

Screening for Relational Indices of Care Quality in Applicant Foster Parents

Shirley-Ann Chinnery

Shirley-Ann Chinnery, University of Auckland, New Zealand

Address for Correspondence:

s.chinnery@auckland.ac.nz

ABSTRACT

Emotionally responsive care provision is a primary function of the fostering relationship. Attachment research in foster care shows that care quality is influenced by a foster parent's own attachment experiences and relational history. However, a recent systematic literature review on foster care indicates that relational quality is inconsistently addressed in care practice evaluations of prospective foster parents. Limited use of evaluation methods appropriate to distinguishing individual differences in care quality may be one reason for the inconsistency noted. This paper argues that assessment of relational quality of applicant foster parents must be a routine component of care practice evaluations, supported by assessment methods capable of distinguishing individual differences on the relational indices of interest. Attachment orientation mediates relational quality and outcome. Accordingly, five self-report instruments commonly used in the attachment field for assessing adult relational quality are reviewed.

Keywords: *Care practice assessment; Adult attachment; Self-report measures; Relational quality; Foster parent–foster child relationships*

CONTEXT AND INTRODUCTION

Attachment research indicates that the quality of relationship formed between foster parent and foster child is instrumental in either perpetuating, challenging or changing the way a child views themselves, others and the world (Bick & Dozier, 2008; Bowlby, 1969; Steele, Hodges, Kaniuk, & Steele, 2009). Placement with foster parents who have the capacity to read and respond to a child's needs in sensitive and emotionally receptive ways is strongly associated with maximising a child's likelihood of doing well developmentally (Dozier, Zeanah, & Bernard, 2013; Steele et al., 2009). Fostering a child's growing sense of security in their new caregiving relationship is, in large part, dependent on the quality of the adults' own experience in close relationships (Mikulincer & Shaver, 2012). Thus, care practice evaluations of prospective foster parents need to routinely assess for "attachment state of mind" – the way an applicant foster parent may process relational experience.

A recent systematic review on attachment in foster care suggests that the relational characteristics of potential foster parents are inconsistently assessed (Quiroga & Hamilton-Giachritsis, 2016). A reason for this might be the limited use care practice social workers (CPSWs) make of assessment methods for differentiating individual variances in relational quality. Foster parents are expected to be able to form secure relationships given the importance of this aptitude in promoting a child's healthy development. Consequently, those CPSWs charged with recruitment, assessment, selection and retention of applicant foster parents need screening tools for consistently and accurately identifying which applicants could provide sensitively responsive care.

Drawing on an attachment-theoretical lens, this paper reviews five standardised self-report tools identified in attachment and parenting literature as reliably discriminative measures of relational quality. First discussed is the theoretical premise of attachment theory, relevant to conceptualising adult attachment and its influence on care quality. Next discussed are the results of a literature search conducted to ascertain which relational quality screening tools CPSWs currently use in their evaluations of prospective foster parents. A review of the five tools follows. Highlighted in this discussion is the relevance of these instruments to care practice assessment. The paper concludes with recommendations for future research.

THE ATTACHMENT PARADIGM AND ADULT ATTACHMENT

The attachment paradigm asserts that an adult's attachment state of mind is an important determinant of care quality. Adult attachment research shows that some relational orientations may impair an adult's ability to be emotionally responsive in close relationships (George, Kaplan, & Main, 1985). The Internal Working Model (IWM), a core construct of attachment theory, posits that filters for understanding close relationships are constructed in childhood through iterative interactions with primary caregivers (Bretherton & Munholland, 2008). Accordingly, individuals who receive emotionally responsive care tend to develop positive/secure internal schemas about themselves and their attachment figures. Conversely, negative experiences, such as being parented by critical, rejecting, aloof, unpredictable and/or frightening attachment figures generates insecure and/or disorganised internal maps of close relationships. The theory asserts that these relational maps get carried forward to new relationships and subsequently influence the way an individual thinks, feels and acts within these (Bretherton

& Munholland, 2008). The strength of this theorising has since been confirmed by two pivotal meta-analytic reviews showing that there is an association between a caregiver's relational orientation and that of their offspring (van Ijzendoorn, 1995; Verhage et al., 2016).

Adult attachment research shows that the caregiving system is reciprocal to the attachment system (Bowlby, 1969; Mikulincer & Shaver, 2012). Studies in attachment and foster care highlight the interrelationship between relational security, responsive caregiving and partner satisfaction (Kane et al., 2007; Millings, Walsh, Hepper, & O'Brien, 2013; Orme & Combs-Orme, 2014; Selcuk, Zayas, & Hazan, 2010). Care and protection are the primary goals of the caregiving system. But some adults' relational needs and functioning interfere with their capacity for emotional availability and responsiveness to dependants' needs. CPSWs need to be alert to differences in applicant foster parents' relational qualities, particularly given that high rates of relational insecurity have been noted in some fostering studies (Ballen, Bernier, Moss, Tarabulsky, & St-Laurent, 2010; Steele, Hodges, Kaniuk, & Steele, 2009).

Abundant attachment research shows that children who receive sensitively responsive care typically learn to use their relational partners as a secure base (Ainsworth, Blehar, Waters, & Walls, 1978; Cyr, Euser, Bakermans-Kranenburg, & van Ijzendoorn, 2010). Children with attachment-secure caregivers come to trust that these people will be emotionally and physically responsive and available to them in times of need: iterative episodes of responsive care are important in shaping how a child comes to experience themselves, others and the world (Bowlby, 1969). The normative goal of this parent-child interaction involves the caregiver acting as a safe haven for the child in times of danger and subsequently a source of support for exploration, once the need for comfort recedes.

Recent attachment-focused fostering studies demonstrate that the emotional capacity of an unrelated caregiver can also be an influential mediator of change in a fostered child's orientation toward close relationships (Pace & Zavattini, 2011; Steele et al., 2009), particularly when placed with relationally secure foster parents (Bates & Dozier, 2002; Pace & Zavattini, 2011; Steele et al., 2009). Correspondence with negative/insecure mind-states have also been found (Cyr et al., 2010; Mills-Koonce et al., 2011). That is, when foster children are placed with attachment-insecure caregivers, they are more likely to become relationally disorganised (Ballen et al., 2010; Bates & Dozier, 2002; Cyr et al., 2010). This is associated with poor developmental outcomes in childhood and is predictive of a range of future mental health problems (Fearon, Bakermans-Kranenburg, van Ijzendoorn, Lapsley, & Roisman, 2010; Lyons-Ruth & Jacobvitz, 2008).

Preceding discussion underscores the importance of focussing on relational quality as a routine component in care practice evaluations given its proven influence on caregiving behaviour (van Ijzendoorn, 1995; Verhage et al., 2016). Attachment literature emphasises using multi-informant data when assessing relational quality. Three methods are commonly referenced and includes: (1) narrative interview; (2) observation; and (3) standardised screening instruments (Mikulincer & Shaver, 2012). Interestingly, the first two methods are regularly implemented by CPSWs. However, the third method appears to be little used (Bifulco, Jacobs, Bunn, Thomas, & Irving, 2008). This circumstance may reflect the field's lack of familiarity with such tools and the discipline's long-standing apprehension about engaging with methods

derived from the positivist paradigm (Luke & Sebba, 2013; Sheldon, 2001). Routine inclusion of standardised tools is called for as, unlike narrative interviews, these instruments can reliably discriminate individual differences relevant to the construct of interest.

Positive change in the way a fostered child perceives themselves and close others is likely to be heightened by placement with foster parents who are emotionally available. Accurate identification of individual differences in relational quality is best achieved by methods developed to generate this outcome. Thus, the results of a literature search conducted to ascertain which screening tools of relational quality CPSWs might currently use in care practice evaluations are considered next.

Searching the literature: Screening tools of relational quality

A literature search was conducted before March 2017 to ascertain which standardised measures CPSWs might be using to assess relational quality of applicant foster parents. The following databases were searched: PsychInfor, Web of Science, Scopus, MedLine, Ebscohost and Mental Measurements Yearbook. Dedicated within-publication searches were also conducted in the *Journal of Attachment and Human Development* and the *British Journal of Adoption and Fostering*. Varying permutations of the following keywords were used to search each specified source: parent–child relationship quality; parent; foster care; foster parent; foster parent–foster child; social work; socio-emotional development; screening; assessment; and screening tests.

In excess of 100,000 outputs were generated by the cross-database and within-journal literature search. However, *no* standardised discipline (social work) or field-specific (foster care) measures of relational quality were located, suggesting that standardised measures are currently little used in care practice assessments. This outcome reflects a similar conclusion reached by Bifulco et al. (2008) during their own preparatory research toward developing a method of standardised interview for use in care practice assessments. Quiroga and Hamilton-Giachritsis (2016), discussed earlier, also noted that assessment of relational quality appeared to be inconsistently addressed in care practice evaluations, leading them to stress the importance of its inclusion in such assessments. Combined, the findings signal a professional conundrum for the care practice field, as it suggests that CPSWs may habitually be missing a pivotal dimension of assessment integral to ascertaining the adaptive relational capacities of applicant foster parents. Additionally, in light of the apparent absence of standardised tools, findings suggest that CPSW decisions about relational quality are largely being left to chance.

Foster care literature indicates that even experienced, skilled, informed and reflectively supervised CPSWs struggle to *reliably* discriminate differences in the relational capacities of prospective foster parents based on interview alone (Bick & Dozier, 2008). This outcome highlights a need to strengthen this element of CPSW assessment. Standardised tools are best placed to achieve this by producing much stronger evidence upon which individual differences in care quality can be distinguished.

A second literature search was conducted after the initial search given the dearth of tool use uncovered. The new search strategy involved identifying the pivotal relational constructs

commonly assessed within the attachment–parenting/caregiving field and determining how these constructs were measured within the extant literature reviewed. A construct-based search aligns with the tradition upon which most standardised measures are developed (DeVellis, 2012). The results of the new search are discussed next.

The attachment–parenting connection

The influence of parental perception on care quality, highlighted earlier, is evidenced by an ever-expanding number of attachment related studies on parenting (Adam, Gunnar, & Tanaka, 2004; Ballen et al., 2010; Cyr et al., 2010; George & Solomon, 1999). Parents assessed as attachment-secure tend to display higher levels of engagement with their offspring, are typically supportive, helpful and sensitively responsive to their child's needs for care and protection (Adam et al., 2004; Edelstein et al., 2004). Conversely, parents identified as attachment-insecure tend to subscribe to more insensitive parenting practices, such as endorsing the use of harsher methods of discipline, being more intrusive and reporting feeling less connected to their child (Magai, Hunziker, Mesias, & Culver, 2000). Additionally, higher levels of parental stress, emotional vulnerability and histories of trauma have also been reported in attachment-insecure parents (Ballen et al., 2010; Mills-Koonce et al., 2011). Insecure attachment has been identified as a risk factor both for psychopathology and in impairments of emotional regulation, of the self and interpersonally (Ballen et al., 2010; Cyr et al., 2010; Shaver, Mikulincer, & Shemesh-Iron, 2010).

High levels of emotional competence are underpinned by an interlocking series of affective abilities including high levels of sensitivity, reflectivity, emotional openness and flexibility. A secure relational orientation is associated with each of these competencies. Moreover, emotional responsiveness in relationally secure adults is not confined to the provision of care and protection of children and young people alone. This level of sensitivity and receptiveness has also been displayed between partners in well-functioning couple relationships. Higher levels of couple/marital satisfaction, support, conflict regulation and closeness are also reported by couples in emotionally responsive relationships (Author & Worrall, 2017; Kane et al., 2007; Millings et al., 2013). A recent study indicates that the quality of the couple bond is just as important in the fostering relationship (Orme & Combs-Orme, 2014). Taken together, preceding discussion signals six key areas of intra- and inter-personal functioning important in assessment of applicant foster parents: (1) underlying perceptions of close relationships; (2) personality style; (3) couple bond; (4) relational aptitudes of parenting; (5) social support provision; and (6) relational indices of adult well-being. Five of the most commonly used relational screening instruments, associated with the first, fourth and sixth assessment dimensions are discussed below.

The reviewed literature suggests that these dimensions are fundamental to distinguishing individual differences in the relational qualities of interest. Consistent with the first assessment dimension, literature shows that caregiving behaviour is regulated by an adult's own representational model of attachment (IWM) (Ainsworth et al., 1978; Bowlby, 1969; Bretherton & Munholland, 2008). Since an adult's experience of close relationships is a powerful guide to how a parent is likely to interact with a child, it needs to be prioritised in CPSW evaluations of potential foster parents (Bick & Dozier, 2008; Ballen et al., 2010; Bates & Dozier, 2002; Cyr et al., 2010; Mikulincer & Shaver, 2012; Steele et al., 2009).

The fourth assessment dimension is supported by a proxy measure for evaluating sensitivity, which involves a caregiver's ability to read and interpret a child's signals (Ainsworth et al., 1978). Sensitivity is a well-researched construct in the provision of secure-base care and is instrumental to the development of attachment security in children, in both biological and non-biological relationships (Ainsworth et al., 1978; Edelstein et al., 2004; Mills-Koonce et al., 2011; Pace & Zavattini, 2011; Steele et al., 2009; Verhage et al., 2016). Children in care need foster parents who have the ability to recognise what they may be experiencing internally and to respond in ways that gently challenge old negative models of relationships whilst offering comfort, support and nurturance (Bick & Dozier, 2008). Research also suggests that there is a relationship between adult attachment orientation and sensitivity (Ainsworth et al., 1978; Bick & Dozier, 2008; Mikulincer & Shaver, 2012; van Ijzendoorn, 1995; Verge et al., 2016), thus signalling the importance of evaluating this construct early in the assessment process.

Assessment dimension six, focuses on evaluating emotional well-being. Attachment and parenting research shows that negative emotional states in caregivers, such as depression, anxiety, stress and trauma, have a detrimental impact on a sufferer's capacity to parent (Ballen et al., 2010; Bates & Dozier, 2002). Additionally, these intrapersonal caregiving experiences can seriously interfere with a fostered child's potential for adaptive development, as their prior histories of abuse and non-optimal care make them less able to compensate for caregiving impairments in a new relationship (Ballen et al., 2010; Cyr et al., 2010; Steele et al., 2009).

The next section commences with a brief introduction to the assessment tradition that underpins the reviewed tools, after which the tools are discussed.

Assessment traditions used in screening relational indices of adults

Two main traditions of assessing relational indices were identified in the second literature search and each has developed a host of tools for measuring relational quality of children, adolescents and adults. One tradition originates from social psychology (Mikulincer & Shaver, 2012) and the second, developmental psychology (Main, Hesse, & Goldwyn, 2008). The instruments reviewed in this paper derive from the first approach. However, it is important to note that proponents of the developmental school identify their tools as *gold standard* measures of relationship quality, such as the Adult Attachment Interview (AAI) (George et al., 1985). A key limitation of using developmental methods is their associated resource and labour-intensive demands which are well known in the field (Blazey, Harris, Lines, Devasahayam, & Minnis, 2013). Learning to code, analyse and interpret these tools is rigorous, costly, and time-consuming (Main et al., 2008). High knowledge levels and skill are also required. Conversely, self-report measures derived from social psychology are typically less costly and time-consuming to administer and require minimal training to use – nor do they require advanced diagnostic knowledge or skills. Self-report tools are largely used for screening purposes, which involves identifying strengths, risks or vulnerabilities relative to the indices of interest. A benefit of these instruments is their capacity to generate reliable client data for the indices of concern in a short period of time. Consequently, using relationally specific self-report instruments as a screener in care practice evaluations is likely to enhance the accuracy of assessment, reduce personal bias and judgement and strengthen the practice-based decisions that flow from the

overall evaluation. Accordingly, self-report instruments compatible with screening the relational indices of interest are discussed next.

Screening tools to strengthen CPSW assessment of relational quality

The five self-report instruments now reviewed were selected on the basis of their conceptual compatibility with attachment theory (discussed earlier), robust psychometric structure, common usage, cost efficiency and practical utility. Table 1 presents information about each of the five instruments, relative to its noted assessment dimension, authorship, reliability and practical relevance. The majority of instruments reviewed below are short-form scales. Brief scales were chosen because they have the ability to provide the same information as the original long-form tool without compromising the instrument's psychometric strength.

The first instrument reviewed targets attachment orientation (Fraley, Heffernan, Vicary, & Brumbaugh, 2011).

Attachment orientation: ECR-RS (Fraley et al., 2011; refer Table 1).

The nine items of the ECR-RS were derived from the ECR-R (Fraley & Shaver, 2000), a widely used and well-regarded instrument (Graham & Unterschute, 2015). The ECR-RS was originally tested on a sample of over 21,000 people, aged between 18 and 65 years and of different gender and ethnicities. Responses to the instrument are rated on a 7-point Likert scale (1: *strongly agree*; 7: *strongly disagree*).

Similar to other instruments measuring relational orientation, the ECR-RS assesses two orthogonally distinct elements of relational quality. One is characterised by *anxiety* which conveys information about the extent to which an individual worries about important relational partners being available to them in times of need. An example item on the anxiety subscale: "I worry about being rejected or abandoned" (Fraley et al., 2011, p. 616). People scoring highly on this scale typically intensify their efforts to maintain proximity to their relational partners.

The other subscale, which constitutes *avoidance* offers information about the extent to which an individual distrusts their relational partner's ability to provide comfort and support. High-avoidance people typically suppress, deny or dismiss needs for emotional and relational support and instead seek to remain self-reliant and independent by deactivating their attachment system during times of need. An example item on this subscale: "I prefer not to show others how I feel deep down." High scores on either the anxiety or avoidance subscales are associated with insecure mind states; conversely low scores on both subscales are said to reflect an attachment-secure state of mind. A global representation of attachment score can be computed from the information obtained through the ECR-RS, as documented in the scale's construction studies (Fraley et al., 2011). The global score would be especially beneficial in a care practice assessment by offering CPSWs information about the way an applicant foster parent generally relates to attachment figures.

Table 1. Reviewed Self-Report Relational Quality Screening Tools

ASSESSMENT DIMENSION	INSTRUMENT	AUTHOR	RELIABILITY	PRACTICAL UTILITY
Attachment orientation	Experiences in Close Relationships – Relationship Structures [ECR-RS]	Fraley,	Reliabilities* range from $\bar{D} = .84$ to $\bar{D} = .92$, for the different relational domains evaluated by the instrument.	The ECR-RS offers both a relationship specific and global assessment of attachment orientation in adults, which extends beyond the focus on romantic relationships associated with earlier self-report measures of adult attachment (Hazan & Shaver, 1987). Attachment and foster care literatures highlights the importance of having at least one primary caregiver who is attachment-secure (Steele et al., 2009). Thus using an instrument known to distinguish individual differences in attachment orientation on initial assessments of prospective foster parents is desirable.
Retrospective perceptions of parenting experience from childhood	Parental Bonding Instrument [PBI]	Parker, Tupling and Brown (1979).	Reliabilities for the two subscales: Care and Control, comprised by the PBI, range from $\bar{D} = .89$, for Care to $\bar{D} = .97$ on Control. Stable rates of reliability have also been generated by the instrument, upward of 20 years in nonclinical populations (Wilhelm, Niven, Parker, & Hadzi-Pavlovic, 2005).	The PBI, one of the earliest attachment-informed self-report measures of relational quality and is comprised of two subscales: (1) Care; and (2) Control. Secure states of mind in respect of attachment have been positively related to high scores on the Care subscale (Matsuoka et al., 2006). Consistent with Bowlby's (1969) theorising the PBI invites the respondent to recall and reflect on the parental contributions made to their development in childhood, along the two dimensions represented by the instrument. The resultant information is likely to be reflective of the probable parenting styles the applicant foster parent experienced during childhood. Parenting style, is predicated on attachment state of mind, which attachment and parenting research shows is highly influential on a child's emotional and behavioural development (Bates & Dozier, 2002; Dozier et al., 2013). For example, a history of exposure to low care and high control may give rise to traumatic experience. Unresolved trauma is associated with a range of deleterious emotional states (e.g., anxiety, depression, stress) and relational outcomes (e.g., attachment insecurity and/or disorganisation). Left unexamined, sensitivities, such as these in a caregiving figure, may serve to further distress and frighten already traumatised children.
Relational Aptitudes Of Parenting	Adult Parental Acceptance-Rejection Questionnaire, Short Form [Adult PARQ-SF]	Rohner (2005).	A mean weighted reliability coefficient of $\bar{D} = .89$ has been calculated by the instrument author through aggregating all versions of the PARQ (Ali, Khaleque, & Rohner, 2015)	The Adult PARQ-SF is designed to assess a respondent's perception of parental acceptance and rejection in childhood. The two dimensions assessed by the instrument are conceptually compatible with Ainsworth's early attachment theorising on the construct of sensitivity, where parental care was underpinned by two distinct dimensions: acceptance vs. rejection (Ainsworth et al., 1978). Greater levels of parental warmth and engagement are associated with acceptance, and little warmth and involvement with rejection. Caregiver sensitivity is a critical element in the development of secure attachment (Bick & Dozier, 2008; Bowlby, 1969; 1980; Bretherton & Munholland, 2008; Steele et al., 2009). Congruent with attachment theory, deficits in sensitivity are characterised by poor emotional and social outcomes for children (Ainsworth et al., 1978). Greater levels of parental rejection are associated with higher rates of psychological distress. This may translate in the fostering relationship to lowered levels of sensitivity.

Emotional Well-Being or Distress	The Parenting Stress Index, Short Form [PIS-SF]	Abidin (1995).	Reliability of the parenting composite score, derived from the three subscales of the PIS-SF, is $\alpha = .91$	The PIS-SF assesses the general level of stress a parent/caregiver experiences in relation to the parenting role. The instrument, as discussed in the paper is comprised of three subscales. High levels of parental stress have been reported in the fostering population (McKeough et al., 2017), and this has been found to negatively influence parenting behaviour. Additionally, poor relational outcomes can result, in the face of mounting stress, in attachment-insecure individuals. The latter may negatively affect placement stability. Thus gauging extant levels of stress in potential fostering applicants at the point of assessment is vital.
	The Depression Anxiety Stress Scales 21 [DASS-21]	Lovibond & Lovibond (1995).	Reliability for the total scale is $\alpha = .93$. The DASS 21 has also been found to reliably measure change in an individual's symptoms over time.	DASS-21 is a short-form measure of three negative emotional states, described in the paper. Attachment and parenting literature shows that emotional distress and trauma can negatively impact a caregiver's capacity to be emotionally available, responsive and attuned to a child's needs (Mikulincer & Shaver, 2012; Millings et al., 2013). A state of functional well-being is assumed for respondents whose scores fall below the clinical cut-off range on each subscale. Thus, DASS-21 offers the CPSW a brief screening tool from which to reliably appraise the emotional well-being of potential foster parents.

Note.

*Research literature indicates that a minimal acceptable reliability coefficient for use of a self-report measure in social research and practice is $\alpha = .70$ (Nunnally, 1978). Reliability for each of the five self-report instruments reviewed above, exceeds the recommended cut-off score.

The ECR-RS, in addition to its construction testing (Fraleigh et al., 2011), has since been the subject of two validation studies: one with an adolescent sample, $N=1999$ (Donbaek & Elklit, 2014), and the other a cross-cultural sample of adults, $N= 236$ (Moreira, Martins, Gouveia, & Cannavarro, 2015). Both studies confirmed the scale's underlying factor structure and construct validity. These findings supply further evidence as to the ECR-RS's reliability and validity.

The second instrument reviewed taps the retrospective perceptions of parenting experience from childhood (refer Table 1).

Parental Bonding Instrument (PBI)

The PBI (Parker, Tupling, & Brown, 1979) is a widely used 25-item, standardised measure that assesses an adult's perceptions of parenting from childhood to 16 years of age. The items are rated separately for mothers and fathers. Respondents are asked to recall how each parent/parent figure acted towards them during their first 16 years. Items are scored on a 0–3 scale (0= *very like me*–3= *very unlike me*). Sample questions include: “spoke to me in a warm and friendly voice”; “made me feel I wasn't wanted”. The instrument comprises two subscales: Care and Control and Overprotection. The Care subscale includes 12 items that tap emotionally responsive or nurturing care such as affection, warmth, sensitivity, closeness and empathy. High scores on this subscale represent the presence of nurturing care while low scores indicate the presence of rejection or neglect. The second subscale, Control or Overprotection, uses 13 items that tap emotional indifference, such as intrusion, excessive contact and control.

A 4-way classification of relationship quality is generated by responses to the questionnaire including: (1) high care/low control = optimal bonding; (2) high care/high control = affectionate constraint; (3) high control/low care = affectionless control; and (4) low care/low control = neglectful, absent or weak bonding. This parenting typology appears to be widely used in literature (Willinger, Diendorfer-Radner, Willnauer, Jörgl, & Hager, 2005).

The PBI is one of the earliest, attachment theoretic measures of relational quality developed to assess individual differences in interpersonal relationships. High care and low overprotection scores are reflective of optimal care experiences. Earlier discussion indicates that this quality of care is pivotal to the development of relational security and the concomitant emotional competencies required to parent similarly. Equally, scores reflecting a more adverse experience of parenting in childhood signals the need for deeper exploration of the care experience and its implications for the fostering relationship. As earlier indicated, one's own experience of being parented is a dimension of care quality which may subsequently shape the way a foster parent cares for a fostered child.

The third instrument reviewed, consistent with the assessment dimension of relational aptitudes of parenting (refer Table 1) is the Adult Parental Acceptance-Rejection Questionnaire, Short Form (Adult PARQ-SF; Rohner, 2005). The Adult PARQ-SF is a measure of parental acceptance and rejection which was predicated on a similarly named theory (PARTheory), and now referred to as Interpersonal acceptance–rejection theory (IPARTheory). The Adult PARQ-SF is designed to assess a respondent's perception of parental acceptance and rejection in childhood. IPARTheory is regarded as a universal, evidence-based socialisation theory that endeavours to explain and predict the antecedents, consequences and other correlates of perceived interpersonal acceptance and rejection (Ali, Khaleque & Rohner, 2015).

Tests of the theory's universality have been supported by meta-analyses and studies involving upward of 200,000 respondents worldwide. The instrument is composed of 24 items and four subscales: (1) warmth/affection; (2) hostility/aggression; (3) indifference/neglect; and (4) undifferentiated rejection. Items associated with each of the subscales include: (1) "My [mother/father] makes me feel wanted and needed"; (2) "My [mother/father] treated me harshly"; (3) "My [mother/father] paid no attention to me as long as I did nothing to bother [her/him]"; (4) "My [mother/father] saw me as a big nuisance". Responses are recorded on a 4-point Likert-type scale (4= *almost always true*; 1= *almost never true*). Items for the short-form tool were derived from the original 60-item Parental Acceptance-Rejection Questionnaire (PARQ) (Rohner, 2005). Both the long- and short-form instruments offer adult and child versions. The child version focusses on their current experience of being parented, for example: "My mother ignores me as long as I do nothing to bother her" (perceived indifference/neglect). Conversely, the adult version draws on the adult's childhood recollections of being parented.

Scores on the four subscales are usually summed, a measure of perceived coldness and lack of affection is created from reverse scoring items on the warmth/affection subscale. An overall measure of perceived acceptance/rejection results. The Adult PARQ-SF validation studies confirm the tool's factor structure and measurement invariance, thus identifying it as a psychometrically robust tool suitable for use cross-culturally, within the populations studied (Ali et al., 2015).

As earlier discussed, emotionally responsive parenting tends to be highly correlated with the characteristics associated with the warmth and affection subscale. Relational trust and reciprocity develop within the context of such emotionally responsive care and this, in turn, fosters a child's healthy growth and development. Thus, obtaining several measures of these relational indices across an assessment period is warranted. Using the child version of this tool post-placement may also be beneficial to supporting relationship development between foster parents and foster child.

The final two of the five self-report instruments reviewed, correspond to the assessment dimension of emotional well-being or distress (refer Table 1). The fourth instrument assesses parenting stress (PIS-SF; Abidin, 1995) and the fifth, psychological well-being (DASS-21; Lovibond & Lovibond, 1995; also see Table 1).

The Parenting Stress Index, short form (PIS-SF; Abidin, 1995) is a 36-item measure that comprises three subscales (refer Table 1) and assesses a parent or caregiver's general experience of stress relative to the parenting role. Each subscale contains 12 items. Summing the three subscales renders a total score, which ranges from 36–180. A score above 90 is reflective of a clinically significant level of stress. The shortened scale was developed from the original 120-item Parenting Stress Scale (PIS) (Abidin, 1995).

Research in the adult attachment field suggests that caregiver stress and its outcome varies in accordance with attachment orientation (refer Table 1, assessment dimension 1). Some studies have demonstrated that stress can produce poor relational outcomes in attachment-insecure individuals (Shaver et al., 2010; Millings et al., 2013). For example, under stress, relationally insecure adults distance themselves and/or reject sources of support as a feature of their underlying internal working model (Mikulincer & Shaver, 2012; Millings et al., 2013). In the fostering context, this might add to caregiver strain and negatively impact caregiver behaviour.

The Depression Anxiety Stress Scales 21 (DASS-21; Lovibond & Lovibond, 1995) is a short-form measure of psychological well-being derived from the original DASS-42. The instrument contains three subscales and each is comprised of seven items. Responses are recorded on a four-point Likert-type scale (ranging from 0= *Did not apply to me at all*; to 3= *Applied to me very much or most of the time*). Higher scores are associated with greater levels of distress. The three-factor structure has been confirmed in two major studies of the instrument, each with non-clinical populations. The British study involved a diverse sample ($N = 1,794$) broadly representative of the general adult population. The reliabilities achieved from this study for each subscale are: Depression ($\alpha = .88$); Anxiety ($\alpha = .82$); and Stress ($\alpha = .90$). A reliability score was also computed for the total scale which yielded a co-efficient of a .93 (Henry & Crawford, 2005). The total scale score has since been conceived of as a measure of “general distress” (Sinclair et al., 2012). Good convergent and discriminate validity was also established for the DASS-21 by the British study, when compared against another validated measure of depression and anxiety, the Positive and Negative Affect Schedule (PANAS).

The American study comprised a similarly diverse sample ($N = 503$) also representative of its nation's general adult population. Similar reliabilities were achieved for each of the

subscales in this study: Depression ($\alpha = .91$); Anxiety ($\alpha = .80$); and Stress ($\alpha = .84$) (Sinclair et al., 2012). Mixed support was reported for discriminant validity of the instrument with this sample, particularly in respect of the anxiety and stress subscales. However, the study's authors believe these results might be appropriately accounted for by the Bifactorial model explained in Henry and Crawford's (2005) earlier study. Overall, the results from these normative studies suggest that DASS-21 is a psychometrically reliable tool appropriate for use with a non-clinical population. As attested to earlier, a carer's psychological well-being, either kin or unrelated, can be negatively affected by rising levels of emotional distress. Placement breakdowns are frequently associated with detriments in a caregiver's emotional well-being as a result of the challenges foster parents encounter (McKeough et al., 2017). Thus, effective screening of emotional well-being is imperative to ensuring that an applicant foster parent possesses the necessary emotional competencies to provide sensitively responsive care to a fostered child.

DISCUSSION

Attachment-parenting and foster care literatures indicate that caring for an unrelated foster child places high emotional demands on caregivers (McKeough et al., 2017; Pace & Zavattini, 2011; Steele et al., 2009). Research suggests that some foster parents are more likely to successfully navigate the relational challenges familiar to the fostering relationship because of their emotional resources (Ballen et al., 2010; Dozier et al., 2013). This similar research also suggests that a caregiver's own state of mind with respect to attachment, can be a powerful influence in re-activating a child's sense of security. Further, attachment security is associated with optimal developmental outcomes across the trajectory of childhood and beyond.

Given the key role emotionally responsive care plays in facilitating a child's positive developmental outcomes, assessment of these relational indices need to be prioritised in care practice evaluations. Instruments appropriate to improving the outcome focus of the assessment are needed in order to accurately determine which potential foster parents may be better equipped to provide sensitive parenting. Methods capable of discriminating individual difference are necessary to this task, such as the self-report instruments reviewed in this paper. Earlier discussion suggests standardised tools are little used in care practice evaluations (Bifulco et al., 2008; Quiroga & Hamilton-Giachritsis, 2016). Several reasons might explain this. In addition to the earlier-mentioned barriers, practitioners might not recognise the relevance of using such tools for assessing relational quality. Busyness of the practice environment might also impede their ability to access, digest and critique up-to-date knowledge on effective assessment methods. Lack of available information and technology services may impede this further. Concerns about the tools' psychometric properties and their own capacity for conceptualising the resultant findings for the fostering relationship may be a barrier. Worries about the cultural relevance of using such tools with diverse populations may also predominate. The apprehensions are manifold and finding resolutions to these will be important as research indicates that foster parent characteristics contribute to placement stability and child adjustment (Bick & Dozier, 2008; McKeough et al., 2017; Steele et al., 2009).

LIMITATIONS AND FUTURE DIRECTIONS

A limitation of the current paper is its sole focus on self-report instruments. Multi-informant information is critical to a comprehensive care practice evaluation and is helpful to balancing the response bias associated with self-assessment tools. The search parameters from which the reviewed instruments were selected, were also targeted given the limited information disclosed by the initial search. A different or wider search strategy may have produced a more extensive range of measures equally relevant to assessing the relational qualities discussed. That said, the reviewed instruments are construct relevant, psychometrically robust and practically appropriate measures that are used worldwide. Their predictive value is yet to be systematically tested with applicant foster parents. Consequently, there is a critical need to explore the relational characteristics of potential foster parents and to examine how these indices may subsequently support or impede their abilities to provide sensitively responsive care. Evaluating these characteristics longitudinally through self-report, both pre- and post-placement, alongside desirable child measures, might offer empirically useful information as to the indices to include in a standardised assessment of applicant foster parents.

CONCLUSION

This paper calls for the inclusion of standardised relational screening instruments to augment customary care practice evaluations because of their ability to distinguish individual differences in an adult's relational capacity. Such measures are currently little used in care practice assessments and the reasons for this are manifold. Their use may better enhance a CPSW's ability to accurately appraise the relational strengths, vulnerabilities or risks that an applicant foster parent may bring to the fostering relationship. Better consideration of the relational propensities of applicant caregivers may also contribute to placement decisions that improves the chance of a fostered child doing well. Moreover, the gathered information could better assist child welfare services to identify those fostering relationships most in need of specific relational support and intervention and to target resources accordingly. In sum, a more focussed approach to care practice assessments might better assure, for the fostered child, a place to call home and all that embodies.

References

- Abidin, R. R. (1995). Parenting stress index third edition: Professional manual. Lutz, FL: Psychological Assessment Resources, Inc.
- Adam, E. K., Gunnar, M. R., & Tanaka, A. (2004). Adult attachment, parent emotion, and observed parenting behavior: Mediator and moderator models. *Child Development*, 75(1), 110–122. doi:10.1111/j.1467-8624.2004.00657.x
- Ainsworth, M. S., Blehar, M. C., Waters, E., & Walls, S. (1978). *Patterns of attachment: A psychological study of the strange situation*. Hillsdale, NJ: Erlbaum.
- Ali, S., Khaleque, A., & Rohner, R. P. (2015). Pancultural gender differences in the relation between perceived parental acceptance and psychological adjustment of children and adult offspring: A meta-analytic review of worldwide research. *Journal of Cross-Cultural Research*, 46(8), 1059–1080. doi:10.1177/0022022115597754
- Ballen, N., Bernier, A., Moss, E., Tarabulsy, G. M., & St-Laurent, D. (2010). Insecure attachment states of mind and atypical caregiving behavior among foster mothers. *Journal of Applied Developmental Psychology*, 31(2), 118–125. doi:10.1016/j.appdev.2009.10.001
- Bates, B. C., & Dozier, M. (2002). The importance of maternal state of mind regarding attachment and infant age at placement to foster mothers' representations of their foster infants. *Infant Mental Health Journal*, 23(4), 417–431. doi:10.1002/imhj.10022

- Bifulco, A., Jacobs, C., Bunn, A., Thomas, G., & Irving, K. (2008). The attachment style interview (ASI): A support-based adult assessment tool for adoption and fostering practice. *Adoption & Fostering*, 32(3), 33–45. doi:10.1177/030857590803200306
- Bick, J., & Dozier, M. (2008). Helping foster parents change: The role of parental state of mind. In H. Steele & M. Steele (Eds.), *Clinical applications of the Adult Attachment Interview* (pp. 452–470). New York, NY: Guilford Press
- Blazey, L., Harris, J., Lines, M., Devasahayam, A., & Minnis, H. (2013). Using the Adult Attachment Interview to inform foster carer assessment. *Adoption & Fostering*, 37(3), 297–306. doi:10.1177/0308575913501621.
- Bowlby, J. (1969). *Attachment*. London, UK: Penguin Books.
- Bretherton, I., & Munholland, K. A. (2008). Internal working models in attachment relationships: Elaborating a central construct in attachment theory. In J. Cassidy & P. R. Shaver (Eds.), *Handbook of attachment: Theory, research, and clinical applications* (2nd ed., pp. 102–130). New York, NY: Guilford Press.
- Chinnery, S. A., & Worrall, J. (2017). Rocking the Cradle or the Boat? Assessing Grandparent Partner Relationships. *Families in Society: The Journal of Contemporary Social Services*, 98(2), 156–163. doi:10.1606/1044-3894.2017.98.21
- Cyr, C., Euser, E. M., Bakermans-Kranenburg, M. J., & Van Ijzendoorn, M. H. (2010). Attachment security and disorganization in maltreating and high-risk families: A series of meta-analyses. *Development and Psychopathology*, 22(01), 87–108. doi:10.1017/S0954579409990289
- DeVellis, R. (2012). *Scale development: Theory and applications* (3rd ed.). Thousand Oaks, CA: Sage.
- Donbaek, D., & Elklit, A. (2014). A validation of the experiences in close relationships-relationship structures scale (ECR-RS) in adolescents. *Attachment & Human Development*, 16(1), 58–76. doi:10.1080/14616734.2013.850103
- Dozier, M., Zeanah, C. H., & Bernard, K. (2013). Infants and toddlers in foster care. *Child Development Perspectives*, 7, 166–171. doi 10.1111/cdep.12033
- Edelstein, R. S., Alexander, K. W., Shaver, P. R., Schaaf, J. M., Quas, J. A., Lovas, G. S., & Goodman, G. S. (2004). Adult attachment style and parental responsiveness during a stressful event. *Attachment & Human Development*, 6(1), 31–52. doi:10.1080/146167303100001659584
- Fearon, R. P., Bakermans-Kranenburg, M. J., Van Ijzendoorn, M. H., Lapsley, A. M., & Roisman, G. I. (2010). The significance of insecure attachment and disorganization in the development of children's externalizing behavior: A meta-analytic study. *Child Development*, 81(2), 435–456. doi:10.1111/j.1467-8624.2009.01405.x
- Fraley, R. C., Heffernan, M. E., Vicary, A. M., & Brumbaugh, C. C. (2011). The experiences in close relationships—Relationship Structures Questionnaire: A method for assessing attachment orientations across relationships. *Psychological Assessment*, 23(3), 615–625. doi:10.1037/a0022898
- Fraley, R. C., & Shaver, P. R. (2000). Adult romantic attachment: Theoretical developments, emerging controversies, and unanswered questions. *Review of General Psychology*, 4, 132–154. <http://dx.doi.org.ezproxy.auckland.ac.nz/10.1037/1089->
- George, C., Kaplan, N., & Main, M. (1985). *Attachment interview for adults*. Unpublished manuscript, University of California, Berkeley.
- George, C., & Solomon, J. (1999). Attachment and caregiving: The caregiving behavioural system. In J. Cassidy & P. Shaver (Eds.), *Handbook of attachment* (pp. 649–670). New York, NY: Guilford.
- Graham, J. M., & Unterschute, M. S. (2015). A reliability generalization meta-analysis of self-report measures of adult attachment. *Journal of Personality Assessment*, 97(1), 31–41. doi.org/10.1080/00223891.2014.927768
- Hazan, C., & Shaver, P. (1987). Romantic love conceptualized as an attachment process. *Journal of Personality and Social Psychology*, 52(3), 511–524. doi:10.1037/0022-3514.52.3.511
- Henry, J. D., & Crawford, J. R. (2005). The short-form version of the depression anxiety stress scales (DASS-21): Construct validity and normative data in a large non-clinical sample. *British Journal of Clinical Psychology*, 44, 227–239. doi:10.1348/014466505X29657
- Kane, H. S., Jaremka, L. M., Guichard, A. C., Ford, M. B., Collins, N. L., & Feeney, B. C. (2007). Feeling supported and feeling satisfied: How one partner's attachment style predicts the other partner's relationship experiences. *Journal of Social and Personal Relationships*, 24, 535–555. doi:10.1177/0265407507079245
- Lovibond, S. H., & Lovibond, P. F. (1995). *Manual for the depression anxiety stress scales*. Sydney, NSW: Psychology Foundation.
- Lyons-Ruth, K., & Jacobvitz, D. (2008). Attachment disorganization: Genetic factors parenting contexts, and developmental transformations. In J. Cassidy & P. R. Shaver (Eds.), *Handbook of attachment: Theory, research, and clinical applications* (2nd ed., pp. 666–697). New York, NY: Guilford Press.

- Luke, N., & Sebba, J. (2013). *How are foster carers selected? An international literature review of instruments used within foster care selection*. Rees Centre, UK: University of Oxford.
- Magai, C., Hunziker, J., Mesias, W., & Culver, L. C. (2000). Adult attachment styles and emotional biases. *International Journal of Behavioral Development*, 24(3), 301–309.
- Main, M., Hesse, E., & Goldwyn, R. (2008). Studying differences in language usage in recounting attachment history. In H. Steele & M. Steele (Eds.), *Clinical applications of the adult attachment interview* (pp. 31–68). New York, NY: Guilford Press.
- Matsuoka, N., Uji, M., Hiramura, H., Chen, Z., Shikai, N., Kishida, Y., & Kitamura, T. (2006). Adolescents' attachment style and early experiences: A gender difference. *Health Archives of Women's Mental Health*, 9(1), 23–29.
- McKeough, A., Bear, K., Jones, C., Thompson, D., Kelly, P. J., & Campbell, L. E. (2017). Foster carer stress and satisfaction: An investigation of organisational, psychological and placement factors. *Children and Youth Services Review*, 76, 10–19. doi/10.1016/j.childyouth.2017.02.002
- Mikulincer, M., & Shaver, P. R. (2012). Adult attachment orientations and relationship processes. *Journal of Family Theory & Review*, 4(4), 259–274. doi:10.1016/j.wpsyc.2012.01.00
- Mills-Koonce, W. R., Appleyard, K., Barnett, M., Deng, M., Putallaz, M., & Cox, M. (2011). Adult attachment style and stress as risk factors for early maternal sensitivity and negativity. *Infant Mental Health Journal*, 32(3), 277–285. doi:10.1002/imhj.2029
- Millings, A., Walsh, J., Hepper, E., & O'Brien, M. (2013). Good partner, good parent: Responsiveness mediates the link between romantic attachment and parenting style. *Personality & Social Psychology Bulletin*, 39(2), 170–180. doi:10.1177/0146167212468333
- Moreira, H., Martins, T., Gouveia, M. J., & Canavarro, M. C. (2015). Assessing adult attachment across different contexts: Validation of the Portuguese version of the experiences in close Relationships–Relationship structures questionnaire. *Journal of Personality Assessment*, 97(1), 22–30. doi:10.1080/00223891.2014.95037
- Nunnally, J. (1978). *Psychometric methods*. New York, NY: McGraw-Hill
- Orme, J. G., & Combs-Orme, T. (2014). Foster parenting together: Foster parent couples. *Children and Youth Services Review*, 36, 124–132. doi:10.1016/j.childyouth.2013.11.017
- Pace, C. S., & Zavattini, G. C. (2011). Adoption and attachment theory: The attachment models of adoptive mothers and the revision of attachment patterns of their late-adopted children. *Child: Care, Health and Development*, 37(1), 82–88. doi:10.1111/j.1365-2214.2010.01135.x
- Parker, G., Tupling, H., & Brown, L. B. (1979). A parental bonding instrument. *British Journal of Medical Psychology*, 52, 1–10.
- Quiroga, M., & Hamilton-Giachritsis, C. (2016). Attachment styles in children living in alternative care: a systematic review of the literature. *Child Youth Care Forum*, 45, 625–653. doi:10.1007/s10566-015-9342-x
- Rohner, R. P. (2005). Parental Acceptance-Rejection Questionnaire (PARQ) Test manual. In R. P. Rohner & A. Khaleque (Eds.), *Handbook for the study of parental acceptance and rejection* (4th ed., pp. 137–186). Storrs, CT: Rohner Research Publications.
- Selcuk, E., Zayas, V., & Hazan, C. (2010). Beyond satisfaction: The role of attachment in marital functioning. *Journal of Family Theory & Review*, 2, 258–279. doi:10.1111/j.1756-2589.2010.00061.x
- Shaver, P. R., Mikulincer, M., & Shemesh-Iron, M. (2010). A behavioral systems perspective on prosocial behavior. In M. Mikulincer & P. R. Shaver (Eds.), *Prosocial motives, emotions, and behavior: The better angels of our nature* (pp. 73–92). Washington, DC: American Psychological Association.
- Sheldon, B. (2001). The validity of evidence-based practice in social work: A reply to Stephen Webb. *The British Journal of Social Work*, 31(5), 801–809.
- Sinclair, S. J., Siefert, C. J., Slavin-Mulford, J. M., Stein, M. B., Renna, M., & Blais, M. A. (2012). Psychometric evaluation and normative data for the depression, anxiety, and stress scales-21 (DASS-21) in a nonclinical sample of US adults. *Evaluation & the Health Professions*, 35(3), 259–279. doi:10.1177/0163278711424282
- Steele, M., Hodges, J., Kaniuk, J., & Steele, H. (2009). Mental representation and change: Developing attachment relationships in an adoption context. *Psychoanalytic Inquiry*, 30(1), 25–40. doi.org.ezproxy.auckland.ac.nz/10.1080/07351690903200135
- van Ijzendoorn, M. (1995). Adult attachment representations, parental responsiveness, and infant attachment: A meta-analysis on the predictive validity of the Adult Attachment Interview. *Psychological Bulletin*, 117, 387–403. doi:10.1037/0033-2909.117.3.387
- Verhage, M. L., Schuengel, C., Madigan, S., Fearon, R. M., Oosterman, M., Cassibba, R., ... & van Ijzendoorn, M. H. (2016). Narrowing the transmission gap: A synthesis of three decades of research on intergenerational transmission of attachment. *Psychological Bulletin*, 142(4), 337–366. doi:10.1037/bul0000038

Wilhelm, K., Niven, H., Parker, G., & Hadzi-Pavlovic, D. (2005). The stability of the parental bonding instrument over a 20-year period. *Psychological Medicine*, 35(3), 387–393. doi:10.1017/S0033291704003538

Willinger, U., Diendorfer-Radner, G., Willnauer, R., Jörgl, G., & Hager, V. (2005) Parenting stress and parental bonding. *Behavioral Medicine*, 31(2), 63–72. doi:10.3200/BMED.31.2.63-72