

Maternal discourse, attachment-related risk, and current risk factors: Associations with maternal parenting behavior during foster care visits[☆]

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Abstract

This study examined relations among mothers' discourse about experiences in their families of origin and with child protective services (CPS), attachment-related and current risk factors, and the quality of mothers' parenting behavior with their young children during supervised visits. Twenty-nine 2- to 6-year-old children in foster care and their biological mothers participated. Clinical interviews with mothers assessed the quality of maternal discourse and the presence of risk factors. Videotaped observations of visits between mothers and their children assessed parenting behaviors. Results revealed that mothers who discussed their experiences in a coherent and flexible manner and expressed affection for their children in their discourse were more supportive of their children's socioemotional functioning during visits. Moreover, in addition to current risk factors such as substance abuse and mental illness, mothers' experience of attachment-related risk factors in childhood or adolescence was particularly important for understanding the quality of their discourse and parenting behavior.

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1. Introduction

Family reunification is the permanency goal for the majority of the more than one-half million children in foster care in the United States (e.g., Downs, Costin, & McFadden, 1996). In order for family reunification to be successful, mother–child relationships must be sustained while children are in foster care. Parent visitation, the scheduled, face-to-face contact between parents and their children in foster care, is considered the primary child welfare intervention for

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maintaining the development of adequate mother–child relationships (Hess & Proch, 1993; Mallon & Leashore, 2002). Organized visits are so critical to the effort to reunite families that legislation requires their inclusion in family preservation efforts (e.g., P.L. 96–272: The *Adoption Assistance & Child Welfare Act*, 1980; P.L. 105–89: The *Adoption & Safe Families Act*, 1997).

Unfortunately, visits often fall short of meeting their goals of supporting the continued development of mother–child relationships (Haight, Kagle, & Black, 2003). Our ability to understand this failure is impeded by our poor understanding of the content of mother–child interaction during visits. The limited research that has been done, including some direct observations of visits (Haight, Black, Workman, & Tata, 2001), and reports by clinicians, parents, and foster mothers (e.g., Haight et al., 2002), indicates considerable variation in the quality of maternal parenting and mother–child interaction during visits, including the extent of mutually engaging and developmentally appropriate interactions. In particular, these observations and reports consistently indicate the stressful nature of visits, and that separation, or leave-taking, at the end of the visit is especially distressing and problematic for young children.

Given these preliminary findings, it is critical to examine factors that underlie these individual differences in interaction quality during visits, and especially during leave-taking. Understanding the variability in mothers' parenting behavior during visits is necessary before researchers and clinicians can work to enhance the effectiveness of visits. In the current study, we examined the ways in which mothers describe their experiences both within their families of origin and in interaction with the child welfare system, and how mothers' discourse about these experiences related to the quality of mothers' parenting behavior during visits. In addition, we explored the roles of attachment-related and current risk factors in mothers' discourse about their experiences and their parenting behavior.

1.1. An attachment perspective

We examined mothers' parenting behavior during supervised visitation from the perspective of attachment theory (Ainsworth, Blehar, Waters, & Wall, 1978; Bowlby, 1969). A long tradition of research suggests that the quality of parent–child attachment relationships is related to children's developmental outcomes (e.g., Bohlin, Hagekull, & Rydell, 2000; DeMulder, Denham, Schmidt, & Mitchell, 2000; Laible & Thompson, 1998). These relationships are particularly vulnerable to disruption through foster care placement in infancy or early childhood when significant development in attachment relationships occurs (e.g., Thompson, 1998). Indeed, researchers and clinicians recognize the serious risk for attachment disturbances experienced by children in the foster care system (e.g., Gauthier, Fortin, & Jéliu, 2004; Haight et al., 2003), and controversy exists about the ultimate benefits for children of parental visitation and reunification (e.g., Borgman, 1985; Cantos, Gries, & Slis, 1997; Taussig, Clyman, & Landsverk, 2001; Wulczyn, Hislop, & Harden, 2002). However, despite recognition of the relevance of attachment theory for the foster care system, and although some research has examined foster children's developing attachment relationships with their foster mothers (e.g., Stovall-McClough & Dozier, 2004), attachment theory has been underutilized as a framework for understanding the evolving relationships between biological mothers and their children in foster care.

From an attachment perspective, the ways in which parents behave towards their children in either optimal (e.g., sensitive, stimulating) or suboptimal (e.g., intrusive, detached) ways are in large part a result of parents' childhood experiences with their own significant caregivers (Main, Kaplan, & Cassidy, 1985). It is theorized that the mechanism through which childhood experiences are translated into adults' parenting behaviors involves adults' internal working models of attachment, or "states of mind" with respect to attachment relationships. These mental representations of attachment are believed to affect parents' ability to respond appropriately to their children, and parents' behaviors toward their children are, in turn, believed to shape the child's attachment relationship with the parent (van IJzendoorn, 1995).

Adults' states of mind with respect to attachment relationships, or "adult attachment," can be measured in several ways, including via self-report and narrative measures (Crowell, Fraley, & Shaver, 1999). In developmental research, parental states of mind are often measured using the Adult Attachment Interview (AAI; George, Kaplan, & Main, 1985), a semi-structured clinical interview that probes individuals' experiences in childhood relationships with significant caregivers. Respondents are asked to provide both general descriptions of early relationships and corresponding specific memories, and are also asked to reflect on past experiences from their current perspective. States of mind as gleaned from this interview are not characterized by the autobiographical content of the interview as much as they are determined by the way in which the individual evaluates and integrates his/her past experiences, as demonstrated through the quality of the individual's discourse. In particular, the *coherence*, or clarity, consistency, and believability of the respondent's account, is weighted strongly in determining whether a respondent's state of mind is

autonomous or secure, or one of several distinct types of insecure, nonoptimal states of mind with respect to attachment relationships (for a more complete discussion of adult attachment classifications, see [Main, 2000](#)). Autonomous adults, who are considered to have the most adaptive attachment representations, are characterized by their high levels of coherence in describing their early experiences, their openness with respect to discussing both positive and negative experiences, their ability to consider multiple points of view, and their clear valuing of close relationships.

Consistent with attachment theory, mothers' states of mind assessed via their discourse in the AAI have repeatedly been shown to relate to the quality of children's attachments to them (see [van IJzendoorn, 1995](#) for a meta-analysis). This holds true whether adult and child attachment are assessed concurrently or prospectively ([Fonagy, Steele, & Steele, 1991](#); [Raval et al., 2001](#)), and even when mothers and children are not biologically related ([Dozier, Stovall, Albus, & Bates, 2001](#)). A number of studies have also demonstrated support for the crucial component of this theory which suggests that mothers' states of mind are related to their parenting behavior ([van IJzendoorn, 1995](#)). Although much of this research has focused on parent–infant relationships, some studies have focused on parents' relationships with their toddlers or preschool-aged children. For example, [Cohn, Cowan, Cowan, and Pearson \(1992\)](#) found that parents with insecure attachment representations showed less warmth and provided less structure for their children than secure parents. In a more recent study of a high-risk sample of mothers and their young children, [Oyen, Landy, and Hilburn-Cobb \(2000\)](#) demonstrated that mothers with more secure attachment representations were more emotionally available (i.e., more sensitive) to their children. [Biringen et al. \(2000\)](#) obtained a similar result in a low-risk sample, but also demonstrated that the coherence of mothers' states of mind was particularly relevant for understanding their levels of sensitivity to their children. Moreover, associations between adult attachment and parental behavior can be generalized beyond use of the AAI, given that [Edelstein et al. \(2004\)](#) found that adult attachment style assessed via questionnaire was related to parents' responsiveness to their young children during a stressful event.

1.2. Attachment-related and current risk factors

In addition to the importance of maternal states of mind for understanding mothers' parenting behavior, relevant past and current risk factors may also be important for understanding both maternal discourse and parenting behavior. According to attachment theory, one significant risk factor for the development of nonoptimal attachment representations (and thus, a risk factor for nonoptimal parenting) is the experience of losing significant attachment figures in childhood or adolescence ([Main, 1996](#)). Experience of such attachment-related risk is thought to make it more difficult for individuals to achieve autonomous states of mind, and consequently more difficult for them to demonstrate consistent patterns of coherent discourse. Evidence for the hypothesized role of attachment-related risk in maternal discourse and parenting behavior derives from studies that have found relations between parents' unresolved responses to loss experiences and related nonoptimal (i.e., disorganized) patterns of attachment in their children (e.g., [DeOliveira, Bailey, Moran, & Pederson, 2004](#); [Goldberg, Benoit, Blokland, & Madigan, 2003](#)).

Certainly, attachment-related risk is not the only liability for mothers whose children are in foster care, and thus, it is important to consider that current risk factors may also have an impact on maternal discourse and parenting behavior during supervised visitation. Two important current risk factors are substance abuse and mental illness. Estimates from across the United States suggest that substance abuse in one or both parents is present for one-third to one-half of children in foster care ([Kovalesky, 2001](#)). Moreover, mental health problems such as depression have been identified as significant risk factors for disruption in maternal care (e.g., [Nair et al., 1997](#)). Although research has not explicitly focused on associations among mothers' substance abuse, mental illness, and their behavior towards their children during foster care visits, [Kovalesky \(2001\)](#) found that maternal substance abuse problems interfered with maintaining a consistent pattern of parental visitation, and large bodies of related research suggest that parental substance abuse and mental health problems are related to nonoptimal parenting (for reviews see [Mayes & Truman, 2002](#); [Seifer & Dickstein, 2000](#)). Not surprisingly, evidence from the attachment literature links psychopathology and substance abuse with insecure attachment representations indicated by poor quality discourse when discussing past experiences (e.g., [Riggs & Jacobvitz, 2002](#)).

1.3. The current study

The goal of the current study was to examine maternal discourse, attachment-related risk, and current risk factors as correlates of the quality of mothers' parenting behavior during supervised visitation. We focused on toddler- and

preschool-aged children because increasing numbers of young children are entering the foster care system and remaining in the system for extended periods of time, putting their attachment relationships with their parents at risk (Downs et al., 1996). We also focused in particular on mother–child interaction during visits because the majority of visitors in the state in which this study was conducted are mothers. Two major questions motivated this investigation: (1) What are the associations between mothers' discourse about their experiences with their families of origin and child protective services and the quality of their parenting behavior during visits? (2) How do attachment-related and current risk factors relate to mothers' discourse about their experiences and the quality of their parenting behavior?

Consistent with attachment theory and prior research (e.g., Biringen et al., 2000; Cohn et al., 1992; Oyen et al., 2000), we hypothesized that mothers who described their experiences in a consistent, coherent way, who felt free to express a range of emotions (e.g., sadness), were optimistic about relationships and clearly valued them, and demonstrated the ability to consider multiple viewpoints would show greater positive support for their children and less negative behavior towards their children during visits. In particular, the coherence of the mother's discourse was expected to be most closely related to the quality of her parenting, given that coherence is considered to be the most robust indicator of adaptive attachment representations (Main, 2000). Although we measured both positive and negative aspects of maternal parenting behavior, we expected that the quality of maternal discourse would be most closely related to warm and supportive aspects of maternal behavior during parent–child interaction, because these aspects are central to attachment theory (e.g., parental sensitive behavior, see van IJzendoorn, 1995). Moreover, it was anticipated that maternal discourse might be most relevant for understanding mothers' behavior during leave-taking at the end of visits, because leave-taking has been shown to be especially stressful (e.g., Haight et al., 2002), and relations between parental states of mind and parenting behavior may be most evident when children are in stressful situations that elicit attachment-related behavior (Edelstein et al., 2004).

We further hypothesized that the experience of attachment-related risk factors (i.e., loss of significant attachment figures in childhood or adolescence) would be related to maternal discourse suggestive of less optimal attachment representations, and less supportive behavior of children during visits, especially at leave-taking. Although a previous study found no associations among a general measure of risk factors, adult attachment representations, and maternal sensitivity (Oyen et al., 2000), attachment theory (e.g., Main, 1996) and investigations of parents' unresolved responses to loss and related patterns of attachment in their children (e.g., DeOliveira et al., 2004; Goldberg et al., 2003) suggest that focusing more specifically on attachment-related risk may be fruitful. Finally, we compared the impact of attachment-related risk to that of current risk factors, including substance abuse and mental illness, which, as discussed above, were also hypothesized to affect mothers' discourse and interactions with their children (Kovalesky, 2001; Mayes & Truman, 2002; Riggs & Jacobvitz, 2002; Seifer & Dickstein, 2000).

2. Method

The current report is based on data collected as part of a larger investigation of the nature of supervised visitation and ways to support its important role within the foster care system (see Haight, Black, Workman et al., 2001; Haight, Black, Mangelsdorf et al., 2002; Haight, Mangelsdorf et al., 2005).

2.1. Participants

Participants were 29 mothers with young children in foster care coordinated through a public child welfare office (CPS) in a medium-sized, Midwestern city. Mothers of all children between 2 and 6 years of age were identified through CPS records; those whose children had been in foster care less than 1 year, were receiving visits, and whose permanency plan options included returning home were contacted through caseworkers. If mothers were interested in participating, caseworkers obtained their permission for us to contact them regarding participation. We explained to each mother that we were researchers at the university interested in learning more about visits in order to develop better social work practices. We emphasized that although CPS had granted permission for our study and even designated us as "visit supervisors" for the purposes of this study, we were not employed by CPS and would not report to CPS employees regarding any individual mother's or child's participation (or lack thereof) in the study. Approximately 38% of eligible mothers referred to us by caseworkers agreed to participate. Mothers were paid \$30.00 for their time, as well as receiving an additional visit with their children that we supervised.

Seventeen mothers were Anglo-American, eleven were African-American, and one was Hispanic-American. The mean age of mothers was 27.21 years ($SD = 7.42$; range: 15 to 42 years), and the mean number of years of education for mothers was 11.22 ($SD = 1.41$; range: 8 to 14 years). Mothers had a mean of 2.55 children ($SD = 1.27$; range: 1 to 5 children). The mean age of the target children was 2.83 ($SD = .93$) years, and 15 children were female. Participating children were free of neurological disorders or major health problems. These children were relatively new to the foster care system: they had not had previous bouts of foster care, and they had been in foster care for 1 year or less (range: 1 to 12 months).

All mothers reported participating in at least one visit with their child per week for a mean of 2.71 h ($SD = 2.46$), ranging from 1 to 12 h. Relatively brief, 1-hour visits were not atypical for our sample: 1/3 of participants reported that 1 h represented a typical visit length, and 2/3 reported that their visits were typically 2 h or less. Visit supervision was also a common experience for participants: 21 mothers reported that their visits were supervised, 3 that they were unsupervised, and 5 did not report on visit supervision. With one exception, mothers became involved with the child welfare system involuntarily. One mother had previously been involved with CPS for her older children, and seven mothers reported involvement with CPS as children. Children were placed in foster care for a variety of reasons: 7 because of physical or sexual abuse, 15 because of neglect, and the remaining 7 for a variety of other reasons including exposure to domestic violence.

2.2. Overview of procedure and setting

All mothers and children participated in a 60-minute visit, and all mothers participated in a clinical interview following the visit. The interviews and supervised visits were conducted in one of two settings. Twenty of the visits and interviews were conducted in a university setting. The other nine visits were conducted at a community mental health facility. In both cases the interviews were conducted in a small office and visits were conducted in a comfortable playroom furnished with a variety of toys and games appropriate for preschool-aged children. At the university two video cameras were built into the corners of the ceiling in the visit room and operated remotely; at the community mental health facility the visits were filmed by a female visit supervisor from within the visit room.

2.3. Clinical interviews assessing maternal discourse and risk

2.3.1. Procedure

All mothers participated in audio recorded clinical interviews following the supervised visits. Interviews were conducted by a Ph.D. level psychologist or psychiatrist experienced in working with vulnerable families. The design of this interview procedure was influenced by measures of adult attachment such as the Adult Attachment Interview (George et al., 1985), but, consistent with the goals of the current study, included questions about a wider range of past and current experiences. Questions were designed to be open-ended in order to provide the best data for assessment of the quality of mothers' narratives about their experiences. One section of the interview focused primarily on mothers' family histories. In this section, all mothers discussed their family and relationship histories including stresses such as domestic violence, child maltreatment, substance abuse, poverty, and loss of important relationships through death or abandonment with respect to their families of origin. Example interview questions for this section included "How would you describe your relationship with your parents growing up?" and "Was there anyone else important to you growing up?" A second section of the interview focused on mothers' experiences with CPS, including questions about visits and foster placement. Example questions from this section included "In general, how do the visits affect you? How do they affect your child?" and "How do you feel about your child being in foster care?" In the interview, mothers also discussed their current family situation and any other significant relationships, and supplied information about their educational level and any problems they had experienced with substance abuse or mental illness. Mothers also reported about their child's physical and mental health status. The interviews were transcribed verbatim.

2.3.2. Maternal discourse

A team of two graduate student coders rated the interviews for the quality of maternal discourse while reading the transcripts and listening to the audiotapes simultaneously. The eight global scales used to code the interviews were derived from previous work on adult attachment (e.g., George et al., 1985) and narrative (Fiese et al., 1999). Two scales captured qualities of the interview as a whole: *affection to target child* (the frequency and intensity of positive statements about the target child), and *flexibility* (the extent to which the speaker conveyed a complex

understanding of her story and invoked multiple perspectives). For the other six scales, raters provided two sets of codes for each interview — one set based on the section of the interview regarding family history, and a second set based on the section regarding experiences with CPS. These scales were: *congruence of affect and content* (the degree of match between the speaker's narrative and expressed affect), *organization* (the extent to which the responses to the interview were consistent and coherent), *anger* (the frequency and intensity of expressions of anger or hostility during the interview), *sadness* (the frequency and intensity of expressions of sadness or distress during the interview), *elaboration* (the extent to which the speaker volunteered rich, complete responses to interview questions), and *relationship expectations* (the degree to which the speaker expressed valuing of and positive expectations about relationships in the interview). Complete coding scales are available from the first author upon request.

All ratings were made using 5-point Likert scales, for which higher ratings represented higher levels of a particular quality or characteristic. Each scale point was anchored by a detailed description to aid coders in making their ratings. The two coders were randomly assigned interviews, and both coders rated a randomly selected subset of the interviews (8 of 29; 28%) for the purpose of determining reliability. Reliability was determined using two measures: percent agreement within one scale point and gamma statistics. Percent agreement within one scale point was used because it is a measure of the extent to which the coders typically gave the same (or nearly the same) ratings. Gamma was also used as a measure of interrater reliability because it is a statistic that controls for chance agreement like kappa but is more appropriate for ordinal data (Hays, 1981; Liebetrau, 1983). If percent agreement within one scale point was less than 90% and gamma was less than .60 the scale was dropped from consideration in analyses. One scale (*organization*, in the portions of the interview pertaining to CPS) did not meet the minimum criteria for retention and was thus dropped. For the remaining scales, percent agreement within one scale point ranged from 88 to 100% ($M = 94\%$), and gammas ranged from .60 to 1.0 ($M = .91$).

Pearson correlations were computed to examine the patterns of intercorrelations among the interview scales for which separate ratings were made for the family history and CPS sections of the interview (see Table 1). Based on these intercorrelations representing the shared variance among the scales, four composite variables were computed. The first, labeled *coherence*, reflects the extent to which the mother provided consistent, coherent, and complete responses to the interview questions. The *coherence* composite variable was created by summing elaboration for both portions of the interview with organization for the family of origin portion (Cronbach's standardized item $\alpha = .89$). The second variable, *congruence*, consists of the combination of scores for congruence of affect and content across both portions of the interview ($\alpha = .86$), and thus reflects the degree of match between the mother's narrative content and expressed affect throughout the interview. The third variable, *optimism*, was created by summing relationship expectations and anger (reverse scored) for both portions of the interview ($\alpha = .75$). Thus, *optimism* captures the extent to which the

Table 1
Intercorrelations among maternal discourse variables

	1	2	3	4	5	6	7	8	9	10	11	12
<i>Family of origin section</i>												
1. Congruence affect/content	–											
2. Organization	.25	–										
3. Anger	.07	.24	–									
4. Sadness	–.01	.03	.04	–								
5. Elaboration	.23	.86**	.34	.01	–							
6. Relationship expectations	.35	.19	–.39*	.12	.08	–						
<i>CPS section</i>												
7. Congruence affect/content	.76**	.05	.20	–.07	.13	.08	–					
8. Organization ^a	.26	.69**	.17	.08	.66**	.24	.16	–				
9. Anger	.02	–.06	.46*	.19	–.03	–.16	.12	.18	–			
10. Sadness	.48**	.14	.12	.38*	.14	.12	.54**	.41*	.27	–		
11. Elaboration	.32	.64**	.41*	–.09	.68**	–.10	.38*	.69**	.42*	.34	–	
12. Relationship expectations	.10	.17	–.50**	.10	.18	.60**	.09	.24	–.51**	.19	–.09	–

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

^a This scale was dropped from consideration in further analyses due to low interrater reliability.

mother expressed a hopeful, non-hostile stance toward relationships and experiences. The final composite variable, *sadness*, reflects the frequency and intensity of expressions of sadness and distress throughout the interview, and consists of the combination of sadness for both portions of the interview ($\alpha = .55$). The two other scales (*affection to target child; flexibility*), for which initial ratings described the interview as a whole, were maintained separately for consideration in analyses.

2.3.3. Attachment-related and current risk factors

Information gleaned from the clinical interviews was used to assess the presence or absence of attachment-related and current risk factors. Loss in childhood or adolescence was a common experience for most mothers: nine mothers experienced the death of a parent, seven lost their fathers by abandonment, and four experienced another significant loss. Because of the frequency with which mothers in this sample reported these experiences, mothers who reported having experienced two or more of these types of losses were coded as having elevated attachment-related risk relative to other mothers in the sample. Thus, mothers were assigned to one of two groups based on whether or not they had experienced several significant losses in childhood ($n = 13$ for the low-risk group; $n = 15$ for the high-risk group). In addition, two types of current risk factors were also identified and coded for presence vs. absence: substance abuse problems and mental illness. Sixteen mothers reported recent or ongoing problems with substance abuse, and 13 reported significant mental health issues.

2.4. Observations of maternal parenting behavior during supervised visits

2.4.1. Procedure

All mothers and children participated in one 60-minute visit. Visits involved the target child only. If the mother had other children with whom she routinely visited, a graduate student in another playroom cared for them during the visit procedure and interview, and the mother was allowed to visit with her other children after the interview. Visits were hosted by a female graduate student and supervised by a female faculty member who was available, but who interacted minimally with mother and child. Prior to participation in the study, the visit hostess had met with the mothers to establish rapport. During the visits, mothers were requested to visit with the target child as they ordinarily would. The visit supervisors and hostess were familiar with CPS protocol for conducting visits and followed these guidelines. They attempted to remain as unobtrusive as possible, observing from an adjacent room.

After approximately 30 min, the visit hostess re-entered the visit room to leave cookies and juice for the mother to share with her child. After approximately 20 more minutes, she again entered the playroom to remind the mother and child that the visit would be over in 10 min.

2.4.2. Quality of maternal parenting

The quality of mothers' parenting during the visits was coded using an adaptation of scales developed by Egeland, Sroufe and colleagues (Egeland & Sroufe, 1983; Sroufe, Jacobvitz, Mangelsdorf, DeAngelo, & Ward, 1985) and scales developed by the authors of the present study. These scales are similar to those included in other coding systems for rating attachment-relevant caregiver behavior patterns (e.g., Britner, Marvin, & Pianta, 2005), although the rating scales used in the present study were designed to capture somewhat more general parent behaviors in contexts beyond the Strange Situation (Ainsworth et al., 1978). Mothers were rated on 11 seven-point Likert scales every 10 min from the beginning of the visit through the leave-taking sequence. Each rating reflected a global assessment of the mother's parenting quality across the previous 10 min of interaction. The majority of the scales were anchored with detailed descriptions at all seven scale points; the remaining scales contained detailed descriptions for the odd-numbered scale points. Two sets of trained coders completed these ratings of maternal parenting quality: one set of coders rated the first 50 min of the visits (which included five sets of ratings for each mother), and a second set of coders rated the final 10 min of the visits (the leave-taking sequence). A different set of coders rated the final 10 min to allow for the examination of behavior during the leave-taking sequence separately from behavior during the rest of the visit. This was desirable given the stressful nature of the leave-taking sequence, which raised the possibility that mothers' behavior during leave-taking, and correlates thereof, might differ substantially from that exhibited during the previous 50 min.

The scales used to rate maternal parenting quality were: *supportive presence* (the extent to which the mother expressed emotional support, reassurance, and confidence in the child), *positive regard* (the extent to which the mother

expressed positive feelings toward her child through tone of voice, physical affection, praise, or listening attentively), *engagement* (the interpersonal involvement of the mother with her child and the persistence of her partner-directed behaviors), *structure and limit setting* (the adequacy of the mother's establishment and enforcement of her expectations for her child), *confidence* (the degree to which the mother appeared to believe that she could successfully engage the child and have the child behave appropriately), *inventiveness* (the range of stimulation the mother provided for her child in order to maintain the child's involvement in the interaction), *hostility* (the mother's expression of anger, discounting, or rejection of the child), *generational boundary dissolution* (the extent to which the mother treated the child as her contemporary rather than taking charge and setting necessary limits), *detachment* (the extent to which the mother appeared emotionally uninvolved or disengaged and unaware of the child's needs for appropriate interaction), *intrusiveness* (the extent to which the mother lacked respect for her child as an individual and failed to understand and recognize the child's efforts to gain autonomy and self-awareness), and *sadness* (the mother's display of depressed affect in her facial expression, posture, tone of voice, and energy level). Complete coding scales are available from the first author upon request.

Reliability for the team of coders that rated the first 50 min of the visits was computed based on 18 randomly selected tapes that both coders rated. As with the coding of maternal discourse, both percent agreement within one scale point and gamma statistics were used as measures of reliability. If percent agreement within one point for a given scale was less than 90% and the gamma was less than .60, that scale was dropped. For the first 50 min of the visits, the confidence scale was dropped because it did not meet these minimum criteria for retention. For the remaining scales, percent agreement within one scale point ranged from 74 to 97% ($M = 89\%$), and gammas ranged from .66 to .94 ($M = .83$). Disagreements between the coders were resolved through conferencing. Both of the raters were unaware of the mothers' family histories and interview responses, and one of the raters was also unaware of the mothers' involvement with CPS. As mentioned above, a second set of trained raters coded the final 10 min of the visits (the leave-taking sequence). Several scales were dropped from consideration for the leave-taking sequence because percent agreement within one scale point was less than 90% and gammas were less than .60: supportive presence, positive regard, structure and limit setting, generational boundary dissolution, and detachment. The mean percent agreement within one scale point based on 13 randomly selected overlapping tapes for the remaining codes was 93% (range: 78 to 100%). Gammas ranged from .51 to 1.00 ($M = .77$). Both raters were unaware of the mothers' family histories, interview responses, and involvement with CPS.

The scores for each scale across the first five 10-minute episodes were averaged to yield one score on supportive presence, one on hostility, etc., across the first 50 min of interaction (Cronbach's alphas ranged from .90 to .98; $M = .95$). Pearson correlations were then computed to examine the patterns of intercorrelations among the maternal parenting quality scales. These correlations were computed separately for the first 50 min of interaction and the last 10 min (see Tables 2 and 3). Based on these intercorrelations, composite variables were created. For the first 50 min of the visit, supportive presence, structure and limit setting, positive regard, generational boundary dissolution (reverse scored), detachment (reverse scored), and sadness (reverse scored) were combined (Cronbach's standardized item $\alpha = .96$). This composite variable was called *structure and warmth*, and reflects the extent to which the mother actively

Table 2
Intercorrelations among maternal parenting behavior variables (first 50 min of visit)

	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.
1. Supportive presence	–										
2. Positive regard	.91**	–									
3. Engagement	.81**	.72**	–								
4. Structure and limit-setting	.96**	.89**	.85**	–							
5. Confidence ^a	.70**	.65**	.66**	.76**	–						
6. Inventiveness	.80**	.74**	.82**	.87**	.70**	–					
7. Hostility	-.72**	-.69**	-.49**	-.67**	-.32	-.49**	–				
8. Boundary dissolution	-.95**	-.87**	-.74**	-.93**	-.67**	-.77**	.73**	–			
9. Detachment	-.84**	-.71**	-.86**	-.82**	-.60**	-.79**	.53**	.81**	–		
10. Intrusiveness	-.39*	-.38*	-.04	-.35	-.27	-.13	.56**	.49**	.04	–	
11. Sadness	-.72**	-.61**	-.72**	-.72**	-.71**	-.69**	.31	.67**	.85**	-.01	–

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

^a This scale was dropped from consideration in further analyses due to low interrater reliability.

Table 3
Intercorrelations among maternal parenting behavior variables (last 10 min of visit)

	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.
1. Supportive presence ^a	–										
2. Positive regard ^a	.69**	–									
3. Engagement	.55**	.74**	–								
4. Structure and limit-setting ^a	.59**	.67**	.84**	–							
5. Confidence	.54**	.52**	.51**	.68**	–						
6. Inventiveness	.62**	.54**	.72**	.56**	.56**	–					
7. Hostility	–.49**	–.41*	–.02	–.02	–.13	–.08	–				
8. Boundary dissolution ^a	–.70**	–.47*	–.34	–.58**	–.65**	–.41*	.12	–			
9. Detachment ^a	–.54**	–.68**	–.87**	–.80**	–.43*	–.54**	.02	.36	–		
10. Intrusiveness	–.32	–.33	.02	.03	–.14	.09	.78**	.13	.04	–	
11. Sadness	–.41*	–.36	–.43*	–.41*	–.57**	–.46*	.21	.22	.55**	.22	–

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

^a These scales were dropped from consideration in further analyses due to low interrater reliability.

provided positive emotional support and leadership for her child during the interaction. The second composite variable created for the first 50 min was comprised of the scales hostility and intrusiveness ($\alpha = .72$). This composite variable was labeled *hostility and intrusiveness*, and reflects the extent to which the mother expressed feelings of anger or rejection toward her child and lacked respect for her child's autonomy.

Two similar, but slightly different composite variables were created for the last 10 min of the visit, again based on patterns of intercorrelations (see Table 3). Scores on engagement, confidence, inventiveness, and sadness (reverse scored) were combined to form a composite labeled as *engagement at leave-taking* ($\alpha = .84$). This composite variable captures the extent to which the mother was involved and communicative with her child during the leave-taking sequence, and also able to successfully engage her child while preparing to say “good-bye.” The second composite variable created for the leave-taking sequence consisted of the scales hostility and intrusiveness ($\alpha = .88$). This composite was labeled *hostility and intrusiveness at leave-taking*, and reflects the mother's expression of anger or rejection of her child and lack of respect for her child's autonomy during the last 10 min of the visit.

2.4.3. Leave-taking strategies

As another way of assessing the mother's parenting behavior during the visit, the final 10 min of each visit was also coded for the mother's use of strategies to support her child during the stressful leave-taking sequence. Codes for supportive behaviors at leave-taking were constructed on the basis of those supportive strategies that we observed the mothers employ. The categories of behavior are not exhaustive, but do include all strategies used by three or more mothers. In addition, most mothers employed more than one strategy during the leave-taking sequence and all were coded.

Six maternal strategies for supporting the child during leave-taking were identified and coded: (1) *Good-bye*. The mother explicitly said good-bye to the child. (2) *Love*. The mother expressed love for the child verbally, e.g., “Mommy loves you,” or behaviorally, e.g., through hugs, kisses or pats. (3) *Transition talk*. The mother made positive or neutral comments about where the child was going after the visit, for example, to see her foster mother. (4) *Object*. The mother provided the child with a small object to take with her from the visit, for example, the mother gave the child two small juice boxes left over from the snack provided by the visit hostess to take home to enjoy with her foster mother. (5) *Visit*. The mother commented on the next visit, e.g., when the next visit would occur and what they would do together. (6) *Clean up routine*. The mother used cleaning up to signal the impending end of the visit, for example, “It's almost time to go home now so we need to pick up these toys.” The presence or absence of the use of each of these strategy types was coded for each mother. In addition, a measure of the total number of different strategies employed was determined for each mother. This variable was called *leave-taking strategies*.

Following a period of training, two raters independently coded the videotaped leave-taking sequence for four randomly chosen mothers. With respect to the coding of leave-taking strategies during the last 10 min of the visits, given that the six categories of leave-taking strategies were not identified a priori (i.e., the categories were identified as part of the coding process), and that not all maternal behaviors could be identified as constituting leave-taking strategies, percent agreement is an appropriate measure of reliability (Wiley, Rose, Burger, & Miller, 1998). Percent

agreement on leave-taking strategies was 100%. Both of these coders were unaware of the mothers' history and the purposes of the study.

3. Results

3.1. Preliminary analyses

Descriptive statistics for the variables representing mothers' discourse and parenting behavior are presented in Table 4. With respect to the quality of maternal discourse, the average mother in this sample demonstrated moderate to high levels of coherence, meaning that she was fairly organized and elaborate in her description of her experiences. The average mother also exhibited moderate levels of optimism, or a reasonably hopeful, nonhostile stance toward relationships and experiences, low to moderate levels of sadness, and high congruence, or a substantial degree of match between the content of her narrative and her expressed affect. Mothers typically also expressed high levels of affection toward their child and moderate flexibility, such that many were able to consider multiple perspectives when relaying their stories. In terms of maternal parenting behavior, the average mother exhibited moderate to high levels of structure and warmth during the first 50 min of the visit, such that the average mother was fairly active in providing positive emotional support and leadership for her child during the interaction. The average mother also demonstrated moderate to high levels of engagement at leave-taking, meaning that she was involved and communicative with her child during the leave-taking sequence, and also able to successfully engage her child while preparing to say "good-bye." Mothers tended to express low levels of hostility and intrusiveness both during the first 50 min of the visit and at leave-taking, meaning that it was relatively uncommon for mothers to behave in an angry or rejecting manner toward their children, or for mothers to demonstrate a lack of respect for their children's autonomy. At leave-taking, most mothers employed at least a few different strategies to help support their children.

Next, analyses were conducted to determine whether demographic variables were systematically related to the maternal discourse, risk, or parenting behavior variables. These analyses indicated that maternal discourse, risk, and parenting behavior did not vary with maternal age or race. One significant association between age of the target child and the independent and dependent variables emerged: mothers were more engaged with younger than with older children at leave-taking ($r = -.41$). There were also two significant associations between maternal education and parenting behavior during the visit: mothers with more years of education provided greater structure and warmth for their children and were less hostile and intrusive towards them across the first 50 min of the visit ($r_s = .41$ and $-.45$, respectively). Also, mothers with more education showed greater flexibility in their discourse, $r = .48$, all $p_s < .05$.

Analyses were also conducted to test for significant differences in demographic, independent, or dependent variables between participants who were assessed at the two different settings (community mental health facility vs. university setting). Only one significant difference was found between mothers assessed in the two settings: mothers assessed in the University setting were older than mothers assessed in the community mental health facility, $t(27) =$

Table 4
Descriptive statistics for maternal discourse and maternal parenting behavior variables

	<i>M</i>	<i>SD</i>	Range
<i>Maternal discourse variables</i>			
Coherence	10.07	2.89	3.00–15.00
Congruence	8.10	2.08	2.00–10.00
Optimism	14.25	3.22	8.00–19.00
Sadness	4.97	1.84	2.00–9.00
Affection to target child	4.28	.96	2.00–5.00
Flexibility	3.28	1.33	1.00–5.00
<i>Maternal parenting behavior variables</i>			
Structure and warmth	37.89	8.16	13.60–46.53
Hostility and intrusiveness	3.64	1.68	2.00–9.80
Engagement at leave-taking	20.17	3.97	9.00–28.00
Hostility and intrusiveness at leave-taking	2.86	1.79	2.00–10.00
Leave-taking strategies	3.79	1.89	0.00–8.00

2.18, $p < .05$. Given that this was the lone significant difference, the weight of the evidence suggests that these two settings were comparable.

3.2. Associations between maternal discourse and parenting behavior

Next, correlations were computed to examine the associations between maternal discourse and maternal parenting behavior (see Table 5). These correlations revealed a consistent pattern such that coherence of the mother's discourse was related to a number of indices of maternal parenting behavior during the visit. Specifically, mothers who were more organized and elaborate in their descriptions of their experiences during the interview provided greater structure and warmth for their children and showed less hostility and intrusiveness towards them during the first 50 min of the visit. Similarly, these coherent mothers were also more engaged with their children and displayed low levels of hostility and intrusiveness during the "good-bye" sequence. The amount of affection mothers expressed for their children during the interview was also associated with their parenting behavior during the visit. Mothers who discussed their child in positive terms and expressed their love for their child during the interview provided more structure and warmth for their child during the first 50 min of the visit. Moreover, mothers who expressed such verbal affection during the interview also used a greater number of total strategies to support their children at leave-taking.

The level of sadness that characterized mothers' discourse was also associated with maternal parenting behavior, such that mothers who displayed more sadness or distress during the interview used a greater number of strategies during the "good-bye" portion of the visit. A similar pattern was evinced for mothers who demonstrated flexibility in their discourse: mothers who showed greater perspective-taking skills during the interview also used a greater variety of strategies at leave-taking and showed less hostility and intrusiveness across the majority of the visit. Notably, mothers' congruence and optimism in the context of the interview were not related to mothers' parenting behavior during the visit.

Because of the significant associations of maternal education with maternal discourse and parenting behavior, the correlations between the discourse and behavior variables were recomputed controlling for maternal education. These values are noted in parentheses in Table 5. It is important to note that many significant associations remained after controlling for maternal education — in particular, associations of maternal coherence, flexibility, and affection to target child with positive indices of maternal parenting behavior (leave-taking strategies, structure and warmth, engagement at leave-taking) were robust.

3.3. Associations of risk factors with maternal discourse and parenting behavior

As noted above, many of the mothers who participated in this study had experienced significant losses during childhood or adolescence. In order to examine the relevance of this attachment-related risk for maternal discourse and parenting behavior, mothers were assigned to one of two groups based on whether or not they had experienced several significant losses in childhood ($n = 13$ for the low-risk group; $n = 15$ for the high-risk group). *T*-tests were performed to test whether these groups of mothers differed on any of the maternal discourse or parenting behavior variables. Four significant differences emerged. Mothers who experienced heightened attachment-related risk in childhood were less coherent and flexible during the interview, $t(26) = 2.73$, $p < .05$ and $t(26) = 2.05$, $p < .05$, respectively, and also

Table 5
Correlations of maternal discourse with maternal parenting behavior during visits (values in parentheses control for maternal education)

	Maternal parenting behavior				
	Structure and warmth	Hostility and intrusiveness	Engagement at leave-taking	Hostility and intrusiveness at leave-taking	Leave-taking strategies
<i>Maternal discourse</i>					
Coherence	.62** (.60**)	-.38* (-.29)	.41* (.42*)	-.38* (-.30)	.25 (.22)
Congruence	.19 (.17)	.07 (.16)	-.02 (-.06)	.14 (.22)	-.05 (-.09)
Optimism	.16 (.16)	-.16 (-.19)	.28 (.28)	.16 (.16)	.13 (.13)
Sadness	.22 (.23)	-.34 ⁺ (-.35 ⁺)	.09 (.07)	-.27 (-.27)	.38* (.37 ⁺)
Affection to TC	.43* (.47*)	-.31 (-.33 ⁺)	.32 ⁺ (.32)	-.21 (-.21)	.46* (.46*)
Flexibility	.29 (.19)	-.37* (-.22)	.12 (.09)	-.13 (.04)	.46* (.43*)

⁺ $p < .10$. * $p < .05$. ** $p < .01$.

expressed less affection towards their children in their discourse, $t(26) = 2.56, p < .05$. In addition, when mothers had experienced heightened attachment-related risk in childhood, they used fewer strategies to support their children at leave-taking, $t(25) = 2.34, p < .05$.

Because current risk factors may also play a role in how mothers discuss or understand their experiences and the ways in which they interact with their children, we also examined several indices of current risk and whether these factors differentiated higher- versus lower-functioning mothers in terms of their discourse and parenting behavior. The risk factors examined were substance abuse and mental illness. *T*-tests revealed one significant difference: mothers who experienced problems with substance abuse ($n = 16$) were more hostile and intrusive toward their children during the “good-bye” sequence than mothers who were not experiencing substance abuse problems ($n = 13$), $t(27) = -2.03, p < .05$. There were no significant differences in maternal discourse or parenting behavior when comparing mothers who suffered from mental illness to those who did not.

3.4. Regressions of maternal parenting behavior on maternal education, risk, and coherence

In order to more closely examine the relative contributions of key correlates of maternal parenting behavior identified by theory and initial analyses, hierarchical regression equations were computed. These equations predicted parenting behavior from maternal education, current risk factors, attachment-related risk, and maternal coherence in the interview context. Each type of predictor was entered on a separate step of the equation, in the above order, in order to examine its individual contribution to maternal behavior. Maternal education and current risk factors (substance abuse and mental illness) were entered on the first two steps as control variables in order to allow a clearer evaluation of the specific roles of attachment-related risk and coherence in relation to maternal parenting behavior. Maternal coherence was chosen as the key aspect of maternal discourse to include because coherence is considered to be the most robust indicator of adaptive attachment representations (Main, 2000). For these analyses, we focused specifically on predicting the warm and supportive aspects of maternal behavior during parent–child interaction (structure and warmth, engagement at leave-taking, leave-taking strategies), because these aspects are central to attachment theory (e.g., parental sensitive behavior, see van IJzendoorn, 1995), and because initial analyses examining correlates of these variables appeared most promising. Results of these regression analyses are presented in Table 6.

Table 6
Predicting maternal parenting behavior from maternal education, current risks, attachment-related risk, and coherence

Variable(s) entered at each step	<i>B</i>	<i>SE B</i>	β	ΔR^2	<i>F</i>	<i>df</i>
<i>Structure and warmth</i>						
1. Maternal education	2.01*	.97	.38*	.14		
2. Substance abuse	-1.20	2.63	-.09			
Mental illness	2.70	2.49	.20	.05		
3. Attachment-related risk	-2.49	2.50	-.19	.04		
4. Coherence	1.04 ⁺	.57	.40 ⁺	.10	2.15 ⁺	5,22
				.33		
<i>Engagement at leave-taking</i>						
1. Maternal education	.30	.57	.10	.01		
2. Substance abuse	.99	1.57	.14			
Mental illness	.57	1.49	.08	.02		
3. Attachment-related risk	.61	1.52	.08	.01		
4. Coherence	.65 ⁺	.34	.45 ⁺	.13	.92	5,22
				.17		
<i>Leave-taking strategies</i>						
1. Maternal education	.28	.27	.20	.04		
2. Substance abuse	.60	.69	.17			
Mental illness	1.38*	.65	.40*	.17		
3. Attachment-related risk	-1.48*	.60	-.43*	.17		
4. Coherence	-.15	.14	-.22	.04	2.99*	5,21
				.42		

⁺ $p < .10$. * $p < .05$.

When predicting structure and warmth during the first 50 min of the visit, maternal education was a significant predictor of structure and warmth, $\beta = .38, p < .05$. Coherence, despite being entered last, approached significance as a predictor of structure and warmth, $\beta = .40, p = .08$. Similarly, when predicting engagement at leave-taking, coherence also approached significance, $\beta = .45, p = .07$, after taking maternal education, current risks, and attachment-related risk into account (none of which were significant predictors of engagement at leave-taking). When predicting the total number of strategies that mothers used to support their children during leave-taking, mental illness was a significant predictor, $\beta = .40, p < .05$. However, even after controlling for maternal education and current risk, attachment-related risk remained a significant predictor of total strategy use, $\beta = -.43, p < .05$. Consistent with the correlations presented earlier, maternal coherence was not a significant predictor of maternal strategy use.

4. Discussion

This study represents an important first step in understanding factors that underlie individual differences in maternal parenting behavior during foster care visits, a step that is important for informing future work to enhance the effectiveness of visits. The results of this study indicate the importance of considering mothers' states of mind with respect to their experiences with their families of origin and CPS, as reflected in their discourse about these experiences, when trying to understand the quality of mothers' parenting behavior during supervised foster care visits. In addition, attachment-related risk is implicated as having particular importance in relation to how mothers understand and view their past experiences, and how they behave towards their children.

Overall, the aspects of mothers' discourse which were most relevant for understanding their parenting behavior during visits were mothers' coherence, flexibility, and expressed affection toward their children. Even after controlling for the influence of mothers' education, these aspects of mothers' discourse were systematically associated with positive aspects of parenting during the visit. In other words, mothers who described their past experiences in an organized manner and were sure to "tell the whole story," who could take a balanced perspective on their typically difficult histories, and who clearly and consistently expressed their love and affection for their children were more supportive of their children's social and emotional functioning in the context of the visit. These findings are consistent with tenets of attachment theory, which suggest that parents' states of mind with respect to their attachment histories influence their parenting quality (e.g., Biringen et al., 2000; Cohn et al., 1992; Oyen et al., 2000).

As predicted, maternal coherence in the context of the interview was most consistently associated with mothers' provision of structure and warmth during the visit and engagement during the "good-bye" sequence. The importance of coherence for understanding these aspects of maternal behavior was supported even when maternal education, current risk factors, and attachment-related risk were taken into account. Although the variables measuring mothers' provision of structure and warmth during the visit and engagement at leave-taking included scales assessing a variety of aspects of maternal behavior, at their core these variables captured the extent to which mothers were positively involved with their children during the visit and able to serve as sources of emotional support for their children. The link between coherence and these positive aspects of maternal behavior is consistent with our hypotheses derived from attachment theory (van IJzendoorn, 1995), and directly corresponds to prior work in the attachment tradition that has linked mothers' attachment representations, and maternal coherence, in particular, to mothers' sensitivity and emotional availability to their children (e.g., Biringen et al., 2000).

In a complementary manner, maternal flexibility was more closely linked to the variety of strategies mothers used to help their children handle saying "good-bye" at the end of the visit. Perhaps the same perspective-taking ability that allows one to acknowledge multiple points of view about life experiences can help a parent to empathize with their child, or generate a diverse assortment of tactics in a stressful situation. These interpretations are consistent with research linking greater perspective-taking ability to higher levels of parental responsiveness to children (e.g., Gondoli & Silverberg, 1997) and lower risk for child abuse (e.g., Perez-Albeniz & de Paul, 2004). Interestingly, the affection mothers expressed for their children in the interview "cuts across" the different ways of assessing mothers' parenting, such that mothers who made more positive, affectionate, loving statements about their children demonstrated greater emotional support for their children across the visit and also used a greater variety of strategies at "good-bye." Although in some sense these associations may seem obvious, it is not clear whether expressed affection in the interview represents a more general valuing of close relationships (consistent with secure attachment representations), or a particularly close bond with the target child. Despite some theoretical ambiguity, though, this finding may have important practical significance, as discussed subsequently in this paper.

We also found evidence that mothers' experience of elevated attachment-related risk in childhood or adolescence was related to both their discourse and their parenting behavior. Specifically, mothers who experienced significant losses as children were less organized and elaborate in their discussion of their experiences, displayed less perspective-taking ability, and expressed less affection for their children during the interview. These mothers also used fewer strategies to help their children say "good-bye" and transition from the visit context to their foster home, a finding that remained robust even when taking maternal education and current risk factors into account. These results show direct correspondence with theory and research implicating parents' experiences of separation or loss in their development of nonoptimal attachment representations and the transmission of these representations to their own children (DeOliveira et al., 2004; Goldberg et al., 2003; Main, 1996). Moreover, our results provide some evidence that the past experience of attachment-related risk may be just as important for understanding mothers' states of mind and levels of functioning in their parental roles as current risk factors. Notably, attachment-related risk, as well as some aspects of maternal discourse (e.g., flexibility), was most consistently related to mothers' parenting behavior during the leave-taking sequence. This was consistent with our predictions that were derived from the observation that leave-taking at the end of visitation is especially stressful (e.g., Haight et al., 2002), and the notion that relations of attachment-related experiences and states of mind with parenting behavior may be most evident when children are in stressful situations that elicit attachment-related behavior (Edelstein et al., 2004). Thus, our focus on the mothers' behavior during leave-taking separately from their behavior during the balance of the visit proved fruitful, and future research on supervised visitation may benefit from a continued focus on the particularly stressful transition from the visit context back to foster care.

The roles of two important current risk factors, substance abuse and mental illness, were also examined in relation to maternal discourse and parenting behavior. Substance-abusing mothers demonstrated greater hostility and intrusiveness towards their children during the visit, by expressing anger, rejection, and a lack of respect for their children's autonomy. Although mental illness was not initially associated with maternal discourse or parenting behavior, in the regression analyses predicting positive aspects of mothers' parenting during the visit, mental illness was a significant predictor of mothers' use of leave-taking strategies at "good-bye" (after taking maternal education into account). Consistent with previous research, these findings suggest that mothers' current levels of psychological functioning may also be relevant when understanding the quality of their parenting behavior (Kovalesky, 2001; Mayes & Truman, 2002; Riggs & Jacobvitz, 2002; Seifer & Dickstein, 2000).

It is important to note that although the role of maternal education in mothers' understanding of their past experiences and their parenting behavior was not a focus of the current study, the associations found between greater maternal education and more positive parenting behavior during the visit, and the role that controlling for maternal education played in attenuating some of the associations between maternal discourse and parenting behavior are not surprising. Maternal education has long been implicated as an important influence on parenting (e.g., McLoyd, 1998), and recent studies of the associations of maternal states of mind with parenting behavior indicate that maternal education is associated with mothers' emotional availability and sensitive behavior towards their children (Biringen et al., 2000; Tarabulsy et al., 2005).

Besides relevance for attachment theory, this research also has practical implications for those who work with mothers and children in foster care, and in particular, for those who play a role in parental visitation. First, it is important to point out that even among a sample of mothers who had temporarily lost custody of their children there was a range of individual differences in mothers' parenting quality demonstrated during the visits. Clearly, not all mothers whose children are in foster care lack the ability to function as effective parents, even during visits, which are emotionally challenging by nature (Haight et al., 2001; Kovalesky, 2001). Greater recognition of the variability in parenting capabilities of these mothers and more differentiated assessments of their parenting quality might increase the system's responsiveness to mothers' specific service needs (e.g., an intervention for abused women instead of parenting classes; see Haight et al., 2001). Moreover, direct behavioral observation of parenting behavior during visits, similar to that employed in the present study, may hold promise for evaluating outcomes of the parent training programs which are often ordered or recommended by the court as part of the reunification process.

Findings from the current study also suggest that in order to help mothers support their children during visits, consideration of mothers' experiences in their families of origin and with CPS (in addition to current risk factors such as substance abuse and mental illness) may be fruitful. Interventions that the mothers who participated in the current study were receiving focused on actual parenting behaviors (e.g., limit-setting, developmentally appropriate activities), with less attention given to factors (e.g., states of mind with respect to attachment history) that may influence the mother's ability to parent her children effectively. Providing mothers with greater opportunities to

discuss their experiences with a trusted professional may illuminate previously undiscovered strengths in mothers' understanding, perspective-taking ability, or bonds with their children, or help mothers make progress in coming to terms with past experiences. Notably, an intervention program for foster mothers which helps guide them in supporting their foster children's attachment behavior has been developed by Dozier and colleagues (e.g., Dozier, Higley, Albus, & Nutter, 2002; Dozier & Sepulveda, 2004); perhaps such an approach could be applied to helping biological mothers support their children during visits, and in particular, during transitions between visits and foster care (e.g., leave-taking).

Although the current investigation has key strengths including the assessment of an especially understudied population, and the utilization of a variety of methodologies (observations of mother–child interaction, clinical interviews with mothers), it is important to note some limitations of our sample and approach. From an analytic perspective our sample was relatively small, thus precluding more complex analyses of the associations among mothers' discourse, attachment-related and current risk factors, and parenting behavior, and preventing us from taking all potentially relevant demographic factors into account. However, as we have emphasized, there is a significant value in studying a difficult to access population — one urgently in need of further study and evidence-based intervention. We also acknowledge that although we did observe a range of maternal functioning in the interview and visit contexts, our sample was likely biased towards including more high-functioning mothers given the voluntary nature of participation and the restriction of our sample to mothers for whom their children returning home was a permanency goal. Thus, our sample may not have been representative of mothers whose children are in foster care in general; however, it can be argued that our sample was representative of the population of mothers who are engaged in relatively consistent visitation with their children in the foster care system. Given these limitations, however, further research is needed before the practical suggestions derived from the current study can be fully implemented. It is important to keep in mind that measures that yield significant effects in research are not necessarily useful for individual evaluation, and that findings from a single study with a small sample will not necessarily be useful with other populations and under different circumstances.

It is also important to consider that maternal discourse and observed behavior were assessed concurrently; although the direction of effects we assume is consistent with theory and previous research (van IJzendoorn, 1995), we cannot rule out the possibility that mothers' interactions with their children may influence how they view their experiences and relationships more generally. Furthermore, although we discuss the interview used in this study in terms consistent with attachment theory, and our results support that perspective, it is important to be aware that because of broader goals of the study (e.g., our interest in mothers' experiences with CPS as well as in their families of origin) we did not use the Adult Attachment Interview (AAI; George et al., 1985), the traditional narrative measure of attachment representations in adults. Thus, a direct correspondence between the interview we used and the AAI cannot be inferred. However, it is important to note that attachment researchers are moving towards embracing multiple means of assessing adult attachment (Shaver & Mikulincer, 2002; Waters, Crowell, Elliott, Corcoran, & Treboux, 2002), and that others have successfully used measures adapted from or inspired by the AAI to assess aspects of adult attachment (e.g., the Current Relationship Interview; see Crowell, Treboux, & Waters, 2002). Finally, an important direction for future research on visit behavior will be to include information about other important factors that may shape the quality of mothers' parenting behavior during visits, including the involvement of fathers or father-figures, siblings, visit supervisors, and foster parents in the visit context, which we did not consider in the interest of conducting a more controlled investigation.

In conclusion, this study was unique in its detailed examination of maternal parenting behavior during supervised parental visits, and its application of attachment theory to understanding individual differences in mothers' behaviors during these visits. By contributing to a better understanding of the diversity in maternal parenting in this population, we have afforded new directions for researchers and clinicians to take in working to enhance the effectiveness of visits. We are hopeful that this research can inform efforts to facilitate the central goal of parent visits, which is to maintain the mother–child relationship for the ultimate goal of reuniting children with their families. To the extent that research can improve services to families such that young children's time in foster care is as brief as possible, greater success will be achieved in avoiding the perpetuation of relationship risk across generations.

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