

DISSERTATION

EMOTIONAL AVAILABILITY: FOSTER CAREGIVING EXPERIENCE

Submitted by

Dean R. Nelson

School of Education

In partial fulfillment of the requirements

For the Degree of Doctor of Philosophy

Colorado State University

Fort Collins, Colorado

Fall 2012

Doctoral Committee:

Advisor: Alina M. Waite

Carole J. Makela
William M. Timpson
Zeynep Biringen

ABSTRACT

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The purpose of the study was to investigate if the emotional availability of caregivers is explanatory for successful adolescent foster care placement—from initial placement of an adolescent to age eighteen or emancipation from foster care, as mandated by the state of Colorado.

Emotional availability of foster caregivers and the phenomenon's impact are critical when anticipating placement of an adolescent in a foster caregiving environment. An adolescent anticipates, desires, and needs a safe and enduring foster placement. The emotional impact affects the adolescent as well as the caregiver from the initial introduction to the foster home to emancipation from the foster care system. When an adolescent is placed in a foster home, two areas must be addressed by the caregiver. First, the adolescent arrives without any history with the foster family. Secondly the adolescent does not know the expectations of the foster caregivers, and the reciprocal is true for the caregivers. Initially, a foster adolescent needs a safe environment and the foster caregiver desires an adolescent who will express those desires. These two areas are difficult in the beginning of a foster placement and require positive parenting skills by the foster caregiver to facilitate each and nurture a quality relationship between the adolescent and the foster caregiver.

Participants in the study included 6 adults who previously fostered adolescents within their homes. Four of the participants were adult females and two of the participants were adult males. All participants were from northeast Colorado and when formally fostering adolescents were licensed foster caregivers by the state of Colorado.

The participants engaged in an extensive journaling exercise which answered 22 questions in a narrative format, which corresponded to the structure of the Emotional Availability (EA) Scales ®, developed by Biringen and colleagues (Biringen, Robinson, & Emde, 2008). These areas are the components of emotional availability—sensitivity, structuring, nonintrusiveness, nonhostility, and child responsiveness/child involvement.

Based on a constructivist paradigm the study focused on the experience within the caregiver-adolescent dyad as described by the caregiver's lived experience, both as an adult and a youth. There are always many interpretations and no foundational process by which ultimate truth can be determined. However, the trustworthy criteria of credibility, transferability, and dependability are the hallmarks of the paradigm and of this study. The research methodology was based on an inductive analysis and interpretation of the journal entries, which lead to an intent to develop a reality and thus, explain the caregiver-adolescent phenomenon and how emotional availability is an essential tenet of foster caregiving.

The study found that if caregivers described engagement with their own caregivers while being raised, then they would be more fully engaged with their foster adolescent during placement. The research question, "does emotional availability inform the foster caregiving Experience," was supported in this study in the participants' responses. Emotional availability does inform foster caregiving. Therefore, the recommendation for this research is to evaluate perspective foster caregivers of adolescents as to their capacity to use the tenets of emotional availability.

ACKNOWLEDGEMENT

First and foremost, I would like to give grateful thanks to my wife Cathey and our family, Zack, Stephanie, Shelby, Alexa, and Brent. Their love, devotion and sacrifices provided the support and encouragement I needed to achieve this academic goal. I would also like to thank my committee members Dr. Alina Waite, Dr. Carole Makela, Dr. William Timpson, and Dr. Zeynep Biringen, for their supportive critiques and commitment during this process. Thank you also to the PhD support group for their friendship, moral support, wisdom, and backing during this journey up the hill. A special thanks to Dr. William Anton for watching my right flank.

DEDICATION

In celebration, this research is dedicated to servant-hearted foster caregivers, family members, volunteers, mentors, community members, child welfare professionals, and policy makers who help vulnerable at-risk children in foster care find forever families, homes, and connections.

TABLE OF CONTENTS

List of Tables.....	ix
List of Figures.....	x
Chapter 1:	
Introduction.....	1
Introduction	1
Adolescent	1
Emotional Availability	3
Emotional Availability (EA) ® Scales	3
Attachment and Emotional Availability Connection	4
Adolescent Emotional Availability.....	5
Attachment.....	5
Purpose.....	6
Research on Emotional Availability	6
Significance of the Study.....	7
Research Question.....	8
Definitions of Terms	9
Adolescent	9
Attachment.....	9
Child.....	10
Emotional Availability	10
Emotional Availability (EA) ® Scales	10
Emotional Learning	10
Foster Caregiver.....	10
Long-term Placement.....	11
Placement Predictors	11
Researcher’s Perspective	11
Chapter 2: Review of Literature.....	14
Attachment.....	15
Insecure Attachment	16
The Strange Situation.....	17
Attachment and Emotional Development	23
Adolescents.....	24
Historical Perspective of Adolescents	24
Behavioral Theories	26
Emotional Availability	28
Emotional Availability (EA) ® Scales	31
Child Responsiveness.....	35
Parental Emotional Availability	37

Adolescents with Insecure Attachments.....	37
Interparental Relationships.....	39
Summary.....	40
 Chapter 3: Methodology	 41
Emotional Impact	42
Strategic Planning	43
Research Purpose.....	47
Research Question.....	47
Research Discussion.....	47
Procedure.....	48
Participants	52
Data Collection.....	53
Pilot Study	53
Journals.....	54
Analysis.....	55
Field notes.....	56
Credibility of Study	56
Delimitations of the Study.....	57
Summary.....	57
 Chapter 4: Results.....	 58
Lessons Learned.....	58
Areas of Exploration	59
Sensitivity	59
Structuring.....	60
Nonintrusiveness.....	60
Nonhostility.....	61
Child responsiveness and child involvement.....	62
Participants	62
Participant Discussion	63
Results of the data analysis	80
Implications of the analysis	80
Summary.....	82
 Chapter 5: Discussion	 84
Demographics	85
Importance of emotional availability	86
Discussion of findings.....	89
Limitations of the study.....	89
Implications	90
Implications for foster caregivers.....	91

Implications for foster placement agencies	91
Future research	91
Summary	92
Epilogue	94
References.....	98
Appendix A: IRB Approval.....	108
Appendix B: Consent Letter	110
Appendix C: Foster Caregiver Information	116
Appendix D: Journaling Questions	117

LIST OF TABLES

Table 1	Summary of Episodes of the Strange Situation.....	20
Table 2	Percentage per Episode of Children Displaying Interactive Behaviors.....	22
Table 3	Emotional Availability Principles.....	33
Table 4	Emotional Availability Themes and Inductive Patterns.....	51
Table 5	Demographics of Participants.....	65
Table 6	Demographic Characteristics of Participants.....	89

LIST OF FIGURES

Figure 1	Strategic Planning Process for Foster Placement.....	49
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Chapter 1

Introduction

The emotional learning of a child begins soon after birth and the post-natal bonding process continues throughout childhood and adolescence (Biringen, 2009). It is during this period that the child learns the concepts of relating to others in the social environment where acceptable behaviors are expected and easy to understand and follow. Human survival is dependent on connections to others—either positive and nurturing or negative and emotionally or physically unsafe. Children who perceive themselves as unable to form positive connections with others are likely to focus on building negative relationships or associations (Ainsworth, 1973, 1993; Jarratt, 1994). When a child fails to perceive socioemotional cues or to understand expected social skills, the child or adolescent has difficulty making friends, is unable to initiate interaction when desired, displays low self-esteem, or does not show self-efficacy.

Adolescent

Fundamentally, an adolescent learns to feel secure when adult caregivers consistently notice his needs and when they can be counted on to assist the adolescent by truly engaging in and meeting his comfort and safety requirements (Goleman, 1995)—“being there” (Palmer, 1998, p. 148).

The caregiver and others are teaching and guiding as the adolescent lives, grows, and integrates within accepted norms of his specific social sphere or more generally into society. As an ever ongoing process, the adolescent is exposed to increased levels and expectations of social interactions. Within the scope of the social situation and given the adolescent’s maturity, the caregiver moderates his level of

interaction and approves actions or quickly and consistently assists the adolescent to socially integrate and then ushers him into close proximity of the caregiver (Ainsworth, Blehar, Waters, & Wall, 1978; Perry & Szalavitz, 2006; Sroufe, 1997).

The adolescent learns that rules and social norms are implicit through observation and exposure. Violations of peer rules or accepted social norms seem to be far less tolerated for adolescents than for younger children and adults, due to the expectations for the adolescent. Violation of acceptable social expectations may result in long-term negative effects for the adolescent (Jarratt, 1994; Karen, 1994; Perry & Szalavitz, 2006).

To understand emotional learning, there must be a framework which outlines the learning process (Kirkpatrick, 1995; Swanson, 2007) including its concept, foundational pillars, desired outcomes, and evaluation methodologies (Biringen, 2004, 2009; Bowlby, 1973; Emde, 2000; Greenberg, Cicchetti, & Cummings, 1990). Emotional learning is composed of: first, protection for the adolescent within the schemata of physical as well as emotional safety; next, a predictable outcome in the physical proximity to the caregiver, which facilitates proximal protection of the child or adolescent by the caregiver; and, finally, the adolescent's physical and emotional feelings of security and safety based on the accessibility and responsiveness of the caregiver.

Many caregivers, researchers, and authors state that emotional acceptance, within the caregiver-adolescent dyad, rests solely in the lap of the child or adolescent and not with the caregiver (Easterbrooks, Biesecker, & Lyons-Ruth, 2000). Clinical science and research studies have noted the criticality of the socioemotional connection within the caregiver-adolescent dyad and base the success of the relationship on the

emotional availability and physical presence of the adult caregiver (Biringen, 2000, 2004, 2009; Biringen & Robinson, 1991; Bowlby, 1973, 1979; Easterbrooks & Biringen, 2000). Emotional availability focuses on the individual and specific relationships within the caregiver-adolescent dyad, which span all socioemotional connections, and is further validated by extensive scientific research (Biringen, 2009). The caregiver-adolescent dyad relates to the physical and emotional relationship between the caregiver and the adolescent.

Emotional Availability

Research has shown that emotional connection within the dyad is critical (Biringen, 2004).

Emotional Availability (EA) ® Scales

The Emotional Availability (EA) ® Scales are a concept that evolved from the original foundations of emotional availability and attachment theory (Biringen, 2000, 2005). To measure emotional availability the EA Scales were developed and operationalized by Biringen and colleagues, and provided six observational scales (adult sensitivity, adult structuring, adult nonintrusiveness, adult nonhostility, child responsiveness, and child involvement) for measuring caregiver and child contribution during caregiver-child interaction (Biringen & Robinson, 1991; Biringen, Robinson, & Emde, 1998). Furthermore, EA Scales were also developed to measure the emotional availability of toddlers, middle child ages, and adults (Biringen, 2008). The EA Scales are “a research-based, scientifically validated assessment of the quality of communication and emotional connection between a caregiver and an adolescent” (Biringen, 2004, p. xiv). Many feel the caregiver role is to assist the adolescent toward

development of their emotional schema, but caregivers must also grow emotionally and assist in the development and encouragement of their adolescent's maturation. A caregiver who is emotionally available is more emotionally reciprocal than one who insists the adolescent change their socioemotional schemata as referred to within the boundaries of attachment theory (Biringen, 2004). Biringen (2004) developed the EA Scales to objectively evaluate the dyadic relationship between a caregiver and the adolescent by measuring action and reaction and communication and response, regardless of the emotional state of the adolescent.

Attachment and Emotional Availability Connection

A lack of attachment is generally viewed as a result of past or current adolescent trauma and measured as a dysfunction of the socioemotional caregiver-adolescent relationship (Tarabulsy et al., 2008), which may cause an emotional disconnection within the dyad. Research suggests a strong connection between attachment and emotional availability and the two concepts are closely related (Biringen, 2000). The Emotional Availability (EA) ® Scales are comprised of four adult characteristics or dimensions of caregiver behavior—sensitivity, structuring, nonintrusiveness, and nonhostility—and two characteristics of child behavior—responsiveness to the caregiver and involvement of the adolescent (Biringen, 2000). Primarily, the emotional availability construct describes the quality of mutual caring within a relationship between an individual and the primary caregiver (Biringen, 2004). The EA Scales provide the caregiver the tools necessary to assess the quality of the emotional and communication connection with the adolescent (Biringen 2009).

Adolescent Emotional Availability

Adolescent emotional availability toward caregivers may also be viewed in terms of attachment. Emotional availability refers to the emotional balance of connection and autonomy between the caregiver and adolescent on both a physical and emotional level (Biringen, 1990, 2000; Source & Emde, 1981). An adolescent's emotional interaction with a caregiver, within the adolescent's safety mode or base, accommodates the adolescent's balance between connection and autonomy. Commonly, attachment theory is discussed in terms of the physical exploration by the child who ventures away from the secure base or caregiver and then returns to realize the safety and assurance of the caregiver's acceptance and availability. Emotional availability is the role of the caregiver and has a direct impact on the caregiver-adolescent dyad (Biringen, 1987, 1990). Caregiver emotional availability is critical for adolescent emotional and physical growth.

Attachment

Attachment theory surrounding human relations may be traced to work in psychoanalytic theory (Freud, 1949). Seminal studies by Bowlby (1969) and Ainsworth et al. (1978) demonstrated clearly and systematically the formation of emotional bonds in early childhood (Bowlby, 1979). Villarreal's (2009) etiological research surrounding the primate imprinting evolution process and its central impact on group identity may have formed the dyadic bonding between mother and offspring. Inhelder and Piaget (1958) noted this process by defining the genetic series, which dictates the structure within the definition of three distinct interactions: acquired experience, physical environment, and influence of the social setting. The caregiver-adolescent dyad is

central to risk and resilience and has deep roots in attachment theory suggesting children form attachments to their caregiver from early age and continues through life (Ainsworth, 1978, 1993; Ainsworth & Feinman, 1992; Ainsworth, Parkes, Stevenson-Hinde, & Marris, 1991; Bowlby, 1969, 1979, 1988; Biringen, 2004; Vorria et al., 2003; Zeanah, Carlson, & Koga, 2005). It has long been stated in literature that a child's attachment to his caregiver forms the basic schemata for all subsequent relationships; thus, all dyadic cultures—primary caregiver and the young—are grounded in a sociological foundation (Cameron & Quinn, 2006). The construct of secure attachment leads to positive caregiver-adolescent interaction and safe exploration away from and return to the caregiver. Insecure or disorganized attachment may lead to negative behaviors by the adolescent (Greenberg et al., 1990; Hughes, 1997; O'Connor & Zeanah, 2003; Zeanah & Smyke, 2008). Attachment is a biological tendency and found throughout human development (Breuer, 1982).

Purpose

The purpose of the study is to investigate if the emotional availability of caregivers is explanatory for successful adolescent foster care placement—from initial placement of an adolescent to age eighteen or emancipation from the foster care placement, as mandated by the State of Colorado (Government, Colorado State, 2010).

Research on Emotional Availability

Research is plentiful surrounding the attachment of caregivers and pre-adolescents (Ainsworth, 1978; Biringen, 2004; Bowlby, 1969). In contrast, caregiver-adolescent attachment is based on the caregiver's emotional availability and, further strengthened, if the caregiver is emotionally recruitable by the adolescent (Allen, Moore,

Kuperminc, & Bell, 1998; Allen et al., 2003; Biringen, 2004). The field has a predominance of research on infants and toddlers and their mothers or caregivers. The connection between the caregiver's adult emotional availability capacities and the adolescent's emotional availability qualities are a key and critical element to possibly predicting a long-term foster placement.

Significance of the Study

A timely and proper placement of adolescents in the foster care system is generally caused by an event that traumatized or endangered the adolescent. Some situations require the adolescent be placed in foster care in a rapid and efficient manner that presumably affords a physically safe environment. But as adolescents are moved from one living arrangement to another they experience trauma and disruption even when the move may provide a warm, safe, and nurturing setting (Hughes, 1997). Adolescents who are placed within a foster care setting may reveal signs of severe interpersonal stress, such as fear, anxiety, mistrust, anger, ambivalence, resistance, impulsive self-harming behaviors, withdrawal, and a pessimistic view of life and adults (Bowlby, 1969, 1979; Delaney & Kunstal, 1993). In a new environment or living condition, the adolescent may respond by learning or adjusting to the new environment quickly if it is in his best interest to change, but not necessarily to meet the caregiver's expectations (Hughes, 1997). Research suggests placement is an emotional event, which is extremely difficult for the average adolescent and the caregiver, based on the unknown by both the caregiver and the adolescent. Subsequent placements may further psychologically damage or traumatize the adolescent (Hughes, 1997; Jewett, 1978; Milan & Pinderhughes, 2000).

However, little research is available outlining successful non-kinship foster placements of adolescents or subsequent placements based on a desirable placement with a foster caregiver. Although data are not available, a correlation may be made that psychosocial and psychological damage occurs when the adolescent does not attach to the caregiver and is subsequently placed with yet another caregiver. If a positive relationship between an adolescent in foster care and an emotionally available caregiver is important for long-term placement stability, then it follows that a more effective system of matching and placement must be made available and be used to provide the adolescent a safe, nurturing environment to attach and mature (Hughes, 1997).

Research Question

Using attachment parameters does not guarantee that the placement of an adolescent, within a caregiver-adolescent dyad, will be successful. Foster care placements of an adolescent have proven optimal when an emotionally available caregiver is present (Christiansen, Havik, & Anderssen, 2010; Hughes, 1997). Emotional availability is the quality of the relationship within a caregiver-adolescent dyad. The case is not that some, either caregiver or adolescent, are emotionally available or not, but rather the caregiver and the adolescent have the potential to create emotionally available relationships (Biringen, 2004). Also, if the caregiver experienced a process when he or she was raised that was positive and coupled with emotionally available schemata, a positive caregiving outcome may be the result for the caregiver-adolescent dyad. Furthermore, the emotional availability in the caregiver-adolescent

dyad produces positive benefits, such as less depression and less stress, which affords an atmosphere where the caregiver can be emotionally available to the adolescent.

The research question is: How does emotional availability inform the foster caregiving experience?

This study investigates the link between caregiver emotional availability and the successful placement of an adolescent in a foster care setting by gaining caregiver insight as to how he or she was raised and how the current caregiving style is conducive to a safe, thriving environment for the foster adolescent.

Definitions of Terms

Adolescent

Thirteen to 18 years of age or children who have entered pubescence in the sense of physical growth and have attained a level of socioemotional maturity (Frances, Pincus, First, & Widiger, 2000; Gunn, Richburg, & Smilkstein, 2007; Inhelder & Piaget, 1958; Shahrokh & Hales, 2003; Wallis, 2007). This study will address adolescents, 13 to 18 years of age, based on the definition of adolescence prescribed by the State of Colorado. Often, when adolescents reach their 18th birthday they age-out or are emancipated from the foster care system as determined by state policy.

Attachment

“[S]trongly disposed to seek proximity to and contact with a specific figure and to do so in certain situations, notably when he is frightened, tired or ill...any of the various forms of behaviour that a child commonly engages in to attain and/or maintain a desired proximity” (Bowlby, 1969, p. 371).

Child

A male or female offspring between the period of infancy (0) and youth (12). Child care specialists have historically believed that infancy and early childhood are the major life periods for the origin and occurrence of developmental change (Clunn, 1991).

Emotional Availability

“...[A] relational construct involving the emotional expression and responsiveness of both partners in a relationship” (Easterbrooks & Biringen, 2000 p. 123). Caregiver and adolescent emotional availability is the foundation upon which their emotional and physical bonding is built (Biringen, 2004).

Emotional Availability (EA) ® Scales

A research based, scientifically validated assessment tool of the quality of communication and connection between a caregiver and adolescent, used to monitor the quality of their relationship (Biringen, 2004).

Emotional Learning

Emotional learning is a cognitive process for framing learning as a positive and important journey. For example, caregivers use emotional communications to inform the adolescent that school is enjoyable and that there is confidence in his or her ability to master the work.

Foster Caregiver

A parental figure, licensed by the State of Colorado, committed to the health and welfare of those adolescents who are placed within a foster family and who address the adolescent's profound emotional and physical needs (Hughes, 1997, p. 38; Sauber et al., 1993; Shahrokh & Hales, 2003).

Long-term Placement

This placement represents a single foster care family without subsequent placements, until the adolescent traditionally emancipates out of the foster care system. Emergency placement or shorter placements that are designed for the immediate safety and security of the adolescent are not considered long-term.

Placement Predictors

Adolescents are removed from their current residence if the level of care they are receiving is not suitable for them to thrive or if inappropriate or illegal care rises to a level of certain risk to their mere survival and well-being. A foster situation is based on availability of a caregiver and the cultural background of the caregiver and adolescent suited to the placement. Placement of an adolescent into a caregiving environment could be made easier for the caregiver and adolescent alike if a caregiver was attuned to the emotional availability schemata of the dyad. Then, the caregiver could identify emotional availability markers for themselves and the adolescent to help the placement by establishing a stable non-chaotic living environment for the adolescent (Biringen 2009).

Researcher's Perspective

The study of emotional availability and the phenomenon's impact on the caregiver-adolescent dyad when anticipating placement of an adolescent in a foster caregiving environment is the heart of this study. The emotional impact affects the caregiver as well as the adolescent from the initial introduction of the foster home to emancipation from the foster care system (Hughes, 1997). When an adolescent is placed in a foster situation, two areas must be addressed by the caregiver. First, the

adolescent arrives at the foster placement without any history between him and the foster family. The foster caregiver has little feeling or understanding as to the reason why the adolescent was placed, his medical history, dietary requirements, medical status, or mental stability. Secondly, the foster adolescent does not know the expectations which are placed on him by the foster caregivers, and the reciprocal is true for the caregivers (Hughes, 1997). Initially, all foster adolescents need a safe environment and the foster caregiver's desire to receive an adolescent who will express his or her desires—these two needs are difficult in the beginning of a foster placement and require intuitive skills by the foster caregiver to facilitate each and nurture a quality relationship between the foster caregiver and the adolescent.

A secondary factor is to ensure that adolescents are equipped with the basic skills needed for emancipation (Gullotta, Adams, & Markstrom, 2000). Adolescents must become self-sufficient, productive citizens and may only gain these skills under the skillful tutelage of the foster caregiver. A foster caregiver must advocate for the adolescent to attain a high school diploma or equivalent, gain experience in the job world, understand and practice money management and budgeting, be versed in cooking and home living, feel able to move somewhat easily within the social environment, and have driving experience and a drivers license. These are the basic survival skills needed by each and every adolescent.

The researcher possesses personal experience with fostering, and has fostered, alongside his partner, several adolescents both in the therapeutic placement care sense and by providing respite to adolescents, pre-teens, toddlers, and infants. Not all placements, regardless of the length, were as well rounded and as long as some, but

each was a learning experience for the researcher. The researcher discovered that the tenets of emotional availability—adult sensitivity, adult structuring, adult nonintrusiveness, adult nonhostility, child responsiveness, and child involvement—are critical for building emotional links between the foster caregiver and the adolescent. The adolescent arrives at foster care with exactly the life skills he possesses and may be socioemotionally stunted for his chronological age. As an example, a thirteen year old may be introduced to foster care with social skills of an eight year old and emotionally needing the nurturing style normally given to a four year old—hold and cuddling, wanting to play with baby toys, and hearing baby talk. At initial placement, a foster adolescent universally does not trust adult caregivers or authority figures. A foster adolescent is mentally adjusted to a place he feels he should be, which may be a previous placement or with his biological parent(s), and is not excited with new circumstances, but most often determined to not be emotionally connected to the caregiver. The caregiver must be emotionally available, recruitable, and non-intrusive in his caregiving style toward the adolescent to facilitate the transition and placement.

Chapter 2

Review of Literature

Emotional availability has its roots deeply imbedded in the concepts of attachment theory. The initial ground breaking work occurred when the World Health Organization (WHO) commissioned John Bowlby to a six month contract to write and report on the mental health of homeless children in post-war Europe. As a result of Bowlby's research, he published a monograph titled *Maternal Care and Mental Health* in 1951, which concluded "...the infant and young child should experience a warm, intimate and continuous relationship with his mother (or permanent mother substitute) in which both find satisfaction and enjoyment" (1969, p. 27). From the 1951 monograph, Bowlby published, in 1958, a seminal paper titled *The Nature of a Child's Tie to His Mother*, which launched the first volume of his opus, *Attachment* (1969). Ainsworth (1978) published the now famous *Patterns of Attachment* where she focused on the child's attachment to caregiver figures, the child's subsequent behavioral patterns, and the construct of how attachment continued throughout the entire life span. From these foundational works, the idea of emotional availability began to develop.

Researchers may believe the first mention in literature of emotional availability, in the context of the caregiver-infant relationship, was offered by Margaret Mahler, Fred Pine and Anni Bergman (1975), but further exploration shows that Charles Darwin (1872) hypothesized that emotions were an outward manifestation between the

caregiver and child and communications, facial expressions, and body posturing were critical for the vitality of the caregiver-child dyad and subsequent building of the caregiver-child attachment schemata.

The movements of expression in the face and body, whatever their origin may have been, are in themselves of much importance for our welfare. They serve as the first means of communication between the mother and her infant; she smiles approval, and thus encourages her child on the right path or frowns disapproval (p. 368).

Attachment

John Bowlby (1969) in his seminal work *Attachment* defines emotions—actually calling the process an *appraising process*—as an instinctive sensory process or behavior. The attachment process provides the child or adolescent, through distinct facial expressions, physical posturing, and movement as signals or clear communications as to any environmental changes or tendencies for action on the part of the caregiver. Feelings, both affective and emotional, provide a signaling process which causes a physical or biological expression (Ainsworth, 1978; Frankenburg, Emde, & Sullivan, 1985; Main, Kaplan, & Cassidy, 1985; Tronick, 2007). Mahler et al. (1975) stated that emotional availability was used to describe the emotional relationship between a mother and her child, which was characterized by supportiveness, comfort, and emotional refueling when the child returned to the safe proximity of the caregiver. Robert Emde (1980) began researching emotional availability and saw the potential for its use as a preventive means during work with at-risk families and continually encouraged researchers to expand their scope and hypotheses in this area. William Frankenburg et al. (1985) stated that emotional availability “is a relational concept based on the fact that, in any caring relationship, a certain range of organized emotions is associated with continued involvement, intimacy, and developmental change” (p. 80).

Biringen was joined by Robinson and Emde (1998) in intense research and together they developed and expanded the concept of the EA Scales, a scientifically proven methodology to assess dyadic interactions between a caregiver and a child. Biringen et al. (1998) developed the only EA Scales for use in observation and research of the caregiver-child dyad. From early 1990 to present, Biringen, in concert with other colleagues, began to explore other uses for emotional availability—as with drug or alcohol addicted caregivers and their children, caregivers and children with regulatory disorders, etc. They also studied socioeconomic, psychosocial, and multicultural variables impacting practices of emotional availability. Intense research led to development and refinement of subsequent editions of the EA Scales to facilitate emotional availability for children over 2 years old. Biringen defines emotional availability as the overall quality of the relationship between the caregiver and a child rather than a “quantitative measuring” of specific behaviors or interactions (Biringen, 2004 p. 394). Over the past several years, Biringen and other researchers have elaborated on the construct of emotional availability and added new perspectives to the function and uses of emotional availability as well as the EA Scales.

Insecure Attachment

Research of insecure attachment has shown that children who have experienced abuse or neglect are at high risk for manifesting anxious or disorganized attachment with their caregiver (Cicchetti & Carlson, 1989; Easterbrooks et al., 2000). Five to 13 percent of children who experience abuse or neglect—stress, distress, or danger—had secure attachment within the caregiver-child dyad (Crittenden & Ainsworth, 1989). “Children who are subject to profound neglect have few of the experiences of physical

comforting and affection that are central to attunement and which are necessary for secure attachment” (Hughes, 1997 p. 23). Evidence shows a child attempting to thrive within an unsafe, chaotic environment manifests effects of such treatment, which reveals a caregiver’s failure to be responsive and sensitive to the child’s needs and to respond with alliance and attunement. The effects of such an unsafe, chaotic environment are later evident in the child’s—or adolescent’s—relationships within the caregiver-adolescent dyad, as well as in an inability to develop affective, behavioral, and cognitive abilities (Hughes, 1997).

The severity of insecure or disorganized attachment is an extremely important factor when assessing difficulties with a child’s or adolescent’s response to intervention. The age of the child is very relevant, as younger children respond more readily to intervention than adolescents (Allen et al., 2004; Hughes, 1997; Piaget, 1972). An adolescent’s dysfunctional developmental attachment pattern may be less ingrained, but many researchers believe interventions with adolescents who display severe attachment needs are far less likely to be successful (Cicchetti, 1989).

The Strange Situation

In their seminal work “Patterns of Attachment” (1978) Ainsworth and colleagues explored the concept of attachment through an observational procedure known as the “strange situation”. One of the foundations of attachment theory is caregivers are and remain a safe base from birth through adulthood. Given a safe and predictable environment, children learn to manage behaviors within proximity of caregivers in moments of stress, distress, and alarm. The strange situation involved a study of 105 caregiver-infant dyads, designed to observe how the children, 0-5 years, would react to

specific situations that threatened their proximity to the caregiver (See Table 1). Specifically, the observers noted how the caregiver, as a secure base, allowed the child to expand proximity from the caregiver, reply to a stranger when injected into the scenario, and finally, the physical response to separation from the caregiver (Ainsworth et al., 1978)

Caregiver and children were observed in a room unfamiliar to the child, but designed to be non-threatening to the child. Each experiment or observation was divided into eight iterations for each caregiver-child dyad. The first episode was the introduction of the caregiver-child dyad to the room where the observations would occur. The succeeding seven episodes were each three minutes in duration; the time could be shortened or expanded if the child displayed an unusually elevated level of stress or distress. The child was observed to see if he or she would venture away from the mother to play with unfamiliar toys. While the caregiver was still in the room a stranger entered and began to speak to the caregiver and then attempted to verbally and physically engage the child. Once the requisite experiment time passed, the caregiver, without notice, left the room, leaving the child with the stranger. The hypothesis was that when the caregiver left the room, the child's anxiety level would noticeably increase. After a few minutes the caregiver would return to the room and attempt to engage the child in play. As the episodes progressed, both the mother and the stranger left the room, leaving the infant alone in the unfamiliar or semi-familiar environment. Next, the stranger entered the room without the caregiver and attempted to interact with the child. Finally, the caregiver reentered the room and held the child as the stranger departed the room (Ainsworth et al., 1978, p. 37).

Table 1.

Summary of Episodes of the Strange Situation (Ainsworth et al., 1978)

Episodes	Persons Present	Duration	Brief Description of Action
1	Caregiver, Child & Observer	30 secs.	Observer introduces caregiver and child to experimental room, then leaves.
2	Caregiver & Child	3 min.	Caregiver is nonparticipant while child explores; if necessary, play is stimulated after 2 minutes.
3	Stranger, Caregiver, & Child	3 min.	Stranger enters. First minute: Stranger silent. Second minute: Stranger converses with caregiver. Third minute: Stranger approaches child. After 3 minutes caregiver leaves unobtrusively.
4	Stranger & Child	3 min. or less	First separation episode. Stranger's behavior is geared to that of child.
5	Caregiver & Child	3 min. or more	First reunion episode. Caregiver greets and/or comforts child, then tries to settle him/her again in play. Caregiver then leaves, saying "bye-bye."
6	Child alone	3 min. or less	Second separation episode.
7	Stranger & Child	3 min. or less	Continuation of second separation. Stranger enters and gears behavior to that of child.
8	Caregiver & Child	3 min.	Second reunion episode. Caregiver enters, greets child and then picks him/her up. Meanwhile stranger leaves unobtrusively.

From these experiments of creating a strange situation for a child, Ainsworth et al. made several observations concerning proximal exploratory behavior, responses to a stranger, responses to separation from the caregiver, and heightened anxiety levels of the child. The first observation, concerning proximal exploratory behavior noted that attachment behavior tended to be hyper-vigilant by the child when a sense of alarm—presence of a stranger or the absence of the primary caregiver—was actual or probable. If the infant felt a sense of danger he or she would immediately seek proximity with the caregiver. Secondly, when the caregiver left the room, the child explored far less, which indicated attachment has an impact on the child's desire or willingness to explore unfamiliar environments. In response to the stranger, the child's anxiety level was heightened when the stranger was present causing an increase in stress levels. Three percent of the infants engaged with the stranger, as compared to the previous episode (episode 3) when 80 percent of the children approached the toys while the caregiver was present (episode 2). Most notable was that children exhibited a behavioral combination of both friendliness and distrustfulness toward a stranger. The caregiver presence did provide a level of security when the stranger was present. During the observations of the child's responses to separation from the caregiver, more children were distressed. Separation from the caregiver contributes to children being more alert to the possibility of another separation, See Table 2 (Ainsworth et al., 1978, p. 364).

Table 2.

Percentage Per Episode of Children Displaying Interactive Behaviors

Behavior	Episode (percent of children)							
	1	2	3	4	5	6	7	8
Proximity and contact seeking mother		34	47		72			87
Contact maintained to mother		20	26		41			83
Distance interaction with mother		82	55		64			42
Proximity and contact seeking stranger			19	26			36	
Contact maintained to stranger			2	16			33	
Distance interaction with stranger			99	74			44	
Search behavior				70		86	62	

The caregiver-child attachment theory was validated by the child responses during the reunion episodes. Children were proximity seeking, avoidant, or angry-resistant during these reunions. Based upon the child's behavior a classification of secure (Type A), insecure-avoidant (Type B), or insecure-ambivalent (Type C) was assigned to their behaviors (Ainsworth et al., 1978). Later research by Main and Solomon (1990) identified a fourth pattern and labeled it *disorganized* or *disoriented* (Type D) attachment. These behaviors were characteristic of the specific child overall.

As a result of child observations, both in home and laboratory environments and the children's behaviors in each, the attachment model, The Strange Situation, was developed using the three types of attachment and later a fourth type of attachment. The *securely-attached* child (Type A) used the caregiver as the base for proximal exploration and displayed protest and crying upon separation. This child showed pleasure when the caregiver returned and was easily consoled and clearly preferred the caregiver to the stranger. The *anxious-avoidant* child (Type B) explored without using the caregiver as a secure base for proximity, while he or she displayed a level of independence and little protest when the caregiver left the room. This child avoided eye contact with the caregiver when she returned and did not reveal any discrimination between the caregiver and stranger. The *anxious-ambivalent* child (Type C) did not explore the environment prior to departure of the caregiver and became exceedingly agitated and visibly anxious during periods of separation from the caregiver. This child displayed inconsistent and unpredictable behaviors when the caregiver returned, by pulling away from the caregiver (Ainsworth, 1978). The *disorganized-disoriented* child (Type D) displayed confusing and contradictory attachment behaviors, such as: expressing intense anger toward the caregiver, and approached the caregiver with stiff body posture, not seeking caregiver proximity when frightened, attempted to leave with a stranger, or showed fear within proximity to a caregiver (Main & Solomon, 1990).

Secure attachment to a primary caregiver was essential for children to firmly connect to someone or something (Ainsworth et al., 1978). Steir and Lehman (2000) found this to be the case in their study of 50 caregiver-child dyads. A caregiver's

personality, coupled with restraint and positive affectivity, was highly associated with the child's attachment to a soft object.

Attachment and Emotional Development

Similar to caregiver-child connectedness and attachment behaviors, the relationship between parental or caregiver behaviors and a child's emotional, cognitive, and behavioral development has fueled the interest of researchers (Karen, 1994; Tarabulsky et al., 2008; Tronick, 2007). Understanding the nature and quality of caregiver-child interactions has proven important in understanding how children feel, think, and behave (Wiefel et al., 2005). Bowlby's observations led him to theorize that infants suffering from insecure attachments were more likely to be characterized as "affectionless" or engaged in delinquent behaviors later in life (Ainsworth, 1978; Ainsworth & Bowlby 1991; Bowlby, 1988). More recent research cites isolation from parents as one of the leading contributors to the emotional problems exhibited in children and adolescents (Levine, 2006). Secure attachment is crucial to highly functional emotional development (Biringen, 2009; Brazelton & Yogman, 1986), and the effects observed in infancy persist throughout adulthood. Bowlby (1969) offers an overall picture of an effective process of attachment:

A young child's experience of an encouraging, supportive and co-operative mother, and a little later father, gives him a sense of worth, a belief in the helpfulness of others, and a favourable model on which to build future relationships (p. 378).

Bowlby believed that an emotionally attuned caregiver provided the framework for children to function effectively and live healthy and productive lives despite adversity.

Adolescents

Adolescent development occurs against a backdrop of changing social, economic, educational, and political situations. Adolescence is often conceptualized as a transition between childhood and adulthood, yet the nature of the transition is significantly affected by daily societal circumstances (Coleman & Hendry, 1999; Hughes, 1997; Inhelder & Piaget, 1958). Understanding development across the life span is a cumulative effect of many learning experiences that are integrated to form a personality (Gullotta, Adams, & Markstrom, 2000). Within a healthy caregiver-adolescent dyad, discipline is a fact of life. The adolescent accepts that the caregiver role is to teach and has a basic trust that the teaching is ultimately given in the best interests of the adolescent. Discipline leads to a positive level of socialization and helps the move from the “healthy narcissism of the infant to the engaging mutual relatedness of the [adolescent]” (Hughes, 1997, p 5). Today, there is a greater recognition of the key part played by environments, including family, neighborhood, and the wider society, in influencing adolescence, which capsule adolescent ideals and discussions (Allen et al., 2004). A common belief is that an adolescent does not want, seek, or need communications or connections—proximity—with caregivers. Yet, most adolescents are not disconnected or estranged from their caregivers but are torn between their desire for autonomy and their connection to the caregiver-adolescent dyad (Biringen, 2004).

Historical Perspective of Adolescents

Each generation, and each individual, has his own concept of social reality and it should be noted that views of childhood and adolescence have changed and will continue to change generationally (Blos, 1979). Over time, shifts in the social and

political landscape occurred which had a profound impact upon the lives of young people. From antiquity until approximately the 13th century A.D., caregivers frequently resolved economic and personal difficulties with their children by abandoning them to a monastery, nunnery, or relegating them to servitude in another house. Childhood of the 15th century was not a concept, but described as a hastily passed period of young life into adulthood (Aries, 1960). Medieval society had little concept of children as being uniquely different from adults (Gullotta et al., 2000). As soon as children were able to function without the care of an adult, they became adults. Philippe Aries' (1960) in-depth review of medieval language, crafts, and games suggests during this era, the word "child" was synonymous with today's understanding of the word *lad* or *son*. Molière in his 17th century play, *Le Malade Imaginaire*, notes that the child was fragile and could not take part in the adult life, and thus "did not count" (Act III, Scene III), which showed the attitude toward children of the time. Today the "seen but not heard" attitude of some adults toward children reflects the same attitude as described by Molière. Although the recognition of adolescence evolved over centuries—the term first coined in 15th century France—the social reality of adolescence is relatively recent. However, the 18th century found children as a member of the family, but not required to act as an adult despite their young age.

In some cultures, authorities prefer to speak of the "discovery of adolescence" (Inhelder & Piaget, 1958), but most adolescent historians see it as a psychological and sociological phenomenon driven by several major movements in North America, such as technological and economic changes, increased industrialization, and migration from rural to urbanized areas (Putnam, 2000). Furthermore, the civic model—democratic

politics—of community weaves a fabric vital to teaching and learning in an atmosphere conducive to common work (Palmer, 1998). The transition from adolescence and the beginning of adulthood may be difficult to determine, given the timing and circumstances surrounding an individual adolescent. Typically, when financial independence is gained or substantial employment is acquired, and or marriage becomes a factor this may be the signal for the start of adulthood and the sunset of adolescence (Blos, 1979; Gullotta et al., 2000).

Behavioral Theories

Psychological and sociological explanations of behavior involve an understanding of the internal or “self” drive and motivation that influences behavior. Self is a process or construct for expanding the individualized aspect of personality and not a concept defined as a psychic capacity or awareness, which is acquired through natural maturation at eighteen months (Emde, 1983; Sroufe, 1997). Introduction of self-awareness begins in the second year of life and evolves to higher levels and becomes heightened later in the maturation process (Hughes, 1997).

Three behavioral theories commonly used to explain adolescent behaviors are psychoanalytic theory, psychosocial theory, and social learning theory (Gullotta et al., 2000). These theories explain the behaviors involved in the internal drive and motivation of adolescents.

The first theoretical perspective for adolescence was introduced in the early 1900s by Sigmund Freud (Gullotta et al., 2000) where he articulated the powerful forces, in direct opposition, of inherent instinctual needs and the need for humans to live in social groups. Psychoanalytic theory shows that early childhood experiences leave a

lasting imprint on a child's personality and adolescent behavior can be traced to earlier childhood experiences and unresolved issues related to that period (Bowlby, 1988; Karen, 1994). Through a series of life events a child gradually internalizes standards through socialization experiences with family and the anxiety associated with balancing individual needs and societal sanctions. Social struggles are negotiated through the development of self-preservation or defense mechanisms. A defense mechanism serves as a means by which one's personality copes with painful or emotional experiences, internal conflicts, personal inadequacies, and the anxiety inherent with daily living (Mueller & Silverman, 1989).

Psychosocial theory acknowledges the internal process in early childhood that influences psychological traits, such as self-esteem, locus-of-control, and cognition (Gullotta et al., 2000) and includes the relationship of adolescents to their social and secure base—caregiver—environments (Biringen, 2004). This perspective is broader than psychoanalytic theory—definition and personality of human development—as it acknowledges the influence of other individuals, groups, and systems like education, religion, and as research on adolescent development. The psychosocial perspective of adolescence explores the relationship between the psychological adjustment of maturation and social conditions that facilitate or hinder the growth and learning processes. The psychological stages of stress, distress, and trauma are important psychological elements in this growth process and become stages of development and turning points. Growth can be either positive or negative, and the resolution at one turning point has implications for later events. Erikson (1954) and Biringen (2004) view

adolescence as an important stage that functions as a transition in the life course and not a period of personality consolidation.

The perspective of sociology on adolescence focuses on general cultural factors that influence behaviors. Influences of socially acceptable behavior, mores, cultural expectations, social rituals, group pressures, and technological influences are keys to understanding adolescence (Putnam, 2000). Sociological theories examine the relationship of adolescents to their social environment. Sociological explanations are less concerned with factors like motivation and internal psychological traits, such as self-esteem, and more concerned with how other individuals, groups, and institutions relate to the adolescent and vice versa (Levine, 2006). Social learning theory understands development across the life span, which is a cumulative effect of countless learning experiences integrated to form a personality.

Emotional Availability

Mahler et al. (1975), in many circles, is credited with first using the term emotional availability to refer to affective responses within the caregiver-child relationship (Emde, 1983). Emotional availability described the quality of the caregiver's presence in the context of the child's exploratory behavior, which is common to the behavior articulated in the Strange Situation studies (Ainsworth et al., 1978). Mahler et al. (1975) considered emotional availability to be a key factor in the caregiver's encouragement and support of exploratory behavior and described the caregiver as providing "emotional refueling" for the child. The emotional refueling process created an affective bond between caregiver and child, as well as building confidence within the

child to stretch his or her proximal boundaries (Frankenburg et al., 1985; Mahler et al., 1975). Through observational studies and analysis, researchers conclude that higher levels of perceived parental/caregiver emotional attachment led to a child's increased willingness to explore away from the proximity of the caregiver while developing a more secure bond with the caregiver.

By suggesting there was a clear connection between emotional availability and the prevention of psychosocial disorders, Emde (1980) reasons it is crucial for a child to express "negatively-toned" and "positively-toned" emotions so the parent will be able to assess and react to the child's needs. Bowlby's (1969) and Ainsworth's (1978) perspectives are the expression of emotions defined as attachment behavior and intervention by the caregiver and as positive caregiving behavior. Behaviors, both positively-toned and negatively-toned, bring the caregiver and child into proximity of each other both physically and emotionally. Emde states:

Although the baby can't use words to tell us how he feels, we believe that with repeated interactive sequences, mother and infant normally establish modes of reciprocal activity which leave both with a preponderance of pleasurable and positive-toned expectations, rather than negatively-toned ones (1980, p. 97)

More recent research on attachment theory reinforces Bowlby's and Ainsworth's hypotheses and finds that as a caregiver's emotional sensitivity increases, a child's attachment security and responsiveness to the caregiver also increases (Easterbrooks & Biringen, 2000; Emde, 2000). Emotional availability describes characteristics of the caregiver-child dyad in regard to emotional signaling and responding (Biringen & Robinson, 1991; Emde, 2000) and the interdependent relational quality between

caregiver and child. Theoretical and empirical evidence exists regarding the relationship between highly emotionally involved caregivers and a child's greater sense of security.

The Bowlby and Ainsworth studies, surrounding caregiver-child interactions, have focused on the effects of caregiver attunement only when the child exhibited signs of distress. However, since the early 1980s, the focus has broadened to include assessing parental emotional interactions with children across a wide range of emotions, both negative as well as positive (Biringen, 2000, 2004; Esterbrooks & Biringen, 2000). Researchers have recently become interested in assessing how parents react to their child when he or she is in stress or distress and when the child is content or expresses joy or excitement. Parental attunement to or engagement with a child and the child's responsiveness, regardless of the child's emotional state, is termed as emotional availability (Biringen 2004, 2009; Easterbrooks & Biringen, 2000; Mahler et al., 1975).

The construct of emotional availability represents a central idea in the quality of caregiver-child relations. Biringen (2004) hypothesize that healthy parenting depends upon the parameters outlined by the relational construct of emotional availability. Although research has led to varying conclusions regarding the specific qualities constituting emotionally available caregivers, research does provide different conceptualizations of emotional availability. The concept of emotional availability includes parental responsiveness, sensitivity, and emotional involvement. "Research has repeatedly demonstrated that emotional connection is the most important element in a parent-child relationship" (Biringen, 2004, p. 7), considering the impact of emotional availability. Caregiver verbal engagements and their emotions create a rich

environment, which allows adolescents to develop into emotionally healthy, happy and productive beings (Biringen, 2004). Caregiver coaching and mentoring provide the building blocks children require for development into emotionally healthy and happy beings.

Emotional Availability (EA) ® Scales

Research revealed that emotional availability is not simply a physical caregiver presence-child presence, but rather a state that promotes the child’s emotional expression (Biringen, 2000). As a result of continued research, Biringen developed eight principles of emotional availability that reflect caregiver-child interaction (See Table 3). Six principles involve the caregiver toward the child and two involve the child toward the caregiver. The dimensions of EA are described as variables fundamental to the caregiver-child dyadic relationship.

Table 3

Emotional Availability Principles

Number	Principle
1	Caregiver emotional recruitability
2	Adolescent emotional recruitability
3	Caregiver sensitivity
4	Caregiver structured interactions
5	Caregiver availability
6	Caregiver nonhostility
7	Adolescent responsiveness
8	Caregiver involvement

Dimensions of caregiver availability were originally developed by Ainsworth (1991) and later adapted and refined to the eight EA scale principles developed by Biringen et al. (2004). The eight emotional availability principles have since been

incorporated as observational techniques and assessment procedures. A critical element of emotional availability is that each of the eight principles is an assessment of the quality of the caregiver-adolescent dyad and not reflective as a trait of an individual of the dyad (Esterbrooks & Biringen, 2005). The first of the eight principles is: Caregiver emotional recruitability is the genuine caring and warmth given to the adolescent during engagements, which can be overt or covert, but not steeped in how the caregiver observes the physical movements of the adolescent. As an adolescent's emotional threshold is near the surface this allows the caregiver to know when the adolescent is happy or sad or threatened or safe and to react positively to the needs of the adolescent. Adolescents display the same emotional trauma as younger children and need the caregiver's positive emotions to surface consistently and constantly—love, reassurance, caring, and warmth (Biringen, 2004).

Emotional recruitability of the adolescent by the caregiver is based around the quality and consistency of the emotional traits the caregiver gives to the adolescent. The caregiver must display a warm, loving, caring, and supportive demeanor to afford the adolescent a trajectory upon which to mimic the same emotional traits.

“Parents of emotionally recruitable older children [adolescents] will usually experience both a sense of connection and a feeling of growing independence on the child's part. Like toddlers who can explore their environment because they are confident their parents are in the room, older children who maintain a secure relationship with their parents feel free to explore an ever-widening universe of friendships, situations, and challenges. Because these children feel certain of the love and support of their parents, they can be far more open to discovering and developing their own abilities and

emotions” (Biringen, 2004 p. 71).

Biringen (2009) sensed that when the caregiver can connect emotionally then the adolescent will be more amenable to being recruitable by the caregiver. Caregiver sensitivity to the adolescent is based around the caregiver’s ability to read and understand the adolescent’s emotions and be openly communicative with him.

As the caregiver displays sensitivity the adolescent is more able to construct a strong emotional connection with the caregiver. Adolescent needs, desires, and goals must be addressed and fulfilled within the moment in a caring responsive manner. For example, adolescents require the caregiver to display empathy surrounding the need or problem within peer relationships. Numerous studies indicate adolescents desire to spend more time with their caregiver rather than the popular belief that they desire less (Biringen, 2004). Caregivers can be classified into four categories: those who are emotionally available, those who are not capable; those with significant impairments; and those who are not emotionally available to their adolescent (Levine, 2006).

Appropriately structured interactions within the caregiver-adolescent dyad afford the adolescent an environment of common routines that provide an air of comfort and familiarity. Structuring the adolescent’s environment, with excessive freedom to venture away from their secure base, offers the adolescent a lack of familiarity within the caregiver-adolescent dyad and allows the child to gain a feeling of distrust for the dyadic structure. Optimal structuring provides “the child a greater range of clues [for] the desired response to the [caregiver]” (Biringen, 2004, p. 87). Caregiver influence does not decline as the child matures into adolescence.

Caregiver availability, without being intrusive within the framework of the caregiver-adolescent dyad, is a conscious communication technique where guidance and information are provided without a blanket of overprotection. Caregivers may overstimulate an adolescent until he or she rejects caregiver attention. The caregiver may become overprotective, the opposite of over-stimulation, by not allowing the adolescent to venture farther and farther from the base to experience new adventures or knowledge. Optimally, caregivers avail themselves to an adolescent without interfering. Emotional availability and non-intrusive behaviors by a caregiver describe interdependence and a quality relationship within the caregiver-adolescent dyad.

Overt or covert hostility or irritation within a caregiver-adolescent dyad reduces the capacity of a caregiver to provide and react to the needs of the adolescent. “Emotionally available caregivers are able to avoid projecting those emotions on or toward their children. Parents can regulate their emotions so their children do not feel like the targets or the sources of the caregivers’ stress or distress” (Biringen, 2004, p. 96). Adolescents are emotionally attuned and charged and display difficulty differentiating when overt hostility is being directed toward them or jeopardizing their safety or if either overt or covert hostility are not being directed toward them.

An adolescent who is responsive to a caregiver makes the caregiver-adolescent dyad into a healthy, growing, nurturing whole. Biringen (2004) found that positively responsive attention directed toward the caregiver reflected the adolescent’s level of behavior. An adolescent’s display of eagerness toward an engaging caregiver as he moves toward the adolescent and attempts to interact with the adolescent indicates a level of emotional and physical connection. Conversely, if an adolescent is reluctant to

engage or recognize attempts by a caregiver to engage, the caregiver-adolescent dyad responsiveness is not optimal or workable.

Often, the caregiver does not reach out to the adolescent to initiate involvement, which limits interaction or communication. A caregiver's inability to display emotional availability disenfranchises the adolescent and may lead to the adolescent displaying risky behaviors, either emotionally and/or socially (Biringen, 2000; Easterbrooks, Biesecker, & Lyons-Ruth, 2000; Easterbrooks & Biringen, 2000). The adolescent who allows a caregiver to be involved or connected provides a "key measurement of emotional availability" (Biringen, 2004, p. 105).

A growing and healthy caregiver- adolescent dyad displays balance between autonomous activity and involvement of the caregiver in the activity, which results in a positive growing experience for both the caregiver and the adolescent. Caregiver involvement and influence does not reduce as a child matures into adolescent.

Child Responsiveness

Two aspects of a child's behavior reflect the level of child responsiveness to a caregiver: (1) suggestions or offers for exchange followed by the child's eagerness or willingness to engage with the caregiver; and (2) displays of clear signals of pleasure in the interaction. Optimal responsiveness is observed when a child displays a balance between responsiveness to the caregiver and autonomous venturing. A child generally responds eagerly and with pleasure, without a sense of urgency or necessity to the caregiver's bid for interaction, (Biringen, 2000).

Supporting child responsiveness, in relation to caregiver structuring and nonintrusiveness, Sorce and Emde (1981) involved forty 15 month old infants and their

caregivers in a study. The researchers were interested in assessing the role of a caregiver's availability in prompting infant interest and exploration. The researchers hypothesized that a caregiver's signaling of unavailability would reduce the infant's interest in the caregiver as well as limit exploration of the environment. Half of the caregivers were engaged in reading a newspaper with their faces in full view of the child, but their attention diverted from the child. As the infants attempted to gain the caregiver's attention, the caregivers remained unresponsive. The other caregivers, without newspapers, watched their infants while responding to their requests for attention. These infants were involved in higher levels of exploratory play and displayed greater pleasure when caregivers were sensitive, responsive, and emotionally available. One or more studies have shown that caregivers continue to assert influence on the emotional and behavioral development stages of their children even as they mature into adolescents and young adulthood.

The opposite of parental emotional responsiveness and high levels of sensitivity have caused profoundly negative effects on children's emotional responses and on attachment behaviors (Easterbrooks & Biringen, 2000). In a clinical study, caregivers were asked to simulate emotional unavailability by displaying a depressed demeanor and refraining from any happy or elated facial expressions. Based on the perceived emotional unavailability of the caregiver, infants showed emotional stress—mental tension—and distress—pain and anguish. More stress and distress were displayed when the caregiver was physically absent. Similar negative outcomes from caregiver emotional security with infants, older children, and adolescents have been documented in other studies (Levine, 2006; Lieberman & Doyle, 1999).

Caregivers appear to develop and maintain similar types of bonds with all of their offspring. A study by Lieberman, Doyle and Markiewicz (1999) showed that the consistency of caregiver emotional security and rearing styles were an important predictor of lower levels of peer conflict for children and adolescents based on the skill taught in a nurturing environment. Words and actions by caregivers are significant when influencing the child's ability to regulate emotions (Aviezer, Sagi-Schwartz, & Koren-Kaine, 2003) and to cause the adolescent to become securely attached to the caregiver (Perry & Szalavitz, 2006).

Parental Emotional Availability

Bowlby (1969) argued that early caregiving experiences contribute to internal working models for children that guide expectations about and attitudes toward other close relationships over time. A key component of this theory is that caregivers who are emotionally insensitive or who are not providing a secure environment for children to develop emotional regulation skills may increase the likelihood offspring will have socioemotional or interpersonal difficulties. Adolescents with insecure attachments will likely have difficulty in relationships (van Ijzendoorn, 1995). Attachment theory has been used as a model for understanding adolescent depression (Biringen, 2004; Coleman & Hendry, 1999; Perry & Szalavitz, 2006) and is helpful in understanding caregiver emotional unavailability with regard to the caregiver-adolescent relationship.

Adolescents with Insecure Attachments

Adolescents with insecure attachments may lack the skills to manage their emotions in response to normal developmental milestones such as relational experiences. Secure attachments with caregivers relate to later relationships with others

by enhancing the development of emotional regulation of skills during childhood (Contreras, Kerns, Weimer, Gentzler & Tomich, 2002). Patterns of emotion regulation that occur within the caregiver-adolescent dyad are internalized by the adolescent and in turn transferred to interpersonal relationships with others (Cassidy, 1994).

Caregivers, who do not show adaptive emotion-regulation skills or who are emotionally unavailable, may contribute to adolescents seeking attention from others without the capacity to successfully negotiate emotions that accompany relational experiences. For example, if caregivers are available to offer information and assistance in a non-judgmental manner, this is supportive of relationships to encourage the adolescent to seek social support. However, when caregiver support is limited, inconsistent, or confusing, the adolescent may use dysfunctional coping skills (Coleman & Hendry, 1999).

Caregiver practices have been theorized to moderate the association between negative life events or emotions and the development of depression in adolescence. Adolescents with caregivers who are unresponsive, neglectful, coercive, harsh, or inconsistent may be more likely to have difficulty coping with negative life events or stressors thus, increasing vulnerability for depression. These adolescents may develop a sense of helplessness (Racusin & Kaslow, 1994), negative self-concepts (Rudolph & Hammen, 2003), or difficulty self-regulating (Cicchetti, Rogosch, & Toth, 1998). Ineffective caregiving influences the association between negative life events and depression, because adolescents with less effective caregivers show more difficulty coping with and processing negative events.

Interparental Relationships

Interparental relationships play a major role in influencing the psychosocial development of adolescents. Adolescents' perception of their caregivers' relationships can be internalized and later manifested in their interpersonal behaviors and emotions (Hughes, 1997; Vorria et al., 2003). The interparental relationship schemata of research are important for understanding how caregiver emotional unavailability, as reflected in an interparental relationship, may moderate the link between adolescent relationship functioning and depressive symptoms. The parental relationship is particularly important because it serves as a model for perceived normative relationships and as a model for interpersonal functioning, coping abilities, and conflict negotiation skills (Biringen, 2004, 2009; Levine, 2006).

If caregivers or parents are observed as emotionally unavailable to one another or unable to resolve conflicts, adolescents may be more likely to exhibit similar characteristics both in the home and in other interpersonal relationships (Emery & O'Leary, 1984; Levine, 2006; Margolin & Wampold, 1981). Much of the research on interparental relationship has focused on marital conflict (Cummings, Davies, & Simpson, 1994; Grych, Seid, & Fincham, 2008). Interparental research is relevant, because aspects of conflict may be central to the emotional availability of the caregivers. Marital conflict that is intense, unresolved, or child-related has been argued to have negative emotional effects on children (Biringen, 2004; Grych, Seid, & Fincham, D., 2008). Marital strife can be emotionally upsetting to children and may influence a child's sense of parental emotional availability, because caregivers engaged in marital conflict may be perceived by the child as being preoccupied with the conflict and not in

tune with them (Fincham, Grych, & Osborne, 1994). It has been suggested that the child's appraisal of the parental conflict may lead to greater risks for internalizing problems—depression, low self-esteem, and anxiety (Fincham et al., 1994). By observing interparental conflict, adolescents learn negative emotional regulation techniques (Cummings, Davies, & Simpson, 1994). Adolescent perceptions of interparental conflict are likely to influence their own ability to regulate interpersonal emotions.

Summary

The history of attachment theory and emotional availability as quantifiable constructs and relationships among attachment, emotional availability, and adolescent foster placement were thoroughly discussed. The theory of attachment was developed by Bowlby (1969) to explain the nature of a child's tie to his or her caregiver or parent in terms of biological functioning and to account for negative behavioral responses when children experience absences of their caregiver. Emotional Availability describes the experience as an emotionally responsive action by the caregiver that is affectively attuned to the child's needs, both in the physical sense as well as in the emotional sense. Also introduced was the idea that emotional availability is centered on a caregiver-adolescent dyadic relationship and is the linchpin for a healthy thriving physical and emotional relationship.

Chapter 3

Methodology

This chapter discusses the research methodology and design (Merriam, 2002) used by the researcher to examine the relationship between a foster child and a foster caregiver and his or her emotional availability (Biringen, 2009) as a parental figure for an adolescent (13 to 18 years of age). Descriptive research methodology was used to uncover, identify, and examine the current emotionally available foster care process in the northern Colorado region of the United States. This technique was used due to its ability to describe the impact of emotional availability on the foster caregiving phenomenon (Roberts, 2010). In this study the phenomenon included the caregiving experiences that foster caregivers received while they were growing up and the caregiving style they used rearing a foster adolescent. The research question, participants, procedures, data analysis, and delimitations of the study are discussed.

The constructivist research design is a strategy of inquiry to identify the essence of the foster caregiver's experiences as lived and as seen through his lens or world view (Denzin & Lincoln, 2005). "Qualitative researchers emphasize subjective thinking because, as they see it, the world is dominated by objects less obstinate than walls" (Bogdan & Bilken, 2003 p. 24). The investigation captured and illuminated the phenomenon of how each adult caregiver viewed their caregiving when a child and how the experience impacted their perspective (Bogdan & Bilken, 2003). Six caregivers were studied, and an extensive data gathering process of collecting, classifying, categorizing, coding and collating data toward the representation and reconstruction of the social phenomena gives voice to emotional availability and foster caregiving.

Emotional Impact

Child development experts understand that for an adolescent to grow and become a healthy, functioning and productive member of society, a sense of home and family, steeped in the tenets of emotional availability, is essential. An adolescent thrives in an environment that includes an emotionally available caregiver who is committed to the long-term well-being of the adolescent's growth and maturation (Williams-Mbengue, 2008).

Adolescents thrive within an environment characterized as stable and nurturing which allows the opportunity for positive school interactions and experiences, and networks of caring friends, relatives and neighbors. Evidence demonstrated that positive networks of support can aid an adolescent to perform well academically, have positive health and mental health outcomes, and make it more likely that he will develop good relationships and social skills, which can develop into sound socioemotional traits as an adult (Williams-Mbengue, 2008).

Trauma, to a greater or lesser degree, is a factor that exists in every relationship. The foster caregiving phenomenon recognizes the need to facilitate and stabilize a foster placement system, and foster caregivers who are far better suited to meet the demands and rigor of an ever-changing emotional environment (Gardner, 2006). Preparation to address traumatic events—changes—enables the foster caregiver to make adjustments to adolescent behaviors and meet the needs within the caregiver-adolescent dyad (Perry & Szalavitz, 2006). A caregiver's response is critical when considering the emotional impact it has on the caregiver-adolescent dyad (Grossmann, Grossman, & Waters, 2005). Whether one or both members of the caregiver-adolescent

dyad experienced previous traumatic events such as natural disasters, separation, or being repeatedly sexually abused, the critical factor is how each individual's experience affects the relationship (Biringen, 1987; Perry & Szalavitz, 2006). Processes which are in place and used to stabilize the dyadic, caregiver-adolescent relationship may be viewed as in consonance with current caregiving practices (Cameron & Quinn, 2006). Adolescents may experience periods of real discouragement when a change brings the unfamiliar to their routine, such as a short respite to another foster home or rules change (Jewett, 1978). Planning for change is a strategic intervention which provides information and outlines specific steps to be taken to determine if the expectation is viable or needed (Gardner, 1983; Gilley & Maycunich, 2000). Strategy is a scaffolding of choices which determine the nature, direction, and focus of alternative processes (Brache, 2002; Gilley & Maycunich, 2000) to assist or amalgamate the caregiver-adolescent dyadic process.

Effectiveness of the caregiver-adolescent dyad—the physical and emotional push-pull of the adolescent and the caregiver within their relationships—is determined by the need to satisfy the internal and external demands of the dyadic structure. The caregiver-adolescent dyad is further impacted by political factors born from state mandates and regulation interpretations as well as the social dynamics of an adolescent's maturation process.

Strategic Planning

Strategic planning identifies the needs of the foster care system and facilitates immediate and long-term changes through disciplined and sound planning, resourcing, and program implementation (Biringen, 2004). The Strategic Planning Model is an

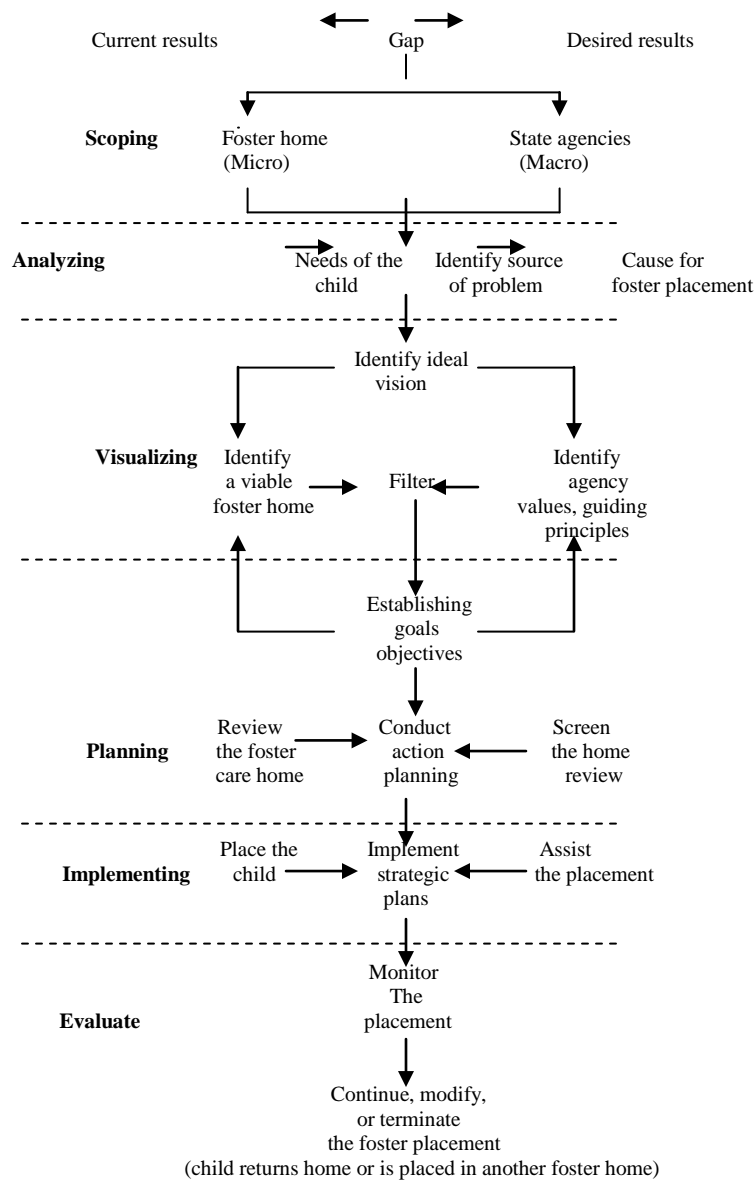
organizational model which allows stakeholders to identify performance needs within an organization and is adaptable to identify needs within the foster placement system and caregiver-adolescent dyad. Currently, the foster care system—the legal systems and human services which places adolescents in non-biological family homes for the safety of the child for extended periods or short emergency placement times—may not be using a model such as the Multidimensional Treatment Foster Care Model, which

1. Provides the adolescent with a consistent reinforcing environment where he is mentored and encouraged;
2. Provides a daily structure that includes clear expectations and limits, as well as consequences in a teaching oriented manner;
3. Establishes a close supervision or line-of-sight structured methodology to monitor the adolescent; and
4. Assists the adolescent to avoid deviant peer associations while providing support and assistance as needed for prosocial growth.

Furthermore, a strategic planning process will identify gaps between current placement, either biological or kinship home environments and the most desirable system of matching immediate needs of the adolescent and those of the caregiver-adolescent dyad (see Figure 1). Figure 1 was adapted from the Gilley and Gilley model of 2003. The current study informs the Strategic Planning Process for Foster Placement model for a foster care process that tracks the schemata from initial placement planning through the life of the placement. The first analysis process of the model, “scoping” identifies whether a caregiver-adolescent need exists by examining the symptoms and

structure of the dyad. “The scoping phase is complete when a gap has been identified— which serves as justification for using the strategic planning process” (Gilley & Gilley, 2003 p. 176).

Strategic Planning Process For Foster Placement



(Gilley & Gilley, 2003: modified October 2010)

Figure 1. Strategic planning process for foster placement

Research Purpose

The purpose of the study is to investigate if the emotional availability of caregivers is explanatory for successful adolescent foster care placement—from initial placement of an adolescent to age eighteen or emancipation from the foster care placement, as mandated by the State of Colorado (Government, Colorado State, 2010).

Research Question

The research question relevant to foster care caregiving is:

- How does emotional availability inform the foster caregiving experience?

Research Discussion

Merriam (2002) and Creswell (2009) discuss the nature of qualitative research and how it resided within the individuals' purview, as lived and viewed through their lens. The reality of research is how it changes over time and how it expands its scope and becomes more valid over its life span. An informed action requires an understanding and explanation that is an important characteristic of the situation. The epistemology addresses the every day reality of the human experience of caregiving as an important sociological and psychological phenomenon and exists within the pretext of multiple mental constructions, socially and experientially based by the participant (Guba, 1990). The research methodology is based on reflective analysis and interpretation of the research (Moustakas, 1994), and information, which leads to an intent to develop a theory and thus, explains the caregiver-adolescent phenomenon (Creswell, 1994). Methodology involves ways that identify the variety of constructions that exist and bring them into as much consensus as possible through two processes—

to produce an informed and sophisticated construction and to keep channels of communication open so that information and sophistication can be continuously improved (Guba, 1990).

Procedure

Data were inductively categorized into patterns and themes by organizing data into “abstract” units of information. Furthermore, topics and patterns (see Table 4) were balanced among ideas to gain a comprehensive set of themes (Creswell, 2009). The current study is a constructivist paradigm which focuses on the experience of the caregiver-adolescent dyad as described by the caregiver’s lived experience (Creswell, 2009). There are always many interpretations and no foundational process by which the ultimate truth can be determined; however, the trustworthy criteria of credibility, transferability, dependability, and confirmability are the hallmarks of the paradigm and of this study (Guba, 1990). The research process was reviewed and approved by the Institutional Review Board (IRB) in April 2012 (see Appendix A).

Table 4.

Emotional Available Themes and Inductive Patterns

Theme	Question	Pattern
Sensitivity	1. Could you describe an occasion when you knew that <i>your caregiver</i> liked or loved you?	With caregiver
		With adolescent
		Presence
		Conversations
	2. Could you describe an occasion when you knew that	

Table 4 Continued

	<p><i>your caregivers</i> did not want to be with you?</p> <p>3. Could you describe an occasion when you enjoyed being with your adolescent?</p> <p>4. Could you recall an occasion when you did not like being with your adolescent?</p>	
Structuring	<p>5. Could your describe an occasion when you went to <i>your caregivers</i> with a problem or concern?</p> <p>6. Could you describe an occasion when you appropriately structured interactions with your adolescent?</p> <p>7. Could you describe an occasion when you did not structure as well as you might have wanted to?</p>	<p>Conversations</p> <p>Structured time</p>
Nonintrusiveness	<p>8. Could you describe an</p>	<p>Explore</p>

Table 4 Continued

occasion when <i>your</i>	Rules
<i>caregivers</i> allowed you	Support
to do things on your own?	
9. Could you describe an	
occasion when <i>your</i>	
<i>caregivers</i> did not allow	
you to do things on your	
own?	
10. Could you describe	
an occasion when	
you restricted your	
adolescent from	
learning or	
experiencing life?	
11. Could you	
describe an	
occasion when	
you allowed your	
adolescent to learn	
and experience life?	
12. Could you describe	
an occasion when you	

Table 4 Continued

	were available to your adolescent without being intrusive?	
Nonhostility	13. Could you describe an occasion when you responded to <i>your caregivers</i> in a positive way?	Relationships
	14. Could you describe an occasion when you responded to <i>your caregivers</i> in a negative way?	Rules
	15. Could you describe an occasion when a conversation turned sour between you and your adolescent ?	
	16. Could you describe an occasion when hostility affected your	

Table 4 Continued

	relationship with your adolescent?	
Child Responsiveness and Child Involvement	17. Could you describe an occasion when you were emotionally unresponsive or uninvolving to <i>your</i> <i>caregivers?</i>	Responsive Emotional

Participants

A nonrandom sample of ten former foster caregivers (adults) from northern Colorado was used for this study. Potential participants were limited to a non-kinship caregiver who had had a foster adolescent previously living in the home. The foster placement must have been made by a Colorado human services agency. All ten former caregivers were identified by foster placement agencies or known by the researcher. The six volunteers who actually participated in the study were previously foster care licensed by the state of Colorado and at the time of their license had an adolescent living in their home. Participants were approached either in person or by telephone as to their willingness to participate in a journaling process (see Appendix B).

The number of caregivers, years as a foster caregiver, caregiver's age, caregiver's gender, relationship status, ethnic background, education level, and employment in each household were asked before the journaling process began (see Appendix C). The 6 former foster adult caregivers included two adult males and four

adult females. Participants were over the age of 24 when they had adolescents within their home, and all participants were previously licensed as foster caregivers by the state of Colorado. All participants were high school graduates and three of the six participants were college graduates. Four participants worked away from home; one categorized herself as a volunteer worker, and another one was retired. Participation was voluntary and confidential. Five households had two adult caregivers within the home, but only one was asked to participate in the journaling exercise. One household had a single caregiver.

Data Collection

Data collection began in May 2012 and was completed by August 2012.

A total of 22 questions were asked initially from six categories—sensitivity, structuring, nonintrusiveness, nonhostility, child responsiveness/child involvement, and general (see Appendix D)

Participants were offered the choice to participate in an interview or journaling exercise. All six participants chose to respond to the questions during a journaling exercise as to their understanding of how they viewed their maternal and/or paternal figure's parenting skills. Furthermore, participants were queried as to how they perceived their emotional availability within a foster caregiver-adolescent dyad.

Pilot Study

A pilot study was conducted before the main study began. One participant was interviewed and one participant conducted a journaling exercise. The researcher chose one female and one male participant resulting in one in-state and one out-of-state participant. The participants were chosen based on their former foster care experiences

and that each would be candid when critiquing the questions and the process. A review of the questions and the process was conducted with each participant with the intention of making appropriate changes to either the questions or the process. As a result of extensive discussions it was recommended by each participant that the process remain the same and the questions have appropriate highlighting to clarify “your caregiver” and “your adolescent” for each question. Recommendations were evaluated for validity and applied to each question as appropriate.

Journals

Journaling was used to gather data from each caregiver. Caregivers were provided with questions (see appendix D) which were divided into six categories—sensitivity, structuring, nonintrusiveness, nonhostility, child responsiveness/child involvement and general. An example of each category and a question is (see appendix D for the entire set of questions):

1. Sensitivity: Could you describe an occasion when you knew that **your caregivers** did not want to be with you?

2. Structuring: In the past two weeks, could you describe an occasion when you appropriately structured interactions with **your adolescent**?

3. Nonintrusiveness: Could you describe an occasion when **your caregivers** did not allow you to do things on your own?

4. Nonhostility: Could you describe an occasion when you responded to **your caregivers** in a negative way?

5. Child Responsiveness and Child Involvement: Could you describe an occasion when you were emotionally responsive or involving to **your caregivers**?

6. General: Can you describe how **your adolescent** met your expectations?

Journalers were asked to make entries on a daily basis for eight weeks. Journals were designed to facilitate each caregiver's method of data entry and to allow for hand-written journal entries, or the caregiver could remove the pages and use computer and printer techniques for the entries. Furthermore, a thumb drive was provided to allow a journaler to enter data directly to the drive if he desired. Journalers were asked to enter as much of his story as possible and to date each entry. Journalers could answer any question in any order and make multiple entries for any question.

Analysis

Journal entries were reviewed, using an inductive methodology, coded and matched to those themes highlighted during the review process. Follow-up questioning was conducted to ensure transcription was accurate and any response questions were clarified. The review/coding process was a five step process (Roberts, 2010).

Step 1: Initial read of the journals: The researcher reviewed the journal entries before a list of patterns were formulated. The categories were matched to the participant entries to catalog the data using the Emotional Availability (EA) ® Scales. The themes were sensitivity, structuring, nonintrusiveness, nonhostility, child responsiveness, and child involvement. Several common themes emerged from the initial readings and each theme was given an initial coding.

Step 2: Organize and code responses: All responses were sorted and grouped by the EA Scales categories as the researcher read each response to the question.

During the reading of the responses, pertinent information was highlighted and a master coding list from responses was developed.

Step 3: Review of total journal responses and final coding: All journal entries were coded using the master pattern list, noting when the second or third reference was made in the response. With this data, the coding list was finalized.

Step 4: Complete data analysis and report findings: An analysis of each response to the journal questions and subsequent analysis of each journal response was completed. The result of patterns for the research question was analyzed (See Table 4).

Step 5: Review all journal responses to ascertain validity of findings: All responses were reviewed to ensure that the findings and patterns were consistent with the data.

Field notes

Field notes were similarly reviewed and coded and matched against the journaling questions and responses. Patterns were also identified in the field notes and extracted and correlated with themes found in the journaling entries. Analysis was conducted of the data and the findings documented and correlated with the master coding list.

Credibility of Study

Participants' credibility was established by each being, at one time, trained and licensed therapeutic foster caregivers by the state of Colorado. The trustworthiness of the study was evaluated by the willingness of the study participants to honestly respond to the 22 survey questions, and further validated through a process of how the

qualitative data were read and then how the findings were compared. The core credibility claim centers on the ability of the study to move toward social change in foster caregiving, and if there truly is a solution that addresses the shortfalls noted during the data gathering and analysis phases (Denzin & Lincoln, 2005).

Delimitations of the Study

This study provides a clearer understanding of caregivers' capacities and the skill level of the caregiver. The study is not intended to discern if a placement was a best match and data were not gathered to evaluate the actual quality of placements or the soundness of the caregiver-adolescent dyad. Caregiver likenesses provide strength and consistency to the study through comparison of caregiver selection for placement. The current study does not differentiate between two caregiver and single caregiver households. Age, race, and gender mix were not considered as factors for this study.

Summary

Participants were asked to respond to questions by sharing their experiences or with their maternal and paternal figures and their current emotional availability within the caregiver-adolescent dyad. Emotional availability of the participants was evaluated in relationship to their mother's and father's acceptance and rejection, and their emotional availability as foster caregivers in support of the caregiver-adolescent dyad.

Chapter 4

Results

As stated in Chapter 1, this study examined the factors surrounding the caregiver phenomenon and how the five areas of exploration—sensitivity, structuring, nonintrusiveness, nonhostility, and child responsiveness and child involvement—impact the caregiver-adolescent dyadic environment when balanced against the theory of emotional availability (Biringen, 2004). Clearly, caregiver emotional availability can build stability between the caregiver and the adolescent by accommodating the adolescent's need for a balance between connection and autonomy (Hughes, 1997).

The balance between connection and autonomy within a healthy caregiver-adolescent dyad emerges naturally, but is honed during training and discussion sessions to polish those special caregiving needs for special needs adolescents (Jewett, 1978; Levy & Orlans, 1995). Caregiver-adolescent emotional attachment in turn, further intensifies and develops the connection. A great variety of emotions emerge naturally within this relationship. Elation and anger, sadness and excitement, affection and anxiety all come or fade within the security of emotional attachment (Biringen, 2004)

Lessons Learned

Caregiving entails a process of reflecting back over the time spent as a caregiver of an adolescent and charting the efforts that resulted in successful placements and reviewing those placements that were difficult. Emotional responsiveness and solid communications with the adolescent realized a sound structure to build and nurture a good relationship between the caregiver and adolescent. Even during times of

emotional stalemates the tenets of emotional availability bridged the crisis and attuned the relationship back to a loving and giving emotional relationship. This process of experience was cataloged and used as knowledge and a learned parenting skill for subsequent interaction with the adolescent or for future placements.

Areas of Exploration

Six themes of emotional availability exploration—sensitivity, structuring, nonintrusiveness, nonhostility, and child responsiveness and child involvement—encapsulate the tenets required to allow a foster adolescent to physically and emotionally grow, while being encased in a nurturing safe environment where he can thrive and subsequently emancipate into society as a productive citizen. The categories of emotional availability are as follows.

Sensitivity

Sensitivity encompasses a variety of adult qualities that illuminate an ability to be warm and inviting and demonstrate emotional connectedness to an adolescent. Qualities such as responsiveness toward the adolescent, understanding and welcoming the adolescent's communications, and an ability to resolve conflicts are vital to this process. The single most important characteristic of adult sensitivity is the appropriateness and authenticity of the adult's affect or impact on the adolescent.

Questions addressed in this area were:

1. Could you describe an occasion when you knew that your caregivers liked or loved you?
2. Could you describe an occasion when you knew that your caregivers did not want to be with you?

3. Could you describe an occasion when you enjoyed being with your adolescent?
4. Could you recall an occasion when you did not like being with your adolescent? Why do you think that happened?

Structuring

Structuring is a dyadic concept that assesses the degree to which the caregiver appropriately structures interactions by taking care to follow the adolescent's lead and set limits for socially acceptable behavior. The qualities are seen as the caregiver establishes boundaries and requests acceptance of the rules. Here, emotional availability is the target, which is a construct that is based on emotional signaling and the reception of overt friendly gestures given to the adolescent.

Questions addressed in this area were:

1. Could you describe an occasion when you went to your caregivers with a problem or concern? How did they respond?
2. Could you describe an occasion when you appropriately structured interactions with your adolescent?
3. Could you describe an occasion when you did not structure as well as you might have wanted to? Why do you think that happened?

Nonintrusiveness

Nonintrusiveness is the ability to be available to the adolescent without being interfering or overbearing toward the adolescent. Emotionally "being there" and being available to the adolescent when needed are harmonious with this construct.

Questions addressed in this area were:

1. Could you describe an occasion when your caregivers allowed you to do things on your own?

2. Could you describe an occasion when your caregivers did not allow you to do things on your own?
3. Could you describe an occasion when you restricted your adolescent from learning or experiencing life?
4. Could you describe an occasion when you allowed your adolescent to learn and experience life?
5. Could you describe an occasion when you were available to your adolescent without being intrusive?

Nonhostility

Nonhostility refers to the ability of the caregiver to keep his “cool” during low and high stress times or to not redirect stress toward an adolescent. Characteristics of nonhostility by the caregiver are pleasant facial expressions, non-hostile body posture, and a calm soothing tone of voice. Furthermore, a lack of threats and frightening behavior are traits of a safe environment for interaction with an adolescent.

Questions addressed in this area were:

1. Could you describe an occasion when you responded to your caregivers in a positive way?
2. Could you describe an occasion when you responded to your caregivers in a negative way?
3. Could you describe an occasion when a conversation turned sour between you and your adolescent?
4. Could you describe an occasion when hostility affected your relationship with your adolescent?

Child responsiveness and Child involvement

Child responsiveness/child involvement toward the caregiver is reflected in two distinct areas of the adolescent's behavior. First, positive affect and emotional regulation are a display of clear signs of pleasure during interactions and evidence of well regulated emotions. Secondly, emotional involvement, which is an eagerness or willingness to engage with the caregiver, following a suggestion for emotional exchange during conversation or interaction.

1. Could you describe an occasion when you were emotionally unresponsive or uninvolved to your caregivers?
2. Could you describe an occasion when you were emotionally responsive or involving to your caregivers?
3. Could you describe an occasion when your adolescent was emotionally responsive or involved with you?
4. Could you remember an occasion when your adolescent was nonresponsive or emotionally shut you out, as if you weren't there?

Participants

Six former foster caregivers were identified and asked to participate in the study. Participants were selected based on having at least one adolescent, non-biological or kinship placement, previously living within their home when the data gathering process began. The adult caregivers of the families were the scope of the study, not a foster adolescent. All of the families participating in the study identified themselves as being middle class and were foster caregivers, at one time, of adolescents for 4 years or more. The ages of the foster caregivers, when they first accepted foster adolescents in

their home, ranged from 24 to 51 years, with the preponderance of participants being nearer the upper end of the range. Four caregivers were female and two were males. All caregivers identified themselves as Caucasian. All caregivers were high school graduates, with three having baccalaureate degrees and two having graduate level degrees. Two of the participants are retired and four participants earned their primary income by working outside of the home (see Table 5). Finally, each caregiver was licensed by the state of Colorado as a foster caregiver when they had foster adolescents living in their home. Two participants continue to be licensed foster caregivers and four of the participants opted to not continue their foster care license.

Table 5.

Demographics of Participants

Name	Age at time of first fostering adolescents	Relationship Status	Gender	Ethnicity	Education	Employment
Pat	45	Single	F	Caucasian	Grad Sch	Volunteer
Renee	24	Single	F	Caucasian	Some Col	Employed
Rob	51	Married	M	Caucasian	Col Grad	Employed
Shelly	49	Married	F	Caucasian	Some Col	Retired
Tess	46	Married	F	Caucasian	Grad Sch	Employed
William	41	Married	M	Caucasian	Some Col	Employed

Participant Discussion

Participants are presented by providing a brief discussion of the demographics of each and then a discussion of how they responded to the six emotional availability themes.

Pat was 45 when she began fostering adolescents within her home, and identified herself as a retired teacher who spent her spare time volunteering for the Red Cross. She earned a graduate degree and applied her love of learning to foster

adolescents who have since grown and left her home. Pat was a foster caregiver for 15 years. She described herself in the following emotional availability themes.

Sensitivity. When Pat was young she had a close relationship with her parents and siblings and could discuss concerns with her parents easily. As a young girl of 13 Pat spent time with her father as he commuted from work and “let me spend a week with him” and “I always felt like a valued child.”

As a foster caregiver she was always available to her adolescent and organized life around the family with open discussions. “Dinner is a relaxed fun time that I enjoy very much.”

Structuring. She was able to go to her caregivers with problems and her caregivers were quick to resolve the issue. “I talked to my parents about my face breaking out. They took me to a dermatologist.”

Pat valued structured time with her adolescents and would often have “pizza and watch a movie” together with her adolescents. She did have occasions when meetings between her adolescent and psychiatric professionals resulted in a period, which was realized as the most productive time spent. She felt she did not structure those times well, but continued to work and afford her adolescent an opportunity to make positive socioemotional progress.

Nonintrusiveness. Her caregivers did not give her opportunity to structure her life through high school as she was restricted from making decisions on her own, but it was expected that college was a time to learn and engage in independence. “Going to college was the big escape. That’s when I expected to be independent.”

She generally did not disallow her adolescents from engaging in a learning opportunity except for those restrictions levied by foster care agencies, such as not sleeping at a friend's home. Her foster adolescent "...worked for the neighbor for a year cutting grass, raking leaves...and finally had enough hours to pay his \$300.00" for a car. Pat was always available and accessible to her adolescents to either resolve problems perceived by the adolescent or to just discuss life in general.

Nonhostility. Pat was always respectful to her caregivers and she never "rocked the boat."

One occasion, when the relationship between her and her adolescent went awry, was when she wanted her adolescent to get a job and had trouble engaging her adolescent in the importance and necessity of having a job and work experience. The relationship between Pat and her adolescent did not have a hostile atmosphere as neither was physically or verbally aggressive.

Child responsiveness and child involvement. Pat was always emotionally responsive to her caregivers. "My parents were overly protective with their daughters. I was obedient instead of rebellious."

Since she consciously built a nurturing environment for her adolescents they were elated to live within such a safe living environment where they were engaged with Pat. "Kids have

frequently said that my home was the best foster home they have ever lived in and that they didn't ever want to move to a different foster home."

Renee was a single 24 year old independent contractor for developmentally delayed clients when she began to foster female adolescents. She lived in foster care for a short time and then returned to her biological mother who raised her until emancipation. Being a fully independent woman, she was able to demonstrate and show tolerance and patience toward her adolescents as she knew what challenges they faced. Renee wanted her adolescents daily lives to be rewarding and memorable.

Sensitivity. In early life, Renee was being raised in an environment which did not show love or liking. "My mother was my primary caregiver and she seemed to do a decent job with Christmas gifts, but other than that time she really didn't do much to spend time with me."

Renee always enjoyed being with her foster adolescents and for special events such as graduation from high school she "...tried to make them very special and memorable for each child..." Noteworthy was the open communications between Renee and her foster adolescents.

Structuring. Renee rarely went to her caregiver when she was young for resolution of a concern or problem. Generally, when she did go to her caregiver for assistance the result was normally a sort of punishment. "...I learned at a very young age to just steer clear of her and to handle it myself."

Although family meetings were not a desired event by the foster adolescents, Renee did so occasionally to “keep the peace with four teenage girls living together.” Many county foster care service agencies restricted the actions of her foster adolescents, but Renee constantly advocated for her adolescents so each girl could experience life.

Nonhostility. Renee attempted to respond to her caregiver in a positive manner, but was severely rebuffed at every attempt to connect. She was punished “if it was not to her [biological mother’s] liking.” At times, Renee would respond to her caregiver in a negative manner by verbally diverting the attention away from herself and would respond by saying something like: “will you shut up.”

Renee was extremely diligent in the protection of her adolescents and would build scenarios which presented the best situation for growth and maturation within a safe environment. At times, her staunch compliance to acceptable rules and mores brought anger from her adolescents, which was not resolved in a positive manner. “The girl had the option to turn over all cigarettes and stop the behavior but she elected to continue so the police came to speak to her.”

Child responsiveness and child involvement: Renee was generally “emotionally unresponsive to [her] mother. I typically only said what she wanted to hear and then would walk away thinking, whatever; she still got what she wanted and I will do what I want.” Positive emotional connections with her mother only occurred during her young life when she did not understand that her mother could control

her own life and select the relationships she became involved in with male companions. "...I could see the many ways that she was getting herself involved in risky behaviors that lead to her own abuse or her abusing my sister and me." Renee was attuned to the emotions of her adolescents "due to the fact that they came from troubled families as I did." At times, her adolescent was not responsive and emotionally shut her out from the nurturing she was attempting to provide and "no matter how I helped this young lady and supported her growth and family repairing she never accepted my help."

Rob was a 51 year old college graduate when he took an adolescent female in his home. He was employed full time in the music and radio industry. Rob enjoyed teaching his adolescent new subjects and exposing her to music, but she was not in an emotional place to accept his guidance or teachings. He discussed himself in the following emotional availability themes.

Sensitivity. Rob remembers an occasion when he was involved in his first fight and his caregivers handled the incident with care and concern and acted in a manner which showed that they liked him and enjoyed him being around. "We all hugged and I truly felt loved deeply for the very first time in my life." Rob's caregivers had upbeat personalities which always constituted a situation where he enjoyed being with his caregivers.

Rob's adolescent was not amenable to caregiving when events did not go her way and she became abrasive and disrespectful.

"When she got her way, she was quick to show her brand of

superficial affection (hugging and kissing) as long as the party was for her.”

Structuring. When Rob was 11 he was out of school with the flu and in a situation where he might fail science due to missed days, but his caregiver stated his case and he was allowed to make up the work. “I was very upset and went to my mother crying. She comforted me and told me she would go to my teacher.”

Rob structured the time with his adolescent in the form of story time, game playing, or family activities. “Dinner was always structured around the entire family.” He planned and worked hard to ensure the time with his adolescent was productive and positive.

Nonintrusiveness. Rob’s caregivers allowed him to do things on his own such as walking to the movie theater by himself when he was seven. “It was the very first time I was permitted to travel that far...” At times, his caregivers did not allow him to go with another friend, which allowed Rob the opportunity to realize that his caregivers did not like the friend.

Rob did restrict his adolescent from a social event when she left a party without permission, which was not within the parameters of attending the party. “We normally allowed her to do things she wanted to do upon earning the right to do them.” She had a tendency to reject rules and as such, was restricted from events that involved learning or experiencing life.

Nonhostility. Rob insists that he had positive interaction with his caregivers. An example is when he and his caregiver worked on a science project together. “My father helped me with my science project...and when I got home I ran to my dad and hugged him...”

Many occasions went sour between Rob and his adolescent, such as when she wanted to go to a school dance, but based on the rules surrounding her attendance, she became angry and subsequently did not attend the dance. A more severe event which caused hostility between Rob and his adolescent was when she became angry and set fire to her room. “I had to break down the door to enter and extinguish the fire.”

Child responsiveness and child involvement. Rob was always responsive to his caregivers and they fostered an atmosphere of conversation, giving and receiving. His caregivers rewarded good behavior. “I always felt loved and protected.”

Rob’s adolescent did respond to special times, such as story time, when she was the center of the universe. “After reading a story at bedtime, she always seemed to like the special time of the day.”

Shelly was 49 when she began to foster adolescent boys into her home. She considers herself retired, but worked very hard to prepare her adolescents for venturing into “life” and becoming productive members of society. Most importantly was her desire

to instill a positive work ethic before each adolescent was ready to be emancipated from her tutelage.

Sensitivity: Shelly was very involved with her father and enjoyed a loving and caring relationship. “The special talks, walks and one-on-one times together. The visits we shared and also the stories.” Shelly did not have a close relationship with her mother. Shelly’s mother often did things that showed her she was last on her mother’s list of favorites. “My mother would say that I was not listed on her will.”

Shelly did enjoy the time spent with her adolescents traveling, “our special conversations’ and “traveling together and fishing.” Shelly did not relish the days when she would go to her adolescent’s school and discover that he had skipped classes and was off-campus with friends and then “receiving a call that an accident had happened.”

Structuring: Shelly was able to go to her caregivers with a problem or concern for the purpose of discussion. Often, though, her caregiver’s response was negative requiring her to find resources or solutions on her own. During Shelly’s young adulthood she went to her caregivers for support, “I needed to borrow money to put down on closing on a home. The response was no.”

In her own words, Shelly spent countless hours working with her adolescents to prepare them for integration into society as young adults. One area she stressed was “teaching the value of money and respect.” Often, Shelly’s adolescents were not responsive to her and were “not wanting to understand or willing to learn.”

Nonintrusiveness: Shelly's caregivers desired that she do things on her own and experience life as a doer. She "held a job at 16 years old and purchased her own clothes and traveled to work on her own."

Shelly always taught her adolescents to be aware of their surroundings, which was a carry over from the way she was raised to be an independent. She taught her adolescent to "be aware of his surrounding and experience life."

Nonhostility: Shelly responded in a positive way toward her father and enjoyed the time with him and the exchange of conversation and stories. However, her relationship with her mother was not positive. Shelly felt slighted "when my mother was willing to do more for my siblings than me and why I was shot down in a negative way."

She indicated that she relied constantly on two-way communication between her and her adolescents to teach them structure and values. Not all conversations were give and take or positive, resulting in "having a conversation and they do not want to understand or are not willing to listen...and give you a negative reaction." Lying by her adolescents was not acceptable in any quarter and negatively affected the relationship between her and her adolescent.

Child responsiveness and child involvement: Shelly was responsive to her caregivers and especially to her father when he needed her support.

Based on open lines of communication between Shelly and her adolescents both were extremely responsive to the emotional needs of the other. Shelly was able to teach and prepare her adolescents for the journey of life facing them in the near future.

Tess was a 46 year old female who earned a graduate degree and fostered four adolescents, both boys and girls. With her professional life based on counseling she structured the adolescent's environment, which was characterized by free flowing communications and an atmosphere of learning, personal growth, and emotional safety. She described herself in the following emotional availability themes.

Sensitivity. Tess comes from a very close family where children were constantly invited to be around the caregivers and share special times. "I enjoyed this time and felt loved by them." When one of her siblings was in severe trouble and her caregivers were arguing with him, Tess's caregivers did not want her around for the interaction. Tess became very upset at the fighting and screamed, resulting in her mother coming in her room and slapping her.

She constantly engaged her adolescents and took them out into society to gain experience and exposure to life skills. "It was a good bonding time and I felt that my adolescent also enjoyed the time..." Tess did not want to be with her adolescent when the adolescent was caught lying, but quickly resolved the issue and moved beyond the situation. "I do not like conflict and I am uncomfortable with my adolescent when she is moody and directs her unhappiness and

negativity towards me with negative body language and negative tones of voice.”

Structuring. With serious problems such drug or alcohol use, Tess’s parents would not recognize the situation, which caused a riff between Tess and her caregivers. “My parents had very little response and were in denial that my drug and alcohol use was a problem...”

Tess constantly stressed the need and importance of communications between herself and her adolescents. Tess never missed an opportunity to open the floor to discussion which enabled her “adolescent ...to discuss some things about other adolescents in the home that were concerning or irritating to her.” On a few occasions when Tess was tired and stressed, as an example the evening before Thanksgiving, interactions between her and an adolescent were short and sharp and she became defensive based on the desires of the adolescent. “I felt pressured because I needed to get started on making the food...”

Nonintrusiveness. Tess’s caregivers left her unattended during the summer when she was a teenager and also allowed a cousin to stay with her during the day. “We were pretty much all on our own during the day.” Her caregiver did not give explanations for negative responses to requests, but Tess would not take “no” for an answer and would do what she wanted to anyway. “My dad told me

I could not go [to a concert] but he did not give me an explanation as to why not. I left with my friends and went anyway.”

At times when her adolescents would argue, Tess would become involved and send them to their rooms until the immediate moment passed and then explained the situation, resolve the riff, and the family would move to other interests. Tess would allow the adolescents to go to events such as a dance club to gain social skills and experience life. When one of the adolescents was engaging in negative behaviors Tess drove with her to discuss the situation and discover what the adolescent thought about her life and with the behaviors she was engaged. “I was able to be available to her and support her without being intrusive or judgmental. We had a very good discussion and some of the tension between us was relieved.”

Nonhostility. When Tess’s caregivers found her bong they gave it to her and told her she needed to decide what to do with it. She respected her caregivers and thought how her actions could negatively affect her caregivers. “This was a big impact on me because my parents put the responsibility on me.” Tess responded to her caregivers in a negative manner when she went to a concert after being forbidden by her caregivers. “I was generally not that rebellious and it really caught my parents by surprise.”

During the Christmas holidays two of her adolescents snuck out, got

drunk and got caught, and were very belligerent toward Tess. The conversation went sour and did not improve when the police tried to resolve the situation. One of “my adolescent then began placing the blame on me and I became defensive...and by the end of the afternoon all of us felt badly and were able to make amends.” One of the female adolescents continued to get into trouble and to save the placement of the other three she was sent to a residential treatment center for a higher level of care, and “this elevated the tension between us [all of us].”

Child responsiveness and child involvement. Tess did not seem to have sound communications with her caregivers, as inconsistency was the mark of the conversations and guidance. She did not go to her father for decisions, “in part it was because he always responded negatively to me when I asked permission to do things.” When her caregivers went to a buyers’ market Tess would go and thoroughly enjoy the trip and felt a level of responsibility for the success of the trip. “I was more emotionally responsive to them during these trips because I . was not self-absorbed with my own adolescent life.”

Tess’s adolescents verbally expressed their thanks to her on several occasions, which made her feel loved and involved with the nurturing of the adolescents’ lives. One of the adolescents “made a point to pat me on the back and send sweet text messages to encourage me.”

William was a 41 year old full time employee when he began to foster adolescents. His fostering patterns and techniques were a result of being raised in a

middle income midwestern family of six. His values were based around family and a strong work ethic balanced with church teachings. The closeness of the family unit and the extended family realized dividends during the teachings of adolescents.

Sensitivity: William had a very close relationship with his caregivers and siblings. He also maintained contact with the extended family and cherished the family gatherings which occurred about monthly. "...My father and I were on a shooting team together through the National Guard. We would go shoot together every week... This was a time in which my father instinctively knew he and I needed to bond."

Although odd, William enjoyed being with his foster daughter during the last day or two of her stay in his home. The relationship with this foster adolescent was high in tension and drama, and since "she was no longer allowed in school for making poor choices and was suspended until other arrangements were made. She was very pleasant, didn't complain or argue, and we had enjoyed each others company."

Structuring: William could freely go to his caregiver with questions or concerns. "When I was a teenager there was a classmate who broke my bike and refused to pay for it to be fixed. My dad refused to intervene on my behalf and made me pay to have it fixed..." His caregivers allowed him to do things on his own and "even now

there are bouts of shame and guilt I contemplate over and must deal with emotionally.”

On occasion, William could not or did not structure interaction with his adolescent in the best possible manner. “We tried many consequences to get her to stop lying and it never made a difference other than escalated anger in both of us.” Furthermore, William was open to learning environments for his adolescents, except for a very aggressive child “that we tried to enroll in a city recreation program. The only program she was interested in was kick boxing, karate or other martial arts. We didn’t allow her to enroll in any of the classes...”

Nonintrusiveness: William’s parents allowed him to experience life by allowing him to do things on his own. His parents would leave him alone when they went away for the weekend with expectations that he would make the right decisions. Sometimes the adolescent mind took over and the result was not the best. “A co-worker of mine was going to get married and I was going to the wedding. They had an open bar and I took full advantage of it.”

Numerous apologies were necessary as a result of his indiscretion.

William allowed his adolescents every opportunity to learn and experience life as long as the event was safe for all concerned. He did allow adolescents in respite care to continue to smoke with several rules of restriction. He reported that he was always available to his adolescents without being intrusive on their emotions or space.

One of his adolescents "...was very close to her siblings as was probably at some level a caregiver to them. It was during times when she was missing her family, having memories of her past and so on when she would..." lock herself in her room. These were time when William would console and support his adolescent.

Nonhostility: William always responded to his caregivers in a positive way. His caregiver would constantly volunteer him for duties at the church without his knowledge, but he would "follow through and generally have a good time..."

William did have an occasion when a conversation turned sour between him and an adolescent based on her negative attitude and inappropriate behaviors during counseling sessions. "She showed no concern for the time and energy we were putting forward for her. When I confronted her on it, neither she nor the doctor gave little concern for her behavior or the fact that people were there to help and she refused it."

Child responsiveness and child involvement: William was unresponsive to his caregivers when they wanted him to do his chores. His father would become angry and actually struck him although his begged for William's forgiveness later. "I refused to look at him and or even recognize his presence. He never came back..." William was very responsive to his caregivers during family events such as holidays.

“...we had a fantastic time together and really drew upon each others strengths.”

When an adolescent would begin to get closer to reunification to their biological family they would become isolated and sequester themselves in their room for long periods of time. “As the time drew closer for her [the adolescent] reunification with her mom it happened more frequently for longer periods of time.”

Results of the data analysis

Data analysis was conducted using an inductive approach to identify the major themes from each area of the process. The analysis was conducted using the research question as a launching pad. The research question, “does emotional availability inform the foster caregiving experience,” forms the basis for analysis of the five tenets of emotional availability—sensitivity, structuring, nonintrusiveness, nonhostility, child responsiveness and child involvement. The five emotional availability themes are discussed in terms of the caregiver-adolescent dyad.

Implications of the analysis

Sensitivity was formed from several adult qualities that encompass an ability to show a warm inviting emotional connection, which welcomed the adolescent’s communications and presence. In general the analysis showed that the caregiver’s adult caregivers enjoyed their presence and invited communications. As a result of this exposure and inviting atmosphere, the caregiver enjoyed and invited his adolescent to be near and to communicate in a free flowing manner, which solidified the caregiver-adolescent dyad as viable for foster caregiving. The researcher found that the caregiver

was receptive to the adolescent when open communications, and positive body posturing and a pleasant spoken voice was present.

Structuring appraised the degree to which the caregiver formed the interactions of the adolescent and how he set limits or established rules for the adolescent that were socially acceptable in a formal or informal setting. Data analysis showed that when the caregiver as a youth had open conversation with his caregiver, albeit with mixed results, and they welcomed open conversation and interaction with their adolescent, the caregiver-adolescent dyad provided parameters for both the adult and the adolescent. Further, the caregiver was able to structure the time of the adolescent, even during stressful events, and to re-direct the adolescent's efforts in a positive direction.

Nonintrusiveness is the ability to be present emotionally for the adolescent while not being interfering. This allowed for a free-flow of ideas and conversation within the caregiver-adolescent dyad. The respondents indicated that the caregiver was able to explore life, with few restrictions, as he was being raised. The respondents indicated that this trend was passed on to the adolescents from the caregiver that they could experience life, under the guidance of a few rules, and the caregiver were there for the adolescents when they needed safety, reassuring, or further guidance.

Nonhostility is the ability to remain in emotional control during periods of stress, coupled with the ability to resist transferring stress to the adolescent. Pleasant facial expressions, positive body language, and soothing vocal tones are characteristic of nonhostility. The respondents indicated the caregivers were noted to "have a mind of their own" and to have had positive emotional relationships with their caregivers.

Subsequently, the caregivers had sound emotional connection with their adolescents even when the adolescents became distant due to an emotionally traumatizing event.

Child responsiveness and child involvement toward the caregiver reflected a positive emotional regulation and a clear sign of pleasure during interactions and well regulated emotions. Also, an eagerness and willingness to engage with the caregiver during a conversation or interaction indicates a desire to be involved with the caregiver. Analysis revealed that the caregiver was clearly emotionally responsive to his caregiver. Subsequently, the caregiver was emotionally responsive to the adolescent even when the adolescent was unable to resolve emotional issues with the caregiver. The caregiver was almost always receptive to the responsiveness of the adolescent. Regardless of the situation, the caregiver remained involved with the adolescent and was responsive to the emotional needs of the adolescent.

In the final analysis, if the respondent was emotionally responsive to his caregiver, he was almost always emotionally responsive to his adolescent, even during periods of frustration or emotional disconnect. Based on the emotional strength displayed by the caregiver, he relished being in a relationship with his caregiver as well as his adolescent. The key element here was the respondent's emotional tie to his caregiver which directly transferred to the emotional connection between the caregiver and the adolescent; thus, laying the initial foundation for a solid and successful foster placement and a viable caregiver-adolescent dyad.

Summary

This chapter included discussion around lessons learned by the researcher from participant stories, which included a reflection of successful placements in the five areas

of emotional availability—sensitivity, structuring, nonintrusiveness, nonhostility and child responsiveness and child involvement. Discussions by the six participants and their demographics occurred. The results of the data analysis showed that if a caregiver was emotionally responsive to his caregiver then he would transfer the emotional responsiveness to his adolescent, which would result in the possibility of a solid foster placement for the adolescent. The research question, “does emotional availability inform the foster caregiving experience,” is positively answered, based around the participants’ responses and the analysis of the data. It seems clear from these results that emotional availability does inform the foster caregiving experience.

Chapter 5

Discussion

Recent studies, involving emotional availability, have solidified its value as a concept understanding that reciprocity within a dyadic system of a caregiver-adolescent scheme (Biringen, 2004). Several other constructs that are identified within the context of emotional sensitivity are consistent with those identified in Bowlby's (1969) and in the Ainsworth et al's work on attachment theory (1978). As research effort and interest in attachment theory grew, many other researchers built upon the foundation of attachment theory and developed a significant body of literature surrounding emotional availability (Biringen, 2000; Emde & Easterbrooks, 1985).

Primarily, emotional availability describes the quality of mutual emotional expressions within a relationship between adolescents and their primary caregiver (Biringen & Robinson, 1991; Emde & Easterbrooks, 1985). Emotional availability encompasses four characteristics of caregiver emotional availability behavior and two characteristics of child emotional availability behavior. The parental emotional availability characteristics include parental sensitivity, parental structuring, parental nonintrusiveness, and parental nonhostility (Biringen, 2000). Child emotional availability characteristics include child responsiveness and child involvement (Biringen, 2000; Pipp-Siegle, 1998). The six emotional characteristics aid in the identification of the level and quality of emotional availability within the caregiver-adolescent dyad. Furthermore, research suggests that the quality of emotional availability is related to an individual's socioemotional level of health (Easterbrooks & Biringen, 2000; Ziv, Aviezer, Gini, Sagi,

& Koren-Karie, 2010), as well as the quality of emotional attachment to a caregiver (Bretherton, 2000).

Although most of the research surrounding emotional availability has been studied within a mother-child or a father-child dyad (Biringen, 2000; Biringen, et al., 2005; Biringen & Robinson, 1991; Bretherton, 2000; Emde, 2000), instruments designed to assess adolescents or older participants' receptiveness to emotional availability are based around a clinical setting, primarily, and not on discussion with caregivers within their foster caregiving environment.

Demographics

Potential participants were limited to a non-kinship caregiver who had had a foster adolescent living in the home. The foster placement must have been made by a Colorado human services agency. All former caregivers were approached either in person or by telephone as to their willingness to participate in a journaling process.

Five households had two former foster caregivers in residence, but only one caregiver participated in the journaling exercise. One household had one adult caregiver participant. The sample for this study consisted of six foster parent adults; two were adult males and four were adult females. Each participant was over the age of 24 when they fostered adolescents and was previously licensed as a foster caregiver by the state of Colorado. All six participants were high school graduates and three participants were college graduates. Four of the participants worked away or from the home, one

participant was a volunteer worker and one participant classified herself as retired (See Table 6). Participation in the study was voluntary and confidential.

Table 6

Demographic Characteristics of Participants (n = 6)

Characteristics	n	%
Age when first fostered adolescents (years)		
20-29	1	17
30-39		
40-49	4	67
50-59	1	17
Gender		
Male	2	33
Female	4	66
Relationship status (when survey began)		
Single	2	33
Married/Partnered	4	66
Ethnic background		
Caucasian	6	100
Education level (all that applied)		
High School/GED	6	100
Some College/Trade School	4	67
College	3	50
Graduate School	2	33
Current primary employment (all that applied)		
Paid full time employment	4	67
Non-paid work such as volunteer work	1	17
Retired	1	17

Note. Totals of percentages are not 100 for every characteristic because of rounding.

Importance of emotional availability

Research indicates that the caregiver's perspective of the emotional availability construct encompasses both emotional accessibility and caregiver understanding of the adolescent's socioemotional indicators and is the essential piece for understanding the

quality and health of caregiver-adolescent interaction. The emotional availability experience is a caregiver's sensitivity, which is observable in caregiving (Biringen, 2000, 2005) as a dynamic interaction between the caregiver and the adolescent (Emde, 2000). Research has shown that the most desirable aspect of the caregiver-adolescent dyad is the emotional connection within the schema (Biringen, 2004). The caregiver-adolescent dyad characteristics are strength, functionality, and how the caregiver's actions of healthy caring produce a positive response from the adolescent as he gains a feeling of security and safety, which are essential for the adolescent to thrive (Biringen, 2004). The most critical aspect of emotional availability is the positive and nurturing impact that appropriate expression and reception have on the dyadic relationship (Biringen, 2000; Easterbrooks et al., 2005; Emde, 1980). The caregiver-adolescent dyad is always a two way situation as a caregiver is interacting with an adolescent one-on-one, even when the interaction has more caregivers and more adolescents present.

Impact of sensitivity on an adolescent. A sensitive caregiver is mostly affectively positive, in terms of his facial and vocal expressions (Hughes, 1997). The appropriateness of the adult's affect is essential in signaling to the adolescent. An adult showing positive affect in a highly appropriate manner laughs and gestures at appropriate times always in a positive and authentic manner (Biringen, 2005). The caregiver's physical availability may become the link between the adolescent's autonomy seeking (Biringen, 2004), which allows the adolescent to venture away from his secure base, knowing that the caregiver is there and available for security and comfort when needed.

Impact of structuring on an adolescent. A caregiver who structures the environment of the adolescent optimally seems to provide consistent clues and suggestions as well as a framework for rules and regulations, which builds a sound nurturing caregiver-adolescent dyad (Hughes, 1997). The optimal degree of structuring involves providing a framework for sensitive interaction in a relaxed, spontaneous way (Biringen, 2005). A lack of caregiver structuring during the adolescent period of life could lead to an adolescent making choices that leave a negative impact on their life (Biringen, 2004; Grossman, Grossman, & Waters, 2005).

Impact of nonintrusiveness on an adolescent. Nonintrusiveness refers to the ability of the caregiver to be available to the adolescent without being invasive (Levine, 2006). Emotionally “being there” and available when needed is indicative of a good nonintrusive posture (Biringen, 2005). Caregivers must practice being involved with the adolescent’s life to aid and assist the adolescent in making optimal choices (Biringen, 2004).

Impact of nonhostility on an adolescent. A caregiver who displays little sign of negativity or difficulty with emotional regulation is viewed as being nonhostile within the caregiver-adolescent dyad (Biringen, 2005). The caregiver displays neutral or inviting facial expressions and voice tones as well as other non-verbal cues to build or maintain a serene environment for the caregiver-adolescent dyad (Biringen, 2005).

Impact of child responsiveness and child involvement. Responsiveness is the best indicator as to how the adolescent is emotionally responding to the caregiver (Grossmann, Grossmann, & Waters, 2005). If the adolescent readily responds to the caregiver by facing and looking and talking to the caregiver with an engaged tone, then

the adolescent is being optionally responsive. The adolescent who is involved with the caregiver will engage the caregiver as an interactive player or support person in his life or activity (Biringen, 2005).

Discussion of findings

This discussion revolves around the study's participants during their early life and the contact they had with their caregivers, also, the interaction between the participants and their foster adolescents.

Not all recalled interactions between the study participant and his caregivers during early life were positive and nurturing, but the interactions did occur between the participant and his caregivers and an issue resolution was realized. As the study participant displayed a level of emotional responsiveness to his caregiver, in his earlier life, he then tended to be, as a foster caregiver, emotionally responsive, nonintrusive, and attentive to his adolescent. Further, the foster caregiver was emotionally responsive to his adolescent and present in his life even during periods of frustration or emotional disconnect within the caregiver-adolescent dyad. The key element was the foster caregiver's emotional tie to his caregiver, which directly transferred to the emotional connection of his adolescent. A caregiver who displayed the tenets of the Emotional Availability (EA) ® Scales—sensitivity, structuring, nonintrusiveness, nonhostility—toward his adolescent received child responsiveness and child involvement in return, which solidifies the possibility of a good foster placement for the adolescent.

Limitations of the study

This study is limited due to the relatively small sample of former foster caregivers who participated in the research. However, the participants represented extensive

experience in foster caregiving, which added validity to the study. Rob stated “[t]he joy of knowing you make yourself available for a child to help him grow into a better, more giving, more mature human being is essential to the entire caregiving process.” Most of the previous literature focused on the emotional availability in relationships between caregivers and infants and toddlers. Little work has been done in the adolescent arena. In the current study, all participants identified themselves as Caucasian which may have limited a diverse perspective. Diverse participants could possibly alter the outcome of research based on caregiving techniques based around culturally influenced practices and beliefs. Caregivers who currently had adolescents in their home were not studied due to state of Colorado policies surrounding the need to ensure the confidentiality of an adolescent. Subsequently, former foster caregivers were asked to be participants in the study, which does not necessarily account for current caregiver thoughts or techniques and how the caregiver’s younger life upbringing directly or indirectly impacted current foster caregiving.

Implications

There are several implications from the current study. Most of these implications center on the impact of caregiver’s perception of emotional availability and the emotional adjustment by the adolescent.

Given the present findings, it is important for caregivers to be aware of the impact of their caregiving style. It is also important for caregivers to be aware of the different types of influence they have on their adolescents, especially in the context of emotional growth and maturation into a well balanced young adult. The study does indicate that caregivers have a significant and positive impact on an adolescent during his rearing.

Implications for foster caregivers

This study has reiterated the finding that emotional availability has a significant impact on the emotional, social, and psychological health of the adolescent in a foster care environment. Regardless of the level of connection within the caregiver-adolescent dyad, caregivers must be cognizant of the research surrounding emotional availability and its application and impact on the adolescent for successful maturation.

Implications for foster placement agencies

Placement agency counselors may have a good and unique perspective on adolescents, because they may have been working with them for an extended period of time, and have formed a bond and an opinion. Although an adolescent's adjustment to a foster caregiver cannot be generalized the research does suggest that the tenets of the Emotional Availability (EA) Scales®—sensitivity, structuring, nonintrusiveness, nonhostility, and child responsiveness/child involvement—are important for a safe, nurturing, and growing environment. Indications are that if the prospective foster caregiver can utilize the tenets of emotional availability then the placement may be found to be a safe and nurturing environment with longevity. Case workers and case managers can also benefit if they employ the tenets of emotional availability. The Strategic Planning Process for Foster Placement model (Figure 1) can afford placement agencies with a consistent process and model for the preparation and placement cycle in the foster home.

Future research

Studies concerning emotional availability and caregivers could be beneficial in helping researchers and clinicians understand a greater context of emotional availability

and the variables associated with adolescents. As stated above, it is possible that emotional availability as a whole can be significantly associated with foster care adjustment. By allowing the caregiver to accept the adolescents where they stand emotionally and nurture them will create a growing atmosphere within the caregiver-adolescent dyad.

It would be interesting to conduct this study again with more participants and participants with differing cultural backgrounds. This approach could help researchers, clinicians, and practitioners understand how the impact of emotional availability is a dynamic factor to adolescent foster placements and could further validate current or future findings within this area of research.

Specifically, topics for future research are the success rates of adolescents who emancipate from the foster care system. Further, to solicit participation from former foster adolescents to understand the impact of emotional availability on their foster experience or their perceived need for emotional availability. Also, research the importance and impact of emotional availability during the initial 24 to 48 hours in foster care.

Summary

This chapter included a discussion of the study and implications that may be drawn from the findings. In short, findings affirm that, first, emotional availability is a critical construct for the caregiver's approach to foster caregiving of an adolescent. It is critical for the caregiver to display the tenets of emotional availability that allow the adolescent to feel safe and nurtured within the caregiver-adolescent dyad. Second, if caregivers, during their younger years, were sensitive and responsive to their own

caregivers; then, these caregivers were prone to be responsive to their adolescents and formed a safe, nurturing, and growing foster placement environment. The critical point is that the caregiver had communication during his younger years with his caregiver who directly translated into a positive environment of growth and subsequently he communicates in an emotionally available manner with his adolescent who then became emotionally responsive and involved. Finally, given the importance of emotional availability as the key element within foster placement, studies with more participants of differing cultural experience will assist researchers, clinicians, and practitioners to validate this research and explore the importance of emotional availability in the foster caregiving process.

Epilogue

Foster care has progressed since the orphan trains of the 1850 and through the 1930, but the need for each child to have a forever family still exists. Between 1854 and 1930, the placing-out or orphan train strategy—a forerunner of modern family foster care—relocated approximately 150,000 orphaned or impoverished children from New York to families in the Midwest, most of whom were rural farming families (Cook, 1995). The goal was to rear children in rural families to increase their chance of becoming productive adults in society.

The U.S. Department of Health and Human Services in their annual report, as of September 30, 2011, on adoption and foster care (The AFCARS Report, 2012) showed that nationally, during fiscal year 2011, 400,540 children were in foster care with 252,320 entering during the same year. Noteworthy was the number of adolescents who entered foster care—a total of 67,259 adolescents, ages 13 through 17, or 27% of the children entering foster care that year—a tragedy in itself.

Reflecting back over this arduous dissertation journey, several points of interest were revealed. First, the foster caregiver participants did not come from a specific background as they entered their quest to assist adolescents become productive young adults prepared for the future. The participants came from middle class stock and classified themselves as part of the middle working class, each being at least a high school graduate. One participant, Shelly, stated she fostered adolescents to “give them direction, provide support, and help and teach them the meaning of life and what a good work ethic was.” Rob stated that “I believe that being there for any child and to be a

good role model is the 1st best way to teach a child how to get through life's challenges and adversity.”

Second, each participant had communications with their caregiver as they grew up, even though not all levels of communication were positive, but the point was that they did communicate with their caregivers. Communication was an important element in the rearing of adolescents as it cleared confusion and put both caregiver and adolescent expectations on the table. Tess stated “while there are times when fostering adolescents is a challenge and is tiring the benefits out-weigh the risks. My mother has always instilled in me the desire to reach out to others less fortunate. While my childhood was not perfect I always had a stable home with loving, supportive, responsible parents.”

Third, the most universal answer to the question “could you describe why fostering an adolescent is important to you” was that the foster caregivers wanted the adolescent to “grow as an individual,” “help them make things happen through guidance and support,” “change their life cycle”, and “prepare them for life in the community.” True, each adolescent came to foster care with some emotional baggage as each had been abandoned at least once by his biological family. The negative foster life cycle can be ebbed and reversed if each adolescent is provided the guidance necessary to navigate the rivers of life. It is truly amazing how these participants instinctively knew and understood the tenets of emotional availability—adult sensitivity: open to the adolescent's presence and communication, adult structuring: placing boundaries to keep the adolescent safe, adult nonintrusiveness: not violating the adolescent's space, adult nonhostility: not having threatening voice tones or body posture, and child

responsiveness/child involvement: the feedback received after adult emotional availability is applied—and applying them constantly and consistently to afford adolescents a positive growing ground. Renee stated “fostering was important to me because I wanted other girls to see that just because your life started out as a train wreck didn’t mean that it had to end that way.” And William offered “our hearts had been broken by the stories of despair some of these kids had had to endure. After much prayer and intimate talks we decided we had something we could offer to them.”

The researcher has extensive personal experience with fostering and has fostered, alongside his partner, several adolescents both in the therapeutic placement care sense and by providing therapeutic respite care to adolescents, pre-teens, toddlers, and infants. Not all placements, regardless of the length, were as successful as some, but each was a learning experience for the researcher. The researcher learned that the tenets of emotional availability are critical for building emotional links between the foster caregiver and the adolescent. The adolescent arrives at foster care with exactly the life skills they possess and may be socioemotionally stunted for their chronological age. An adolescent learns to feel secure when adult caregivers consistently notice his needs and when the caregiver can be counted on to assist the adolescent by truly engaging in and meeting comfort and safety requirements. The caregiver must be emotionally available, recruitable and non-intrusive in their caregiving style toward the adolescent to facilitate their transition, placement, and emancipation.

In the researcher’s experience, adolescents needed to be reassured that they haven’t grown-up too much and that their caregivers realize how much they still need a secure, safe environment. A good caregiver can give that kind of reassurance without

upsetting the natural and healthy desire to grow more independent. Even though the adolescent reached a state of maturity where he was physically capable of having a child of his own, emotionally the adolescent still needs the caregiver to be a parent. The caregivers don't throw the adolescent out when the adolescent reaches a point where he is ready to move out on his own. A successful caregiver is pleased when this time comes because it is evident that the adolescent has matured to the point where he is ready to face life, not because the caregiver wants to be rid of him.

Reflecting back on the study it appears, to the researcher's wonderment, that each of the participants began the process of becoming a foster parent and continued to be a foster parent for basically the same reason, which was to provide a safe nurturing place for adolescents to grow into young adults and become a proud productive member of society. The researcher's own experience encompasses the use of the tenets of emotional availability to provide the adolescent with the initial safe environment and future nurturing and growing place which readies them for adulthood. The reasons and techniques the participants employed during their foster caregiving were the same as the researcher used during his many fostering journeys.

Fostering adolescents is important to society and the community. Many adolescents are housed in facilities or group homes and do not receive the training and guidance necessary for emancipation into society. If each adult household would evaluate their status and their possibility for fostering an adolescent; then, it is possible to provide a forever family and possibly an adoption to the 67,000 adolescents waiting each year.

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Appendix A

IRB Approval

IRB Approval Letter

From: Janell.Barker@colostate.edu
Sent Date: Wednesday, April 11, 2012 09:16:14 AM
To: Alina.Waite@ColoState.EDU, Dean.Nelson@ColoState.EDU
Cc:

Bcc:

Subject: The following Protocol has been Approved: 11-2724H

Message:

The IRB has approved your protocol referenced below:

Protocol ID: 11-2724H

Principal Investigator: Waite, Alina

Protocol Title: Does Emotional Availability Inform Foster Caregiving?

Review Type: EXPEDITED

Approval Date: April 10, 2012

This is not an official letter of approval. Your approval letter is available to you in the "Event History" section

of your approved protocol in eProtocol.

If you have any questions regarding this approval, please contact:

Janell Barker: Janell.Barker@Colostate.edu ; 491-1655

Evelyn Swiss: Evelyn.Swiss@Colostate.edu ; 491-1381

TO ACCESS THIS PROTOCOL, LINK TO:

<https://csu.keyusa.net/>

Appendix B
Consent Letter



School of Education
1588 Campus Delivery
Fort Collins, Colorado 80523-1588
(970) 491-1963
FAX: (970) 491-1317
www.soe.cahs.colostate.edu

SUBJECT: Consent for participation in an interview for foster caregivers of an adolescent

Overview: You have been asked to participate in a journaling or interviewing experience. You may select one or the other for the research study. The Journaling and interviewing processes will be used to obtain your thoughts and experiences of foster caregivers who have adolescent foster children within their home. The journaling is envisioned to be a daily activity where the experience of being a foster caregiver for an adolescent is documented. The journal will be provided and will have questions to assist you during the process. The face-to-face interview, if this is a better option, will be a more formal style of getting to the experience of being a foster caregiver of an adolescent. The option, journaling or interviewing, is your choice.

Adolescents are described as boys or girls from 13 years of age to 18 years of age or just before emancipation. You will be asked a variety of questions about how you were raised during your own adolescent years and how you feel you are raising foster adolescent(s) now. The knowledge from this study may assist other foster caregivers who decide to invite an adolescent into their home.

Study Procedures: As a participant you may choose to take part in the journaling activity. You will be given a journal with questions for your response. You may select any question(s) on a given day to respond to, but the selection is your choice. Furthermore, there is additional space for you to journal thoughts and experiences beyond those prompted by the questions which are provided. Your journal will be returned to you as a keepsake of your experience at the conclusion of the research project.

If you choose to participate in the project by providing a face-to-face interview, we will meet and I will ask a series of questions and solicit your viewpoints surrounding the experience of being a foster caregiver of an adolescent. The interview will be recorded and transcribed for your review. I will ask that you review the transcript for accuracy. A follow-up interview may be scheduled to further discuss your experiences as a caregiver of a foster adolescent. The recordings will be destroyed at the conclusion of the research project.



School of Education
1588 Campus Delivery
Fort Collins, Colorado 80523-1588
(970) 491-1963
FAX: (970) 491-1317
www.soc.caahs.colostate.edu

Benefits: The benefit of participating in this study:

- You will gain more insight into your personal experiences.
- You may keep your journal or transcript upon completion of the study.
- You will also receive a copy of the knowledge learned from the completed study.

Potential Risks: There is a possibility that the journaling exercises or interviewing process may cause stress. If you feel this study has harmed you in any way, please contact Dr. Alina Waite, (970) 491-5029.

Confidentiality: Your identity, as well as the identity of the adolescent(s), will remain completely confidential. A list will be created with your name and contact information solely for the purpose of providing the journal, transcripts and knowledge summary to you. The name list as well as the interview recordings will be kept in a locked cabinet. Names used during the journal or interview process will be converted to a pseudo names in all cases. This list and interview recordings will be destroyed upon completion of the study.

Institutional Review Board: Your participation in this research is voluntary. If you decide to participate in this study, you may withdraw your consent and stop participating at any time without penalty or loss of benefits to which you are otherwise entitled. The principal investigator of this study is Dr. Alina Waite. Questions about participants' rights may be directed to Kathy Partin at (970) 491-1563.

I would like to Journal _____ or interview _____

Contact Person: If you have any questions or comments, please contact Dean R. Nelson at (970) 353-0146 or nelent@aol.com



School of Educ
1588 Campus Deli
Fort Collins, Colorado 80523-
(970) 491-
FAX: (970) 491-
www.soe.cahs.colostate

Consent: I have read this consent document and agree to participate in this study.

Yes
 No

Name of Participant

Dean R. Nelson
Name of Researcher

Signature of Participant Date

Signature of Researcher Date

Appendix C
Foster Caregiver Information

Please respond to the following questions so I may get to know you a little better.

1. How many foster adolescents do you currently have in your home?

_____ Boys: Ages _____

_____ Girls: Ages _____

2. How many years have you been a foster caregiver? _____

3. What is your current age? _____

4. Gender?

_____ Male

_____ Female

4. How do you identify your relationship status?

_____ Single

_____ Separated

_____ Married/Partnered

_____ Widowed

_____ Divorced

5. How do you identify your ethnic background (Please check all that apply)?

_____ African-American

_____ Latino/a or Hispanic

_____ Asian-American

_____ Pacific Islander

_____ American Indian

_____ Other (please specify)

_____ Caucasian

6. Indicate the highest level completed.

Elementary School _____

Jr. High/Middle School Diploma _____

High School/GED _____

Some College/Trade School _____

College Degree _____

Post Graduate Degree _____

7. How would you describe your current primary employment status (Please check the one that best applies)?

_____ Paid full time employment

_____ Paid part time employment

_____ Temporary/on-call

_____ Seeking work for less than one year

_____ Seeking work for more than one year

_____ Non-paid work such as volunteer work

_____ Homemaker

_____ Student

____ Unable to work
____ Retired
____ Other (Please specify) _____

Appendix D
Journaling Questions

Journaling Questions

Instructions: (These instructions and questions are posted in each journal)
Welcome! Thank you for participating in this study. Here are some instructions to help guide your journaling experience.

- Please date all entries.
- Write as much or as little as you desire for each question and tell your story.
- If you return to an earlier entry at a later date to add more information, please date your additional comments.
- If you choose to not answer or respond to a question, please write “no comment” under the question.
- You may journal at your own pace; however, with your permission, I will be sending email reminders and checking in with you to see if you have any additional questions concerning your journaling journey.
- Please attempt to complete your journal within the next eight weeks. I will collect the journal at the end of the eighth week.
- To maintain the integrity of the journaling exercise it is wise not to share the questions or your responses with your foster children.
- I may need to discuss a response with you to insure I fully understand it.
- Questions, please contact Dean R. Nelson at (970) 353-0146.

Journaling Questions:

Sensitivity:

Entry 1. Could you describe an occasion when you knew that **your caregivers** liked or loved you?

Entry 2. Could you describe an occasion when you knew that **your caregivers** did not want to be with you?

Entry 3. Could you describe an occasion, which occurred when you enjoyed being with **your adolescent**?

Entry 4. Could you recall an occasion, which occurred when you did not like being with **your adolescent**? Why do you think that happened?

Structuring:

Entry 5. Could you describe an occasion when you went to **your caregivers** with a problem or concern? How did they respond?

Entry 6. Could you describe an occasion, which occurred when you appropriately structured interactions with **your adolescent**?

Entry 7. Could you describe an occasion, which occurred when you did not structure as well as you might have wanted to? Why do you think that happened?

Nonintrusiveness:

Entry 8. Could you describe an occasion when **your caregivers** allowed you to do things on your own?

Entry 9. Could you describe an occasion when **your caregivers** did not allow you to do things on your own?

Entry 10. Could you describe an occasion, which occurred when you restricted **your adolescent** from learning or experiencing life?

Entry 11. Could you describe an occasion, which occurred when you allowed **your adolescent** to learn and experience life?

Entry 12. Could you describe an occasion, which occurred when you were available to **your adolescent** without being intrusive?

Nonhostility:

Entry 13. Could you describe an occasion when you responded to **your caregivers** in a positive way?

Entry 14. Could you describe an occasion when you responded to **your caregivers** in a negative way?

Entry 15. Could you describe an occasion, which occurred when a conversation turned sour between you and **your adolescent**?

Entry 16. Could you describe an occasion, which occurred when hostility affected your relationship with **your adolescent**?

Child Responsiveness and Child Involvement:

Entry 17. Could you describe an occasion when you were emotionally unresponsive or uninvolved to **your caregivers**?

Entry 18. Could you describe an occasion when you were emotionally responsive or involving to **your caregivers**?

Entry 19. Could you describe an occasion when **your adolescent** was emotionally responsive or involved with you?

Entry 20. Could you remember an occasion when **your adolescent** was nonresponsive or emotionally shut you out, as if you weren't there?

General:

Entry 21. Could you describe why fostering an adolescent is important to you?

Entry 22. Could you describe how **your adolescent** met your expectations?