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The Examination and Evaluation of the Public Foster Care System's Attachment-Based Intervention and Trainings for Foster Parents in the West North Division of the Midwestern States

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**THE EXAMINATION AND EVALUATION OF THE PUBLIC FOSTER CARE
SYSTEM'S ATTACHMENT-BASED INTERVENTION AND TRAININGS
FOR FOSTER PARENTS IN THE WEST NORTH DIVISION
OF THE MIDWESTERN STATES**

A Master's Thesis

Presented to

The Graduate College of

Missouri State University

In Partial Fulfillment

Of the Requirements for the Degree

Master of Science, Early Childhood and Family Development

By

Brooke (Crowell) Mamrenko

August 2022

**THE EXAMINATION AND EVALUATION OF THE PUBLIC FOSTER CARE
SYSTEM'S ATTACHMENT-BASED INTERVENTION AND TRAININGS FOR
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STATES**

Early Childhood and Family Studies

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Master of Science

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ABSTRACT

The effectiveness of many foster parent training curricula in the United States foster care system is basically unknown (Adkins et al., 2018). Furthermore, there is little to no research that indicate when and how attachment-focused interventions and trainings are being implemented in the United States. Thus, the initial purpose of this study was to examine and evaluate interventions and trainings pertaining to attachment that exist throughout the United States public foster care system. As this study progressed however, the purpose shifted to answering this question: How is the Midwest foster care system training staff and foster parents on issues of attachment and how is the system being held accountable? To gather data on attachment-specific trainings and interventions, the researcher navigated and collected information regarding attachment and trainer qualifications from each state government webpage as well as workers from the public foster care system within each state. Training material was requested from each state; however, the researcher was not able to collect any training material. The researcher analyzed and compared each state and their attachment-based interventions and/or training within the use of two tables and two graphs. The states that utilized the TIPS-MAPPS training were found to follow the recommendations of past research regarding trainer qualifications. Kansas was the only state out of the seven states to have all six components within Table 1 found. This study found that a large portion of the information being sought was unable to be determined. Which directly correlates to the lack of accountability within the public foster care system. Thus, the researcher was able to conclude that public foster care policies should all, at least, have a required attachment-based training for foster parents that should be taught by at least two qualified instructors. Within the foster care system, these trainings materials should be accessible through each state's government website and easy to open and read through.

KEYWORDS: public foster care, attachment, qualities of attachment, states of mind, parental sensitivity, attachment-based training, attachment-based

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In the interest of academic freedom and the principle of free speech, approval of this thesis indicates the format is acceptable and meets the academic criteria for the discipline as determined by the faculty that constitute the thesis committee. The content and views expressed in this thesis are those of the student-scholar and are not endorsed by Missouri State University, its Graduate College, or its employees.

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INTRODUCTION

Every day in the United States there are about half of a million children in foster care. In 2019, over 672,000 children had spent time in the United States foster care system (Foster Care, 2021). This is already a 235,000-child increase since the 2016 report of 437,000 children in foster care. More troubling, infants are among the largest group of foster children, remain the longest, and experience the most changes in their foster care placement (Bick et al., 2012). These traumas and disturbances are occurring during one of the most important developmental times in a young child's life.

One of the most critical stages of development that occurs during this time period is attachment formation. John Bowlby first theorized that attachment formation is a primary developmental stage for infants (Bowlby, 1982). There is much research pertaining to attachment, more specifically, the attachment formation between birth mother and infant. However, only within these last two decades has research begun to investigate attachment formation with other caregivers (more specifically foster mothers and foster infants). Research has found that there are different qualities of attachments that infants can form. These attachment formations are secure, avoidant, resistant, and disorganized (Stovall & Dozier, 1998).

According to Dozier et al. (2009), "Infant's form expectations of caregivers based on their history of experiences with caregivers (Bowlby 1982). When caregivers are responsible to children's bids for reassurance, children develop expectations that caregivers will be available for them when needed" (p. 322). Thus, depending upon how a caregiver responds to their infants needs a type of attachment will form. For example, when an infant needs reassurance and directly seeks out their caregiver, they are said to have a secure attachment. Furthermore,

securely attached infants are those who actively seek proximity upon reunification with their caregiver and maintain contact until they are soothed and can return to play. Insecurely attached infants are characterized as either avoidant or resistant. Avoidant infants actively avoid their caregiver by turning away or ignoring when reuniting. Resistant attachments in infants are often seen as a mixture of proximity seeking and anger/resistance upon reunion. Disorganized attachment in infants is the most dangerous and the infant will often display behaviour that is disoriented (Bernier et al., 2004).

Research has also found that infants in foster care have a harder time developing secure attachments than infants who are not in foster care (Cole, 2005). Because this is such a large issue, more research has focused on how foster infants form attachments and how parents can help form secure attachments with their infant. Interventions and trainings are a possible factor that can contribute to this healthy secure attachment formation between caregiver and foster infant.

The effectiveness of many foster parent training curricula in the United States foster care system is basically unknown (Adkins et al., 2018). However, there are some studies that evaluate interventions and training created in clinical and experimental studies. Many of these interventions having not only resulted in positive formations of secure attachments with foster infants but also with educating foster parents (Dozier et al., 2006). Yet there is not much discussion on how these trainings and interventions specific to attachment can realistically be implemented into the public foster care system. Furthermore, there is little to no research that indicate when and how attachment-focused interventions and trainings are being implemented in the United States. Thus, the initial purpose of this study was to examine and evaluate interventions and trainings pertaining to attachment that exist throughout the United States public

foster care system. As this study progressed however, the purpose shifted to answering this question: How is the Midwest foster care system training staff and foster parents on issues of attachment and how is the system being held accountable?

This shift regarding the purpose of this study occurred in two waves, with the first wave uncovering two problems. The two problems found within the first wave were: many materials could not be accessed, and components being examined could not be determined from items that were available. Materials that could not be accessed consisted of the required foster parents' trainings for all seven states within the study and all attachment-specific trainings and interventions. Due to conflicting information from different sources and lack of accessibility to information and material, components of the public foster care systems' policies the researcher was attempting to examine could not be determined. This lack of accessibility lead the researcher to question how the public foster care system was being held accountable. Accountability, in the context of this study, refers to the public foster care system with each individual state's responsibility to properly implement evidence-based attachment-specific trainings and interventions that have been recommended by studies within the specific field to positively impact foster children. The researcher then attempted to address the question of accountability by exploring what research has already been presented on the subject, which lead to the second wave of this study's shift in purpose. This second wave uncovered a lack of research on state entity accountability. Within this study, the researcher did not find any research in regard to accountability of the public foster care system regarding implementation of attachment-based interventions and trainings. Thus, the initial purpose of this study shifted to also examine and evaluate how the public foster care system was being held accountable.

LITERATURE REVIEW

This literature review examines the impacts of evidence-based intervention on foster infant's healthy development of attachment. It is well acknowledged in research that attachment formation is a significant and primary developmental stage for infants. This attachment formation that is created between a child and their caregiver is vital to the healthy growth of the child (Dozier et al., 2009). However, children who experience early life adversity and removal from their birth parents are found, for a variety of reasons, to have a more difficult time forming a secure attachment with their caregiver (Bick & Dozier, 2013). Infants are not only among the largest group of children placed into foster care, but they also tend to remain in foster care longer and experience more foster placements than all other children in the system (Bick et al., 2012).

Attachment Theory

Attachment Theory was first developed by John Bowlby and Mary Ainsworth. John Bowlby discussed the characteristics of attachment, such as when a child is frightened to seek proximity, and protection, from their primary caregiver. He also discusses how this behavior can be observed throughout the life cycle and is essentially a fundamental behavior (Bowlby, 1982). Ainsworth expanded this research field by conducting the strange situation study that observed children as they were left alone and then reunified with their mothers. This study led to development within this research field as Ainsworth was able to describe three attachment styles: secure attachment, ambivalent attachment, and avoidant attachment (Ainsworth & Bell, 1970).

Since the development of this theory, scientists have further discovered that infants can and do present attachment behavior in a variety of specified ways. These attachment categories,

or sometimes called qualities, are secure, avoidant, resistant, and disorganized. These qualities of attachment can be determined based on how an infant responds in certain situations regarding their caregiver. Research has even found that attachment security and attachment type can be determined and predicted by characteristics of the infant's caregiver.

Attachment Qualities

Secure attachment is described as a pattern of proximity seeking and explorative behavior by the infant to the individual (Ainsworth & Marvin, 1995). However, it is important to note that other characteristics of securely attached infants are the use of their primary caregiver as a secure base and the act of seeking protection and comfort from said individual when they are distressed (Bick & Dozier, 2013). *Insecurely attached* infants can be described as having an avoidant or a resistant attachment quality. *Avoidant attached* infants are characterized as hiding their distress and focusing on exploration (Lang et al., 2016). Whereas, *resistant (or sometimes called ambivalent) attached* infants are characterized as higher level of proximity monitoring and a mixture of anger resistance when being reunified with their caregivers (Stovall & Dozier, 1998).

Secure, avoidant, and resistant attachments are considered organized strategies to respond to distress when with a primary caregiver (Imrisek et al., 2018). *Disorganized attachment* is characterized by children wanting to approach their caregiver but being frightened to do so at the same time. Essentially children with a disorganized quality of attachment have a lack of strategy on how to deal with distress. Disorganized attachment is often described as being the most problematic for children as research has found that disorganized attachment in infancy predicts dissociative symptoms among young adults (Dozier et al., 2009).

Parental State of Mind

Not only is attachment security often considered a reflection of the child's expectation of their caregiver's ability (Schein et al., 2017), but research has found that a parent's state of mind can be used to determine the quality of attachment an infant will have with their caregiver. Parental state of mind has also been found to predict their understanding and interpretation of attachment-based interventions and concepts. According to Stovall-McClough and Dozier (2004), "...a *parent's state of mind* in regard to attachment influences how he or she will anticipate, interpret, and respond to attachment related events, including a child's attachment signals and needs" (p. 255). An individual who values attachment and is verbally able to conceptualize and reflect on their attachment-related experiences are classified as having an *autonomous state of mind* (Dozier & Sepulveda, 2004). These individuals are also available and respond to their infants. If a caregiver does not make themselves available, they can be classified as *non-autonomous* with regards to attachment.

As a result, if an individual is classified as having a non-autonomous state of mind, they are then labeled either dismissing or preoccupied. For an individual who devalues their attachment-related experiences and rejects their child's needs, they would be labeled as having a *dismissing state of mind* (Bick et al., 2012). When an individual is inconsistent with their response to their child's needs, they are classified as having a *preoccupied state of mind*. When an infant has a non-autonomous caregiver the infant's needs are not met and as a result the development of an insecure attachment occurs.

Reflective Functioning

According to past research, not only can parental state of mind predict a foster mother's level of understanding on attachment topics, but parental state of mind can also predict the level of reflective functioning one has (Adkins et al., 2018). *Reflective functioning* or mentalizing is characterized by an individual who can mentalize. Mentalizing means that one can understand behavior (mental states). These mental states include thoughts and feelings (Adkins et al., 2018). When one has reflective functioning, this also means they can process, understand, and interpret actions of themselves and others as having meaning.

This includes feelings, needs, desires, and beliefs. *Parental reflective functioning or parental mentalization (PRF)* means that the caregiver has the ability and awareness of their own emotions and behaviors as well as being open and allowing for understanding of their child's behavior and mental states (Adkins et al. 2018). Past research suggests that caregivers with higher PFR can experience and deal with difficult emotional exchanges without becoming overwhelmed. As a result, these caregivers are allowed for greater communication between themselves and child, increased parental satisfaction, and positive parenting skills (Adkins et al., 2018).

Parental Sensitivity

Parental sensitivity is a parent's ability to perceive and respond to their child's signals accurately, promptly, and effectively. Research has found that children having sensitive parents generally develop more trusting secure attachments (Lang et al., 2016). This is thought to be a result because sensitive parenting encompasses warm engagement and parenting that encourages a child's autonomy (while providing age-appropriate monitoring). Research has also found that when caregivers sensitivity changes there is a link to changes in their child's attachments (Bick

& Dozier, 2013). When caregivers have no parental sensitivity, dysregulation within the child can occur.

Dysregulation

Also, when a caregiver provides no response or disrupts their child, dysregulation can result. *Dysregulation* is characterized by a failure of the normal functioning of the system. Dysregulation can occur in behavioral, emotional, and neuroendocrine levels (as well as a few others that will not be discussed in this review). Expectedly, research shows that foster infants have an extreme breakdown of this regulation system (Dozier et al. 2006). As a result, this breakdown of this regulation system has a direct effect on attachment formation between an infant and their caregiver. For example, when a child who is scared moves into a corner rather than go to their primary caregiver for protection, they are showing characteristics of behavioral dysregulation. Thus, this literature review will focus on and discuss why implementation of evidence-based interventions are needed in the foster care community, what evidence-based interventions and training pertaining to attachment exist, and finally the impacts of those existing interventions and training.

Reasons for Implementation of Evidence-based Interventions

Pertaining to this literature review, evidence-based interventions are defined as targeted intervention and training that have been developed and studied. Research has indicated a need for evidence-based interventions to be implemented to help foster infants and caregivers to form secure attachments. As discussed previously, infants in foster care have a more difficult time forming secure attachments with their caregivers (Gardenhire et al., 2019). Research also points

to the fact that placement changes and genetic/family history of mental illness can play a factor in lowered attachment security (Lang et al., 2016). As a result, these infants are at risk of feeling insecure, scared, and have disorganized forms of attachments.

When infants do not form secure attachments, they are also more at risk to unhealthy development and cognitive and behavioral problems into later adulthood. Since foster infants have experienced the loss of their primary caregiver, they experience feelings like anxiousness and grief. Therefore, these infants that have experienced this separation and feelings result in behaviors that discourage their foster parents from offering their nurturance (Vig et al., 2005). As a result, these children may not create a secure attachment. Thus, as research has suggested, some type of intervention or training is needed to be implemented to help these infants and caregivers create healthy and secure attachments. Research has found that foster infants and foster caregivers that have participated in evidence-based interventions specific to attachment have either developed secure attachments or changed attachment quality to secure attachments as a result of the evidence-based intervention. For example, for caregivers to help their foster infants form secure attachments they may need help in understanding how their own childhood experiences/trauma, and how to read the signals their infants send, affect how they respond to their foster infant's needs (Cole, 2005).

According to studies, foster infants have a difficult time mentalizing and controlling their behavior (Adkins et al., 2018). Many foster infants and toddlers come to foster parents' homes with challenging behaviors, attachment issues, and negative working models of relationships. Research has also found that infants and toddlers who experience early maltreatment show dysregulation at behavioral levels. Research indicates that foster infants often present challenges such as distress in unclear cues, difficulty in being comforted, and have biological and behavioral

regulation problems (Schein et al., 2017). For example, children in low-risk populations experience cortisol levels that are high in the morning that decrease to zero by the end of the day. However, for children who have adverse experiences like foster children, their cortisol levels are seen to be lower in the morning and then flatter slopes for the day (Schein et al., 2017). As a result, these differing cortisol levels result in behavioral and emotional dysregulation. Surveys that have been presented to parents in foster care studies have found that parent's identified child's behavior problems as their top challenge and availability to providers who can help with attachment is insufficient (Barnett et al., 2018). By providing evidence-based interventions that focus on helping foster parents understand and identify problem behaviors there is notable evidence that a reduction in those difficult behaviors occurs (Davies et al., 2015).

Research has found that foster infants often push their new caregivers away, even if the child needs nurturance (Bick & Dozier, 2013). Essentially because of the abuse and neglect these foster children have endured results in the child having an insecure and more often disorganized attachment behavior (Vasileva & Petermann, 2018). As a result, many foster parents do not respond in nurturing ways when the child is distressed which leads to continued insecure attachment qualities. It is not surprising or rare for caregivers to become frustrated when their child or foster child is pushing them away. Thus, with the implementation of evidence-based interventions, foster parents can learn about these tendencies, understand their foster infant, and learn how to properly respond and manage them (Begum et al., 2020).

Furthermore, interventions can educate parents on how to have more environmentally appropriate learning materials, parental sensitivity, and deeper understanding on how to respond to their foster infant. For example, interventions that help non-autonomous foster parents understand the need for sensitive nurturing care can lead to higher levels of reflective

functioning. It is also commonly understood that children who have sensitive parents tend to develop secure attachments since they have trust in their caregiver to provide for their needs (Bick & Dozier, 2013). Research has also indicated that autonomous foster mothers showed higher reflection functioning scores than non-autonomous foster mothers (Bick et al., 2012). This increase in reflective functioning can result in an improved attachment bond between foster infant and foster parent. Thus, with the education of caregivers, infant-caregiver dyads can better form secure attachments.

Interventions and Trainings

Attachment and Biobehavioral Catch-up (ABC) intervention was developed to enhance the quality-of-care foster infants received with the goal of improving foster infants' outcomes. This intervention is a short-term, target, attachment-based intervention program (Bick & Dozier, 2013). A characteristic of ABC is to promote sensitive caregiving behavior among foster mothers and to target foster child's dysregulation. Research has found the foster mothers who were assigned to ABC intervention showed greater improvements in their sensitivity from pre to post intervention assessment (compared to foster mothers in the control intervention) (Bick et al., 2012). Changes in parental sensitivity that occurred due to their participation in ABC intervention were significantly linked with changes in their child's attachment classification.

There are three targets in ABC intervention. The first target is for foster parents to 'take the lead' by providing nurturance even when foster infants reject it (Dozier et al., 2009). The second target is to help foster mothers follow their infant's lead by responding in synchronization to their infants' cues. The last target in ABC intervention is to address foster mothers' tendencies to display frightening behaviors toward foster infants during interactions (Dozier et al., 2006).

Essentially the goal of ABC is to respond to foster children's flatter cortisol production by teaching caregivers to help them develop appropriate behavioral and physiological regulation (Dozier et al., 2018).

Attachment and Biobehavioral Catch-up Toddlers (ABC-T) intervention is a modification of ABC and targets toddlers rather than infants. ABC-T is delivered by a parent coach in the foster home in ten sessions at weekly intervals. Session one and two focus on nurturance. Session three and four focus on following the child's lead. Lastly, session five and six focus on calming the child when they are overwhelmed or dysregulated. Essentially, according to findings, ABC-T helps caregivers recognize confusing signals and respond with care even if the foster toddler does not signal for it (Imrisek et al., 2018). Similarly, to ABC 'in the moment feedback' is provided with the parent coach. The parent coach helps the foster parents by describing the child's behaviors and how the parents should respond (Imrisek et al., 2018).

Playfulness, Acceptance, Curiosity, and Empathy (PACE) is a six-session training that was developed and studied in the United Kingdom to help support foster parents' understanding of attachment and trauma as well as enhance parenting skills (Begum et al., 2020). Research has found the PACE focuses on developing intersubjectivity and attunement which has had an impact on attachment relationships. When caregiver infant dyads have attunement better self-regulation is shown (Gardenhire et al., 2019). This effect on attachment qualities occurs due to caregivers learning and changing their interaction, so they are more attuned. Creators of PACE designed for group interaction at the end of each session to offer an element of mindfulness (Begum et al., 2020).

Sensitivity is an important condition of attachment security and should be a focus in intervention to promote attachment security. Promoting First Relationships or PFR is a ten-week

long intervention led by trained professionals that focus on infants' mental health. PFR uses video feedback and reflective practice principles to help caregivers understand their child's mind, feelings, and needs (Spieker et al., 2012). Using PFR, the caregiver's sensitivity improved more than in the comparison condition. Quasi-experimental studies of PFR have shown increases in sensitivity and in child attachment security among dyads who received the intervention (Spieker et al., 2012).

Attachment Centered Parenting or ACP is a six-session program that was developed and tested in the United Kingdom. Studies have found the ACP offers support for foster caregivers that help them face behavior challenges with their foster child. The sessions focus on caregivers' skills, management, and understanding relating to their foster child's needs. The six sessions within ACP are attachment theory, types of attachments/how attachment relationships change, trauma/neuropsychology and the adolescent brain, developing positive attachment behaviors (through principles of PACE), emotional coaching, and selfcare (Begum et al., 2020). Sessions were taught by two educational psychologists with support by one assistant educational psychologist. Essentially throughout these sessions foster parents are taught about psychological theories of children, adolescent development, and attachment to provide them with strategies to use with their foster children (Begum et al., 2020).

Impacts of Existing Interventions and Trainings

Past research on evidence-based interventions and training targeting attachment formation for foster infant and caregiver dyads have been found to be successful, such as with interventions that focused on parental sensitivity. Participants with changes in parental sensitivity that occurred due to their participation in the ABC intervention were found to be significantly

linked with changes in their child's attachment classification (Dozier et al., 2009). Likewise, when looking at quasi-experimental studies like PFR, there has been promising increases in sensitivity in child attachment security with dyads who received the intervention (Spieker et al., 2012). Lastly, research has found that interventions and training that have focused on developing intersubjectivity and attunement like the PACE intervention has had an impact on attachment relationship (Gardenhire et al., 2019).

Research on evidence-based interventions and training targeting attachment formation for foster infant and caregiver dyads have been found to be particularly impactful to child behaviors. When evaluating a parenting program called Park's Parenting Approach (APA), that offers support for foster caregivers, found that participants showed a decrease in foster child's problematic behavior and an increase in the caregiver's confidence (Davies et al., 2015). Studies have also found that through PACE, caregivers learn more about attunement (Gardenhire et al., 2019).

Evidence-based interventions and training pertaining to attachment formation have been found to have great impact on parentings states of mind, stress, empathy, understanding, and responsiveness. Results of APA have indicated a notable increase in foster caregiver's perception of their skills, management and understanding relating to their foster child's needs. APA has also been found that foster caregivers' participants had an increase in their sense of self-efficacy (Davies et al., 2014). Pertaining to responsiveness, ABC-T has been found to help caregivers recognize confusing signals and respond with care, even if the foster toddler does not signal for it (Imrisek et al., 2018).

Accountability

Accountability, in the context of this study, refers to the public foster care system with each individual state's responsibility to properly implement evidence-based attachment-specific trainings and interventions that have been recommended by studies within the specific field to positively impact foster children. While attachment-based intervention is seen to be extremely effective in its goal to increase secure attachments between caregiver and infants, as well as provides the audience with valuable information pertaining to the interventions themselves (methods of the interventions), there is little to no discussion on how these interventions can realistically be implemented into the community. Furthermore, there is no research that has investigated whether the foster care community have implemented these attachment-based interventions. Not only is there no research regarding the implementation of these attachment-based interventions, but there is no research regarding evaluating any type of interventions and trainings currently being implemented in the public foster care system. Without any research surrounding trainings within the public foster care system, there are no conclusive findings regarding the effectiveness of these current interventions and trainings.

While the clinical studies within this literature review present the components of the attachment specific interventions, information regarding attachment trainings and interventions within the current foster care system is unknown to the research community. Furthermore, there is no existing research on the accessibility of states' foster care training materials, let alone attachment-based training material. For this reason, although these attachment-based interventions have been found to be successful and effective within clinical studies, there is no evidence of interventions and/or trainings within the public foster care system discussing attachment and following these clinical studies suggestions. Unfortunately, there is also no

existing research that addresses the topic of ensuring that the public foster care system's interventions and trainings follow these recommendations of past research and are being held accountable.

There is federal legislation that has been passed to aid in keeping the public foster care system accountable pertaining to performance, permanency, and placements. These acts include: "The Government and Performance and Results Act of 1993, 1994 Child Welfare Amendments to the Social Security Act, Multi-Ethnic Placement Act of 1994, and its 1996 Amendments, and Adoption and Safe Families Act of 1997" (Child Welfare Information Gateway, n.d.). The authorization of these acts resulted in the Child and Family Services Reviews in 2000 (Child Welfare Information Gateway, n.d.).

Within the Government and Performance Results Act of 1993 (GRPA), there is heavy focus on identifying performance goals for the foster care agency to improve program management (Employment and Training Administration [ETA], n.d.). However, there is no mention of accountability pertaining to trainings and interventions for foster parents. The 1994 Child Welfare Amendments to the Social Security Act required for foster care entities to find the least restrictive and appropriate placement for foster children (103 Congress [1993-1994], n.d.). However, this act does not mention nor result in accountability pertaining to training and interventions for foster parents. According to the Office of Assistant Secretary for Planning and Evaluation (2020), "The Multiethnic Placement Act...prohibits child welfare agencies that receive federal funding from delay or denying foster or adoptive placements because of a child or prospective foster or adoptive parent's race, color, or national origin" (Office of the Assistant Secretary For Planning and Evaluation, 2020). This act provides accountability for foster care entities regarding placements for foster children but still does not address accountability

pertaining to trainings and interventions for foster parents. Lastly, The Adoption and Safe Families Act of 1997 (ASFA) was put into law to increase permanency and placement of foster children (Child Welfare League of America, Inc., 2018). Again, another act was passed to aid in accountability pertaining to permanency and placement of foster children, however there were no discussion of accountability pertaining to training or interventions within the act. The Child and Family Services Reviews (CFSR) ensures that each state follows the federal child welfare requirements. The CFSR holds each state accountable pertaining to providing initial training for staff, ongoing training for staff needing to carry out their services, and training for current foster parents to fulfill their duties (National Center on Substance Abuse and Child Welfare, n.d.). The CFSR does not specifically review the content of the trainings provided by each state to their staff and foster parents. Thus, this study can conclude that there are no federal laws within the United States of America that require foster care entities to be held accountable pertaining to the content within the states' trainings and interventions.

Conclusion

This literature review sought to describe what the impacts of evidence-based intervention are on foster infants' healthy development of attachment. As discussed, research indicates that attachment-based intervention not only affects the quality of attachment of the caregiver-infant dyad, but also provides education and opportunity for the caregivers to achieve their own understanding of themselves, their responses, and their child's behavior. However, due to the lack of research regarding to trainings and interventions currently being implemented within the public foster care system, there are many unknowns pertaining to what type of interventions and trainings foster parents are obtaining, how foster infants are being impacted within the public

foster care system, and how the foster care system is being held accountable regarding properly training foster parents on attachment. Thus, this study is guided by the following research question: How is the Midwest foster care system training staff and foster parents on issues of attachment and how is the system being held accountable?

METHODS

Participants

The sample included the public foster care state policies within the twelve states located in the Midwest of the United States of America: with a focus on the West North Central Division of the Midwest. The states included in the West North Central Division are Iowa, Kansas, Minnesota, Missouri, Nebraska, North Dakota, and South Dakota. The states identified within this region of the US had the highest number of foster children entry rates in 2018 (The Annie E. Casey Foundation Kids Count Data Center, n.d.). Children in foster care have trauma from not only abuse and/or neglect but also the trauma of being removed from their birth family into foster care. Research also shows that foster children are at high risk for development disorganized attachment formations (Bick & Dozier, 2013). Thus, this research then looked specifically at those states that are seen to be removing more children and placing them into foster care to examine if there were research-backed interventions, trainings, and instructors put into place to help these children and foster parents form secure attachments.

This study only included public state foster care and no private foster care organizations so the examination of interventions and training could be compared and analyzed within the same standards and to reduce sampling errors. These state foster care agencies could be found and are linked through the childwelfare.gov website. This study only included states within the Midwest as this is a short-term study and to reduce sampling errors.

The individual who oversees presenting information to foster families will also be identified and categorized (social worker, medically trained professional, etc.). It is important to note who is presenting information to these foster families based on past research that has been

conducted. Some interventions that have been generated through research required instructors to complete a training and other research has argued that marriage and family counselors should play a role in these training sessions (Gardenhire et al., 2019).

Procedure

This study was approved by the Institutional Review Board on December 20th, 2021 and received Approval Study #IRB-FY2022-346 (See Appendix A). Basic data collection was conducted initially through each state's government website. The researcher evaluated how easy or difficult it was for one to navigate and gather training information pertaining to fostering. The researcher attempted to locate training and intervention material related to attachment. Contact with each state's public foster care agency was then conducted through email first then phone call. Inquiries on training and interventions that their office provided as well as a list of resources were requested. Information such as training manuals and other handouts were requested. If this material was provided and collected, the researcher would then categorize what topics were discussed within the training for each state into the tables created for this study. Data was collected and listed on all training/interventions that the state required. However, the focal point of this research was to examine attachment-based training/intervention. The researcher requested all information pertaining to interventions and training the state provides that related to attachment. Information relating to attachment-based interventions and training was recorded and organized into a table that allowed for comparison of each state. The researcher would indicate in writing what steps were taken to locate the information within the specific column regarding accessibility in the table for each state. This process was started by the researcher accessing each state government home page and assess if they could reach a webpage within the

government website that discussed training for foster parents. The researcher would note which tab they had to click and indicated where the tab would bring them. The researcher would then list this information within the column. Once on the training webpage, the researcher would record the name of required trainings to become a foster parent if provided within the column. During this exploration of the training webpage, the researcher would attempt to access the required training material itself if it was provided. The researcher would note if the required training material could be found or accessed as well. During this portion of locating information, the researcher would record if there was attachment-specific required trainings or interventions. This would be done by exploring the required training material if provided and/or by reading the descriptive text found within the state training webpage. The researcher also looked within the webpage and/or material to see if the attachment-specific training or intervention was provided upon request or required. Once information regarding what training was required and access to material was acquired and downloaded (if possible) the researcher would then record if the material discussed specific subtopics related to attachment that the researcher coded prior. If there was not enough information gathered to draw a conclusion the researcher would label the section within the table 'unable to determine'. For example, if the researcher was examining if a training discusses state of mind, but was unable to determine if the training discussed the component, they would label the section 'unable to determine'. After both tables were filled out, the research would then be able to see how much information each state provided and evaluated their attachment-specific trainings and trainers.

Through this initial process, determination of whether the state provided interventions or training was determined as well as what type of intervention and training provided were listed. Table 1 lists all required training, shows if and what interventions were available, if there were

attachment-based interventions and/or training, determination of easy access to training manuals and resources, and if attachment-based training was required to obtain a foster license or only provided upon request (See Table 1).

Contact by call was then conducted for next steps. Through phone calls to the office of child services, more information could be gathered, and a request was made to video call into an attachment-based training/intervention session if possible. Otherwise, a request for material provided to foster parents during these attachment-based trainings and contact information of the trainer was done. A basic script outlining specific data pertaining to the specified intervention and training was coded and included into another table (See Table 2). This information included by whom and when this training was created and implemented into the state program, if the training and/or intervention was evidence based, if intervention and/or training was presented to a group of foster families or just for individual foster families, if instructor was a trained professional (and if so, what their qualifications were), and length of the intervention and/or training.

Table 3 was used to organize the topics discussed within the attachment-specific training or intervention if the researcher was provided with access or the opportunity to observe a training session. This table included the name of the attachment-based training and/or intervention, the instructor qualifications, length of the intervention training. This table also included coding from the material or training session, including the following: whether attachment styles were discussed, whether state of mind was discussed, if video feedback was provided or implemented, and additional observations/subjects discussed (See Table 3). The researcher also indicated in writing what steps were taken to locate the information within each column for each state. If there was not enough information gathered to evaluate and draw a conclusion, or if the

researcher is unable to determine if the intervention “discusses state of mind”, they had the section labelled “unable to determine.” After filling out both tables, the researcher examined the tables and to determine how much information each state provided and evaluated their attachment-specific trainings and trainers. Lastly, the researcher generated a bar graph that presented the number of components found for each state within the two tables (See Figure 1 and Figure 2).

Initially, with this study, just interventions and training pertaining to attachment formation were to be examined. Thus, the study includes required and requested interventions and trainings pertaining to attachment. Interventions and training examined were prepared for and presented to group foster care families with foster children within all age ranges. However, if the researcher found any attachment-based interventions/trainings with a specified age range, the age-range was noted. If a state foster care policy provided individualized training and/or interventions pertaining to attachment, the information was also collected and categorized. It is important, due to recommendations of past research, to note whether the state provides group interventions and training, individualized interventions and training, or both. If this material was unable to be provided, located, or gathered the researcher indicated so and explained as to why the information was unable to be determined.

Attachment-based Intervention/Training Existence Within the State’s Public Foster Care System

The researcher indicated whether the states within the West North Central Division in the Midwest had attachment-based intervention or trainings. These attachment-based interventions could be conducted virtually or in person, individually or in a group setting, any length of session

time, any type of trainer qualification, with any age group, and could be either required or requested. The existence of an attachment-based intervention and/or training was indicated within Table 1. These attachment-based specific trainings and interventions did not have to be the specific trainings discussed within the literature review, however, to be considered an attachment-based intervention or training there should have been discussion of attachment style, state of mind, and/or parental sensitivity at least.

Evaluation of Existing Attachment-based Interventions/Trainings

Attachment-based Intervention and/or Training. The type of attachment-based intervention and/or training, if identified, was recorded in Table 2. Past research recommendations, pertaining to components of attachment-based interventions/trainings, was used to evaluate if the existing interventions and/or trainings in the state's foster care policies were currently being effectively implemented. Past research has indicated the following attachment-based interventions and/or trainings that have been found to have a positive effect on the formation of secure attachment with foster children and their foster caregiver: Attachment and Biobehavioral Catch-up (ABC) intervention, Attachment and Biobehavioral Catch-up Toddlers (ABC-T) intervention, Playfulness Acceptance Curiosity and Empathy (PACE) training, Promoting First Relationships (PFR) intervention, and Attachment Centered Parenting (ACP) program. The three main subtopics discussed throughout those five interventions and/or trainings have been identified as attachment styles, state of mind, and parental sensitivity. Thus, the researcher indicated whether the existing attachment-based interventions/trainings in the state discusses attachment style, state of mind, and parental sensitivity within Table 2.

Education Component: Attachment Type. Attachment type relates to the quality of attachment a foster infant has formed with their caregiver. More specifically, these attachment types are secure, avoidant, resistant, and disorganized. Discussion of attachment type to foster parents was coded to indicate if attachment type is discussed, what quality of attachments was discussed, and recommendations pertaining to attachment were provided (See Table 3).

Educational Component: Parental State of Mind. Parental state of mind is known to be a significant factor in the quality of attachment an infant forms. For this reason, many researchers recommend education pertaining to state of mind be implemented in attachment-based interventions. Thus, discussion of parental state of mind was coded to indicate if an autonomous state of mind was discussed and what recommendations/suggestions were provided to help foster parents address their state of mind (See Table 3).

Education Component: Parental Sensitivity. Parental sensitivity is also known to be a significant factor in the quality of attachment between caregiver-infant dyads. Thus, research suggests that parental sensitivity education should be implemented into attachment-based interventions and training. Discussion of parental sensitivity was coded to show if parental sensitivity was discussed during the intervention as well as what types of suggestions were made to foster parents pertaining to parental sensitivity (See Table 3).

Examination of Public Foster Care Trainer/Staff Qualifications

The researcher indicated whether the states within the West North Central Division in the Midwest had trained staff, also known as trainers and/or instructors, that were informed and qualified to teach about attachment-based topics. This was measured due to past research suggestions that the individual who teaches these topics to foster parents needs to have a form of

qualification. Some studies suggest the trainer needs to be a medically trained professional while another study may recommend a marriage and family counselor. Thus, it was important for the qualification of the trainers to be identified. The individual who was in charge of presenting information to foster families within the specified state was identified and categorized by title/qualification (i.e., social worker, medically trained professional, etc.) within Table 2.

Analyses

The researcher analyzed and compared each state and its attachment-based interventions and/or training with the use of the two tables and two graphs. By having the data recorded within two tables, this allowed for specific information to be recorded precisely and in a consistent and organized way. Data in table format were also used to examine each state's available interventions and/or training. This was done so that all state's within this study would be compared and examined by the same criteria and in the same process. Specifically, two bar graphs were generated to display how much information from the tables were 'unable to be determined' per state, to show how each state was or was not being held accountable. A constant comparative analysis was then conducted. According to the American Psychological Association, a constant comparative analysis is "a procedure for evaluating qualitative data in which information is coded and compared across categories, patterns are identified, and these patterns are refined as new data are obtained" (American Psychological Association, n.d.). By conducting a constant comparative analysis, the researcher coded the variety of components that should make up an attachment-based intervention/training according to recommendations of past researchers. Essentially, using constant comparative analysis, the researcher identifies a phenomenon, event, or setting of interest and a few concepts/principles of the phenomenon

(Robert Wood Johnson Foundation, n.d.). Within this study, the researcher identified attachment interventions and trainings as the phenomenon of interest and then identified the concepts as educational components discussed throughout the literature review. Once these educational components were determined, the researcher categorized the words into groups with related principals, as indicated by the constant comparative method. For example, when the researcher was grouping the words to show the educational component of reflective functioning, the word mentalizing was categorized to be within this group because these two words are closely related by definition. Identifying, conceptualizing, and categorizing words into groups allowed for the researcher to identify patterns within the color-coded data collected. This type of coding, which was conducted within this study, is called open coding. Open coding, as described by Strauss and Corbin (1998) is, “the process of breaking down, examining, comparing, conceptualizing, and categorizing” (p. 61). This coding of words would be continued throughout the whole processing of gathering data. Coding occurred when the researcher would encounter a word that could be color coded and categorized into an educational component group. For instance, if the researcher found information regarding one of these educational components, the researcher would identify the word with the proper color indicated on Table 3.

Color coding was conducted within this study to aid the researcher in identifying patterns within the data. For example, within this study, a training or intervention discussed parental sensitivity, the research coded the information presented in green. As a result of this study following the steps of the constant comparative method, the information analyzed can be considered reliable and trustworthy. Once all data had been collected and coded, the researcher generated a contingent nature of practice. This contingent nature of practice included the following: what components of an attachment-based intervention/training should have, the

qualifications of the intervention, how the attachment-based intervention or training should be implemented in the public foster care system, and how the public foster care system can and should be held accountable.

RESULTS

The purpose of this study was to examine and evaluate how the west north division of the Midwestern states public foster care system is training staff and foster parents on issues of attachment and examined how the public foster care system is being held accountable. This study found information regarding to what training is required for potential foster parents for each state, how to access training information for each state, trainer qualifications for each state, and discussed the study's findings surrounding attachment-specific trainings and interventions found for each state. Accountability within the public foster care system pertaining to attachment trainings and interventions is discussed through examination of the data collected. Lastly, this study generated a contingency of nature of practice.

Required Training for Potential Foster Parents by State

Iowa, Kansas, and Nebraska required foster parents to complete Trauma-Informed Partnering for Safety and Permanency: Model Approach to Partnership in Parenting (TIPS-MAPP). Whereas the Minnesota-required training was Pre-Service Foster Parent College. The state of Missouri required the Specialized Training Assessment Resource and Support (STARS) training and was piloting two other trainings: National Training and Development Curriculum (NTDC) and STRONG. While North Dakota and South Dakota required training consists of Parent Resource for Information Development and Education (PRIDE).

Iowa. In the state of Iowa, potential foster parents were required to complete TIPS-MAPP training, Mandatory Child Abuse Report Training, CPR and First Aid, Medication and Management Training, and Reasonable and Prudent Parent Standard Training. When an initial

search through Iowa's state website was conducted, locating the web page that discussed foster parent training was found from the Iowa Department of Human Services webpage. The individual would then need to click on family services and then on the child welfare section. Under Child Welfare programs and services, the individual would then click on Foster Care and Adoption Page. Lastly, the individual had the option to click on: How to Adopt or Become a Foster Parent. This link would bring the potential foster parent to the Four Oaks Foster and Adoptive Family Connections page. This was where the individual who was interested in fostering could select their service area on a marked map. By clicking on the area where they reside, the individual was then brought to their specified service area where they could select: Become a Foster or Adoptive Parent. Once on this webpage, a sub icon and text indicated the government training: TIPS-MAPP Training. Although this webpage described all the required training for foster parents and access to the material, the training material and description of the topics discussed were not provided within the government website.

In Iowa, TIPS-MAPPs was described as a 30-hour interactive group training that was led by two facilitators. One facilitator was an experienced foster or adoptive parent, and the other facilitator was to be an experienced social worker who was currently employed within the foster or adoption field. Unfortunately, no initial response was provided to researcher letters sent by email, and the representative on the phone requested to send the letter and questions through mail rather than to speak. Once they received this letter, they stated they were going to forward this information on, but no other individual responded. Thus, no access was provided to the required training and no analysis of attachment specific components within the required training material could be conducted for the state of Iowa.

Kansas. When the researcher looked through Kansas's government website specific to foster care; Kansas Department for Children and Families, information regarding required training was not easily found or accessible. The government website for Kansas, for the purpose of this research, was difficult to navigate and did not mention that TIPS-MAPPs was the required training for foster parents. When on the Kansas Department for Children and Families home page, a tab could be selected, and by scrolling down, Foster Care Services Program Description could then be clicked on. Within this webpage, the training tab could then be accessed. However, any information and/or details on what training was required was not provided.

Thus, the researcher sent an email to the Kansas Department for Child and Families and Kansas Division of Foster Care with a request letter (See Appendix B). A phone call was also conducted to speak with a representative for Kansas public foster care system (See Appendix C). This individual then sent an email that was typically sent to interested foster parents which included the information regarding mandatory training and how to make an account. This account was to be made through Children's Alliance of Kansas. Once an account was created, the potential foster parent would have a dashboard and could access sign-up slots for trainings sessions with an instructor. Since access to acquire these trainings could still not be utilized, due to not having a licensing worker/being a potential foster parent, analysis of subtopics discussed within the required training pertaining to attachment could not be conducted. After reaching this barrier, the researcher sent an email to the director of community engagement at Children's Alliance of Kansas who added a TIPS-MAPPs instructor to the email conversation to better answer the letter's request.

A TIPS-MAPPs instructor within the state of Kansas was able to describe in more detail what is included in TIPS-MAPPs training. Foster parents in Kansas were also required to take

medication administration, universal precautions, and first aid classes. The Kansas representative stated that they could not provide the training material as they did not own the rights to the material. This individual was able to contact the agency that does own the rights for TIPS-MAPPS, Children's Alliance.

According to the participant "Jackie," the Children's Alliance Director of Curricula and Trainer Development for Children's Alliance of Kansas, Inc., "There is a lot of information on attachment in MAPP. It is emphasized in several of the meetings and then an ongoing 'theme' throughout the entire program". Furthermore, not only was attachment an underlying theme thought out the class, During Meeting 3, potential foster parents were given a handout to read on bonding and attachment. The entire class for Meeting 4 was focused on attachment. There were about 45 minutes of intro/closing/breaks, so about 2 hours and 15 minutes. During Meeting 6, there was a 15-minute section on the power of connections. During meeting 10, there was a section on attachment vs commitment for about 20 minutes. Meeting 3, 4, 6, and 10 within TIPS-MAPPS are the sectioning identified whose theme or main topic was attachment.

In Kansas, TIPS-MAPPS was taught in a group setting (with generally six to sixteen participants) and prior to COVID-19 was taught in person only. Since COVID-19, instruction had to switch to a virtual platform. Information was presented by PowerPoints to families, and worksheets were provided to be completed. Trainers were provided with a leader's guide that tells them what to say. Typically, evening sessions consisted of group sessions. For families that were unable to attend, they could set up a one-on-one format that had one instructor. Additional training was open for any foster parent in Kansas. Typically, foster parents would be referred to KCV Behavioral Healthcare, Inc. (formerly Kaw Valley Center; Kansas) Kansas. KCV training was published through childally.org. Families interested in requested training could read about

the trainings provide on the webpage that Children’s Alliance of Kansas offered and sign up there. Each month there is a range of different trainings provided to the public.

When speaking with an individual from KCV Kansas, they stated that in the past few months, they had offered Trust Based Relational Intervention (TBRI) which was a 9-session Teen Connect training. Support groups were also provided as well as the option for foster parents to meet with trainers and/or a foster parent therapist at the referral of their home worker. A KCV Kansas representative stated that they are always open to suggestions for training topics and have frequently asked for foster parent input on what they want to learn about. As a result, this study found that within the required foster parent training, there were sections that discussed attachment as well as attachment-based requested training that could be provided to foster parents upon request. Participant “Jane”, a TIPS-MAPPS instructor within Kansas, explained how they typically teach,

If we teach in person, we provide handouts, and present slideshows (you don’t have to). Throughout class, we teach in a variety of ways that appeal to everyone’s learning styles. We make lists, we do large and small group activities, group discussions, role-playing, relevant ice breakers, watch videos, read case examples from the book, and apply the material to real-life scenarios. If we teach virtually, we provide all the materials to them virtually. We e-mail them the handouts a week before class. Personally, I label the agendas to the corresponding pages so they can stay on track and we present with a slideshow and videos. We try to apply all the same logic to our virtual presentation, but it is more difficult. We do breakout sessions so they can work in small groups, we do large group activities, and we utilize other programs such as Padlet and Google forms.

However, there was no material provided to conduct an in-depth analysis pertaining to attachment-specific portion of this required training from Kansas.

Minnesota. When the researcher looked at the Minnesota Department of Human Services home page, under the People we serve, Children and Families, Services, then clicked on Foster

Care tab an additional option with a hyperlink was presented titled Programs and Services. On this webpage a hyperlink sentence was presented to the viewer stating ‘learn the steps to become a foster parent’. A list of steps was then presented to become a foster parent. The first step in this list consists of contacting MN Adopt. Within this step was another hyperlink with the words ‘Fostering Network’ that brought the potential foster parent to the MD Adopt Website. On here, there was an option to click ‘foster care process’ that leads to a section discussing orientation and training. Within this webpage, required trainings were listed to include emergency procedures, foster care rule/state, diversity/transracial parenting/cultural competence, LGBTQ+, Foster parent roles and responsibilities, grief and loss/birth families, and trauma. The web page also listed that the training requirements may include prudent parenting, fetal alcohol spectrum disorders, car seat restraint training, abusive head trauma, sudden unexpected infant death, mental health trainings (approved by licensor), a medical equipment training required prior to placement of a medically fragile child. There was no specific mention of attachment or attachment-specific topics within this list of required trainings.

However when the researcher looked at Minnesota’s Department of Human Services homepage, under the People we serve, Children and Families, Services, then clicked on Foster Care an additional option with hyperlink was presented titled Programs and Services. After clicking on this link, there was an additional hyperlink called ‘Training for foster parents’ that then provided information on training at the department through Trainlink, Minnesota Childwelfare Training, conferences, training, and webinars, special training topics, and questions sections. When an individual clicked on the ‘training for foster parents,’ it read “Training for foster parents is available online and in person through the Minnesota Child Welfare Training System”. When the researcher looked at the Minnesota Child Welfare Training System for foster

families and licensing workers, this page provided differing information on required training for foster parents stating pre-service training was conducted through Foster Parent College. The required trainings listed on this page included a two-hour training for Normalcy and Reasonable and Prudent Parent Standard training, which included material. However, there was also editor notes within the paragraph asking clarification questions on what the foster parent actually needed to do with the material. The required training also included mandated reporter training, and the videos to watch were provided on the website, as well as an introduction to Children's Mental Health (19 online learning modules).

When the researcher looked at the Foster Parent College Blended Pre-Service Curriculum, meeting 1:3 was titled Parent-Child Attachment. This session was also stated to be taught online. Training by request or otherwise called, Advanced Resource Family Training also provided specific attachment-based training titled: CS9400 Caring for Infant and Toddlers in Foster Care, is 24 hours long and the description provided states,

Acknowledging the unique needs of infants and toddlers in foster care, the Caring for Infants and Toddlers in Foster Care curriculum is specifically geared for foster parents. This training uses the knowledge of early childhood development, attachment/relationship, trauma and culture to provide a lens to care for young children and partner with their biological family. Children in foster care have the added trauma of experienced abuse or neglect and being removed from their birth family to foster care. This training supports foster parents in understanding the unique needs of infants and toddlers in foster care within the context of early childhood development and how to identify and strategize the best care for their infant or toddler. This is web-based training with 12 sessions scheduled. This training is not request based due to the nature of the training platform. When scheduled, agencies will be notified so foster families register to participate (Minnesota Department of Human Services. n.d.).

Thus, when analyzing the information provided through the Foster Parent College, attachment was discussed within required training for foster parents, and attachment-specific

training upon request was also available through the public foster care system in the state of Minnesota. Unfortunately, within this study, clarification on which training is actually required was not determined and material was not able to be obtained.

Missouri. The Missouri Department of Social Services home page stated that foster parents are required to complete a 27-hour preservice program provided by the children's division or contracted agency. When on the Missouri Department of Social Services home page, the researcher clicked on services, learn more about Foster Care, then Become a Foster Parent. The government page provided a link to enroll in free STARS training and stated that an individual must complete three additional trainings. Link to enroll for STARS brought the individual to a page that discussed more about what STARS was but no contact information or space to enroll. Thus, individuals must have contacted the Children's Division number to gather more information regarding enrolling in a STARS training. No information was provided on the government website about NTDC and/or STRONG.

On the government website, the information provided directed the potential foster parent to click a link to enroll in free STARS training and stated that three additional trainings must also be completed: Intro to Foster Care, which access was provided by PDF of a PowerPoint; Informed Consent, but the link to this training did not work; and Consent to Treat Webinar, that was an hour and eleven minute provided video. This study found that Missouri was currently piloting three different curriculums throughout Missouri called the STARS, NTDC, and STRONG for their required training according to a public foster care worker within the state. All three of which were indicated to have an attachment section within. However, this could not be verified because the material could not be 'given out' and there was no access to the material on the government website.

Nebraska. When the researcher looked at Nebraska's Department of Health and Human services home page, the individual could click on the Children, Families, and Seniors tab. Under the Child section, a potential foster parent could click on Foster Care. Once on this page, the individual was then directed to contact Nebraska Foster and Adoptive Parent Association and was provided with a number. No additional information pertaining to actual required training was provided on the government website. There was a section that discussed Relative/Kinship Training which included an Introduction Module and five more modules with an approximate length of training time to be five hours total. Contact was made with a representative for Nebraska Public Foster Care System, and email communication was requested to answer questions. However, after sending Appendix B to the two individuals, there was never a response back.

Children's Alliance indicated that the TIPS-MAPPS was the required training for Nebraska. Thus, the required trainings for foster parents in the state of Nebraska was determined to be Trauma-Informed Partnering for Safety and Permanence: Model Approach to Partnership in Parenting (TIPS-MAPP) and Human Trafficking Training, Prudent Parenting Training, and Sexual Abuse Training (some local agencies may require additional). Access to materials was not able to be provided due to the state not 'owning the material'.

North Dakota. When the researcher accessed the North Dakota's Human Services home page, the viewer could click on the Services and Help tab, then Children and Family, Foster Care Services, and lastly Training. Once at the training web page, the individual could click on the core training called Pre-Service PRIDE or PRIDE core Training. A description with basic information regarding what each session/module discusses was provided for the potential foster parent. Pre-service Foster PRIDE was a 27-hour long training with nine sessions. Through this

study, the researcher determined that attachment-specific training was provided within the Pre-Service Foster PRIDE course. Session three was titled Meeting Developmental Needs:

Attachment. A description of the sessions was also provided on the government website, stating:

This session reviews the "basics" about child growth and development. It considers how important bonding and attachment are for growth and development. Participants examine how the life experiences of children in family foster care affect their growth and development. Session Three emphasizes ways that the team, and especially the foster or adoptive parent, may build positive attachments in order to meet developmental needs (Foster PRIDE/Adopt PRIDE: Pre-service Training, n.d.).

Although, access to this material was not provided, within the description ‘positive attachment’ was discussed meaning that attachment styles were discussed within this session. PRIDE core training was an 81-hour training broken up into 10 modules. Titles of the sessions within the PRIDE core training modules did not indicate an attachment-based or specific element. Since access was not provided to the training material or to PRIDE core, this researcher was unable to determine if attachment was discussed for this required training nor analyze the required training itself.

South Dakota. Once on the South Dakota Department of Social Services home page, the researcher accessed the training section for foster parents, then clicked on Child Protection, Foster Parenting, Becoming a Foster Parent, and lastly Foster and Adoptive Parenting Training. The training that was discussed on this webpage indicates that South Dakota utilized the required training called Extending our Families Through Unity (UNITY). As described on the government website, UNITY was a 30-hour training that was taught through a combination of online and classroom sessions. The third session “Attachment and Loss,” discussed ‘the

affectionate bond between people, as well as the feelings and experiences of children entering foster care'. UNITY was described as:

It is designed to address issues Native American foster parents have identified as important to prepare perspective foster parents for their critical role as care givers for Indian children. In Native cultures, children are considered sacred beings. The underlying philosophy of this training is to help children grow to meet their potential in mind, body, spirit, and emotions (Foster and Adoptive Parent Training, n.d.).

However, the information regarding UNITY training did not correlate with training information provided by the Training Program Manager for South Dakota, who worked within the state's foster care division, statements about required trainings for foster parents. The Training Program Manager stated that the public foster care system within South Dakota utilized PRIDE. So, although the government website indicated that potential foster parents should complete UNITY, they actually were required to complete PRIDE. This PRIDE training was the same as required in North Dakota and thus the pre-service PRIDE did discuss Attachment within session 3. However, it was concerning to see that the information on the government website was not current.

Trainer Qualifications

For the states that utilized TIPS-MAPPS—Iowa, Kansas, and Nebraska—the implementation of two facilitators for each training session was required. One trainer was an experienced foster parent and the other a social worker who was employed within the foster/adoption system. These instructor qualifications aligned with recommendations of past research. Such as having a marriage and family counselor, experienced foster parent, or a

medical professional (Gardenhire et al., 2019). For an instructor to be qualified to teach TIPS-MAPPS, the individual must have attended a “Train the Trainer” course. This course was about 36 hours in length.

Then the potential trainer must have completed another “Train the Trainer” course to be able to teach the individual classes. If trainers did not teach for a period of time, they were provided with the option to complete a few refresher courses as well. Children’s Alliance, which was the organization that created TIPS-MAPPS, did not allow for instructors to add in, take out, or alter anything throughout the class.

There was no specific information and thus no data pertaining to the qualifications for trainers within MDAadopt nor Foster Parent College for the State of Minnesota or for STARS, NTDC, or STRONG for the state of Missouri. Trainer qualifications for PRIDE were not discussed within the government website. Thus, this study was unable to determine if the trainers’ qualifications for Minnesota, Missouri, North Dakota, and South Dakota aligned with recommendations of past researchers.

Accountability

When examining Table 1, Kansas was the only state out of the seven states to have all six components (name of required trainings to become a foster parents, has attachment-based intervention, has attachment-based training, training manual and material is easily accessible, required for certification, and provided upon request) found. Whereas the other six states (Iowa, Minnesota, Missouri, Nebraska, North Dakota, and South Dakota) had four components that could be found (See Figure 1). Thus, this researcher could conclude that when looking at the components within Table 1, the state of Kansas was held accountable. This can be said because

all of the information within table 1 could be found for this state. However, with the other six states, due to information not being able to be found, there is no way to ascertain accountability for those states. This is due to the components that were unable to be determined, could not be analyzed, even within this study.

When the researcher looked at Figure 2, Missouri was seen to only have one component to be found whereas the other states (Iowa, Kansas, Minnesota, Nebraska, North Dakota, and South Dakota) had four out of the nine components: name of attachment of attachment-based intervention and/or training, training and/or interventions is evidence-based, instructor qualifications, length of intervention and/or training, discusses attachment style, discusses state of mind, discusses parental sensitivity, provide video feedback, and additional topics discussed (See Figure 2) to be found. In other words, only four components out of the nine can be found, meaning that for the other five components there was no known information collected.

Figure 1 and Figure 2 show there were large portions of information that were unable to be identified during this study. In conclusion, there was not one state within this study for which all information was able to be obtained and analyzed. Currently, there is no one holding these states accountable when it comes to evidence-based attachment-specific trainings and interventions. If there are internal studies being conducted regarding evaluating these trainings, within each state, this information has not been made public, nor did the researcher find any evidence of this occurring. There is currently no law or policies in local or federal government that state that these states must require attachment to be discussed for foster parent training.

Contingent Nature of Practice

Public Foster Care policies should all, at least, require an attachment-based training for foster parents. These attachment-based trainings should discuss attachment styles, state of mind, and parental sensitivity. These trainings should be taught by at least two qualified instructors (ideally a qualified worker in foster care field and experienced foster parent) who can provide video feedback upon request. Within the foster care system, these training materials should be accessible through each state's government website and easy to access and read through. Foster parents should then be taught the material by the two instructors in both a group setting and one on one per request.

DISCUSSION

Theoretical Contributions

Initially, this study was constructed to examine and evaluate existing attachment-based interventions and/or trainings within the seven states identified. However, as the study progressed, the focus had to be slightly shifted to how the public foster care system within these seven states was being held accountable regarding training for both staff and foster parents on issues of attachment. Thus, the question then became *How does the Midwest foster care system train staff and foster parents on issues of attachment and how the system is being held accountable?* This study found how inaccessible and complicated it was for an individual, whether a potential foster parent or a researcher, to gain access to even the basic information required to become a foster parent.

This was not expected when the initial creation of this study occurred as the initial hypothesis was that most of the states within the study would have some form of required attachment-based training, but not include all the discussion points that past research had recommended. However, upon examination of attachment-specific training and interventions within the public foster care system, there were many conclusions of ‘unable to be determined’. It was a surprise that the material of the required training for all seven states could not be obtained for the purpose of this study. Essentially, the original hypothesis cannot even be truthfully answered, as access to the required training material for each state was not able to be obtained. This information was not only not able to be obtained by an individual looking throughout the website, but also by a researcher requesting from workers within the system. For some of the states within this study, it was difficult for the researcher to even navigate the state’s website let alone figure out what training was required for an individual to become a foster

parent. For multiple states, information regarding the required training on the state's website was not accurate or representative of what the true required trainings for the state consisted of. As a result, this study can also claim that there is no one holding these states accountable when it comes to evidence-based attachment specific trainings and interventions.

Evaluations of attachment-specific training and interventions were attempted as analysis of available material was conducted. However, multiple barriers prevented data collection and thus evaluation of subtopics and discussions within the attachment-specific portions of trainings. If required public foster care training is limited as to who can access and evaluate the material, how is the public foster care system attachment-specific training, let alone the required training itself being held accountable? Since there is no current public research regarding examining required and provided attachment-based interventions and trainings within the United States, that this researcher is aware of, it is of great concern that access to basic training material along with examination and evaluation of required trainings are unable to be complete at this time. This also means that there is no one holding these required trainings accountable through public research.

As discussed throughout the literature review, evidence-based trainings and interventions are important to help promote and achieve healthy attachment formations for foster infants (Bernier et al., 2004). However, at this current time, required trainings and interventions within the west north division of the midwestern public foster care system cannot even be obtained. Although there are multiple acts within the federal government that address ways in which the public foster care system needs to be held accountable, these acts address other topics such as accountability pertaining to placement and permanency. This shows that there are no federal acts that exist to help ensure that states are held accountable pertaining to content within trainings and interventions for foster parents and staff. Thus, this research can conclude there is also no

accountability for attachment-specific trainings and/or interventions within these seven states due to researchers not being allowed access to these materials upon request and no other research showing the implementations of evidence-based attachment-specific training and interventions within the American public foster care system. There is also no standard form of evaluating these trainings besides what has been suggested during this research, which also consolidates this study's finding that the foster care system is not making sure that the trainings they are requiring foster parents to take are following suggestions and recommendations of current researchers.

Implications

This current research focused on how the West North Central Division of the Midwestern States system trains their staff and foster parents on uses of attachment and how the system is being held accountable. Ideally, all the information requested should have been available to the public during this study. However, the information that should be public information and accessible to the public was not able to be obtained from state government websites nor by requests to individuals working within the states foster care system. If conduction of this research were to be completed with all the information requested being presented, the researcher could present these findings to each state. If each state could see how their current implementation of attachment-based interventions and trainings were being compared to recommendations of past research, these states would then be provided with the opportunity to see what portions of their attachment-specific training and/or training staff need to be adjusted.

Although the states examined through this study cannot be provided with the opportunity to see which portions of their attachment-specific training need to be adjusted, this study can still be beneficial for the public foster care system within this region to see to help them identify what

changes should and need to be made pertaining to their website information, accessibility of their trainings, and to see the recommendations presented throughout this study pertaining to attachment-specific interventions and trainings. Potentially, formal evaluation of trainings and interventions could be conducted this way for the public foster care system in the future. Even if the public foster care system in the state believes that its training or intervention is research-based by having researchers conduct studies that compare past research to the public foster care system's implementation, there are huge opportunities for these trainings and interventions to be actively checked and evaluated.

Limitations and Directions for Future Research

It was apparent early in the study that information provided within the public foster care system was inconsistent and difficult to access. Information written on the states' foster care portion of the website and by workers within these systems and states were extremely limited. Multiple states indicated they could not provide access to training material due to not owning the rights to the material, but if a potential foster parent were to have a licensed worker sign them up for the required training or course, they could then gain access.

In the case of TIPS-MAPPS, even after contacting and speaking with Children's Alliance, access to training material was not provided. Thus, this study was limited on gathering and analyzing of data (pertaining to what discussions and subtopics specific to attachment within the public foster care required training) due to the public foster care states not being 'allowed' to provide access to the material. Thus, with no states within this study allowing access to required training material, no analysis of attachment-focused training and intervention pertaining to subtopics discussed could be evaluated. As a result, large portions of the tables were left with

‘unable to determine’ slots. There was little to no information pertaining to the examination and evaluation of requested attachment-based interventions and/or trainings found within this study. Access to requested trainings with descriptions of what trainings were currently available was not readily available on any of the seven states training specific webpage. This made it so the researcher could only gather this information from the individual they spoke to.

Further research should be conducted with proper access to all required trainings within each of these states to analysis the components of the attachment specific portions of the training and compare what subtopics pertaining to attachment are discussed. As well as observation of instructors teaching these sessions within each state to access if the material provided to instructors is being presented to foster parents effectively.

Future research could also focus specifically on TIPS-MAPPs and the attachment-specific components to see if past research relates to current teachings. In addition, if access to all material and observation can be completed and the two tables can be filled out, researchers can then utilize and analyze this data to draw conclusions regarding if current trainings align with past researchers’ recommendations. As attachment-focused trainings and interventions are a priority for foster infants and foster parents, it is imperative that researchers be able to properly collect and analysis materials and that the system itself is held accountable. How can the public foster care system attachment-based trainings be examined and evaluated if the system does not allow for prior research to be compared to what is currently being implemented? Regarding the public foster care system itself, states need to provide more information regarding what specifically is required for individuals who are interested in fostering, access to those materials (at least upon request if not on the website itself), and correct outdated information on website and conflicting information. Implementations of evaluations and examinations of public foster

care systems trainings need to be examined so that these materials being presented to potential foster parents can be evidence-based. By being evidence-based, these trainings and interventions will best prepare these foster parents to form secure attachments with their foster infants.

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TABLES

Table 1. Required and requested attachment-based foster parent training

State	Name of Required Trainings to Become a Foster Parent	Has Attachment-based intervention	Has Attachment-based Training	Training Manual and Material is easily Accessible	Required for Certification	Provided Upon Request
Iowa	Trauma Informed Partnering for Safety and Permanence: Model Approach to Partnership in Parenting (TIPS-MAPP) Mandatory Child Abuse Reporter Training CPR and First Aid Medication and Management Training Reasonable and Prudent Parent Standard Training	Unable to Determine	Yes, within meeting 3,4, 6, and 10 of TIPS-MAPP.	Information regarding required training is easily found and accessible: Iowa department of human services, click on family services then on child welfare. Under Child welfare programs and services click on Foster Care and Adoption Page. Then click on How to Adopt or Become a Foster Parent, select service area on marked map, become a foster or adoptive parent,	Yes	Unable to determine

Table 1. Required and requested attachment-based foster parent training continued

State	Name of Required Trainings to Become a Foster Parent	Has Attachment-based intervention	Has Attachment-based Training	Training Manual and Material is easily Accessible	Required for Certification	Provided Upon Request
				TIPS-MAPP Training Training material is not available.		
Kansas	30-hour preservice training is required called Trauma Informed Partnering for Safety and Permanence: Model Approach to Partnership in Parenting (TIPS-MAPP) Access training through learn.childdally.org/home/dashboard *Link to training store Before licensure must take medication	Can be- however is upon request and demand through KCV Kansas on childdally.org	Yes, within meeting 3, 4, 6, and 10 of TIPS-MAPP.	Information regarding required training is not easily found or accessible. Had to contact via phone to understand what training is required. Website is confusing for research and does not mention TIPS-MAPP at all. Kansas Department for Children and Families home page. Then click Services tab and scroll down to and click on	Yes	Yes

Table 1. Required and requested attachment-based foster parent training continued

State	Name of Required Trainings to Become a Foster Parent	Has Attachment-based intervention	Has Attachment-based Training	Training Manual and Material is easily Accessible	Required for Certification	Provided Upon Request
Minnesota	<p>administration, universal precautions, and first aid classes.</p> <p>Government website brings potential foster parents to MDAdopt page to learn more about foster care process and training</p> <p>Must complete orientation training, specified training required and number of total hours varies by agency, but will include following topics: -emergency procedure -relevant laws and rules -cultural diversity</p>	Unable to Determine	If utilize Foster Parent College Blended Pre-Service Curriculum, yes. Meeting 1:3 is titled Parent-Child Attachment.	<p>Foster Care and Reintegration Services. Click on training tab and then register.</p> <p>No due to two differing sections that state foster parent training with differing information. One leads to MDAdopt and the other leads to information about Foster Parent College Blended Pre-service Curriculum. There are also additional editorial notes within required training sections on the government page asking</p>	Yes, if utilize Foster Parent College but unable to determine for MNAdopt.	Yes, through Advanced Resource Family Training: CSp9400 Caring for Infant and Toddlers in Foster Care.

Table 1. Required and requested attachment-based foster parent training continued

State	Name of Required Trainings to Become a Foster Parent	Has Attachment-based intervention	Has Attachment-based Training	Training Manual and Material is easily Accessible	Required for Certification	Provided Upon Request
	-gender sensitivity -cultural competence -information about discrimination and racial bias -information about the role and responsibilities of the foster parent - requirements of the licensing agency Training requirements MAY include: -prudent parenting -Fetal Alcohol Spectrum Disorders (FASD) -Care Restraint Training -Abusive Head Trauma (AHT) -Sudden Unexpected			for clarification.		

Table 1. Required and requested attachment-based foster parent training continued

State	Name of Required Trainings to Become a Foster Parent	Has Attachment-based intervention	Has Attachment-based Training	Training Manual and Material is easily Accessible	Required for Certification	Provided Upon Request
	<p>Infant Death (SUID) -Mental Health (approved by your licensor)</p> <p>Medical Equipment training required prior to placement of medically fragile child.</p> <p>Conflicting information on website also state: MN also links to Programs and Services-Become a foster parent -Training available online and in person through Minnesota Child Welfare Training System.</p> <p>Two-hour training for</p>					

Table 1. Required and requested attachment-based foster parent training continued

State	Name of Required Trainings to Become a Foster Parent	Has Attachment-based intervention	Has Attachment-based Training	Training Manual and Material is easily Accessible	Required for Certification	Provided Upon Request
	<p>Normalcy and Reasonable and Prudent Parent standard training – includes material (website even has editor note still within paragraph asking to clarify)</p> <p>Mandated reporter training – provides videos to watch</p> <p>Introduction to Children’s Mental Health (19 online learning modules)</p>					
Missouri	Piloting three different curriculum throughout stated of Missouri: STARS NTDC STRONG	Unable to determine	All three curricula have attached piece within. Unable to indicate sections	Missouri Department of Social Services home page, click on services, click on learn more about –	Yes	Unable to determine

Table 1. Required and requested attachment-based foster parent training continued

State	Name of Required Trainings to Become a Foster Parent	Has Attachment-based intervention	Has Attachment-based Training	Training Manual and Material is easily Accessible	Required for Certification	Provided Upon Request
	<p>Foster parents are required to complete a 27-hour pre-service program provided by the Children’s Division or contracted agency. On government page provides link to enroll in free STARS training and states that must complete three additional trainings: Intro to Foster Care (pdf of powerpoint) , Informed Consent (however this link does not work),</p>		<p>where attachment is a focal point.</p>	<p>Foster Care, then Become a Foster Parent. On government page provides link to enroll in free STARS training and states that must complete three additional trainings.</p> <p>Link to enroll for STARS just brings individual to page that discuss more about what STARS is but no contact information or space to enroll. Thus, individual must contact Children’s Division number to gather more information</p>		

Table 1. Required and requested attachment-based foster parent training continued

State	Name of Required Trainings to Become a Foster Parent	Has Attachment-based intervention	Has Attachment-based Training	Training Manual and Material is easily Accessible	Required for Certification	Provided Upon Request
	Consent to Treat Webinar (1 hr 11min video).			regarding enrolling into STARS training. No information provided on government website about NTDC and/or STRONG.		
Nebraska	Relative/Kinship Training – (5 hours long and includes all modules) Condensed version of TIPS-MAPP 30 hour required training called Trauma Informed Partnering for Safety and Permanence: Model Approach to Partnership in Parenting	Unable to determine	Yes, within meeting 3, 4, 6, and 10 of TIPS-MAPP.	Nebraska Department of Health and Human Services home page, click on Children, Families & Seniors tab, under Child Section click on Foster Care. Individuals on page are asked to contact Nebraska Foster and Adoptive Parent Association and provides number. No additional	Yes	Unable to determine

Table 1. Required and requested attachment-based foster parent training continued

State	Name of Required Trainings to Become a Foster Parent	Has Attachment-based intervention	Has Attachment-based Training	Training Manual and Material is easily Accessible	Required for Certification	Provided Upon Request
	(TIPS-MAPP) Human Trafficking Training Prudent Parenting Training Sexual Abuse Training Agencies may require more			information pertaining to actual trainings is provided. On Foster Care page provides Relative and Foster Care Training		
North Dakota	Parent Resource for Information Development and Education (PRIDE) Pre-service Foster PRIDE (9 session, 27 hour training) Foster PRIDE: In-Service (Core) Training	Unable to determine	Yes – Three of Pre-Service Foster PRIDE	North Dakota Human Services home page, click on services and help tab then children and family, then click on Foster Care Services, then click on training, can then click on core training (pre-service PRIDE or PRIDE core training) Information regarding	Yes	Unable to determine

Table 1. Required and requested attachment-based foster parent training continued

State	Name of Required Trainings to Become a Foster Parent	Has Attachment-based intervention	Has Attachment-based Training	Training Manual and Material is easily Accessible	Required for Certification	Provided Upon Request
				what each session/module discusses is provided. Access to each module/session is not provided.		
South Dakota	UNITY Program Manager for the Resource Family Services Program in state of South Dakota stated “Our training is done almost entirely through the PRIDE online website”.	Unable to determine	Yes – Within UNITY training “Attachment and Loss” component Yes – Session Three of Pre-Service Foster PRIDE	South Dakota Department of Social Services home page, Child Protection, Foster Parenting, side bar: Becoming a Foster Parent, Foster and Adoptive Parent Training Program.	Yes	Unable to determine

Table 2. Trainings and interventions pertaining to attachment within state foster care

State Foster Care Agency	Name of attachment-based Intervention and/or training	Training and/or Intervention is evidence-based	Instructor qualifications	Length of Intervention and/or Training	Discuss attachment styles	Discusses state of mind	Discusses parental sensitivity	Provide video feedback	Additional topics discussed
Iowa	Within TIPS-MAPP: During Meeting 3, potential foster parents are given a handout to read on bonding and attachment. The entire class for Meeting 4 is focused on attachment. During Meeting 6, there is a section on the power of connections. During meeting 10, there is a section on attachment vs commitment.	Unable to determine	Two instructors: One facilitator is a worker in the field and the second facilitator is an experienced foster parent	Meeting 4 is about 2 hours and 15 minutes long, 15-minute section on the power of connection for Meeting 6, and during meeting 10 there is a section on attachment vs commitment for about 20 minutes. However, supposedly, attachment is an 'underlying theme' throughout entirety of 30-hour training.	Unable to determine	Unable to determine	Unable to determine	Unable to determine	Power of connection and attachment vs commitment

Table 2. Trainings and interventions pertaining to attachment within state foster care continued

State Foster Care Agency	Name of attachment-based Intervention and/or training	Training and/or Intervention is evidence-based	Instructor qualifications	Length of Intervention and/or Training	Discusses attachment styles	Discusses state of mind	Discusses parental sensitivity	Provide video feedback	Additional topics discussed
Kansas	Within TIPS-MAPP: During Meeting 3, potential foster parents are given a handout to read on bonding and attachment. The entire class for Meeting 4 is focused on attachment. During Meeting 6, there is a section on the power of connections. During meeting 10, there is a section on attachment vs commitment.	Unable to determine	Two instructors: One facilitator is a worker in the field and the second facilitator is an experienced foster parent	TIPS-MAPP is taught in a group setting (with generally six to sixteen participants) and prior to COVID-19 was taught in person only. Since COVID-19, instruction had to switch to a virtual platform. Option for one on one format that has one instructor is available. Meeting 4 is about 2 hours and 15 minutes long, 15-minute section on	Unable to determine	Unable to determine	Unable to determine	Unable to determine	Power of connection and attachment vs commitment

Table 2. Trainings and interventions pertaining to attachment within state foster care continued

State Foster Care Agency	Name of attachment-based Intervention and/or training	Training and/or Intervention is evidence-based	Instructor qualifications	Length of Intervention and/or Training	Discusses attachment styles	Discusses state of mind	Discusses parental sensitivity	Provide video feedback	Additional topics discussed
				the power of connection for Meeting 6, and during meeting 10 there is a section on attachment vs commitment for about 20 minutes. However, supposedly , attachment is an ‘underlying theme’ throughout entirety of 30 hour training.					
Minnesota	If utilize Foster Parent College Blended Pre-Service Curriculum, Meeting 1:3 is titled	Unable to determine	Is taught online but unable to determine the instructor’s qualifications.	Request training CSp9400 Caring for Infant and Toddlers in Foster Care, is 24 hours long – 12 sessions scheduled.	Unable to determine	Unable to determine	Yes within CSp9400: ‘training support foster parents in understanding the	Unable to determine	Trauma from removal of birth family to foster care

Table 2. Trainings and interventions pertaining to attachment within state foster care continued

State Foster Care Agency	Name of attachment-based Intervention and/or training	Training and/or Intervention is evidence-based	Instructor qualifications	Length of Intervention and/or Training	Discusses attachment styles	Discusses state of mind	Discusses parental sensitivity	Provide video feedback	Additional topics discussed
	Parent-Child Attachment						unique needs of infants and toddlers in foster care within the context of early childhood development and how to identify and strategize the best care for their infant or toddler		
Missouri	Within STARS	Unable to determine	Unable to determine	Unable to determine	Unable to determine	Unable to determine	Unable to determine	Unable to determine	Unable to determine
Nebraska	Within TIPS-MAPP: During	Unable to determine	Two instructors: One		Unable to determine	Unable to determine	Unable to determine	Unable to determine	Power of connection and

Table 2. Trainings and interventions pertaining to attachment within state foster care continued

State Foster Care Agency	Name of attachment-based Intervention and/or training	Training and/or Intervention is evidence-based	Instructor qualifications	Length of Intervention and/or Training	Discusses attachment styles	Discusses state of mind	Discusses parental sensitivity	Provide video feedback	Additional topics discussed
	Meeting 3, potential foster parents are given a handout to read on bonding and attachment. The entire class for Meeting 4 is focused on attachment. During Meeting 6, there is a section on the power of connections. During meeting 10, there is a section on attachment vs commitment.		facilitator is a worker in the field and the second facilitator is an experienced foster parent	TIPS-MAPPS is taught in a group setting (with generally six to sixteen participants) and prior to COVID-19 was taught in person only. Since COVID-19, instruction had to switch to a virtual platform. Option for one on one format that has one instructor is available. Meeting 4 is about 2 hours and 15 minutes long, 15-minute section on the power of					attachment vs commitment

Table 2. Trainings and interventions pertaining to attachment within state foster care continued

State Foster Care Agency	Name of attachment-based Intervention and/or training	Training and/or intervention is evidence-based	Instructor qualifications	Length of Intervention and/or Training	Discusses attachment styles	Discusses state of mind	Discusses parental sensitivity	Provide video feedback	Additional topics discussed
				connection for Meeting 6, and during meeting 10 there is a section on attachment vs commitment for about 20 minutes. However, supposedly attachment is an ‘underlying theme’ throughout entirety of 30-hour training					
North Dakota	Parent Resource Information Development and Education (PRIDE) Pre-service Foster PRIDE Session 3 Meeting	Unable to determine	Unable to determine	The Pre-Service Foster PRIDE training is 27 hours long but only session 3 is specific to attachment . The government website	Yes- does state ‘positive attachment’ within attachment style descriptions.	Unable to determine	Unable to determine	Unable to determine	Participants examine how the life experiences of children in family foster care affect their growth

Table 2. Trainings and interventions pertaining to attachment within state foster care continued

State Foster Care Agency	Name of attachment-based Intervention and/or training	Training and/or Intervention is evidence-based	Instructor qualifications	Length of Intervention and/or Training	Discusses attachment styles	Discusses state of mind	Discusses parental sensitivity	Provide video feedback	Additional topics discussed
	Developmental Needs: Attachment			does not indicate how long this session is.					and development. Session Three emphasizes ways that the team, and especially the foster or adoptive parent, may build positive attachments in order to meet developmental needs.
South Dakota	Parent Resource Information Development and Education (PRIDE) Pre-service	Unable to determine	Unable to determine	The Pre-Service Foster PRIDE training is 27 hours long but only session 3 is specific to attachment	Yes- does state ‘positive attachment’ within attachment style	Unable to determine	Unable to determine	Unable to determine	Participants examine how the life experiences of children in family foster care

Table 2. Trainings and interventions pertaining to attachment within state foster care continued

State Foster Care Agency	Name of attachment-based Intervention and/or training	Training and/or Intervention is evidence-based	Instructor qualifications	Length of Intervention and/or Training	Discusses attachment styles	Discusses state of mind	Discusses parental sensitivity	Provide video feedback	Additional topics discussed
	Foster PRIDE Session 3 Meeting Developmental Needs: Attachment			The government website does not indicate how long this session is.	descriptions.				affect their growth and development. Session Three emphasizes ways that the team, and especially the foster or adoptive parent, may build positive attachments in order to meet developmental needs.

Table 3. Constant comparative coding

Words to Code (Educational Component)	Color of Coding
Evidence-based, Trauma-Informed, Meeting developmental needs	Pink
Attachment-based, Attachment Theory, Attachment Style/Quality, Secure, avoidant, resistant, disorganized, insecure, recommendations pertaining to attachment issues were provided	Orange
Parental state of mind, autonomous, non-autonomous, dismissing, preoccupied, unresolved, recommendations/suggestions are provided to help foster parents address their state of mind	Blue
Parental sensitivity, attunement, ability to perceive and respond to child' signals effectively	Green
Reflective Functioning, Mentalizing, parental reflective functioning or parental mentalization, ability to process actions of themselves and others as having meaning, ability to understanding the actions of themselves and others as having meaning, the ability to interpret actions of themselves and others as having meaning. Ability and awareness of their own emotions and behaviors, open and allowing understanding of child's behaviors and mental states	Red
Dysregulation, failure of normal functioning of system, breakdown in regulation system, behavioral dysregulation, emotional dysregulation	Purple

FIGURES

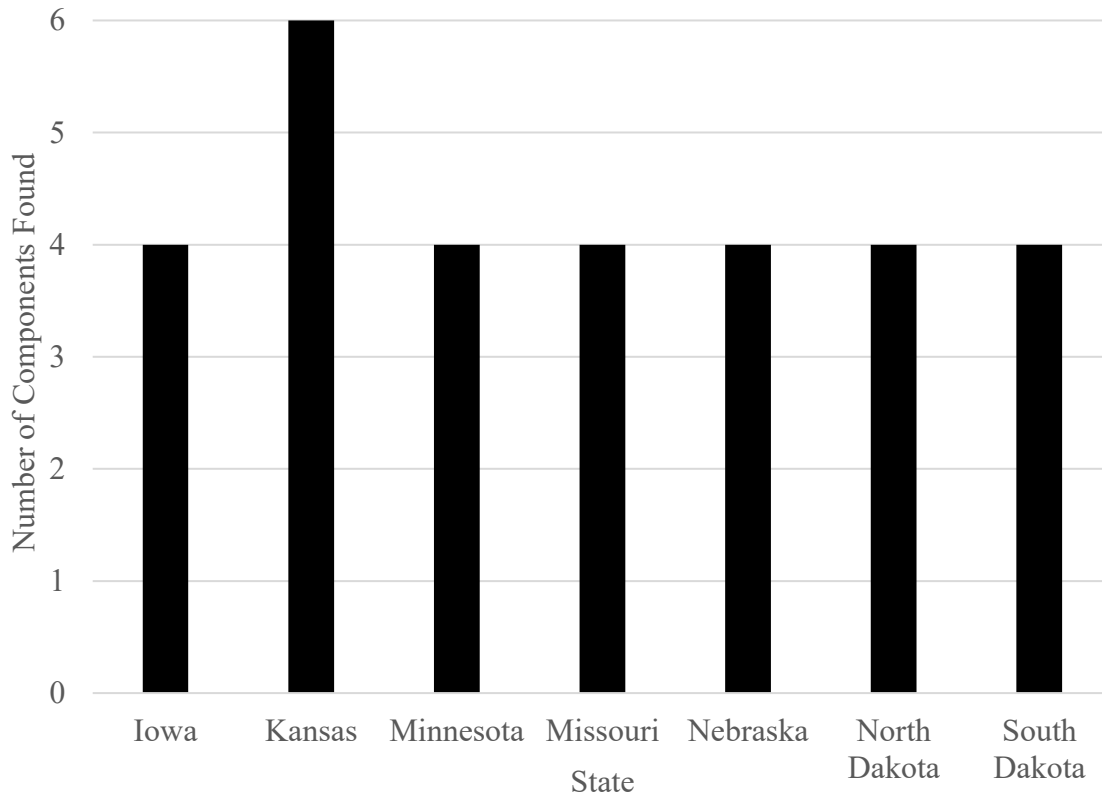


Figure 1. Number of components determined from table 1 per state

Note. Components within Table 1 are: name of required trainings to become a foster parents, has attachment-based intervention, has attachment-based training, training manual and material is easily accessible, required for certification, and provided upon request.

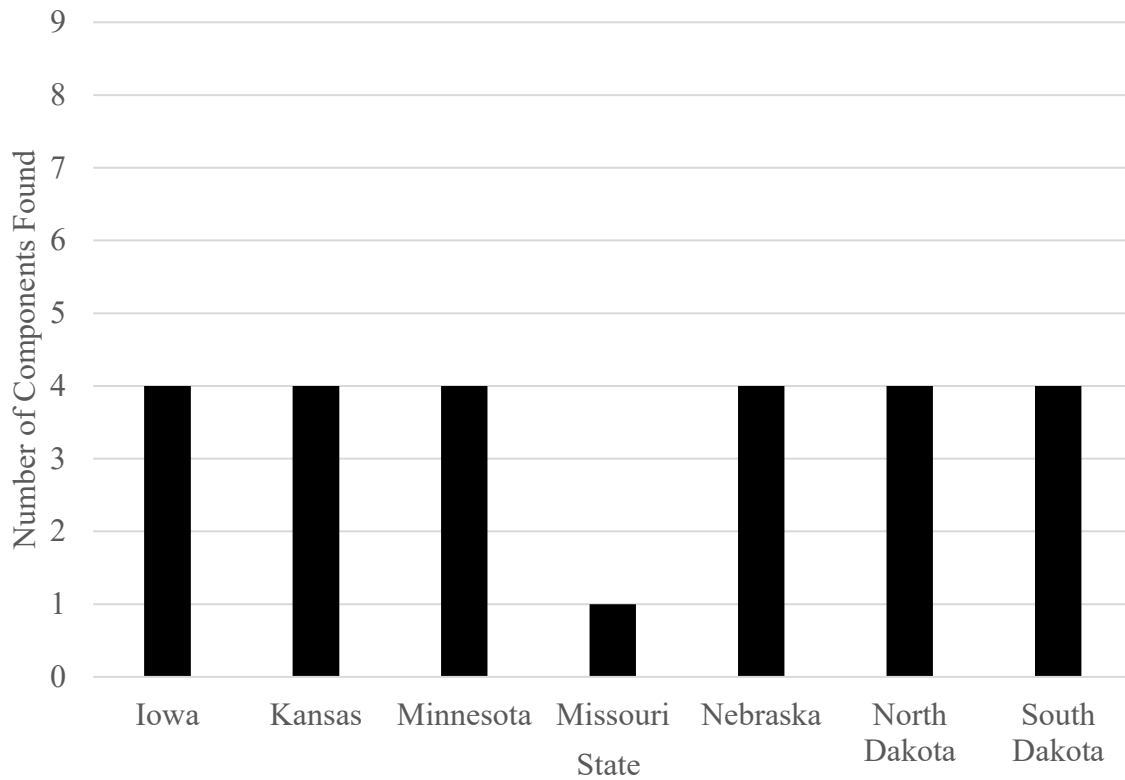


Figure 2. Number of components determined from table 2 per state

Note. Components within Table 2 are: name of attachment of attachment-based intervention and/or training, training and/or interventions is evidence-based, instructor qualifications, length of intervention and/or training, discusses attachment style, discusses state of mind, discusses parental sensitivity, provide video feedback, and additional topics discussed.

APPENDICES

Appendix A: Research Compliance Certificate



To:
Joanna Cemore Brigden
Childhood Ed & Fam Studies

RE: Notice of IRB Approval

Submission Type: Initial

Study #: IRB-FY2022-346

Study Title: The Examination and Evaluation of the Public Foster Care System's Attachment-based Intervention and Trainings for Foster Parents in the West North Central Division of the Midwestern States

Decision: Approved

Approval Date: December 20, 2021

This submission has been approved by the Missouri State University Institutional Review Board (IRB). You are required to obtain IRB approval for any changes to any aspect of this study before they can be implemented. Should any adverse event or unanticipated problem involving risks to subjects or others occur it must be reported immediately to the IRB.

This study was reviewed in accordance with federal regulations governing human subjects research, including those found at 45 CFR 46 (Common Rule), 45 CFR 164 (HIPAA), 21 CFR 50 & 56 (FDA), and 40 CFR 26 (EPA), where applicable.

Researchers Associated with this Project:

PI: Joanna Cemore Brigden

Co-PI:

Primary Contact: Brooke Crowell

Other Investigators:

Appendix B: Request Letter

Sender's Address

Date

Receivers Address

Dear _____,

I am a graduate student at Missouri State University and I am in the process of writing my thesis for my master's degree. My project examines and evaluates interventions and trainings pertaining to attachment that exist throughout the United States public foster care system. More specifically, I am looking at the states within the West North Central Division of the Midwest. I have contacted you to obtain more information pertaining to your required trainings, if you have attachment-based interventions/trainings, the trainers' qualifications, materials used and provided, and how trainers teach the material. Would you please mind responding to these requests listed below?

1. Title of required trainings for potential foster parents. Please attach the materials/handbooks used.
2. Title of required attachment-based trainings for foster parents. Please attach the materials/handbook used.
Title of attachment-based interventions/trainings provided upon request. Please attach the materials/handbooks used.

Thank you for taking the time to read my letter and respond.

Sincerely,

Brooke (Crowell) Mamrenko

Missouri State University

Btc327@live.missouristate.edu 314-707-5364

Joanna Cemore Brigden, Ph.D., Research Advisor

Missouri State University

joannacemore@missouristate.edu 417-693-3886

Office of Research Administration at Missouri State University

researchadministration@missouristate.edu 417-836-5972

Appendix C: Script for Phone Call

Researcher: Hello, is this _____?

Informant: Yes (Who is this)

Researcher: Hi, this is [Researcher's name]. I am a graduate student at Missouri State University. I have recently sent a request letter to your agencies email address; I was wondering if I could have a few minutes of your time so I ask you a few questions?

Informant: No/Wrong Number/Can't talk right now – **Research:** I completely understand.

Would you mind scheduling a time that would work better for you to speak with me? I would not need more than 10 to 15 minutes to speak with you. Wait for them to answer this. If they say no at this point then I'd say the next sentence.

Or if you have another individual in mind who I could contact; can you provide me with their information?

Informant: Yes – **Researcher:** Perfect, thank you. As I said a moment ago, I am a graduate research student at Missouri State University. My master's thesis project examines and evaluates interventions and trainings throughout the United States public foster care system, specifically, the West North Central Division of the Midwest. I have contacted you regarding your attachment-based trainings. Would you like for me to email you again regarding this or would you like to continue with providing me this information over the phone for now?

Informant: Through Email please. - **Research:** That would work perfectly. My email is: _____. To make sure that my contact for you is correct could you please provide me with your email address? I will send you a letter that will include the information I spoke with you about today and a request for additional information. Thank you.

Information: We can continue over the phone. -**Researcher:** Sounds Great. Could you provide

me with the name of the required training that your state uses for foster parents? Could you provide me with the materials or handbook that is used for these required trainings?

Researcher: Do you have attachment specific trainings that are required for foster parents to complete prior to receiving their license?

Information: Yes – **Researcher:** What is the name of this required attachment-based training/intervention. Could you provide me with the materials or handbook that is used for these required trainings?

Informant: No, we do not have required attachment-based training that is required?

–**Researcher:** Do you have attachment-based interventions or trainings that are provide upon request?

Informant: Yes, we do have attachment-based interventions or trainings that are provided upon request. – **Researcher:** What is the title of this attachment-based intervention/training? Could you provide me with the material or handbook that is used for these requested interventions/trainings?

Researcher: That was all of the questions that I have at this time. Thank you so much for speaking with me. If you would not mind sending me those materials/handouts to my email, it is: _____. Thank you and have a great day.