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This Is My Child: Differences Among Foster Parents in Commitment to Their Young Children

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In this study, the authors examined variables associated with foster mothers' level of commitment to their young foster children, who ranged in age from 5 months to 5 years. Commitment was assessed using a semistructured interview known as the "This Is My Baby" interview (TIMB; Bates & Dozier, 1998). Among 84 foster parent-child dyads, foster mothers who had fostered more children previously showed lower levels of commitment than did foster mothers who had fostered fewer children. Commitment also was associated with child age at placement, with foster parents showing higher levels of commitment to children who were placed at younger ages than to children who were placed at older ages. Commitment predicted the stability of the relationship, with higher levels of commitment associated with a greater likelihood of adoption or long-term placement. These results suggest the importance of designing a child welfare system that will enhance caregivers' ability to commit to the children for whom they provide care.

Keywords: *foster care; commitment; placement stability*

About 500,000 children in the United States are currently in the care of foster parents (U.S. Department of Health and Human Services, 2005). During the past several decades, permanency has been increasingly emphasized in legislation and practice. Rather than keeping children in foster care for long periods of time, finding a permanent solution within a relatively short period of time has been

recognized as important (e.g., Adoption and Safe Families Act, 1997). However, it is very difficult to define "short placements" in ways that are developmentally sensitive. For an infant who is unable to keep an image of the mother in mind when she is not present, a short placement is probably a day rather than weeks or months (Fox, Kagan, & Weiskopf, 1979; Stovall & Dozier, 2000; Stovall-McClough & Dozier, 2004); that is, the memory capacity of a young infant limits the extent to which he or she can represent the parent in the mother's absence (Fox et al., 1979). Separations that exceed a short period of time are likely to challenge the infant with experiences of separation and loss and require him or her to become fully reliant on the surrogate caregiver. We suggest that what the foster parents bring to the relationship in terms of the ability to care for and commit to the child are critical to the child's ability to cope effectively with these challenges. Foster parents' commitment to a child, that is, their commitment to an enduring relationship with the young child, is considered critical to the child's functioning.

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COMMITMENT

Human infants are born biologically dependent on their caregivers for survival. Evolution has prepared infants to depend on caregivers for protection from predation, for coregulation of temperature, and for nourishment, among other things (Numan & Insel, 2003). In terms of our evolutionary history, having a fully committed caregiver was critical to the infant's survival. Mothers, like infants, are prepared biologically for this process. Hormone production associated with giving birth and lactating, as well as characteristics of the young infant, enhance feelings of protection and caregiving (e.g., Maestripieri, 2001). In most mother-infant dyads, parents become strongly committed to their infants. Important differences in warmth, acceptance, and sensitivity surely exist among parents (Bradley, Whiteside-Mansell, Brisby, & Caldwell, 1997; Corwyn & Bradley, 1999), but differences in commitment, that is, whether the parent is committed to the relationship enduring, may be relatively trivial and uninteresting for most mother-infant dyads.

Among children who are cared for by surrogate caregivers, commitment may be more variable and hence more important than among children from intact dyads. There are a number of factors that seem likely to affect a surrogate caregiver's commitment, including the perceived likelihood that the relationship will be permanent versus the likelihood that the child will be reunified with his or her birth parents, the appeal of the child (e.g., the child's age, appearance, and behavior), and the caregiver's previous experiences of providing surrogate care. In particular, we hypothesize that caregivers who have fostered more children in the past are likely to feel lower levels of commitment than caregivers who have fostered fewer children. Because human beings have evolved in such a way that infants are biologically prepared for a committed caregiver (Numan & Insel, 2003), having an uncommitted caregiver may be experienced as devastating. This article explores child and parent characteristics associated with differing levels of commitment and examines whether caregiver commitment predicts the likelihood that the relationship will endure.

Foster parents' failure to commit to a child likely makes sense in terms of the caregivers' history of caring for infants, the implicit temporary nature of foster care, and agency expectations regarding foster parents' role. Nonetheless, infants have no way of appreciating the complexities of the foster care system; rather, they can only appreciate that they have a relationship with a caregiver that feels critical to

their survival (Bowlby, 1969/1982). When caregivers are nurturing, we have found that such children often develop secure attachments to them (Dozier, Stovall, Albus, & Bates, 2001). At least as important as nurturance, however, may be whether children feel that caregivers are committed to them.

Connections Between Commitment and Attachment

The empirical literature on the function of attachment in the human caregiving system has focused almost exclusively on individual differences in infants' bids for reassurance when distressed and on parents' availability to their distressed infants. Infants' expectations of parental availability when they are distressed (i.e., attachment quality) reflect an important function of the caregiving system. However, another function of the caregiving system is the child's confidence that the caregiver is committed to him or her (Bowlby, 1969/1982). In Bowlby's original theorizing regarding the centrality of the parent-child relationship to development, commitment assumed at least as large a role as did reassurance of the distressed child (Bowlby, 1969/1982). The children that initially attracted Bowlby's attention were striking in that they lacked committed caregivers or experienced disruptions in care with their relationships with committed caregivers. Among these were children who were institutionalized (Bowlby, 1951). The children in orphanages were dying at very high rates despite having their nutritional needs met (Bowlby, 1951). In the attempts to combat the spread of disease, hospital personnel had created environments that were increasingly more sterile and provided less and less human contact. Most of these children had no one committed to them and little in the way of human interaction. Effects were seen in children's inability to relate to other children or to mount an immune response to disease. Also attracting Bowlby's attention early on were boys termed "affectionless thieves" (Bowlby, 1944). The 44 boys had lived their young lives in the community but, for the most part, lacked someone who was committed to them. These boys were distinguished by an inability to form relationships at other than a superficial level (Bowlby, 1944).

These conditions (i.e., lack of committed caregivers) and the outcomes (i.e., inability to form relationships) are extreme. As Ainsworth developed a system for classifying individual differences in attachment, she focused on qualities that differentiate typically developing children (Ainsworth, Bell, & Stayton, 1971). Among the 26 children studied by Ainsworth in her original Baltimore study, and in

much of the research that has followed, the focus has been on children whose parents are committed but who differ in terms of how they respond to children's distress (Ainsworth, Blehar, Waters, & Wall, 1978).

The procedure that is used most widely to assess attachment quality among human infants, the Strange Situation, assesses only this reassurance component of the caregiving system. In the Strange Situation (Ainsworth et al., 1978), infant behaviors during reunion with the parent (i.e., after the termination of the threatening conditions) are the basis for assessing attachment quality. The extent to which the child feels confident that the parent is committed to him or her, or the parent's sense of commitment, is not assessed. We suggest that this function of the attachment system has been neglected because variability among normative samples is small and typically not important.

Defining Commitment

Commitment is defined in this study as the extent to which the caregiver is motivated to have an enduring relationship with a particular child. The highly committed caregiver shows evidence of caring for this particular child, above and beyond caring for children more generally. In terms of evolutionary significance, the highly committed caregiver would be expected to ensure the child's welfare even at his or her own peril, whereas the low-committed caregiver would not.

WHAT DETERMINES WHETHER A FOSTER PARENT WILL BECOME COMMITTED TO A CHILD?

Child Age at Placement

We have found that when young children are placed into foster care after about 10 to 12 months of age, they behave in ways that make it more difficult for foster parents to provide nurturing care than when children are placed at younger ages (Stovall & Dozier, 2000; Stovall-McClough & Dozier, 2004). Older infants (i.e., 12 to 24 months) tend to behave in avoidant or resistant ways when distressed, which conveys the message to parents that they are not needed or are not adequate to take care of needs. Caregivers tend to respond in kind to children's signals, responding as if their children do not need them (in the case of avoidant behavior) or responding angrily (in the case of resistant behavior; Stovall & Dozier, 2000). On the other hand, children placed into foster care at younger ages (i.e., before about a year of age) tend to show secure behaviors within a week or two of placement with a nurturing caregiver.

Their caregivers tend to respond to them in nurturing ways.

In addition to eliciting more nurturing behavior when placed into care earlier, younger infants have characteristics that seem to elicit nurturing responses to a greater extent than do older children (e.g., Ritter, Casey, & Langlois, 1991). The young of a number of species have features such as a large forehead, small nose, and round eyes (e.g., Enlow, 1982) that appear to elicit nurturing responses. Therefore, we hypothesized that the child's age at placement would affect commitment, both because younger infants are likely to show secure behaviors readily and because of the physical characteristics of younger infants.

Risk Factors

Young children who are placed into foster care are more likely than other children to have experienced a range of prenatal risk factors, including prenatal substance exposure, premature birth, and first-degree relative with psychiatric disorders (e.g., Chernoff Combs-Orme, Risley-Curtis, & Heisler, 1994). In this study, we examined the effect of prenatal risk factors on outcomes and covaried these effects where appropriate.

Characteristics of Caregiver

Caregivers bring very different motivations, histories, and philosophies to their foster parenting role. One of the most important factors affecting commitment may be parents' history of having fostered children in the past. Some parents have fostered for many years and have fostered many children. Indeed, among foster parents we have studied, some have fostered more than 50 children. When parents have fostered many children, we considered it less likely that they would commit fully to a new child placed in their care.

Foster parents who have fostered many children previously have experienced the instability of foster care and the loss of the children in their care. Either through a process of self-selection (i.e., those who were highly committed stopped fostering children) or the development of defenses to protect against future loss, foster parents who had fostered more children in the past were expected to commit less to children currently placed in their care relative to parents who had fostered fewer children.

WHY DOES COMMITMENT MATTER?

A number of factors affect whether a foster parent will be able to maintain a relationship with the child

long-term, but we expected that a very important factor would be the extent to which the caregiver is committed to the child. Stability in caregiving has been found to be a powerful predictor of long-term outcomes for children placed in out-of-home care. Foster children who experience multiple placements are likely to experience greater academic difficulties (e.g., Aldgate, Colton, Ghate, & Heath, 1992) and to have elevated levels of behavior problems (see Fisher, Burraston, & Pears, 2005) relative to children with stable placements.

THE PRESENT STUDY

We hypothesized that characteristics of both the children and the caregivers affect caregivers' commitment to their foster children. In particular, child age at placement, risk factors, and caregiver history of fostering children were considered likely contributors to caregiver commitment. Furthermore, we hypothesized that commitment would be associated with whether the child-caregiver relationship lasted.

METHOD

Participants and Procedure

The sample consisted of 84 caregiver-child dyads from mostly urban areas in the mid-Atlantic area. These dyads were recruited as part of a longitudinal study examining how young children cope with early foster care placements. The 84 dyads were a subsample of participants from a longitudinal study of foster children. We began collecting the interview data reported here (i.e., TIMB interview; Bates & Dozier, 1998) about a year after the beginning of enrollment in a longitudinal study funded by the National Institute of Mental Health (NIMH). This was not a measure proposed originally but pilot data suggested its importance. Therefore, we did not include any of the children from the first year of data collection when the measure was being developed and piloted. All children whose parents were administered the interview after this initial period were then included in the current study.

All of the children entered the foster care system as infants or toddlers. Reasons for initial entry into the foster care system included substantiated cases of abuse and neglect and inability to care for the child. Most (79.5%) of the children had been neglected. Fifty-four percent were boys and 46% were girls. Of the children, 61 were African American (72.6%), 14 were European American (16.7%), 2 were Latino (2.4%), and 7 were biracial (8.3%). All of the primary

caregivers were women. Of the caregivers, 60 were African American (71.4%), 23 were European American (27.4%), and 1 was Latina (1.2%). Seventy-nine percent of the dyads were matched for ethnicity. Fifty-four percent of the caregivers were married or living with a partner, whereas the remaining 46% (all women) were single, divorced, separated, or widowed. Family incomes ranged from less than \$10,000 per year to more than \$100,000 per year ($M = \$38,800$). Participation in the study was voluntary and families were paid \$25 per research visit. Caregiver years of education ranged from 7 to 17 ($M = 12.8$, $SD = 2.1$).

Measures

Caregiver commitment. The TIMB interview (Bates & Dozier, 1998) was used to measure caregiver commitment. The TIMB is a semi-structured interview developed to assess caregiver commitment toward the child. During the interview, the caregiver was asked to describe the child and answer some more specific questions regarding her feelings about the child, such as how much she would miss the child if he or she were to leave her care (see the appendix). The recorded interviews were transcribed and coded from the transcripts. Commitment was rated on a 5-point Likert scale with midpoints allowed (e.g., 1.5). Caregiver commitment in this study included the full range of possible scores from 1 to 5 ($M = 3.3$, $SD = 1.1$). Each interview was coded by two independent raters and the ratings were averaged. Because ratings were averaged, final scores were in increments of 0.25. Interrater reliability, calculated as a Spearman-Brown correlation, was .90. The results from this study provide support for the predictive validity of the measure.

Age at placement. Age at placement data for most children were gathered directly from the social service agency records. Ages ranged from birth to 38 months ($M = 8.5$ months, $SD = 8.8$).

Risk factors. Risk factor data were obtained from official records that were provided by social service agencies in the area and from foster parents. Records consisted of Department of Social Services (DSS) summaries of parental report and DSS investigative findings. Risk factors included history of physical abuse, history of neglect, prenatal substance exposure, premature birth (pregnancy lasting less than 32 weeks or birth weight less than 2,500 grams), and maternal psychopathology. Documented cases of any of the above risk factors were coded as present, whereas undocumented and merely suspected cases were coded as absent. These scores were

TABLE 1: Descriptive Statistics

Variable	Min	Max	M	SD
Caregiver commitment	1.0	5.0	3.3	1.1
Child age at first placement (months)	0	37.7	8.5	8.8
Child age at current placement (months)	0	38.8	11.4	9.8
Time since first placement (months)	2.0	59.6	16.3	11.6
Child time with current caregiver (months)	2.0	59.3	13.5	10.4
Child age at TIMB (months)	5.1	60.0	24.6	11.3
Caregiver age (years)	26	80	46.2	11.6
Caregiver education (years)	7	17	12.8	2.1
Risk factor score	0	4	1.4	1.0
Number of foster children	1	> 200	24.8	34.7
Number of foster children (log-transformed)	0	2.7	0.9	0.6

NOTE: TIMB = This Is My Baby interview.

summed for a total possible score of 5. Risk factor scores ranged from 0 to 4 ($M = 1.4, SD = 1.0$).

Number of foster children. The total number of foster children cared for by caregivers ranged from 1 to approximately 200 ($M = 24.8, SD = 64.7$). The highest documented number of children fostered was 152, but some foster parents indicated that they had fostered even more children than that. In that the preciseness of higher estimates was suspect, we used 200 as the cut-off. Because of the skewed distribution, this variable was standardized by log-transformation. This transformed variable was used in all subsequent analyses and ranged from 0.0 to 2.7 ($M = 0.9, SD = 0.6$).

Length of placement. The length of time children had been in placement with their current caregivers ranged from 0.6 to 59.3 months ($M = 13.5, SD = 10.4$). These data were obtained from agency records and/or from ongoing contacts with foster parents and participating children.

RESULTS

Descriptive statistics are presented in Table 1. We tested two primary hypotheses. First, child age at placement and the number of children whom foster parents had cared for previously were expected to be associated with caregiver commitment. Second, higher levels of parent commitment were expected to be associated with a greater likelihood of the placement remaining stable. To examine the first of these hypotheses, Pearson correlations between

TABLE 2: Intercorrelations Between Variables in the Study

	1	2	3	4	5
1. Caregiver commitment					
2. Age at first placement	-.47**				
3. Child age at TIMB	.07	.36**			
4. Caregiver age	-.29**	.00	-.25*		
5. Risk factor score	.07	-.21	-.33*	.11	
6. Number of foster children (log-transformed)	-.31**	-.05	-.21	.34	.00

NOTE: TIMB = This Is My Baby interview.
* $p < .05$. ** $p < .01$.

child age at placement, number of children fostered previously, and commitment were calculated. Commitment was inversely associated with both the age of the child at placement and with the number of children cared for previously. Parents reported higher levels of commitment when children were placed at younger ages than when children were placed at older ages ($r = -.47, p < .05$). Parents also were more highly committed when they had fostered fewer rather than more children in the past ($r = -.31, p < .05$). As expected, the association between the child’s age at placement and the number of children fostered did not approach significance ($r = -.05, ns$). Correlations are presented in Table 2.

Next we tested the hypothesis that caregiver commitment predicts placement stability. Placements were defined as stable if the child continued to reside with the foster parent at least 2 years after placement. Of the 84 children, 42 continued in their placements for 2 years or longer and 42 changed placements within 2 years. Caregiver commitment ranged from 1.5 to 5.0 for children who were in placement for 2 years or longer ($M = 3.7, SD = .98$). Caregiver commitment ranged from 1.0 to 5.0 for children who changed placements in less than 2 years ($M = 3.0, SD = 1.2$).

Using binary logistic regression procedures, placement stability was regressed on caregiver commitment. Table 3 shows the results from this model. Children were almost twice as likely to be in placement for 2 years or longer for each point increase in caregiver commitment (odds ratio = 1.812). For example, a foster mother who scored a 4 on commitment was almost twice as likely to have their child in placement for 2 years or longer than a foster mother who scored a 3 on commitment. This result was statistically significant ($p < .01$).

To assess whether this association held when controlling for the effects of child age at placement, child risk factor index, and number of children previously fostered by this parent, a second regression

TABLE 3: Logistic Regression on Remained in Placement Versus Changed Placements

	β	SE	Wald	Sig.
Caregiver commitment	.594	.219	7.374	.007**
Constant	-1.994	.772	6.671	.010*

* $p < .05$. ** $p < .01$.

TABLE 4: Logistic Regression on Remained in Placement Versus Changed Placements

	β	SE	Wald	Sig.
Caregiver commitment	.657	.313	4.42	.035*
Age of placement	-.057	.049	1.382	.240
Risk factors	-.330	.326	1.022	.312
Number of foster children	.006	.009	.427	.514
Constant	-1.606	1.491	1.160	.281

* $p < .05$.

equation was run. Child age at placement, child risk factor index, number of children fostered, and commitment were entered simultaneously, with placement stability as the dependent variable. The results from this model are presented in Table 4. Caregiver commitment remained a significant predictor of placement stability (odds ratio = 1.929, $p < .05$). Age of placement, risk factors, and number of children fostered were not significant predictors of stability.

DISCUSSION

In this study, we found that foster parents were more highly committed to their children when they had cared for fewer rather than more children in the past and when their current children were placed at younger rather than older ages. Furthermore, higher levels of commitment were associated with placement stability over time. These results may have important implications for decisions regarding foster care placement of young children.

Caregiver History of Foster Parenting

More than 50% of the foster parents in this sample had fostered seven or more foster children prior to the current child. Although agencies often value parents who have extensive experience fostering children, our findings suggest that commitment may be compromised when caregivers have cared for many foster children. Whereas experience may be very important when working with an older foster child presenting

with behavior problems (e.g., Chamberlain, Moreland, & Reid, 1992), commitment may be of much greater importance than experience when parenting a younger child. Although experience and commitment are not mutually exclusive, they are inversely related. Thus, it is possible that infants and young children may be more appropriately placed with foster parents who are more likely to be committed (i.e., those who have less experience as foster parents), whereas older children may be more appropriately placed with more experienced foster parents. It is important to note, however, that our data have direct implications only for young children; we are only speculating that there could be an important place in the foster care system for foster parents who have fostered many children.

If young children were to be placed with parents who had fostered fewer rather than more children previously, most foster care agencies would need to expand the pool of available foster parents. This solution is challenging for agencies that are already stretched in terms of having enough available foster parents for the number of children in the system. Nonetheless, recruiting caregivers for a somewhat different function might expand the population of individuals interested in becoming foster parents. In particular, parents might be recruited explicitly to foster one child, or perhaps several, rather than many children. Recruitment possibilities might be better, or at least different, with such expectations. Some potential foster parents who would not be interested in fostering a number of children might be willing to foster a single child, particularly if they could have realistic expectations that they could stay more involved with the child over time.

During the past decade, it has become more customary for foster parents to adopt the children placed in their care than it had been previously, at least in some locales. We recommend that infants always be placed in potentially adoptive homes so that unnecessary disruptions are avoided. Of particular importance, considering foster parents as the desirable adoptive parents would minimize the number of disruptions the child experienced and enhance the parents' sense of commitment to the child. For example, the foster parents could be potential adoptive parents if parental rights were terminated. Alternatively, foster parents could remain involved if the child returned to foster care after placement in the birth parent home.

Child Age at Placement

Child age at placement has proven to be an important variable in foster parents' responses to

children (Stovall & Dozier, 2000; Stovall-McClough & Dozier, 2004) and it was therefore not surprising to us that child age at placement was associated with caregiver commitment. Given that children must sometimes necessarily enter foster care at older ages, policy implications are much more restricted with regard to this finding. Helping foster parents become aware that commitment is sometimes diminished when fostering older children may be the most effective way to enhance commitment to older children. Although commitment and nurturance are distinct constructs, we have developed an intervention that helps caregivers provide nurturance even though their foster child does not elicit nurturance (Dozier and the Infant Caregiver Laboratory, 2004). Caregivers are helped to see that their foster children need them even though their behavior suggests that they do not. In a similar way, it may be possible to help caregivers see that children need a committed caregiver even though the circumstances and the behavior of the child may not naturally elicit commitment.

Why Commitment Matters

Without a committed caregiver, a nonhuman, primate infant has little or no chance of survival (Numan & Insel, 2003). From an evolutionary perspective, one can think of the value in a mother's protecting a child at her own expense but not being willing to make such a sacrifice for a child who is not hers. Indeed, it is counterproductive to risk injury or death for a child who is not one's own when it could mean that one's own child was then left unprotected. Thus, an individual with greater commitment to a child (whether because of biological relatedness or other factors) might risk more than an individual with lesser commitment. Given this biological preparedness, it is perhaps not surprising that human children who lack committed caregivers often experience behavioral and biological dysregulation. We have found that young children in foster care are often dysregulated in terms of their diurnal production of stress hormones (Dozier et al., 2006), which may predispose them to psychological disorders. Furthermore, behavioral dysregulation is seen in a host of domains, including the child's difficulty in seeking comfort directly from the caregiver (Stovall-McClough & Dozier, 2004) and in the child's having inadequate behavioral control (Dozier et al., 2006). A committed caregiver could serve a critical role in helping vulnerable children feel protected and safe and thus be able to develop adequate regulatory capabilities.

Limitations and Future Directions

We did not have detailed data on termination of parental rights or information about when foster parents were informed of such proceedings. We also did not have detailed data on the timing of parents' decisions to adopt a foster child in their care. The possibility that the status of a placement may have affected parents' levels of commitment cannot be ruled out. Nonetheless, all homes were dually licensed as foster and adoptive homes so that the transition from foster to adoptive placement was possible. Indeed, at the anecdotal level, we know that many of the children classified as having stable placements were adopted by their foster parents. In future research, it will be important for us to carefully monitor the status of each placement and keep track of changes in placement status, including termination of parental rights.

APPENDIX

This Is My Baby (TIMB) Interview Questions and Rating Guidelines

TIMB Interview Questions:

1. I would like to begin by asking you to describe (child's name). What is (his/her) personality like?
2. Do you ever wish you could raise (child's name)?
3. How much would you miss (child's name) if (he/she) had to leave?
4. How do you think your relationship with (child's name) is affecting (him/her) right now?
5. How do you think your relationship with (child's name) will affect (him/her) in the long-term?
6. What do you want for (child's name) right now?
7. What do you want for (child's name) in the future?
8. Is there anything about (child's name) or your relationship that we've not touched on that you'd like to tell me?
9. I'd like to end by asking a few basic questions about your experience as a foster parent.
 - a. How long have you been a foster parent?
 - b. How many foster children have you cared for in all?
 - c. How many foster children do you currently have?
 - d. How many biological and/or adopted children are currently living in your home?

TIMB Commitment Ratings

5 points (high commitment). The mother provides evidence of a strong emotional investment in the child and in parenting the child; multiple indices of high levels of commitment are present throughout the interview; descriptions of the child and the mother-child relationship clearly reflect a strong attachment to the child with no evidence of mental or physical activities designed to limit the strength of the mother-child affective bond; there is evidence of the mother committing resources to promote the child's growth or

other indices of psychological adoption of the child; the child is fully integrated into the family; although the mother may acknowledge that the child will eventually leave her home (e.g., to return to the biological parent), she considers the child as hers while the child is in her home.

3 points (moderate commitment). The mother provides evidence of investment in the child but this is not clearly as marked as a mother scoring high on commitment; although there may be some indices of high levels of commitment, there also may be evidence suggesting that the child has not been psychologically adopted by the mother; the mother may state she would miss the child if her or she left but this is more of a matter-of-fact statement and lacks the strong affective component seen in mothers high in commitment; if the mother speaks of limiting the psychological bond with the infant, she also gives evidence of struggling with this issue; the child may be only partially integrated into the family (i.e., is placed in respite care only when the family goes on vacation); overall, the coder may conclude that the child is adequately cared for and nurtured but not to any special degree.

1 point (low commitment). The mother provides virtually no evidence of a strong and active emotional investment in the child or in parenting the child; there are few, if any, indices of high levels of commitment; the mother may be indifferent to whether the child remains in her care or may actually state that she hopes/desires that the child will be removed; there may be little evidence that the mother would miss the child if he or she leaves; the mother may provide evidence of participating in physical or mental activities designed to limit the strength of the mother-child bond; the child has not been psychologically adopted by the mother and may not be fully integrated into the family (e.g., is routinely placed in respite care); the child may seem to be more of an unwelcome guest than a member of the family or may be viewed as only one of a series of children passing through the mother's home.

REFERENCES

- Adoption and Safe Families Act. (1997). 105 U.S.C. 89.
- Ainsworth, M. D., Bell, S. M., & Stayton, D. J. (1971). Individual differences in strange situation behavior of 1-year-olds. In H. R. Schaffer (Ed.), *The origins of human social relations* (pp. 17-52). New York: Academic Press.
- Ainsworth, M. D. S., Blehar, M. C., Waters, E., & Wall, S. (1978). *Patterns of attachment: A psychological study of the strange situation*. Hillsdale, NJ: Lawrence Erlbaum.
- Aldgate, J., Colton, M., Ghate, D., & Heath, A. (1992). Educational attainment and stability in long-term foster care. *Children & Society, 6*, 91-103.
- Bates, B., & Dozier, M. (1998). "This Is My Baby" coding manual. Unpublished manuscript, University of Delaware, Newark.
- Bowlby, J. (1944). Forty-four juvenile thieves: Their characters and home life. *International Journal of Psycho-Analysis, 25*, 19-52, 107-127.
- Bowlby, J. (1951). *Maternal care and mental health* (WHO Monograph No. 2). Geneva: World Health Organization.
- Bowlby, J. (1982). *Attachment and loss: Vol. 1. Attachment*. New York: Basic Books. (Original work published 1969)
- Bradley, R. H., Whiteside-Mansell, L., Brisby, J. A., & Caldwell, B. M. (1997). Parents' socioemotional investment in children. *Journal of Marriage and the Family, 59*, 77-90.
- Chamberlain, P., Moreland, S., & Reid, K. (1992). Enhanced services and stipends for foster parents: Effects on retention rates and outcomes for children. *Child Welfare, 71*(5), 387-401.
- Chernoff, R., Combs-Orme T., Riskey-Curtis, C., & Heisler, A. (1994). Assessing the health status of children entering foster care. *Pediatrics, 93*, 594-601.
- Corwyn, R. F., & Bradley, R. H. (1999). Determinants of paternal and maternal investment in children. *Infant Mental Health Journal, 20*, 238-256.
- Dozier, M., & the Infant Caregiver Laboratory. (2004). *Attachment and biobehavioral catch-up*. Unpublished manuscript, University of Delaware, Newark.
- Dozier, M., Manni, M., Gordon, M. K., Peloso, E., Gunnar, M. R., Stovall-McClough, K. C., et al. (2006). Foster children's diurnal production of cortisol: An exploratory study. *Child Maltreatment, 11*, 189-197.
- Dozier, M., Stovall, K. C., Albus, K. E., & Bates, B. (2001). Attachment for infants in foster care: The role of caregiver state of mind. *Child Development, 72*, 1467-1477.
- Enlow, D. (1982). *Handbook of facial growth* (2nd ed.). Philadelphia: Saunders.
- Fisher, P. A., Burraston, B., & Pears, K. (2005). The Early Intervention Foster Care Program: Permanent placement outcomes from a randomized trial. *Child Maltreatment, 10*, 61-71.
- Fox, N., Kagan, J., & Weiskopf, S. (1979). The growth of memory during infancy. *Genetic Psychology Monographs, 99*, 91-130.
- Maestripieri, D. (2001). Biological bases of maternal attachment. *Current Directions in Psychological Science, 10*, 79-83.
- Numan, M., & Insel, T. (2003). *The neurobiology of parental behavior*. New York: Springer.
- Ritter, J. M., Casey, R. J., & Langlois, J. H. (1991). Adults' responses to infants varying in appearance of age and attractiveness. *Child Development, 62*, 68-82.
- Stovall, K. C., & Dozier, M. (2000). The development of attachment in new relationships: Single subject analyses for 10 foster infants. *Development and Psychopathology, 12*, 133-156.
- Stovall-McClough, K. C., & Dozier, M. (2004). Forming attachments in foster care: Infant attachment behaviors in the first 2 months of placement. *Development and Psychopathology, 16*, 253-271.
- U. S. Department of Health and Human Services. (2005). *The AFCARS report: Preliminary FY 2003 estimates as of April 2005*. Washington, DC: Author.

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