



# Foster care between reparation and risk

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## Abstract

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In this article, family foster care was analysed from a psychodynamic perspective. Its reparative value was highlighted, in so far as the children can experience secure interpersonal relationships and emotional well-being, as well as the risks underlying this complex social situation. In addition to child and family characteristics, the functioning of the foster family and the role performed by the social services, the justice system and mental health were considered. A case of failure was presented. The importance of concomitant social and psychological support for the children and for their birth parents was stressed. It was concluded that only a close collaboration between the various agents prevented 'institutional maltreatment'.

**Key words:** foster care, reparation, institutional maltreatment, psychodynamic perspective

From a psychodynamic perspective, family foster care can be defined as the encounter between a psychosocially damaged child and a family welcoming into its home a child with disturbed relational experiences and distorted images of interpersonal relationships (Ongari & Pompei, 1996; Scabini, 1993). Based on the hypothesis of the intergenerational transmission of relational models (Belsky, 1984; Bowlby, 1973, 1980), besides suffering from an inadequate and atypical development of their psychic functions, these children display maladjusted behaviours.

A large body of literature on family foster care has highlighted its reparative value in so far as the children are able to experience a nurturing family atmosphere and secure interpersonal relations (Saviane Kaneklin, 1988), these being the basis for the construction of a "good interior imaginary family". At the symbolic level, fostering is considered to be a sort of "second psychological birth", in that the foster family makes itself and its resources available to heal the child's primary affective damage, thereby giving rise to a "bond to heal the bond" (Greco & Iafrate, 2001), to the "renewal" of devastated experience and an improved self-esteem (Nunziante Cesaro & Ferraro, 1992; Saviane Kaneklin, 1995).

However, other studies conducted to define indicators with which to measure the well-being of foster children (Albua & Dozier, 1999; Altshuler & Gleeson, 1999) have stressed the risks of fostering, in that it configures a complex social and relational reality in which the foster child is required to cope with twofold family membership. Coping with heterogeneous, if not conflicting, patterns of functioning and behaviour, with respect to the family of origin, adds to the primary emotional experience of separation from it. This results inevitably in a conflict of loyalties between the foster family and the birth family (Zurlo, 1997). This may have an alienating impact, which engenders a general distrust of interpersonal relations (Arrigoni &

Dell'Olio, 1998), emotional disorders (Monheit, Mauffret-Stephan, Pandolfo & Levi, 1997), or marked self-devaluation (Price and Landsverk, 1998).

Regarding the assessment of the efficacy of fostering, some retrospective studies (Sbattella, 1999) have stressed the individual's characteristics and those of the social context as possible factors of success. In addition to the characteristics of the child (age, precocious behavioural problems, etc.) and those of his/her family, also considered are the functioning of the foster family and the role performed by the social services, the justice system and the mental health system.

Accordingly, all studies have focused on the characteristics of the match between foster families and children (Chistolini, 1998; Guida & Saviane Kaneklin, 1993; Ongari, 1999; Ongari & Pompei, 1996; Sbattella, 1999).

## Aims of the present study

The first aim of the present study is to show that each family foster care intervention necessarily shapes a continuous interplay between two levels: an interpersonal one, where the dynamics between the children, their birth family, the foster families and their natural children is concerned. This level influences not only behaviours, but mostly the inner representations of the relationships of each subject. In particular, the persisting negative role of the birth family must be considered. The birth family is concretely present not only during the scheduled meetings, but particularly in the child's images of relationships and in her/his learned social routines. A second level refers to the institutions and the agencies involved in the foster care interventions: here the role of the various actors (social workers, juvenile court, foster care team) emerges as a predictive factor for success. The importance of planning joint actions and of continuously monitoring the quality of the institutional communication comes out as a priority.

Our second aim addresses the question to what extent foster families can provide reparation to children's socio-emotional damages and under which operational conditions. The dynamic triangle, which characterizes the attachment relationships of the foster children and of the foster parents, requires continuously strong efforts of integration. Is the foster relationship enough to repair the confused and hurtled inner world of these children? Which skills foster parents need to have?

## Method

In our work, which started more than a decade ago (Ongari, 1999; Ongari & Pompei, 1996), the criteria used to match child and family are based on the assessment of the quality of the attachment styles of the two foster parents of the foster child.

Selection of the foster family is divided into three distinct phases, each blind to the others: a preliminary social interview for screening and informational purposes; a psychological interview; and the administration of the Adult Attachment Interview (AAI) from each member of the couple (Main & Goldwyn, 1994). The AAI makes it possible to extrapolate a number of key indicators: the couple's imaginary representations of the foster child and his/her family; the connection between their attachment styles and their desire to foster a child; the role assigned to the child in his/her personal history and family life cycle; the emergence of certain aspects of his/her childish self; continuities and changes in the transgenerational line (across three generations); and the internal working models of each parent. These features, together with those determined by the interviews, permit relatively reliable predictions to be made concerning the success or failure of the fostering project. Somewhat more subtly, they make it

possible to focus on the potential problem areas on which to concentrate actions to support the elaboration of relational problems with the foster child and his/her family.

At the same time, psychological assessment is made of the overall organization of the child's personality and in particular of his/her quality of attachment. When the elements emerging from the various sessions with the foster couple are cross-referenced, together with the specific needs of the child, it is possible to make a reasonable assessment of the resources available, and of potential problems with regard to each parent and to the household. Processing these elements sets the basis for the construction of a working alliance and for the identification of forms of rehabilitative parenting.

An essential requirement made of the foster parents is that they should be able to "protect" the child's membership of his/her natural family, however problematic the latter may be.

Particular attention is paid to the natural children. It is seen as essential that these should be safeguarded against the risks attendant on the arrival in the family of a child who will inevitably be distressed and difficult. Therefore, when assessing each child-family matching, an attempt is made to determine the nature of possible adjustments, given that the natural children are the most vulnerable element in the family system – even those who initially participate enthusiastically in the parents' plan to foster a child, or those who seem highly adaptable.

## **The emotional-affective experiences of foster children**

We believe that the sentiments of children during the fostering project as well as their possible change over time should be further explored by research and clinical practice. Although the tools for initial assessment are largely accurate, still unresolved is the methodological problem of which indicators to use to measure the subsequent evolution of the psychological well-being of foster children (Saviane Kaneklin, 2001).

The relational and interactionist perspective underlying attachment theory (which we apply in our clinical practice) postulates that close attention should be paid to the patterns of interpersonal relations in children, also bearing in mind that attachment in the first and second year is correlated with the dyadic regulation of the emotions (Kokhanska, Coy & Murray, 2001; Sroufe, 1995).

For the reparative process of family foster care to be successful, it is therefore indispensable to highlight not only the role of security and the caregiving capacity of the foster parents, but also the active contribution that every child can make to the quality of the relationships. According to studies, the biological and temperamental characteristics of children have a great impact on their parents. Together they weave a relational web and co-construct a lifestyle.

The specific nature of the internal working models of children is not always easy to determine in cases of severe early deprivation, and when primary emotional and affective events are largely unknown. Their lives often have undergone lacerations which are not sufficiently testified or addressed, nor sufficiently studied in their morphology, deterrence and destructive impact on the persons that at a certain time in their lives have concerned themselves with them.

We know that in the absence of sufficient support, there is no adequate 'core' of psychic life. This is necessary not only to regulate the circulation of the emotions but it is also the central function of the mind, in particular of the capacity to see oneself and others in terms of mental states. The disorganization of attachment gives rise to diverse and split representations of self and others or to a meta-cognitive deficit, and therefore to a difficult regulation of affects and a certain violence in relations and behaviours.

What are the effects of the projection of this mode of being for a 'support figure' acting as a substitute parent (and not in a therapeutic setting, where this situation can be emotionally supported)? Does it provoke a fragmentation, even partial, in the mental state of this person so that s/he fails – albeit partly – in his/her reflective function and ability to regulate affects?

In our working protocol, particularly significant insights into the experiences of foster children are afforded by observation of them during times of play which take place in parallel to the group meetings of foster families. The latter can bring their children (natural and fostered) with them to these monthly meetings, during which they swap and discuss experiences. As they do so, the children are entertained by play leaders. It was during these free play sessions, which the children appreciated and enjoyed, that we were able to focus aspects of their emotional and social functioning, using an 'ecological' approach which integrates the assessments made in the clinical consulting setting.

Despite the emotional support and dedication of the foster parents and their 'secure' attachment models, we did note the 'desperation' of certain children. An unexpected perceptive stimulus, even a neutral one (talking about a holiday), or the slightest frustration (waiting for a snack), triggered an emotional outburst or a sudden change of their relational strategies. It was evident that the children's socio-emotional adjustment was so fragile that regulatory strategies in interpersonal relations broke down, in a sort of real collapse.

If this happens in early and late childhood, how will these children cope with reorganization of the personality in adolescence, and what form will their distress take?

When this loss (albeit temporary) of control or other forms of disturbed behaviour occur, foster parents must handle the extremely difficult emotional task of not recoiling with fear, or 'freezing' their own feelings. At the same time, they may not involve themselves excessively and not be overcome by the anguish projected on to them by the child. They must strive to contain the child's emotions, without distancing themselves or withdrawing.

It should be added that, at present in Italy – with the exception of some localities unusually well-equipped with services – the weight of the social adjustment and well-being of these children rests almost entirely on the shoulders of their foster families.

It is a task that often exceeds the abilities of a 'normal' family (Ongari, 1997) which has decided to take responsibility for the upbringing of a deprived child with distorted relational experiences. From this point of view, a number of regional administrations in Italy have drawn on experience in other countries and set up training programmes for professional families (Gallina, Ghezzi & Pavesi, 2002).

We agree with Bettelheim (1950) that "love is not enough" to shape events according to good intentions. The sentiments due to the early affective damage suffered by these children, the maladjusted relational patterns that are at their origin, and the disorganized internal working models, require prompt psychotherapy. This will help the foster care placement to be more effective. If coherent strategies for relations with others are not restored in the child's inner world, both s/he and the foster parents will suffer pain, disorientation and sometimes psychological collapse. Resolution itself of the conflict of loyalties in the child's perception of his/her "dual family membership" requires specialist support.

## Communication among practitioners

A second key element in predicting success or failure of fostering is the type of collaboration provided by the agencies and practitioners variously involved in the project. The institutional scenario comprises different actors, all of them with their own representations of what is "best" for the child's development, specific disciplinary languages and established working practices. The social service takes the initiative for placing the child in a foster family and is also responsible for organizing support and recovery measures for the family of origin. The juvenile court can endorse the decisions of the social service, but it may also act on its own initiative. After the child has been placed, the foster team has the task of supporting foster families, supervising their educational work with the children.

The problem resides not only in the "networking" between these various types of intervention, but also in sharing and making explicit expectations about possible improvements of these

children and of their families. Instead, expectations tend to remain implicit (Manoukian Olivetti, 2002). This leads often to unilateral decisions and to improvisation by practitioners or agencies, and, consequently, to a lack of efficiency.

## Case illustration: Mary

To illustrate the decisive role played in risk-definition by the two levels of problems mentioned thus far (the psychodynamic perspective on the child's functioning, and institutional level of communication among practitioners), we now report a case of foster care placement that proved to be unsuccessful. Here the negative synergy between the two levels led to a mismatch and a breakdown. Rereading this case may help to understand the features that portend failure.

Mary was three years old when the social service decided that she should be placed in a foster family. She came from a family in which deprivation had been handed down over the generations. The mother was extremely fragile, lacking in personal resources, mentally retarded and with psychiatric problems that provoked episodes of confusion and disappearance from home for several days. She had great difficulty in caring for herself and her three children. She had been assisted in her parenting tasks by home visitors, but without any improvement. The father, who was somewhat more intelligent, had a history of neglect and institutionalism. He constantly redressed from persons, institutions and practitioners.

Mary was the youngest of three children. The two older ones had been brought up by the maternal grandmother, a widow. Mary's brother was nine years old. He attended the fourth year of elementary school and had severe emotional/relational deficiencies and personality disorders. The seven-year-old sister attended the second year of elementary school and suffered from the retarded development of her cognitive and linguistic functions. She was rather isolated. Mary was born after one of the many separations, followed by reunification. She lived with them and attended a daycare centre.

At home, despite frequent conflicts between the parents and the mother's disappearances, there was nevertheless, in some way or other, the presence of the brother and the sister. Mary is a pretty child, small, with a non-mimic face. She frequently suffers from cystitis. The social service had reason to believe that together with her sister she had witnessed episodes of physical violence by the father against the mother.

The search for a foster family for Mary began when the father, the only person in the household able to pursue a project, announced to the social service that he intended to separate from the mother, that he wanted to leave the city to begin a new life elsewhere, having recently formed a relationship with another woman.

At the same time of Mary's placement in a foster family, her two elder brothers, between whom there was a close emotional bond, were placed in an institute.

Neuropsychological assessment proved that Mary functioned well. The integrity of her cognitive functions was manifest. She was able to take initiatives and showed symbolic play. Instead, the assessment revealed a significant lack of language abilities and strongly disorganised attachment to the mother and the father.

Selected as the foster parent was a single woman with great affective and personal resources. A professional working for the health service, she was willing to reorganize her life in order to devote herself to raising an emotionally deprived child. She admitted her anxiety related to the co-presence of the family of origin, and for this reason she requested technical support. The AAI highlighted the presence of secure attachment models in the foster parent as well as childhood experience marked by affectionate caregiving and support. The death of her father five years ago had been a loss that still caused her suffering, and the grieving process had been very difficult for her to elaborate.

The social service presented Mary's fostering as certainly a long-term situation that might lead eventually to adoption, given that it was assumed that the family of origin would gradually lose interest in the children.

Monitoring during the first phase of Mary's placement resulted in good physical growth and extremely rapid progress in intellectual, linguistic and social competence. The foster parent, however, immediately found that fostering was a hard struggle, with a series of unexpected events. The first was that, after some time had passed, the parents let her know that they were happy to entrust their child to her, because they saw her as a means of social advancement. This provoked a first intense conflict in the woman, who felt almost as if she was "someone who takes children away from the poor". She asked herself whether the services had really done everything to provide direct financial help to the family, in order to improve the nurturing conditions and to prevent out-of-home placement.

Moreover, soon after the three children had been placed, the father decided not to separate from the mother. Contrary to expectations, he remained in the city and deterred the foster mother, exploiting her social and economic position. These manoeuvres, which tended to breach the bonds between the two families, disrupted the agreements reached and created confusion and mix-ups, which the woman saw as threatening. She applied to the juvenile law court for clarification and to adjust her expectations (long-term or short-term fostering? adoption? what is the role of the birth family?) but this caused a misunderstanding with the social service.

But it was above all the relationship with Mary which became increasingly problematic. Attachment to Mary grew stronger. The child's rapid psychophysical growth was not matched by an improvement in the relationship, which instead became progressively more ambivalent. Mary had learnt to sleep in her cot in her own room and learned other important social skills, but the positive bond with the foster parent was intermittent. At times, the level of distress was very high.

Moreover, whenever Mary visited her brothers at the institute or received a phone call from her parents, she cried inconsolably and blamed the woman. She thought her family was still living together. The child's despair was so evident and dramatic that the woman was deeply moved. Thus, while she sought increasingly to affiliate her, Mary sporadically sought inclusion in the new family, even with the woman's relatives. But on other occasions she physically repulsed the woman, even refusing to be alone with her or to enter her home. Mary's linguistic abilities now enabled her to declare forcefully that she wanted to be with her brothers.

During Mary's rages the foster mother had to be very patient. When Mary finally calmed down, she was exhausted and would go to sleep for hours. At other times, Mary was very affectionate and close to the woman. She was happy to visit the woman's relatives and friends, with whom she established close relationships, and especially with two girls, one older and one younger than her.

But the episodes of despair continued to erupt without warning. Mary was very hostile to her foster mother, she shut herself off or insisted on being taken to her brothers or her home.

These events did not diminish, instead, they even increased. The woman wondered whether fostering was the right solution for the child: both of them were suffering excessively from the 'separations'. But both the father and the social services insisted on the 'opportunity' that foster care placement represented for the child. It would last for a long time, because any change in the family's situation such to permit the re-entry of the children could not be foreseen in the medium term. The idea of a kind of fostering similar to adoption became attractive, as Mary's difficulties were interpreted in terms of a transition of attachments. However, psychotherapy to facilitate this process was not available. Relationships in Mary's family of origin improved: the brothers had settled down at the institute, and now that the parents were free from child care tasks, their behaviour grew less destructive. However, the difficulties increased between Mary and her foster mother, and the woman seemed to lose her autonomy and also began to have problems at work.

The situation broke down entirely during the Christmas holidays. Mary received numerous presents from the woman's family but did not know what to do with them. She was received

very warmly in the homes of relatives and friends. She seemed to enjoy herself but then had sudden and violent tantrums. She was overwhelmed by despair and collapsed. All those concerned realized that Mary was suffering heavily and that fostering was not a solution for her problems – indeed, it seemed to exacerbate them. At the same time the foster mother became desperate: she could see the child's suffering but could do nothing to help; she knew that the emotional holding that she was able to give Mary provided only temporary relief. Moreover, her own suffering caused her extreme pain, upsetting her previous certainties and shaking the foundations of her world. Bewildered, she repeatedly and urgently asked for help. She felt the weight of failure and developed a negative self-image with unknown self-lacerations and nameless and inexplicable depths of pain. She was unable to recognize herself in this state of mind. Her relationship with the child sometimes was intimate, sometimes nonexistent. The situation was no longer tolerable in that it offered nothing but the impossibility of any bond with Mary.

The solution for Mary was to move her into the institute where her brothers were housed. But what will be the impact of this relationship on both protagonists?

## Conclusions

Although fostering undoubtedly has a reparative value, we believe that it also carries numerous risks.

One risk concerns the foster child's unhealed wounds. The experience of double family memberships can give rise to false selfhood and conflicts of loyalty. This may even lead to a breakdown. Another risk concerns the foster parents, who may find themselves having to cope with failure, dashed hopes and unknown projections. These may open or re-open primary wounds or collude with long-standing and unresolved problems in their affective and family lives. A third risk concerns the natural children. Their parents can spend less time with them and they often witness negative parent-child interactions.

Consideration of this last aspect is crucial when calculating costs and benefits of foster care placement. In our clinical practice, assessment of the developmental paths of the natural children gives rise to concern. Sharing family life spaces and parental affection with a disturbed and disturbing child takes a lot of personal energy. While taking into account individual differences between children, the uniqueness of subjective experiences, and age differences, in our work we have seen initially cheerful and extravert children become depressed and passive. We have found adolescents who have broken away from their families and left home traumatically early, compelled to search for external autonomous spaces which are not always suitable; pre-adolescents and adolescents with eating disorders; others permanently angry at seeing their parents constantly subject to the aggressive and provocative behaviour of foster children. Many adolescents became exhausted due to several reasons (e.g., functional deficiencies, school failure, and negative social relationships with these mistrustful foster children).

Twelve years after we began a constantly monitored work with foster families, we can say that fostering sometimes fails because the instruments with which to make it work are lacking. Legal intervention by the juvenile courts and by the social and foster care services – in particular, if they are not adequately interconnected – are not enough; not least because the practitioners may fall into the trap of pre-judging the birth family as 'weak', thereby underestimating the destructiveness of family games in multi-problem situations (Saviane Kaneklin, 2001).

But the system is unsatisfactory most of all because it lacks the component most intimately rehabilitative of the deprivation or distortion of the birth family and the children's emotions tied thereto. Such reparation, we believe, is only possible if psychotherapy is available at the beginning of the placement, for both the natural parents and the child.

Foster families have the task of rehabilitating damage and deficiencies. But rehabilitation can only succeed in the presence of concomitant therapy which supports the ability of deprived or

maltreated children to “stay” in a regulated structure, this means in an appropriately functioning family. In the absence of adequate support, foster families may see their resources – which in many cases are very substantial – prove fruitless.

Foster parents can provide an important emotional scaffolding for the child’s development, supporting the adaptation aspects of the child’s growing personality, while giving warm images of family relationships. Their daily effort centres on the empowerment of the child’s skills to cope with social requirements. But they are not equipped to help the child cope with the traumatic aspects of previous experiences with the biological parents. To heal these wounds, a psychotherapeutic space is needed.

In more general terms, our conclusions concern the difficulties faced by all the subjects involved in foster care in coping with the uncertainty and unpredictability which, we believe, constitutes the central dimension of this form of social intervention. Even the most expert practitioners, and not just foster parents, find it difficult to monitor the process of fostering. The process consists of different, alternating phases and includes many relational and institutional scenarios. For this reason, a close collaboration between the various agents involved in foster care projects is needed. But this needs a strategy based on the decision of each participant to confront his own professional perspective with the perspective of the deprived child and the biological parents, and to discuss methods of intervention. Each problematic situation has to be discussed with all agents involved, in order to avoid an information short-circuit. Lacks of shared information and absence of collaboration among practitioners may give rise to sudden actions which are inevitably partial and risk to break a previously installed balance. Such outcomes can be considered as forms of ‘institutional maltreatment’. This form of maltreatment adds to the psychological maltreatment these children already have suffered at home.

Social work requires a capacity to ‘survive’ in situations dominated by uncertainty, without hope of definitive solutions (Manoukian Olivetti, 1998). This issue should be a matter of close reflection by practitioners, given its heuristic implications for future interventions, aimed at providing greater protection for foster parents and children.

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