

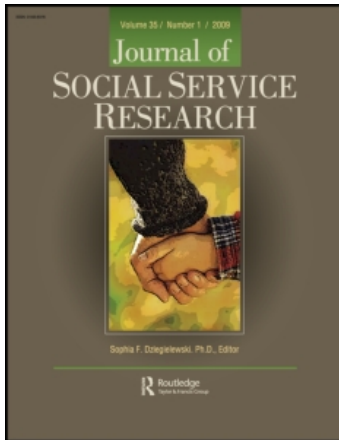
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I Thought I Was the Adult in This House: Boundary Ambiguity for Parents Involved in the Foster Care System

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I Thought I Was the Adult in This House: Boundary Ambiguity for Parents Involved in the Foster Care System

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ABSTRACT. In this study, at-risk parents' perceptions of boundary ambiguity on involvement with child protective services were examined. The sample included 22 parents who were at risk for having their children placed in foster care. A mixed methods concurrent triangulation design was used, where both quantitative and qualitative data were collected, analyzed separately, and integrated when interpretations of the data were made. Qualitative results included themes of ambiguous loss and boundary ambiguity, family of origin factors, and indicators of family functioning. Quantitatively, the majority of families demonstrated signs of problematic family functioning and attachment. Implications for practitioners and researchers are discussed.

KEYWORDS. Foster care, ambiguous loss, boundary ambiguity, at-risk families, mixed methods

Each year child protective services (CPS) systems receive millions of reports of suspected child abuse and neglect. Most recent data suggest that in 2003 alone, there were approximately 2.9 million referrals to CPS systems across the United States (U.S. Department of Health and Human Services, 2005). Child protective services investigates these reports and makes decisions about the types of action to be taken. Approximately 60% of the cases are deemed *at risk* and are offered postinvestigative services including in-home family therapy, sub-

stance abuse treatment, or temporary removal of children from the home (U.S. Department of Health and Human Services, 2005, p. 91).

Despite the large numbers of families involved with CPS, little is known about parents' perceptions of their experiences with CPS and their beliefs about what helped them get through the event (Alpert, 2005). Several studies show that parents generally feel dissatisfied with CPS services (Haight et al., 2002; Kapp & Propp, 2002). Further, one study identified that parents with the highest levels of satisfaction were those

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who believed their caseworkers were supportive, expressed expectations clearly, and prepared them for meetings (Kapp & Vela, 2004). However, in the same study, parents whose case plan involved reunification as a goal, when compared to parents whose case plan goals were adoption or independent living, also reported the lowest levels of caseworker and CPS satisfaction. Thus, scholars assert that parents' perspectives are a missing element of foster care research and suggest examining parents' experiences by directly soliciting feedback from the parents themselves (Alpert, 2005, p. 1; Kapp & Vela, 2004). The current study implemented this suggestion. The purpose of this study was to explore if Boss's theory of boundary ambiguity could be applied to the self-reported experiences of families involved with CPS.

THEORETICAL FRAMEWORKS

Ambiguous Loss and Boundary Ambiguity

According to Boss (2004), ambiguous loss is "the ultimate stress test for families" (p. 562) because it often results in boundary ambiguity. Conceptually, boundary ambiguity is a lack of clarity regarding who is in and who is out of the system, and what role each member plays (Boss, Pearce-McCall, & Greenberg, 1987). Boundary ambiguity, in turn, becomes a risk factor for individual- and family level problems (Boss, 2006). Boss (1988) emphasizes that it is the family's *perception* of the event, rather than the event itself, that is critical in determining the existence and degree of boundary ambiguity.

There are two types of high family boundary ambiguity including situations (a) where a member is physically present but psychologically absent, or (b) where a family member is physically absent but psychologically present. In the former, the member is physically there, but emotionally unavailable to the other members (Boss, 1980, 1988). Boss (2004) noted that these two types of boundary ambiguity often overlap. In the latter, the family is preoccupied with the absent member, preventing the process of grieving and restructuring because facts about the loss of the person are not clear.

Not all situations of ambiguous loss, however, result in high boundary ambiguity in families. There are two types of low family boundary ambiguity including situations where a member is physically absent and psychologically absent or physically present and psychologically present. In cases where someone is both physically and psychologically absent, the family has reconciled the loss of the member. They still may think of and miss the family member, but there is no longer a preoccupation with the loss. The family has reorganized without the person. In instances where a person is both physically and psychologically present, the family is intact and interacts both physically and psychologically with members inside the system.

Boss (1988, 1999, 2002) argues that the higher the boundary ambiguity in the family after a loss, the greater the likelihood of dysfunction. On the contrary, she contends that there would be no dysfunction where there is low boundary ambiguity and where boundaries of the system are clear to all members. However, in families involved with the social services system, the child's removal from the home does not necessarily represent a clear-cut and final exit from the family, possibly resulting in a high degree of boundary ambiguity. This could place such families particularly at risk for dysfunction related to the unclear boundaries that come with having a child removed from the home and involvement of social services. Although research supporting such hypotheses is limited, Leathers (2003) found loyalty conflicts experienced by children involved in the foster care system were similar to characteristics described conceptually as boundary ambiguity.

The Intersections of Attachment, Family Functioning, Ambiguous Loss, and Boundary Ambiguity

Many scholars argue for the consideration of attachment theory when working with families involved in the foster care system (e.g., McWey, 2004; Mennen & O'Keefe, 2005; Robinson, Kruzich, Friesen, Jivanjee, & Pullmann, 2005). Attachment theorists assert that attachment behaviors persist throughout life and are important

in influencing future relationships (Bowlby, 1982). In the boundary-ambiguity literature, the attachment of family members before a traumatic incident is an important aspect in understanding the resiliency of the family. Boss (2006) asserts that closely attached individuals who suffer an ambiguous loss experience a trauma “even greater than death” (p. 162). When such a loss occurs it can lead to negative anxiety, similar to—but defied more broadly than—an anxious attachment style (Boss, 2006). This negative anxiety may result in maladaptive functioning, including withdrawal and the rejection of outside help (Boss, 2006). When faced with ambiguity, one way families may build resilience is by reconstructing the meaning of their family system (Boss, 2002, 2006). This new meaning helps unblock emotions, gives emotional mobility to family members, and allows the individual to form attachments to the remaining members of the family (Boss, 2004).

Family functioning is another important factor in both foster care research (Ryan & Schuerman, 2004; Seaberg & Harrigan, 1997) and boundary ambiguity literature (Boss, 2006). Families involved in foster care are a heterogeneous group, exhibiting different family functioning abilities (Ryan & Schuerman, 2004). Improvement in family functioning is correlated with positive foster care outcomes (Ryan & Schuerman, 2004). Similarly, in the boundary ambiguity literature it appears that some families resolve boundary ambiguity stress much more quickly than others. That is, families appear to vary in their tolerance for ambiguity (Boss, 2004). In understanding such differences, family coping skills, stress management, and decision-making abilities have been identified as important factors in understanding family resilience to boundary ambiguity (Boss, 2004).

Given the high potential for boundary ambiguity either through removal of a child from the home or the entrance of CPS into the family system, ambiguous loss and boundary ambiguity were used as the frameworks for understanding families’ experiences with CPS. The participants in this study were reported to CPS for allegations of abuse and/or neglect, investigated, and subsequently deemed *high risk* for the placement of their children in foster care. Additionally,

each participant was offered postinvestigative services and was ultimately successful in keeping custody of their children. Boss (2006) suggests that perceptions of boundary ambiguity may help explain resilience in the aftermath of a loss. Therefore, because every family in the sample was successful in maintaining custody of their children, the researchers were also interested in learning how these parents were resilient despite ambiguity so that clinicians can better help those who do not demonstrate the same resilience.

METHOD

Research Aim

This study involves the analysis of interviews obtained from 22 at-risk families. The research questions addressed here are a component of a larger study designed to examine parents’ experiences with CPS and preventative services. Specific questions about ambiguous loss and boundary ambiguity were neither included in the interview guide nor probed for during data collection. However, because the removal of children from parents and placement in foster care can be contexts with high potential for boundary ambiguity, the following themes were intentionally looked for in an effort to answer the following research questions: (1) How can parents involved in CPS be understood from Boss’ constructs of boundary ambiguity?; and (2) How does family functioning and attachment relate to parents’ experiences? Here, the authors describe the analytic methods, present resultant themes related to boundary ambiguity, and incorporate attachment theory and family functioning into the findings as an effort to present possible factors related to the perception of ambiguity for families involved with CPS.

Participants

The sample was drawn from a list of families who had been offered postintervention services because they were considered high risk for the placement of their children in foster care. Families whose cases had not yet been closed by CPS

were excluded for two reasons. First, it was hypothesized that if the case had not yet been closed parents may not be as candid in their responses to questions, fearing that their comments could somehow be used against them. Second, families who had “made it” were the intended focus. Thus, the final sample consisted of 22 families deemed high risk, but who had ultimately retained custody of their children and had their cases closed by CPS. Participants received a \$20 gift card for their participation.

Twenty mothers and two fathers participated in the study. The mean age of the sample was 34 (range 18–62). The sample was composed of those who self-identified as Caucasian ($n = 9$), African American ($n = 10$), and Hispanic ($n = 3$). Of the participants, 82% were em-

ployed (full time, $n = 14$; part time, $n = 4$) and 18% ($n = 4$) were not employed. All of the participants reported that they rented ($n = 15$) or owned a home ($n = 7$). Education levels ranged from below an 8th grade education ($n = 1$) to a graduate degree ($n = 1$). See Table 1 for the frequencies of educational attainment and further characteristics of the sample such as marital status, annual income, number and age of children, and reasons for CPS involvement.

Procedures

In this study, a mixed methods concurrent triangulation design was used (Hanson, Creswell, Plano Clark, Petske, & Creswell, 2005). With this type of design, both quantitative and

TABLE 1. Description of the Sample

ID #	Marital Status	Annual Income	Highest Grade Completed	Children's Ages	Reasons for CPS Involvement
1	Single	\$32,000	College	2, 4	Mental health
2	Living with partner	\$35,000	Some high school	5, 7, 9	Physical abuse, mental health
3	Married	\$10,400	Some high school	3, 7	Physical abuse, domestic violence
4	Living with partner	\$38,000	Some college/associates	7, 9	Physical abuse, domestic abuse
5	Remarried	\$60,000	Some college/associates	9, 13	Physical abuse
6	Married	\$20,000	Associates degree	8, 9, 14	Physical abuse
7	Living with partner	Not employed	Graduate degree	15	Physical abuse, domestic violence
8	Single	Not employed	High school diploma	13 months	Physical abuse, mental health
9	Divorced	\$20,000	High school diploma	12	Physical abuse
10	Married	\$18,000	High school diploma	12, 18	Physical abuse
11	Divorced	\$12,000	High school diploma	2	Domestic violence
12	Divorced	\$22,000	Bachelor's degree	18	Physical abuse
13	Separated	\$20,000	High school diploma	4, 7, 10	Physical abuse
14	Single	Not employed	Some high school	2, 10, 14, 15, 16	Neglect, domestic violence
15	Single	\$14,000	Some college/associates	6	Abandonment
16	Widowed	\$12,000	High school diploma	2, 6	Physical abuse, domestic violence
17	Single	Not employed	Some high school	5, 5	Domestic violence
18	Divorced	\$12,000	High school diploma	15, 16	Physical abuse
19	Single	\$5,000	Some high school	10 months	Alcohol abuse, mental health
20	Single	\$12,000	Some high school	5, 10	Neglect, physical abuse
21	Separated	\$12,000	High school diploma	9, 13, 15	Physical abuse
22	Separated	\$7,200	Some high school	2, 4	Alcohol abuse, domestic violence

qualitative data are collected at the same time and given equal weight. Also with concurrent triangulation, the quantitative and qualitative data are analyzed separately, but are integrated when interpretations of the data are made (Hanson et al., 2005). Hanson and colleagues attest that mixed methods designs allow researchers to enrich their results beyond ways that using only one method would. In this study, in-depth interviews were conducted to gather qualitative data and instruments were used to capture measurable constructs. The qualitative data were analyzed and then integrated with the quantitative scores as both a means of triangulation and an enhancement of the qualitative results (Hanson et al., 2005).

Interview Protocol

The first author conducted all of the interviews. The interviews were completed in the participants' homes (except for one instance where the interview occurred at a neighborhood park at the participant's request). The interviews, which ranged in length from 1 to 4.5 hours, were audiorecorded and then transcribed. The interview protocol was designed to elicit participants' perceptions of their experiences with CPS, evaluations of the intervention services they received, and opinions about why they believe they were successful in retaining custody of their children. Interview questions included "How would you describe your experience with CPS?" "What is it about you and your family that led you to be successful with [CPS]?" "What advice would you give to families going through what you went through?" and "What types of services would have helped you and your family during that time?" As stated previously, questions about ambiguous loss and boundary ambiguity were not asked directly. Rather, transcripts were analyzed by specifically looking for themes related to Boss's work (2002, 2004).

Measures

After completion of the interview, the parents were also asked to complete a series of measures and a demographic questionnaire. All but two participants completed the measurement

packet. The measures included the Inventory of Parent and Peer Attachment (IPPA; Armsden & Greenberg, 1987) and the Family Adaptability and Cohesion Evaluation Scale (FACES IV; Olson & Gorall, 2004). The IPPA is an attachment assessment with strong indicators of reliability (ranging from .72 to .91) and validity (Fischer & Corcoran, 1994). The FACES IV is used to describe specific characteristics of families and has reliability coefficients ranging from .77 to .93 (Olson & Gorall, 2004). In this study, the Cronbach's alpha for the IPPA was .97, and for the FACES IV was .96. These scale scores were included to capture measurable constructs and to triangulate the qualitative findings.

DATA ANALYSES AND INTEGRATION PROCEDURES

Open, axial, and selective coding methods (Strauss & Corbin, 1998) were used to analyze the interview transcripts of parents who were deemed by CPS as high risk for having their children removed from the home and placed in foster care. Individual cases were examined, concepts in the raw data were discovered, these concepts were organized into themes, and then conclusions were drawn about how these data relate to boundary ambiguity for parents involved in the foster care system.

During the open coding phase, transcripts were read line by line, and general codes, themes, and categories were created. Through this process, many categories related to loss emerged. Losses such as death, loss of support services, and loss of assistance were labeled as "concrete losses." Other losses of relationships such as divorce, never knowing a parent, or cut-off from a parent were coded as well. In addition, categories related to boundary ambiguity including CPS boundary ambiguity and boundary ambiguity with family of origin were created. The open coding and constant comparative process continued past saturation as an effort to verify that the codes would continue to appear in the data (LaRossa, 2005).

As suggested by LaRossa (2005), in the axial coding phase the focus was limited to examining

only ambiguous losses (rather than the concrete losses), and boundary ambiguity associated with CPS specifically. To do this, the team first created a coding schema using Boss's (2006) defini-

tions of ambiguous loss and boundary ambiguity, whereby specific descriptions of the codes and example statements were listed. For example, on the schema, boundary ambiguity code was

TABLE 2. Excerpts from Coding Schema

Axial Codes	Selective Codes	Definitions and Examples
Physical loss with a psychological presence Psychological loss with a physical presence	Ambiguous loss associated with CPS involvement	Describes psychological or physical loss of membership influencing change in family system boundaries (i.e., member who is physically present, but psychologically absent or psychologically present, but physically absent; e.g., CPS* took my kids and I actually lost custody of them for two weeks but I fought like hell to get them back or after CPS got involved I didn't know what I could and couldn't do as a parent anymore).
Confusion or difficulty defining in their role as a parent involvement Feelings of stress, hopelessness, and/or depression during CPS involvement	Boundary ambiguity associated with CPS	Describes not knowing who is in and who is out of the family, resulting uncertainty about precise obligations of family membership (i.e., CPS just came into our home without any consideration for me as the authority; if think they can do a better job raising my kids well let's let them try).
How they handled boundary ambiguity with CPS	Attachment style	Secure: Suggests that the overall perception and reaction seemed stable and positive. Compliant with CPS's requests (i.e., Yeah, I know what I did was wrong, but I am willing to do <i>whatever</i> it takes to get my children back; I know that CPS has been good for us.) Avoidant: Suggests that the overall perception seemed to be that of disdain for and/or mistrust of CPS or perceives that CPS is judging them and wants them to fail. May or may not also involve parental noncompliance with case plan (i.e., CPS is not even trying to help us, they want us to fail, or a direct statement about "hating" CPS) Anxious: Parent seems to be easily frustrated or angered with CPS, seems distressed, sometimes their behavior may seem overcompensatory (i.e., even though our case is closed, I still call CPS and report myself if we have a conflict, or it was so frustrating—CPS didn't do a thing and I didn't know what to do next). Disorganized: Suggests inconsistent reactions—parent may have some secure reactions, coupled with avoidant or anxious behaviors or feelings. May involve outrageous behaviors as a result of CPS involvement (i.e., I was going out of my mind after they took the kids and tried to steal them back).

defined as a situation where the participant: “Describes not knowing who is in and who is out of the family, resulting in uncertainty about precise obligations of family membership (i.e., *CPS just came into our home without any consideration for me as the authority, if they think they can do a better job with my kids, well let’s see them try*)” (see Table 2). Using the coding schema, the team then intentionally looked for themes related to contexts, causes, and consequences of ambiguous loss and boundary ambiguity. Specifically, as transcripts were coded, questions related to context such as: (a) What are the causes of the loss and/or boundary ambiguity? (b) What were the consequences of the ambiguous loss or boundary ambiguity? and (c) What other contexts seemed to be important? were asked. The result of this phase was the creation of new codes that reflect relevant themes. For example, the theme “impact of loss” included instances of physical absence with psychological presence, and psychological absence with physical presence. Throughout the axial coding, the constant comparative method was continued, where links in the data were created by comparing the raw data to the data derived from the open coding (Banks, Louie, & Einerson, 2000).

The final phase involved selective coding. In this phase, the researchers generated provisional hypotheses about important variables that may deepen one’s understanding of boundary ambiguity for families involved in the foster care system. These hypotheses were generated by carefully reexamining the open and axial coding and triangulating these data with the attachment and family functioning quantitative data.

Trustworthiness

A number of attempts were made to help control for researcher bias. First, the interviewer kept an interview log, where she recorded her thoughts, reactions, and opinions about the cases after the completion of each interview. The interview logs were made available to the research team. In addition, after each author coded a case, she recorded her thoughts and reactions as an effort to make opinions and biases explicit and explain how these may have influenced the interpretation of the data. Attempts were also made

to present the results using thick description so that readers would have a means of evaluating the accuracy of themes extracted.

Two of the authors completed all of the coding. Initially, the same transcripts were coded independently, then the coders met together to discuss the emergent themes. Later in the coding process, the research team instituted a team approach to coding, beginning with one member coding the data using open coding, then passing the codes to the other research team member, who, in turn, would see if she agreed or disagreed with the open codes. In instances where the same data were coded differently, the research team met to discuss the discrepancies and potential biases, and worked to clarify the definitions of the themes. At least one case per week was coded independently by each research team member throughout the coding process in an effort to ensure that the coding agreement remained consistent. This process continued throughout the study until all cases were coded and verified. Frequencies of emergent patterns are provided as one additional effort to help reduce investigator bias (Miles & Huberman, 1994).

For the FACES IV descriptions and the qualitative assessment of attachment (discussed further on in this article), an outside reviewer coded the same data using our definitions of codes. For the FACES IV there was an 88% inter-rater agreement for the description of the family types and an 80% agreement for the qualitative attachment codes.

FINDINGS

Ambiguous Loss Associated with CPS Involvement

In Boss’s theory losses are *events* that can be considered ambiguous when they involve either a psychological loss with a physical presence or a physical loss with a psychological presence (Boss, 2004). When families become involved with CPS, they may experience ambiguous loss. All of the parents in this study described experiencing one or both types of ambiguity during the event of CPS becoming involved in their lives.

In some cases CPS assumed temporary custody of the children in this sample ($n = 5$). This was categorized as physical loss with a psychological presence. Quotes such as “For two weeks there he couldn’t come to my house, I couldn’t pick him up, he couldn’t be around me . . . and that was so hard” demonstrated this ambiguous loss code. In another instance, a parent described physical loss by stating:

They took him away from me and put him in emergency care. I couldn’t see him. They told me I could see him if I got someone to supervise me when I was with him. I had to go to court and it took two weeks before the courts could see me and this whole time, he’s in emergency care . . . and I was worried sick about him. I didn’t know if he was alright or how he was doing with all this.

Quotes such as these exemplified parents’ experiences of physical loss with a psychological presence of their children.

Although the losses characterized as involving physical absence seemed more obvious in the coding process, analyses also revealed instances that were coded as psychological losses with a physical presence. This psychological loss was illustrated through the theme of “loss of power.” Although loss of power was not specifically probed for by the interviewer, in every interview ($n = 22$) parents described how they felt powerless in their situations with CPS. Statements such as “You’re totally at the mercy of [CPS]” represent this theme. Another parent described this experience by stating: “CPS was violating our rights and our way of parenting.” One parent said, “According to the state, this is what you need to do and this is what you can and can’t do, and if you do this then we’re [CPS] ‘gonna come take your child. You are totally powerless as a parent.” For many families, this loss of power seemed to exemplify their view that they lost their role as a parent; although they were able to continue to reside with their children, they no longer felt like they could act in the way in which they were accustomed. This loss was categorized as a psychological loss with a physical presence.

Boundary Ambiguity Associated with CPS Involvement

Boss (2004) states that ambiguous loss is a structural problem when it leads to boundary ambiguity. Boundary ambiguity is based in family members’ appraisals and perceptions of the experience. For the parents in this study, when CPS became involved in their lives, they seemed no longer sure of who was in and who was out of the system. As one parent said:

It’s hard, not only for the parents and the children involved, but to deal with that type of person coming from *outside* the home, coming *into* our home, into our environment, saying things that were making us feel like we’re being persecuted for what we did, how we were wrong as parents, and what we can and can’t do, and that you have to agree to this. It’s hard.

With CPS intervening, there appeared to be boundary ambiguity associated with who was now the authority figure of family system. Parents expressed confusion about how to handle their role as a parent because of this perceived loss of power. Every parent ($n = 22$) in this study mentioned some degree of confusion or difficulty with defining their role as a parent after CPS involvement. As one parent stated, “I thought *I* was the adult in the house. But with them [CPS] in your home, you have to deal with their part telling you what to do, and then your [own] part. It’s like trying to find a line between them and you both thinking that you are the boss in your own home.”

Boundary ambiguity can be a psychological problem when it leads to feelings such as hopelessness and depression (Boss, 2004). Every parent in this study mentioned feelings of stress, hopelessness, and/or depression during CPS involvement. As one mother stated “It was the WORST time of my life.” Another parent stated “I didn’t sleep for close to a week when it first happened. How could I, this youngin’ is my life.” Another said, “It was some tense pressure. It hurt me deep.” Many parents ($n = 18$) also said that even after their case was closed with CPS, they

continued to have feelings such as grief, despair, and pain. As one mother stated:

I'll never forget it for the rest of my life. It's one of those experiences that I wouldn't wish on nobody, but to think what they put my child through. They think that they put *me* through a bunch of mental anguish and everything, I can't even begin to imagine what they put my child through. Just imagine what it would be like to have somebody telling you that they're going to take your child.

Even after there was resolution of the boundary ambiguity, many parents reported that stress and pain associated with CPS involvement persisted.

How they Handled Boundary Ambiguity with CPS

Parents in this study had differing reactions to the boundary ambiguity associated with CPS involvement. To describe these differences, the researchers categorized their reactions borrowing descriptions commonly used with attachment theory. To generate these themes, one author categorized the responses of all the participants, labeled their reactions using attachment theory labels, and generated a written description of the attachment labels. Then, another author independently coded the same transcripts, blind to how the first coder labeled the data. The two authors agreed on 18 of the 22 codes (81%). In cases of disagreement, the discrepancies were discussed, and one code was ultimately selected.

There appeared to be four ways of categorizing parents' reactions to ambiguity associated with CPS. Some parents ($n = 4$) reacted in a way that was labeled as "secure." This label suggests that the overall perception of CPS involvement and reaction to CPS was stable and positive and that the parent(s) were compliant with CPS's requests. Specific quotes exemplifying this code include: "I think everything with [CPS] was great. We got a lot of things brought to our attention that we weren't aware of, that we didn't even know about." Another exemplar statement

of this code was: "Social services, to me, they did good. They helped me out and I did what they asked of me." A parent's reactions were coded as secure when the transcript as a whole indicated parent's overall responsiveness to CPS (e.g., compliance with CPS requirements), and positive views of the events that transpired after CPS became involved in the parent's life.

The second way parents reacted was with "avoidance." The research team defined avoidance as instances where parents described their overall perception as one of disdain for CPS. Avoidant reactions may or may not have also involved parental noncompliance with the CPS case plan. Specific statements exemplifying this include: "I didn't like it [CPS coming for home visits], I just told him, I said 'I want you to just go and get out of my house.'" Similarly, another parent stated, "I just wanted them to stay out of my business, that's all." Parents whose reactions were coded as avoidant often reported feeling that CPS was not helping them and wanted them to fail. As one parent said, "I'm not alone in thinking that the government isn't really helping you. They're not!" Another participant suggested, "People feel like it could be good sometimes for them [CPS] to get involved, but in truth [CPS] is against you, it's not *with* you, it's against you." The researchers classified 11 of the parents in the sample as exhibiting avoidant reactions to CPS involvement.

Some parents ($n = 4$) reacted in a way the researchers described as "anxious." These parents seemed distressed and described behaviors that were interpreted as overcompensatory. For example, one parent stated "Even though our case is closed, I still call [CPS] and report myself if we have a conflict." Or, "Even though they [CPS] are out of our lives, I still stay on top of it. I still call them sometimes just to make sure our case is still closed." In such cases, the parents described doing more than CPS had requested in their case plans. As one mother stated:

I got my boys in Boys Club, I got my boys in Boy Scouts, I got my boys going to Boys and Girls club, I got my boys in Cub Scouts, I got them in church. Cause that's mainly what they [CPS] really wants to see. That's what they really want. So I out beat them

doing it. I did it myself. They want to see a picture perfect family, so that's what I show them. I did it on my own. I beat them to it and I did it all myself. I didn't take a thing from them.

To summarize, the reflections of parents who were classified as anxious illustrated disbelief that the cases were truly closed; they voiced concerns that CPS may not be permanently out of their lives, and they seemed to want to do anything possible to keep CPS from reentering their homes.

Finally, in two cases, parents seemed to exhibit a myriad of reactions to CPS involvement. In such cases, there did not seem to be a predictable pattern to the parents' responses, rather parents seemed to indicate differing and sometimes contradictory responses to CPS. For example, a parent seemed to exhibit a secure reaction to one CPS-related incident while responding avoidantly in another situation. These cases also seemed to involve behaviors that were among the extreme when compared to the behaviors described by the rest of the sample. For example, one mother took a bottle of prescription pills in front of a police officer while CPS was attempting to remove her children from her home, then immediately spit the pills back into the bottle. Another parent slept on the front lawn of the emergency shelter placement where his son was temporarily residing despite warnings that he could be arrested for his behavior. Such instances (where a parent exhibited extreme and differing reactions) were labeled as "disorganized."

Family History

Although the researchers looked for instances of ambiguous loss and boundary ambiguity associated with CPS involvement, losses in one's family of origin appeared to be a contextual factor associated with the present-day losses related to CPS involvement. The interviewer did not ask questions exploring family-of-origin losses, yet as parents relayed their experiences with CPS themes related to losses in their family of origin were pervasive ($n = 21$; 95%). Some participants described concrete losses experienced

because of the death of either their mother or father ($n = 20$), and one participant described the death of a brother at a young age. In addition to concrete losses, a majority ($n = 15$; 68%) of the participants also described ambiguity in their family of origin. Some expressed that they "never really knew" their parents. As one participant stated, "I didn't meet my dad until I was probably six that I can remember, and I never had a close relationship with him." The ambiguity associated with having parents who were physically present but psychologically absent was exemplified through statements such as: "I still long for a biological parent that's there. Mine was never there and is never going to be there." Another parent said, "In terms of emotional support [from her parents], it's just not there. And I finally realized in my forties that it's just never 'gonna be there. They can't do it." One participant succinctly summarized this ambiguity stating, "They weren't really mentally there as 'parents' as you think of parents. We raised ourselves." Although the types of family-of-origin losses differed, each participant described past losses when thinking about present ambiguities.

Quantitative Results

Family Functioning

Family organizational patterns and communication processes are important factors in understanding how a family reacts to boundary ambiguity (Boss, 2006). For the purposes of this study, FACES IV (Olson & Gorall, 2004) was used to capture family functioning. FACES IV categorizes family functioning based on three variables and their relation to one another: cohesion (emotional bonding among family members), flexibility (negotiation of rules and relationships), and communication. Of the 22 parents, 20 completed the FACES IV assessment. Based on the scoring of these three levels, six different family types are created depending on whether a family demonstrates that they are balanced or unbalanced on the different levels (Olson & Gorall, 2004). Within this study, five of the six family types appeared. Of the typologies that are considered representative of better family functioning, only one family was

coded as balanced. Balanced families are considered the most “functional” family type; they are best able to handle daily stressors, strains, and changes. Eight other families showed combinations of healthy and problematic functioning. Of these eight, four families were coded as rigidly cohesive, which indicates that they are close families but they may have problems when adjusting to situational changes. The other four families were coded as midrange, in which the family functions adequately but lacks strengths and protective factors.

On the other end of the scale (unbalanced), five families make up the chaotically disengaged group, which indicates that these families lack emotional closeness and have problems with change. In addition, six families were coded as unbalanced, which signifies that these families have problems with all types of functioning and are the most likely to be seen in therapy.

Attachment

Boss (2006) states that people with close attachments suffer greatly from loss and ambiguity. To assess attachment, 20 of the 22 parents

also completed the IPPA. To compare the differing levels of attachment, the researchers created composite sum scores (ranging from 43 to 97 out of a possible 0–250) for total parent attachment. Every parent that completed the IPPA ($n = 20$), regardless of family type, had relatively low scores on every dimension of the IPPA. Specifically, the IPPA-possible scores range from 0 to 250, yet for parents in this study the average score for the composite assessment of parental attachment was 59.42 ($SD = 18.24$), meaning that they perceived low levels of trust, communication, and respect from their own mothers and fathers. For greater ease in interpretation of scores, the researchers statistically divided the scores into quartiles varying from least secure (Low) to most secure (High) (see Table 3).

Integration of Qualitative and Quantitative Data

With a concurrent triangulation design, quantitative and qualitative data are integrated when interpretations of the data are made. This integration may allow researchers to enrich their

TABLE 3. Measures of Family Functioning

Client ID#	Total IPPA Quartile	Qualitative Attachment	Faces
1	N/A	Disorganized	N/A
2	High	Anxious	Midrange
3	Low	Avoidant	Unbalanced
4	High	Secure	Midrange
5	Middle	Secure	Rigidly cohesive
6	Middle	Disorganized	Midrange
7	Low	Avoidant	Chaotically disengaged
8	Middle	Avoidant	Unbalanced
9	Middle	Anxious	Rigidly cohesive
10	Low	Avoidant	Unbalanced
11	High	Secure	Unbalanced
12	Middle	Avoidant	Chaotically disengaged
13	Low	Anxious	Unbalanced
14	Low	Anxious	Rigidly cohesive
15	High	Avoidant	Balanced
16	High	Avoidant	Rigidly cohesive
17	N/A	Avoidant	N/A
18	Middle	Avoidant	Chaotically disengaged
19	Middle	Anxious	Chaotically disengaged
20	Middle	Avoidant	Unbalanced
21	High	Secure	Midrange
22	Middle	Avoidant	Chaotically disengaged

results beyond the ways that using only one form of data would. When the qualitative data and the quantitative data are woven together, a richer depiction of these families may develop. Regarding attachment and boundary ambiguity, none of the families in the lowest quartile of IPPA parental attachment reacted to the boundary ambiguity with a secure attachment, and only one of the middle quartile families reacted securely. Conversely, three of the highest quartile reacted securely to the boundary ambiguity associated with CPS.

Similar patterns also can be seen with the integration of data related to family functioning. There are six family types according to FACES IV, each type with differing levels of functioning and some categories depicting more healthy family functioning than others (Olson & Gorall, 2004). Using the FACES IV categorizations, only one family was "balanced." The balanced family also fell within the highest IPPA quartile. Similarly, four families were categorized as "rigidly cohesive." These families generally function well and have high degrees of closeness. However, these types of families are also rigid, and this rigidity may lead to difficulty in times of stress. Every one of the rigidly cohesive families were in the mid- or upper attachment quartile. There were four families that were categorized as "midrange" on the FACES IV, and these families are typified as functioning adequately. All of the four midrange families were in the mid- or upper attachment quartile.

At the lower end of the family functioning spectrum, "chaotically disengaged" families are considered high-problem families. There were five families that fell into this categorization. Most ($n = 4$) reacted avoidantly to CPS and were in the middle quartiles for attachment. "Unbalanced" families are considered the most problematic. Of the six families that were of this type, 50% were in the low attachment quartile and reacted avoidantly to CPS.

Overall, the integration of the data suggest that, for the parents in this study, there seems to be a relationship between parents' past experiences and their current family functioning styles. These factors seem related to how parents coped with the boundary ambiguities they faced on CPS involvement. Although the sample size

restricts the power needed to determine the statistical significance of these quantitative results, it lends support to the importance of the further study of contextual factors that may relate to families' experiences with boundary ambiguity.

DISCUSSION

Although the findings associated with boundary ambiguity appear to be consistent with the theory already developed by Boss (1980, 2002), the uniqueness of this study was a more broad and contextual examination of a specific ambiguous experience (i.e., CPS involvement). Boss (2004) hypothesizes that there may be more than one way for families to reach the same goal related to loss. In the present study this indeed seemed to be the case. Although each family did reach the same goal—retaining custody of their children—they appeared to use different coping strategies to accomplish that goal.

Boss (1980) states that family boundaries are mechanisms for distance regulation. Further, boundary ambiguity must be resolved in order for families to move toward healthy family functioning. Otherwise, the system remains blurred and this may heighten family stress. For families involved in the foster care system, these issues seem particularly salient. These families generally do not invite CPS into their family system; rather, CPS involvement is often mandated because of perceived risk. Additionally, if families choose to close their boundaries to CPS as a distance regulation mechanism, they risk losing custody of their children. The ambiguity of how much to allow CPS access to their family, while also trying to protect themselves and their families, may heighten family stress.

Although families in this study reacted to boundary ambiguity in differing ways, they were all successful in maintaining custody of their children. The majority of the families in this study seemed to respond avoidantly, stating that they believe that CPS wants them to fail and that they want CPS to leave them alone. Although from an attachment perspective, avoidant attachments are less optimal than secure attachments, perhaps for these families it was the healthiest, or at least a less stressful way for them to

react. When addressing how attachment relates to family resiliency to loss, Boss (2006) asserts that people may react by withdrawing or acting as if nothing has changed in order to reduce their own anxiety. Considering that those who responded avoidantly also tended to have low levels of parental attachment histories and lower levels of functioning on the FACES IV, their reacting to CPS with mistrust and guardedness seems congruent. It may be that through childhood they formed an internal working model that centers around a belief that people cannot be trusted. Therefore, when threatened with a boundary ambiguity, their internal working models from childhood (people cannot be trusted) combined with current unhealthy family functioning, leads to parents' reacting to a new member of the family system with a sense of mistrust and a desire to close the new member out of the system. Perhaps it is adaptive that at-risk mothers and fathers do not demonstrate behaviors associated with a secure attachment if they themselves experienced deficiencies in the parent-child relationship. Conversely, families who reacted securely also tended to have stronger family-of-origin attachments and healthier family functioning styles. Thus, they may have been better prepared to handle the boundary ambiguity associated with CPS involvement.

Nonetheless, none of the families scored particularly high on the parental attachment measure, and only one family was categorized as having a balanced family functioning typology. Thus, it may not be surprising that the families were at risk for losing custody of their children because of allegations of abuse and/or neglect. They may have lacked models for good parenting and healthy family functioning. What seemed important to the researchers, however, was that despite their lack of role models, and their often unhealthy family functioning, each managed to handle the situation in a manner that resulted in their retaining custody of their children.

Implications for Practitioners

There are a number of clinical and research implications that may be drawn from this study. First, it may be important for therapists and

caseworkers who work with at-risk families to recognize that families who are involved with CPS may experience boundary ambiguity. Using Boss's work (1980, 1999, 2004), clinicians and caseworkers may better understand what families are experiencing post-CPS involvement and help such families during the crisis.

In addition, it may be important for clinicians and CPS workers to attempt to look at a parent's reaction to ambiguous loss (i.e., removal of the child from the home) and boundary ambiguity (i.e., CPS involvement and possibly blurred parental role) with an understanding of the parent's past as well as current family functioning. Although one may be prone to label parents who react skeptically to CPS or do not take advantage of services as noncompliant or avoidant (as done in this study), the families may be reacting in a manner that they believe will be most helpful for their family. Whether it be avoiding CPS, or calling CPS weekly to make sure their case is still closed, perhaps they were using the only tools they knew how to use. Clinicians and CPS workers can work to help equip parents with differing strategies for handling stress, boundary ambiguity, or loss by first looking at these behaviors in context.

It is important to note that the families with the highest level of functioning were the families with higher levels of attachment and families with the poorest level of functioning demonstrated the lower levels of attachment. These findings highlight the need for interventions aimed to help parents understand intergenerational patterns. For example, therapists and caseworkers could examine perceptions of what aspects of their mothers or fathers behaviors they are repeating and which aspects they are deliberately trying to change, making intergenerational patterns explicit. Previous researchers have demonstrated that parents have highest levels of satisfaction with CPS services when they feel supported (Kapp & Vela, 2004). Therefore, therapists and caseworkers could examine parents' perceptions of their own parenting roles and draw on parents' strengths when working toward improving parenting practices. By helping to identify strengths, practitioners may also aid in parents' in feeling supported and engaged in services.

Limitations

Despite what was learned, there are a number of limitations to this study. First, although the coding process revealed that every participant both mentioned boundary ambiguity and exhibited attachment behaviors related to boundary ambiguity, it is important to note that the researchers were intentionally looking for such codes. Thus, the unanimous discussion of boundary ambiguity could merely be a result of the perceptions of the researchers during examination of the qualitative data. Although quantitative measures were integrated to help curb investigator bias, it remains a consideration. Second, the majority of the participants were mothers. Future studies could examine both mothers' and fathers' perceptions of CPS involvement. In addition, every participant was paid \$20. Therefore, the sample could be skewed to include families who were the most in need of financial assistance. Further, although the researchers contend that family-of-origin losses are important in understanding boundary ambiguity, this study does not allow one to answer questions such as why losses are important and how they relate to current experiences of loss and boundary ambiguity. Finally, although the research areas of ambiguous loss and boundary ambiguity have grown to include quantitative measures of theoretical constructs, a direct measure of boundary ambiguity was not used in this study, which may weaken the validity of the results generated.

Implications for Research

These limitations, however, provide a framework for future research in this area. Studies designed to examine boundary ambiguity from the outset (rather than through secondary analyses) are needed, and it appears that both quantitative and qualitative approaches would be appropriate for future inquiries. It would be beneficial for future researchers to employ sampling strategies that would allow them to make claims about how their results can be generalized to the population of interest. Further, it would be important to include measures of boundary ambiguity rather than using measures intended to capture

other factors and attempting to relate those to constructs of interest. Another area for future research involves an examination of whether or how parents' perceptions of their CPS workers affect their views of the CPS experience. Do factors such as perceptions of the CPS workers' experience, whether the CPS worker is the same race as the family, or CPS workers' turnover relate to family participation in services or family level outcomes? Finally, studies designed to empirically examine causation would greatly enhance both practitioners' and researchers' understanding of the relationship among important factors relevant to how families handle ambiguous loss and boundary ambiguity.

CONCLUSIONS

Boss (1980, 2004) asserts that boundary ambiguity involves a family's perception of ambiguous loss, and that this boundary ambiguity can result in stress. There are many boundary changes that have been identified in existing theory including catastrophes such as 9/11 (Boss, 2004), death, divorce, school and work transitions (Boss, 1980), and adolescents' launching from the family of origin (Boss et al., 1987). The researchers contend that involvement in social services systems could also be considered a boundary change. Additionally, it is proposed that how families perceive boundary ambiguity depends not only on the situation but also on past experiences in parents' respective families of origin and current family functioning. According to extant theory, boundaries must be defined to allow members to carry out their functions without undue influence. This seems important for families involved in the social services system because they describe feeling powerless as parents and confused about who the authority figure is in their homes after CPS becomes involved in their lives.

Despite differences in the reasons why CPS became involved in the lives of these families, and the varying degrees of attachment and family functioning typologies illustrated, they were successful in handling the disruption in family structure. These findings illustrate the need for future research examining parents' perceptions

of loss and ambiguity associated with their involvement with social services. If researchers and clinicians can better understand what services parents found helpful as they worked to regain custody of their children, and which were not helpful, opportunities to inform intervention and prevention strategies aimed to help at-risk families can be enhanced.

REFERENCES

- Alpert, L. T. (2005). Research review: Parents' service experience—A missing element in research on foster care case outcomes. *Child and Family Social Work, 10*, 361–366.
- Armsden, G. C., & Greenberg, M. T. (1987). The Inventory of Parent and Peer Attachment: Individual differences and their relationships to psychological well-being in adolescence. *Journal of Youth Adolescence, 16*, 427–454.
- Banks, S. P., Louie, E., & Einerson, M. (2000). Constructing personal identities in holiday letters. *Journal of Social and Personal Relationships, 17*, 299–327.
- Boss, P. (1980). Normative family stress: Family boundary changes across the life-span. *Family Relations, 29*, 445–450.
- Boss, P. (1988). *Family Stress Management*. Newbury Park, CA: Sage Publications.
- Boss, P. (1999). *Ambiguous loss: Learning to live with unresolved grief*. Cambridge, MA: Harvard University Press.
- Boss, P. (2002). Ambiguous loss: Working with families of the missing. *Family Process, 41*, 14–17.
- Boss, P. (2004). Ambiguous loss research, theory, and practice: Reflections after 9/11. *Journal of Marriage and Family, 66*, 551–566.
- Boss, P. (2006). *Loss, trauma, and resilience: Therapeutic work with ambiguous loss*. New York: W.W. Norton.
- Boss, P., Pearce-McCall, D., & Greenberg, J. (1987). Normative loss in mid-life families: Rural, urban, and gender differences. *Family Relations, 36*, 437–443.
- Bowlby, J. (1982). Attachment and loss: Retrospective and prospective. *American Journal of Orthopsychiatry, 52*, 664–678.
- Fischer, J., & Corcoran, K. (1994). *Measures for clinical practice: A sourcebook* (2nd ed., Vol. 2). New York: Free Press.
- Haight, W., Black, J., Mangelsdorf, S., Giorgio, G., Tata, L., Schoppe, S., et al. (2002). Making visits better: The perspectives of parents, foster parents, and child welfare workers. *Child Welfare, 81*, 173–202.
- Hanson, W. E., Creswell, J. W., Plano Clark, V. L., Pet-ska, K. S., & Creswell, J. D. (2005). Mixed methods research designs in counseling psychology. *Journal of Counseling Psychology, 52*, 224–235.
- Kapp, S. A., & Propp, J. (2002). Client satisfaction methods: Input from parents with children in foster care. *Child and Adolescent Social Work Journal, 19*, 227–245.
- Kapp, S. A., & Vela, R. H. (2004). The unheard client: Assessing the satisfaction of parents of children in foster care. *Child and Family Social Work, 9*, 197–206.
- LaRossa, R. (2005). Grounded theory methods in qualitative family research. *Journal of Marriage and Family, 67*, 837–857.
- Leathers, S. J. (2003). Parental visiting, conflicting allegiances, and emotional and behavioral problems among foster children. *Family Relations, 52*, 53–63.
- McWey, L. M. (2004). Predictors of attachment styles of children in foster care: An attachment theory model. *Journal of Marital and Family Therapy, 30*, 439–452.
- Mennen, F. E., & O'Keefe, M. (2005). Informed decisions in child welfare: The use of attachment theory. *Children and Youth Services Review, 27*, 577–593.
- Miles, M. B., & Huberman, A. M. (1994). *Qualitative data analysis* (2nd ed.). Thousand Oaks, CA: Sage.
- Olson, D. H., & Gorall, D. M. (2004). *FACES IV: Innovations and applications*. Minneapolis, MN: Life Innovations.
- Robinson, A. D., Kruzich, J. M., Friesen, B. J., Jivanjee, P., & Pullmann, M. D. (2005). Preserving family bonds: Examining parent perspectives in the light of practice standards for out-of-home treatment. *American Journal of Orthopsychiatry, 75*, 632–643.
- Ryan, J. P., & Schuerman, J. R. (2004). Matching family problems with specific family preservation services: A study of service effectiveness. *Children and Youth Services Review, 26*, 347–372.
- Seaberg, J. R., & Harrigan, M. P. (1997). Family functioning in foster care. *Families in Society, 78*, 463–470.
- Strauss, A., & Corbin, J. (1998). *Basics of qualitative research: Techniques and procedures for developing qualitative research* (2nd ed.). Thousand Oaks, CA: Sage.
- U.S. Department of Health and Human Services, Administration on Children, Youth and Families. (2005). *Child maltreatment 2003*. Washington D.C.: U.S. Government Printing Office.