening to how parents talk about their children — the kind of attributions that they make about their child, the names and the adjectives that

they use when they talk about their child can tell you a lot, both about their basic acceptance or rejection of the child, and also a lot about their knowledge and understanding of child development.

Are there factors that could encourage the attachment process?

Egeland: Marti mentioned one important construct and that is to promote parents' more sensitive and responsive care. In other words, programs can be developed to assist parents to be more sensitive to babies' cues and signals. I think there is another part of that that sometimes gets overlooked. Sensitivity means both being sensitive to the baby's cues and signals — and Marti's example of crying is a good one — and the other part is to respond in an appropriate and prompt fashion. Does the parent respond, in the case of crying, in an emotionally supportive, comforting fashion. ... A big part of appropriate responding, certainly early on, has to do with the parent's being emotionally responsive to their child. ... Do they really take a genuine interest? Is the child a top priority?

Erickson: You know, there is a real core issue here, that I see as I work with families or support front-line professionals who are working with families. The whole notion of sensitivity and responsiveness has to be looked at within a context. It starts with what a parent knows. What do they believe is important for a child? What do they understand about the child's development? What are their skills in reading the cues, and so on. So it's kind of basic knowledge and skills. But then the other real big issue, where the rubber meets the road, is how is the parent able to use that knowledge, day in and day out? Because babies don't know good intentions. They don't know 'knowledge,' except as they

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Q: ...under what conditions [do] children suffer very serious damage?

A: ...it certainly is the case that maltreatment – under which I would include physical and sexual abuse, neglect, and also ... emotionally unresponsive caregiving – leads to serious problems in every area of development. ...There is a higher incidence of educational problems such as school dropout, behavior problems such as conduct disorder (oppositional-defiant kinds of behavior), criminal activity, and social problems such as rejection and isolation. ...a much higher incidence of mental health problems.

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The second thing ...is a good early relationship. ...I'm talking about a family member. ... somebody who serves more as 'a primary caregiver.'

experience it in action. I think for all of us, as parents, and I really mean 'all of us' — I very much include myself in this — we can know a lot about child development, and we can be really, really good at reading cues, but if we're so stressed out, or so exhausted, or so under-supported, or so overwhelmed with our own memories of how we were cared for, we may not be able to act on that knowledge. So I think knowledge and skills are necessary, but not sufficient conditions for sustained good parenting. And that's why we really have to look at a whole range of factors that affect how a parent carries this out, day in and day out.

I want to turn, briefly, to your research, which is recognized nationally and internationally as having made an extraordinary contribution to our understanding of the effects of maltreatment in children, which as you know, is a consuming concern for child protection. Does your research suggest under what conditions children suffer very serious damage to their life chances for a livable life? I would define a "livable life" very broadly as completing school, having a job, maintaining satisfying relationships, staying out of prison: adhering to what we might call the common standards of a community. Does your research suggest under what conditions children suffer very serious damage, which makes these possibilities unlikely?

Egeland: Well, it certainly is the case that maltreatment – under which I would include physical and sexual abuse, neglect, and also ... emotionally unresponsive caregiving – leads to serious problems in every area of development. There is a higher incidence of educational problems such

as school dropout, behavior problems such as conduct disorder (oppositional-defiant kinds of behavior), criminal activity, and social problems such as rejection and isolation. There is a much higher incidence of mental health problems, and the mental health problems in the maltreated group seems to be more serious than the mental health problems we found in non-maltreated high risk children.

So in every respect, in every aspect of development, across time these children do, basically, have problems in a variety of areas.

If you ask this question, 'Are there some maltreated children who are resilient?' Well, that's a tough question to answer, because I think, quite frankly, most of these children do show scars resulting from their maltreatment. Some maltreated children function better than others, but I would argue that very few are resilient. What are some of the environmental characteristics related to more competent functioning among maltreated children? One "protective factor" seems to be a good early developmental foundation. Maltreated children who seem to function in a more competent fashion are securely attached as infants and are competent toddlers. In a recent paper², we had four maltreated children who did not meet criteria for any psychiatric diagnosis, at age 17 1/2. Now four is not a large enough sample to study empirically, but these four children were securely attached as infants and looked good as toddlers. So, if you were to ask me what is a protective factor against maltreatment, my answer would be that there really is no protective factor, but a good early beginning is related to more competent functioning later on. There is a real message here, in that for high risk families of the sort that we have been

²Egeland, B. (1997). Mediators of the Effects of Child Maltreatment on Developmental Adaptation in Adolescence. In D. Cicchetti and S. Toth (Eds.), Rochester Symposium on Developmental Psychopathology: Vol. VIII. The effects of trauma on the developmental process (pp. 403-434). Rochester, NY: University of Rochester Press.

studying, programs that promote a secure attachment and overall better quality parenting in the first few years of life is something that is really worth pursuing.

And the second thing that I would say — and it is highly related to the attachment — is a good early relationship. The maltreated children that seem to be doing the best are those that had somebody who was interested in them at an early age, who provided adequate care for them. It might be a grandmother or sister — I'm not now talking about daycare or a friend — I'm talking about a family member. I'm talking about somebody who serves more as 'a primary caregiver.'

Erickson: I would add observations that come from data that Byron and I published together in the 80's³ on the impact of what we called 'psychologically unavailable caregivers.' ... We tracked a group of kids who experienced emotional neglect, particularly in the first two years of life... through the early school years. ... In the earlier data, and Byron affirms in the later data as well, those kids have very serious problems. I think, in practical terms, what is so important about that, considering the child welfare and the child protection system, ... is that that kind of maltreatment is very unlikely to come to the attention of child protection, unless there is also physical abuse going on. If there are no physical scars or some really dramatic kind of physical neglect, those kids are not going to be picked up, and yet, in the first two years of life, a child's whole world is that caregiving environment. They're not out, having opportunities to connect with other people, for the most part. Maybe if they are lucky,

they have a grandparent or extended family member, as Byron says, who is there to give them love. But, basically, their whole world is their home, whatever that may be, and that environment is with primary caregivers. If they are not having their needs responded to, they shut down so dramatically, so early in life, that then they are not very effective, as they go off into pre-school and school, in soliciting the care that they need. And, in fact, I remember interviewing teachers, when the kids in the longitudinal study were in early elementary school, and I remember listening to these teachers who didn't know these children's histories. But I did know. I knew which kids were in that psychologically unavailable group, and the teachers would talk about these kids, and say things like, 'you know, I hate to say this, but I was really glad when that kid didn't show up at school.' You just get a clear feeling that even caring people, who have self-selected into a caring profession like teaching, have a very hard time warming up to these kids. Now, I've experienced that, as have our STEEP⁴ facilitators who work with parents who come from that kind of history. The parents who absolutely drive the workers crazy, and who make the workers not want to go knock on their door for a home visit, I think, are very often these same kids, grown up. So in a way, they are perpetuating their own experience, because their behavior keeps people at a distance. I think we have to take that seriously. Because they don't come to the attention of child protection, that means we have to find other ways — through the health care system, whatever it may be — to reach out to these parents to find windows of opportunity to reach them, proactively.

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³ Erickson, M., & Egeland, B. (1996). The Quiet Assault: A Portrait of Child Neglect. In J Briere, L. Berliner, S. Bulkley, C. Jenny, and T. Reid (Eds.), The Handbook of Child Maltreatment (pp. 4-20). Newbury Park, CA: Sage Publications.

⁴ STEEP: Step Toward Effective, Enjoyable Parenting. Grounded in attachment theory and research, STEEP is a relationship-based program for new parents that combines home visits, guided viewing of videotaped parent-infant interactions, and bi-weekly parent-child group sessions. Steep begins during pregnancy and continues through the first two years of the child's life, with a focus on promoting sensitive parenting, healthy child development, and positive life choices.

Q: *Given the fact that emotional neglect is very serious and occurs very early, within the first two years ...is it reversible? Can one help these children? Can the damage be contained or reversed?*

A: ...intervention needs to be done early, then it has the greatest likelihood of succeeding. Intervention must also address problems facing the parents (e.g., drug use or depression) that interfere with the parents providing good quality care. In addition, the social context in which the parents are taking care of their children. ... All of these factors and more need to be changed in order to have a positive intervention effect. The message is that interventions need to be intensive and comprehensive, because as we know, many of these families have serious problems.

Amongst the various categories of child abuse and neglect, am I right in saying that the psychologically unavailable parent provides the most serious outcomes for a child?

Egeland: The negative outcomes for this form of maltreatment are very serious. I don't know if it's totally fair to say that a child experiencing psychologically unavailable parenting has more serious consequences than other forms of maltreatment such as sexual abuse. I don't like to make the comparison; both forms of maltreatment have devastating effects. In our data, there is a lot of overlap among maltreatment groups, and the sample sizes are relatively small. So I don't think that statistically you could say one form of maltreatment is more serious than another. However, there are certain developmental outcomes where I think if you were to test differences among maltreatment groups you likely would find differences.

Erickson: I think when that's present [psychologically unavailable parent], either in and of itself, or in addition to other kinds of abuse, that needs to be taken very seriously. It's the absence of a protective factor that Byron was talking about.

Let me restate my question then. Given the fact that emotional neglect is very serious and occurs very early, within the first two years — one can already see the effects — but perhaps does not come to the attention of people who are concerned, is it reversible? Can one help these children? Can the damage be contained or reversed?

Egeland: I would answer definitely, "yes," it can be reversed, but I think that Marti's description earlier has tremendous implications for ... intervention. What happens is that these

children develop the idea that people are not going to be there for them. That they can't trust others. They can't take comfort in others, and as a consequence, when they interact with their friends, they are likely to be angry, and they certainly aren't likely to form close friendships. As Marti pointed out, when they interact with their teachers, they are not likely to be cooperative, nor are they going to turn to their teacher for help. ... These children are likely to not get along with peers or teachers. These social problems, along with low achievement, place the child on a pathway to school failure. Being a failure in school is going to make their social problems and other kinds of problems worse, so it has a snow-balling effect. One of the things I would say, in response to your question, is that intervention needs to be done early, because I think, then it has the greatest likelihood of succeeding. Intervention must also address problems facing the parents (e.g., drug use or depression) that interfere with the parents providing good quality care. In addition, the social context in which the parents are taking care of their children. All of these factors and more need to be changed in order to have a positive intervention effect. The message is that interventions need to be intensive and comprehensive, because as we know, many of these families have serious problems. An obvious example, something I know you are interested in, is parent's drug and alcohol abuse. A parent who uses drugs and alcohol is clearly psychologically unavailable or emotionally unavailable to their child. In such an environment, the chances of physical abuse and neglect are also high. We know, particularly in urban environments, that dealing with drug and alcohol problems is not easy. For parents with a serious drug and alcohol problem, one can not expect them to benefit from a parenting program until the drug or alcohol problem is under control.

Perhaps you know that, both by federal and state law, paying attention to the early years of a child's life and creating, in an expedited way, permanency plans is a focus of attention. In many cases, [this means] removing the child. We now enter another set of questions about attachment. The one I would like to start with is this: When a child demonstrates an attachment to an abusive parent — and we see that a great deal in the child protection caseloads; attachment to a parent who cannot or will not maintain the child — and placement is the recommendation, child protection practice must recognize this. Can you help the child to express grief, to mourn the separation? Is this necessary to help a child, under these circumstances, to make a transition to a new caregiver?

Erickson: Well that's going to depend a lot on the age of the child. I think that some kind of therapeutic intervention is almost always indicated, certainly for a child of any age above infancy. Also, really looking for ways to make the transition go smoothly. If you're dealing with a very young child maybe that means transitional objects. It means trying to maintain some kind of continuity. If there were any strengths in that child's former environment, any people who were important, making sure that that kind of continuity is maintained. I think one of the best ways to help a child of any age is to help the parents, who are now going to be responsible for that child, and I think that is where we fall terribly short, that we don't really educate foster parents or adoptive parents about attachment issues and how these can play out. They may really get pushed away by the child. They may find themselves feeling like failures, because they are not able to get the response that they expect to get from the child. So, I think we have to come in with very intensive supportive

services for the parents and the child, together... I think we do want to try to promote a secure attachment for this child, as a foundation for other aspects of development. That's not going to happen quickly. It's going to require a lot of special support to the adoptive parents, and some special kind of support and intervention for the child, depending on the child's state of mind, stage of development, and so on. Age is a big factor.

Egeland: I couldn't agree more. I think we really have dropped the ball, with foster parents, in terms of educating them about what to expect with maltreated children. These children come into a foster home with a history of having been rejected; having not been properly cared for, so immediately, they expect to be rejected or not to be cared for properly. If the foster parents aren't aware of the maltreated child's negative expectations about relationships, they are going to have a difficult time with these children. As Marti points out, in order to establish a good attachment between the adoptive parents and the child, these parents are going to have to work hard, and they need support in dealing with the child, who has a different notion of what relationships are all about.

Erickson: It's going to take a real accumulation of new evidence for this child, that contradicts everything they've come to expect. It's not going to happen in three weeks. It's not going to happen in three months. It's going to take a long time before the child begins to form a new model and a new set of expectations.

I think that that's very important set of observations. Would you say everything you have said before also applied to those children who have been in multiple placements and were finally placed in a permanent place-

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A: ...that's going to depend a lot on the age of the child. I think that some kind of therapeutic intervention is almost always indicated ...I think one of the best ways to help a child of any age is to help the [adoptive/foster] parents, who are now going to be responsible for that child ...we fall terribly short ...we don't really educate foster parents or adoptive parents about attachment issues and how these can play out. ...It's going to require a lot of special support to the adoptive parents, and some special kind of support and intervention for the child. Age is a big factor.

Q: *We're very concerned about children who ... keep returning to care [after reunification efforts fail]. ... They have been wrenched loose, time and time again.*

A: Multiple placements just add insult to injury ...that's just one rejection and loss after another.

...Even though they are difficult to care for, they need stability and consistency.

Q: *Your work has emphasized the emotional bonding between a parent and a child as a process that secures the anchor for the rest of a child's development. ... Do we ... understand how this process differs among various ethnic and racial groups? New populations?*

A: There has been a lot of cross-cultural research on attachment, much of it done around the world. ...it's pretty fair to say that the processes are generalized across cultures, and that the same factors that support good attachment are applicable in different kinds of cultures and different kinds of family and community configurations.

ment such as adoption or long term care? We're very concerned about children who ... keep returning to care [after reunification efforts fail]. ... They have been wrenched loose, time and time again.

Erickson: Multiple placements just add insult to injury, I think. Every time a placement is changed, a young child is not able to understand what the system is doing or ... why those placements might be happening. A child just knows what they experience, and that's just one rejection and loss after another. So, I think it only exacerbates the kind of issues we have been talking about. It's not only poor quality of attachment between the child and one adult, but it's multiple experiences with that, as well as disruption of place, too. And anything that might feel like continuity of environment to a child.

Egeland: I totally agree. Unfortunately, the children who get moved the most are, I would guess in the majority of instances, those with the most serious problems and those that are most difficult to deal with. They are also the ones that need the most stable environment. Even though they are difficult to care for, they need stability and consistency.

Your work has emphasized the emotional bonding between a parent and a child as a process that secures the anchor for the rest of a child's development. ... Do we ... understand how this process differs among various ethnic and racial groups? New populations?

Erickson: There has been a lot of cross-cultural research on attachment, much of it done around the world. Byron can speak to some of the details

of that. There have, locally, been studies of Southeast Asian families. ... I don't know of any work that's been done with the more recent immigrants from East Africa, but I think there's enough cross-cultural work to extrapolate from that it's pretty fair to say that the processes are generalized across cultures, and that the same factors that support good attachment are applicable in different kinds of cultures and different kinds of family and community configurations.

Egeland: I totally agree. Mary Ainsworth⁵ developed her ideas about attachment and the strange situation, based on her observations in Ghana. She spent a year there. I totally agree with what Marti said.

Can we assume from this that the general concept is universal, but that, perhaps, the way in which a parent achieves this, and the mutuality, may have some differences? Or do we even know that?

Erickson: My interpretation of the cross-cultural research is that the processes of the development of attachment really are the same. This is a one-to-one relationship. It's pretty simple. I hate to oversimplify it, but it's pretty simple in terms of what the baby's experience is — that that baby is experiencing that this caregiver is there for him or her — reads the cues in response to them in a predictable fashion, and that gives the child a sense of security in that relationship, and that security tends to generalize into other relationships that helps to shape the child's expectations. And I don't see anything that would suggest that that's different — whether it's in Africa, Germany, in Native American tribes. Actually I'm working with an American Indian nurse in St. Paul who

⁵ Ainsworth, M., Blehar, M., Waters, E., & Wall, S. (1978). *Patterns of attachment: A psychological study of the strange situation*. Hillsdale, NJ: Lawrence Erlbaum Associates.

has been really studying this, in a scholarly way, not doing experiments yet, but is hoping to do a systematic study of American Indian populations in Minnesota. Lots of people in different cultural groups here are seeing the same things in practice, as well as the research that we refer to.

Egeland: I totally agree, and I'll just add that some people would argue that the principles do not apply to children who are reared by multiple caregivers. There are certainly examples across the world. [**Erickson:** For example, in "tribal situations"]. Exactly, but even in those cases, there is a primary or a few primary caregivers with which the child forms an attachment. The same principles still apply.

Erickson: And in fact, in cultures that have very strong extended families or a tribal system, that can be a real benefit to the individual attachment relationship, because that support is operating at its best. I have seen some examples in the African-American communities, for example, where the extended family is really what sustains that attachment. You see a young mother, for example, who is dealing with her baby, and has strong support from her parents and her aunts and uncles and cousins, and they just create a rich network for this parent. So that can be a real plus.

Because the assessment of the attachment process seems to be so fundamental in assuring a basic building block for a child's development, and in child protection we see many cases in which we're unsure about that fundamental development, are assessment centers a good idea? Should that be a community resource?

Egeland: I'm not so sure that's a good idea. ... I would start with training the individuals doing the assessing. Quite frankly, I think some of those best assessments are done in the home. It is crucial that the investigator be properly trained to conduct a valid assessment. I don't want to sound like I'm blaming social workers or other professionals, for that matter, because I know the job is overwhelming. ... Perhaps the first place to start would be to have more financial support so the investigator would have the time and resources to do a proper investigation.

Erickson: I think that if I were going to conceptualize an assessment center that would be helpful, it would be more of a training and resource center. But I completely agree with Byron that the issue is training, and then how assessment is done. I think it is most effectively done in a naturalistic environment. I don't think bringing families into a center — these are not tests you can give someone in an office, very well. I think you really need to see families in their own environment, and you have to do an ecological assessment that looks at all these factors that support or hinder. ... Continuity of assessor, over time, with access to training and consultation, as they need it, to help them make their decisions: this is the ideal.

Sometimes professionals are not well trained to do the assessments. They're not looking for the right thing. Other times, professionals know, very well, what they're seeing, but they don't trust themselves, or they're not allowed to trust themselves to form conclusions about their assessment.

Q: *Because the assessment of the attachment process seems to be so fundamental in assuring a basic building block for a child's development, and in child protection we see many cases in which we're unsure about that fundamental development, are assessment centers a good idea? Should that be a community resource?*

A: I'm not so sure that's a good idea. ... I would start with training the individuals doing the assessing. Quite frankly, I think some of those best assessments are done in the home. It is crucial that the investigator be properly trained to conduct a valid assessment. ... Perhaps the first place to start would be to have more financial support so the investigator would have the time and resources to do a proper investigation.

I think that if I were going to conceptualize an assessment center that would be helpful, it would be more of a training and resource center. ...the issue is training, and then how assessment is done. I think it is most effectively done in a naturalistic environment. I think you really need to see families in their own environment, and you have to do an ecological assessment that looks at all these factors that support or hinder. ... Continuity of assessor, over time, with access to training and consultation, as they need it, to help them make their decisions: this is the ideal.

Q: *With your observation that an assessment ... of the parent/child interaction requires time, ... should we reconsider the expedited time frames?*

A: ...I think shortening the time frame is very important in the best interests of childrenBut I think we really have to use our time well, and when I say that the assessment takes time, I mean you have to look at families over time, but I'm not talking about years. I'm talking about a very focused, planful examination of what's going on in that home. And repeatedly, over a relatively short period of time, with every opportunity given to that family to do better. We want to really intensify services and intensify our assessment efforts, but not drag it out.

Q: *Do you generally support the idea of "concurrent planning," which as you know ... deals with very serious high-risk issues with a child who is in placement. Concurrent planning proposes that attempts be made with reasonable efforts, to reunify the child, but at the same time prepare for an alternative permanency plan.*

A: ...the concept makes very good sense.
...You also need room for judgment.

Especially judgment by well-trained, well-supported professionals. It's on-going support and consultation.

Erickson: I think when you see a parent, let's say a new mother who is saying she doesn't want the baby, and we've run into this with our work with STEEP, I think a lot of times professionals think they're doing a favor, if they really try to persuade that mother to hang in there. I just see that very differently. But what I think would be doing that mother a favor would be to support her in following her heart and making that decision, and then make sure there is some ongoing support to help her build a life. I think when mothers do give children up, then the service, if there is any service at all, follows the child. But this mother, who has made this very difficult decision, that might be really in her best interests and the child's best interests, has little or no support. So I would really like to see some attention paid to helping women make those decisions and be helped to build a life.

Would you comment on shortened time frames which are features of child welfare reform. ... With your observation that an assessment ... of the parent/child interaction requires time, ... should we reconsider the expedited time frames, so that attachment factors can play a part in the life-shaping decisions we make for children?

Erickson: I'll say what I think has happened. We have taken way too much time, but I don't think we have used that time well. So, I think shortening the time frame is very important in the best interests of children. You can't take a little baby and tell him 'just wait for a couple of years, while we figure this out.' Too much damage is going to be done. But I think we really have to use our time well, and when I say that the assessment takes time, I mean you have to look at families over time, but I'm not talking about years. I'm

talking about a very focused, planful examination of what's going on in that home. And repeatedly, over a relatively short period of time, with every opportunity given to that family to do better. We want to really intensify services and intensify our assessment efforts, but not drag it out and waste time in the way that we typically have.

Do you generally support the idea of "concurrent planning," which as you know ... deals with very serious high-risk issues with a child who is in placement. Concurrent planning proposes that attempts be made with reasonable efforts, to reunify the child, but at the same time prepare for an alternative permanency plan.

Erickson: I think the concept makes very good sense.

Egeland: I do too. I think that perhaps what could be limiting, in that approach, would be the lack of resources. Such planning obviously requires adequate resources. ... You also need room for judgment. You might have a good parent who maybe got led down the wrong path, who started using drugs, and now looks like a terrible parent. But somebody who genuinely does love their children and wants to take care of them. It might take a while to sort this out.

So, we need room for judgment?

Erickson: Especially judgment by well-trained, well-supported professionals. It's not just pre-service or initial training. It's on-going support and consultation.

A final question. In your extraordinary work, over long periods of time, does anything stand out as an essential guideline for child protection?

Erickson: One thing that I think is important, here, is to understand the intergenerational cycles... I think if we look at the findings on what enables people who are abused in their own childhood to break that cycle, as they become parents, we could do a lot better on acting on that knowledge. There are three factors that come through (and Byron has reported this in his writing). One is having a supportive, caring adult, when they are a child. Another is having a supportive partner, when they become a parent, and the third is having come to some resolution with regard to their own childhood experience. I take away from that a couple of things that I think we need to do better, as a society. We certainly need to be really looking for those caring adults to bring into children's lives. We have to take that very seriously and know that its not going to happen easily, that its not just getting somebody to go take the child out for an ice cream cone on Saturday, but really preparing someone to be in a relationship that will be corrective for that child.

The third factor that I mentioned, coming to resolution about your own childhood experience, suggests that we really need to focus more on the therapeutic needs of people who are abused. In our own work, we've chosen to work in a preventive intervention way with new parents, trying to come in sideways with some therapeutic experiences for them, as they become a parent. But I really think that as a society we don't provide the therapeutic services for children and youth who have experienced abuse, so that they can do some of that resolution before they get to the point of being a parent. We have to really think about what we're doing with these child victims beyond placement decisions — really getting them ongoing support and therapy.

Egeland: I would absolutely underline that, and as a matter of fact, when you and I talked here, a week or two ago, I said to you that one of the things that's always bothered me is that Child Welfare and Mental Health are two very separate domains, and I think that what Marti is saying is absolutely true. Perhaps if the two domains worked together, then maltreated children (and parents) could receive the therapeutic services they need.

Thank you very much for sharing your knowledge, understanding and concerns on behalf of improving our responses to children in high risk situations.

Additional related materials

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Quint, J., & Egeland, B. (1995). **New Chance: Comprehensive services for disadvantaged young families.** In S. Smith (Vol. Ed.) and I. E. Sigel (Series Ed.), *Advances in applied developmental psychology*, Vol. 9, *Two generation programs for families in poverty: A new intervention strategy* (pp. 91-133). Norwood, NJ: Ablex Publishing Corporation.