
Fostering Care, Fostering Connection: Relational Possibilities for Child Welfare

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About the Authors

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Abstract

Children in child welfare programs are familiar with change. As soon as they settle into a foster family, they often need to pack their bags and move to a different family. These children do not experience the durable, enduring relationships needed for healthy development.

Traditional psychodynamic theories of human development focus on the development of the self, indicating that successful development brings independence, self-sufficiency, and autonomy. We suggest that it is time to question the individualistic theories of human development and the programs that grow out of these theories. Integrating the principles of RCT, we propose six priorities for changing the child welfare system. We hope these six ideas will inspire many conversations about the possibilities open to us when we place relational development, not individual development, at the center of our child welfare programs.

Introduction

Child welfare textbooks are full of stories of children and families in crisis, for example:

In 1996 Brendan R., age four, was found dirty, hungry, and alone. His mother, addicted to cocaine and alcohol, was homeless and unemployed. Brendan was taken from her and spent 13 months in foster care. Motivated by the desire to regain custody of her son and assisted by a persistent and hopeful social work team, Brendan's mother overcame her addictions, fulfilled the requirements of court orders and her Parent/Agency Agreement, and found full-time employment. In slightly over one year, Brendan returned to his mother's custody, having been in the same foster home the entire time. Brendan represents a foster care success, but unfortunately, Brendan's foster care experience is not typical. Of the nearly half million children in foster care, most, approximately 65 percent, will return to their birth families but, unlike Brendan, the average length of stay in foster care is three years and the average foster child experiences 3.2 different foster placements. (Duquette & Hardin, 1999, p. 1-7)

It's gratifying to hear how children like Brendan are helped in child welfare programs; however, given the complexities of the service system, not all children are so fortunate:

Tiffany and Victoria S. represent two of the approximately 20,000 foster children adopted each year. It took far too long for them to be adopted. Tiffany was 5 when placed in foster care and 12 when she was adopted (7 years later): Victoria was 3 when placed in foster care and 8 when she was adopted (5 years later). Their adoptive

mother said, "Tiffany told us that she'd be sitting on the couch in one of her foster homes, watching TV and the social worker would come get her. She never knew when she came to a place whether it would be home for a month or a year." Tiffany says, "It was hard to be in other homes and then think, 'Is this going to be it, or am I going to have to move again?' I'm very relieved to be adopted, and it's just good to know that I am not going to have to worry about one day this social worker being here and all of a sudden saying, 'Well, Tiffany, I'm sorry but you have to leave.'" (Duquette & Hardin, 1999, p. 1-8)

A growing number of researchers and clinicians are emphasizing the crucial role of durable and enduring relationships in children's lives. Relationships provide the framework for healthy development in many ways, including strengthening a child's resilience (Spencer, 2000) and resistance to high-risk behavior (Blum, McNeely, & Rinehart, 2002; Resnick et al., 1997). Yet, many theories of psychological development posit that the outcome of healthy development is to become more independent by progressively separating from relationships. Accordingly, child welfare practices derived from these theories have tended to reinforce the ultimate, idealized goal of self-sufficiency. Thus, well-intentioned child welfare efforts have focused on helping children develop into the idealized image of an independent, self-sufficient, autonomous adult. Through a lens that privileges separation over connection, relationships are primarily viewed as a means by which self-sufficiency and independence can be achieved. Relationships are "used" to help children to "learn to stand on their own two feet."

Over the last 30 years, Jean Baker Miller, M.D., and her colleagues at Wellesley College have questioned this individualistic view of development. Based on clinical practice and research, they formulated a new model emphasizing the centrality of relationships in human development: Relational-Cultural Theory (RCT). In *The Healing Connection*, Miller and Stiver (1997) explain the crucial paradigm shift that distinguishes RCT from traditional psychodynamic theories:

All psychological formulations rest on an underlying theory and set of assumptions although these are not always made explicit. . . . For instance, psychoanalytic thinking has taken over without question the Western notion that becoming a self-sufficient individual is the goal

of human psychological development. . . . But our experience has led us to a different emphasis for understanding psychological development. This book is about connections between people, about how we create them and how disconnections derail them throughout our lives. . . . Just as disconnections restrict us and block psychological growth, connections—the experience of mutual engagement and empathy—provide the original and continuing sources of that growth." (pp. 2-3)

RCT shifts the goal of mental health from the development of the self to *relational development*. In other words, rather than suggesting healthy development is characterized by successful separation from relationships, RCT proposes that healthy development is a process of expanding, elaborating, and deepening connections. In particular, RCT emphasizes that *growth-fostering* relationships are a human necessity throughout our lives and chronic or profound disconnections are a source of psychological and social problems. Furthermore, RCT recognizes that all relationships occur within and are influenced by the cultures in which they exist. Social and cultural practices impact people's ability to engage in and sustain growth-fostering relationships. Moving from an individualistic to a relational-cultural view of development, RCT opens the door to new possibilities for understanding healthy development as well as new possibilities for strengthening child welfare services.

Service providers have known for many years that child welfare practices do not provide the constancy of relationships children need. In most instances, chronic and profound relational disruptions are the norm for children living in the system. Because of this, the *Adoptions and Safe Families Act* of 1997 was instituted to minimize disruptions that occur in the lives of children in our welfare system. As a result, some children began to find more relational stability, as illustrated in Tiffany's experience:

Because of the voluntary arrangements between her birth and adoptive families, Tiffany is experiencing something previously unknown in her life—commitment and continuity. "I have my own room and have been going to the same school for three years—the longest I've ever gone to one school," says Tiffany. "I have friends that I've known for years. All those things are nice. . . but what's important is that every day when I go home, I know I will be hugged and loved and supported in whatever I do. I know they'll never leave me." (Duquette & Hardin, 1999, p. 1-9)