Attachment tHAIRapy: A Culturally Relevant Treatment Paradigm for African American Foster Youth

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Abstract

Culturally competent, ethnically relevant treatment strategies are needed to address the attachment needs of foster youth in the child welfare system. Hair is a fundamental element in the lives of African American female youth and can be identified as a protective factor for this population. Furthermore, hair care can provide a context and vehicle for attachment, nurturing, and positive self-worth. Drawing from data obtained through interviews with nine foster girls, the authors endorse pairing two key services for African American female foster youth, namely, traditional psychotherapy and hair care (termed Attachment tHAIRapy). Utilizing a creative, culturally relevant, strengths-based intervention such as Attachment tHAIRapy potentially improves attachment, placement stability, treatment engagement, and self-esteem.

African American foster youth have multifaceted needs germane to both the African American and foster care cultures. Creative treatment strategies addressing the multifaceted needs of this population are few despite the

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importance of providing a culturally relevant context that promotes development, well-being, and healthy attachments. African American foster youth are particularly vulnerable to attachment-related deficits due to their overrepresentation in the child welfare system; African American children make up 15% of the national population but represent 41% of the foster care population in the United States (Chipungu & Bent-Goodley, 2004; Courtney & Skyles, 2003; Harris & Hackett, 2008; Needell, 2006; United States Government Accountability Office [USGOA], 2007).

In this article, attachment, cultural competence, and mental health are explored based on the self-identified needs and lived experiences of African American foster youth. These concepts are recognized as fundamental challenges in child welfare, yet African American foster youth are significantly underrepresented in the literature despite disproportionality in the foster care system. This article explores the authors' experience in combining two key services in the lives of female African American foster youth: psychotherapy and hair care (termed Attachment tHAIRapy). Through interviews held prior to and following Attachment tHAIRapy, data and observations were obtained regarding clients' experiences and feelings. The authors posit that creative interventions such as Attachment tHAIRapy may provide a strengths-based, culturally responsive treatment paradigm for African American female foster youth.

Theoretical Concepts

Attachment

Attachment is a key concept in child welfare, but research studies are scarce. Literature with vulnerable children utilizing Bowlby's (1969) attachment theory tends to focus on clarifying concepts and reviewing content (e.g., Fitton, 2012; Walker, 2008; Wilson, 2009), or presenting theoretical models (e.g., Howe, 2006; Snyder, Shapiro, & Treleaven, 2012). Dykas, Woodhouse, Jones, and Cassidy (2014) explore attachment-related memory biases in a laboratory setting, but the importance of translating theory into clinical practice should not be overlooked. Wimmer, Vonk, and Bordnick (2009) try to fill the clinical practice gap and found preliminary evidence that attachment therapy with licensed therapists decreased Reactive Attachment Disorder in a small sample of adopted youth, while Ponciano (2010) uses in-home observations to explore attachment quality between 76 foster mothers and their foster children, finding that more than half of the mother-child dyads constructed secure attachments.

The traumatic nature of abuse or neglect combined with removal from the home and/or community significantly affects parent-child attachment interactions (van den Dries, Juffer, van IJzendoorn, & Bakermans-Kranenburg,

2009; Zilberstein, 2014). Maltreatment increases the potential for insecure, disorganized, or disoriented attachments, and may reflect the dysfunctional dynamics of abuse or neglect (Mennen & O'Keefe, 2005). Thus, mental representations of self and interpersonal interactions may be characterized by self-deprecation, mistrust, rejection, or hostility (Price & Glad, 2003). Mennen and O'Keefe (2005) posit that attention to children in the child welfare system's attachment relationships is critical to increase the likelihood of a trajectory of positive outcomes, including healthy, attached relationships with family, peers, and/or other influential adults.

Positive outcomes for foster care youth may be affected by therapeutic relationships. Sroufe and Siegel (2011) maintain that therapeutic experiences can profoundly alter a youth's developmental trajectory and argue that the neuroplasticity of the human brain allows for relationships that "remove the synaptic legacy of early social experience" (p. 9) throughout the life cycle. In other words, positive therapeutic relationships may have the capacity for repairing attachment-related deficits.

Rigorous, randomized controlled trials examining the effects of an attachment therapy intervention are scarce (e.g., Israel & Diamond, 2013; Spieker, Oxford, Kelly, Nelson, & Fleming, 2012), although they find promising treatment results in community-based samples. More commonly used in the literature are case studies describing potentially successful therapeutic interventions (Moore, 2006; Padykula & Conklin, 2010; Zilberstein, 2014). Padykula and Conklin (2010) effectively utilize a case example of an adult woman suffering from treatment resistant addiction to illustrate the self-regulation model (SRM), while Zilberstein (2014) provides a case vignette illustrating how to integrate cognition and trauma into treatment studies. Seldom described in the literature are creative strategies to enhance attachment. Moore (2006) describes the use of drama as a meaningful therapeutic approach with adoptive parents and their children who suffered abuse or neglect in their family of origin, but he does not address cultural competency as a potential challenge or important consideration.

Cultural Competence

African American children and families in the child welfare system often receive disparate treatment when compared with other racial groups, reflecting a larger social justice concern (McRoy, 2005; USGOA, 2007). Research reflects that African American children in foster care experience differences in the quality of services (Courtney, Barth, Berrick, & Brooks, 1996; Knott & Giwa, 2012), have fewer contacts by caseworkers (Garland, Landsverk, & Lau, 2003), and have less access to drug treatment, mental health, and family

preservation services (Denby, Curtis, & Alford, 1998; Knott & Giwa, 2012). African American foster youth have been found to have a higher need for mental health care than any other racial group; however, these needs are frequently unaddressed by service providers (Baker, Kurland, Curtis, Alexander, & Papa-Lentini, 2007). Mental health services provided to child welfare consumers may not be provided in a culturally competent manner or adapted to the needs of diverse families, leading to their underutilization among racial minorities (Briggs & McBeath, 2010).

Cultural competence with African American foster youth necessitates an incorporation of client needs, cultural knowledge, and the use of evidence-based practice (EBP) and/or empirically supported interventions (ESIs; Briggs & McBeath, 2010). However, African Americans are frequently underrepresented in research, and African American foster youth are relatively non-existent in research trials. Briggs and McBeath (2010) assert that the historic exclusion of different cultural groups from program development and research has limited the applicability of EBP interventions with culturally diverse populations, resulting in lack of clarity regarding the effectiveness of common mental health interventions. Studies reflecting culturally competent interventions with non-majority populations or comprising African American specific practice guidelines are rare, with even fewer interventions consistently used by child welfare agencies (Briggs & McBeath, 2010). The aforementioned discrepancies between research and practice, African Americans and dominant group, and foster care and non-foster care populations have significant treatment implications. Common approaches to assessment, diagnosis, treatment, and evaluation may be inappropriate or irrelevant for African American foster youth, contributing to increased marginalization, increased mental health acuity, and placement instability (Briggs, 2009; Briggs & McBeath, 2010; Curtis, Dale, & Kendall, 1999).

Mental Health

Mental health practitioners are challenged with cultivating cultural competence in a context where EBPs, ESIs, and other therapeutic protocols are constructed largely without African American contribution (Briggs & McBeath, 2010). For African American foster youth, the complexity of identification with both African American and foster care cultures renders them considerably less visible. It is likely that the experience of receiving culturally incongruent treatment has had an impact on the perception of mental health services, stigma, and comfort or trust in treatment providers for African American consumers. The report *Mental Health: Culture, Race, and Ethnicity: A Supplement to Mental Health: A Report of the Surgeon General*

(Office of the Surgeon General [the United States], Center for Mental Health Services [the United States], National Institute of Mental Health [the United States], 2001) notes that clients of color struggle with mental health assistance due to "clinician's lack of awareness of cultural issues, bias, or inability to speak the client's language and the client's fear and mistrust of treatment" (p. 14). African American's mistrust of dominant group health/wellness service provision is well documented, largely as a result of ethical maltreatment from the Tuskegee Syphilis Experiment and the highly publicized experiences of individuals such as Henrietta Lacks and Elaine Riddick (Victorian, 2011). The inclusion in unethical research experiments and exclusion from contemporary research trials have resulted in practitioners and services that perpetuate dominant racial bias, engendering intergenerationally perpetuated historical trauma for many African Americans.

Racism is insidious in mental health treatment (Barbee, 2002; Meyer & Zane, 2013; Wallace, 2012; Williams & Williams-Morris, 2000). A body of research reflects that African Americans are not appropriate candidates for therapy, citing them as crisis oriented, less psychologically minded, non-introspective, and concrete (Briggs & McBeath, 2010; Liggan & Kay, 1999). This racist characterization of African Americans' psychotherapeutic potential minimizes the strengths, resources, and experiences of the population. For foster youth, in particular, integrating race and culture into treatment is imperative. Briggs and McBeath (2010) assert that African American foster youth find interventions that do not respond directly to race-related experiences less relevant. Culturally competent treatment, therefore, must integrate acknowledgment of the influence of culture and resolution of racial conflicts with the client's presenting problems. For foster youth, these conflicts are often internalized from parent-child relationships or reinforced through the trauma of displacement. The development or maintenance of attachment relationships may be a critical factor in identifying cultural conflicts and mitigating the impact of the separation and loss that is often inherent in foster care placement (Grigsby, 1994).

The Significance of Hair Care

The development of culturally competent treatment strategies to promote attachment in African American foster youth requires creativity to determine cultural relevance. Within African American families, racial characteristics such as hair texture are often tied to affective qualities in attachment relationships (Lewis, 1999). As a result, physical characteristics may contain valuable information regarding attachment for foster youth. For many African Americans, self-worth, potential for success, and perceived attractiveness are

determined by "factors such as the . . . kinkiness of their hair," and are per-petuated across generations (Neal & Wilson, 1989, p. 324; Parmer, Arnold, Natt, & Janson, 2004, p. 231). Hair is of elevated importance in the Black community (Johnson & Bankhead, 2013), with Black women spending over US$5.7 billion on hair annually (www.safecosmetics.org). Neal and Wilson (1989) assert that issues related to hair more profoundly affect Black females than Black males, noting that adolescence in particular is heightened by con-flict around physical characteristics. While hair is transculturally significant, it represents a sociopolitical statement, a reflection of internal psychological states, and a microcosm of how Black females view the world culturally, socially, politically, and historically (Bankhead & Johnson, 2014; Lewis, 1999; Parmer et al., 2004).

Hair combing interactions with a primary attachment figure offer children the opportunity for close contact and physical touch. African American hair requires repeated combing/brushing, patting, smoothing, and the application of oils or products, resulting in touch that is potentially nurturing and loving or harsh and painful (Lewis, 1999). Hair care retains a powerful role in attachment relationships for Black youth, and may provide both a context and a vehicle for attachment and nurturing. Hair combing interactions signify the critical role of skin-to-skin interaction, nurturing, and emotional intimacy between caregiver and child; furthermore, they offer an opportunity for inter-nalized parental acceptance, racial identity, and improved self-esteem (Lewis, 1999). Awareness of these dynamics is essential for clinicians to address and treat vulnerable youth honoring culturally valid, fundamental needs.

Attachment tHAIRapy

The significance of hair among African American females juxtaposed with a creative, strengths-based paradigm is the foundation of Attachment tHAI-Rapy. The Attachment tHAIRapy strategy paired hair care with mental health treatment; both services were provided over the course of 4 months. A trained agency psychotherapist and a licensed hair practitioner facilitated each Attachment tHAIRapy session. Nine female foster youth ranging in age from 10 to 18 years (*M* = 14.6 years, *SD* = 2.29) were offered four bi-weekly, private, in-home Attachment tHAIRapy sessions for an average of 3 hours (depending on the child's hair needs) for each girl. Participants included one girl each at ages 11 to 16 and three at age 17. Two of the 17-year-old participants were identical twins. All nine participants were receiving Wraparound services at a non-profit community mental health agency in Southern California, and resided with biological, kinship, or fos-ter/resource families.

Attachment tHAIRapy sessions were offered bi-weekly and were attended by the trained psychotherapist, licensed hair practitioner, and foster youth. Caregivers were invited to attend and verbally participate in therapeutic discourse at the request of the youth. Traditional therapy sessions alternated between each of the four Attachment tHAIRapy sessions, were facilitated using a solution-focused theoretical orientation, and were attended by the trained psychotherapist and the foster youth. All sessions focused on mental health and included hair care as a critical site of cultural exchange as well as an opportunity to reframe hair issues as they are connected to psychological and emotional health.

Case Illustrations

Findings from nine in-depth pre- and post-session interviews provide initial evidence for the utility of Attachment tHAIRapy as a framework for a creative, culturally relevant, and responsive, strengths-based treatment strategy with African American foster youth. Youth responses reflected several themes related to the overarching concepts of attachment, cultural competence, and mental health conveyed in the literature, including feelings about foster care, significant relationships, feelings about therapy, feelings about hair, and racial identity. This information is useful to build upon the one-size-fits-all theoretical and practice treatment models currently in existence and move toward a more culturally competent approach to therapy.

Theme 1: Feelings about foster care. The antiquated perspective of attachment as primarily a function of parent-child dynamics (Bowlby, 1988) may be insufficient in evaluating and addressing the needs of youth in foster care. Early attachment research affirms that secure attachment between parent and child critically affects behavior, serving as a prototype for future relationships (Ainsworth, 1989; Bowlby, 1977, 1980, 1988; Main, Kaplan & Cassidy, 1985). Although the participants' desire for attachment seemed consistent with previous literature, their approach toward relationships with attachment figures appeared decidedly cautious and tentative. Additional interviews with the participants reflected both positive and negative feelings about caregivers; however, the majority of responses indicated mixed reactions to caregivers, with considerable suspicion regarding trustworthiness:

> I feel attached to my mom and I can attach to others, but I like to keep a distance.

> Since I've been in foster care and since my mom has been using drugs . . . I keep my distance from her.

There are ups and downs . . . I try and bond with my mom, but I feel suffocated by her.

Experiences with trauma, abuse, neglect, and subsequent (or the possibility of) foster care placement appear to challenge the development or maintenance of secure attachments with caregivers (Connors, 2011; Main, 1995; Mennen & O'Keefe, 2005). The participants asserted their intentions to sustain bonds with parents/caregivers but struggled to establish boundaries that would promote safety and healthy connection.

Following foster care placement, youth indicated they felt more attached to siblings, friends, and treatment professionals:

I am closest to my sister and my best friend.

With close friends, it's easy, but I feel judged by others.

With my mom, things changed since placement…since then, my sister is the one I can count on.

I am closest to the Wrap Team.

Contemporary attachment theory emphasizes the significance of how attachment relationships emerge and are shaped within particular cultural contexts (Haight, Kagle, & Black, 2003). Within the context of foster care, siblings who have a common experience of family dynamics, abuse or neglect, and the trauma of displacement may be most likely to provide attachment continuity. Friends and treatment professionals, such as hair care professionals or therapists, offer intimate, interpersonal interaction with boundaries established by the youth, providing an element of power and self-agency that may be lacking in their traditional parent-child dyad. These relationships may become powerful vehicles for healing attachment deficits and supporting healthy attachment relationships (Guy, 2011; Sroufe & Siegel, 2011).

Theme 2: Significant relationships. In-depth interviews revealed that the tangible result of having their hair done while receiving therapy positively affected the youth's self-esteem and relationships with others. Interviews with participants intimated that the isolation and internalized shame of foster care were somewhat mitigated by the positive experience of receiving hair care along with traditional therapy:

Even if they are in foster care, and their foster people aren't taking care of them, your hair always makes you look better…no matter what you have on.

I'm more confident, I feel better about my appearance. Other people are noticing me….I feel more sociable and I like people more.

This girl said something to me…before I would have hit her, but this time I didn't. No matter what she said, I felt good.

People used to say . . . foster kids are like, they're low and stuff, or they're dirty or poor. I don't know, I heard a lot of stuff about foster care, but then since I got in foster care, foster care offers you a lot of stuff, so hair therapy was like a bonus. Their self-esteem is raised and stuff. People are like "ugh, she's in foster care," like, but if she comes out with her hair looking nice, then people are like "ooh, she's in foster care! Ok…she's got her hair nice and stuff."

Culturally competent treatment with foster youth requires creativity to determine what is important to them and consideration of the complexities inherent in identifying with both African American and foster care cultures. As previously indicated, Briggs and McBeath (2010) posit that African American foster youth find interventions that do not respond to race-related experiences less relevant than interventions that directly confront race/culture. Strategies such as Attachment tHAIRapy that integrate the influence of culture on attachment with the clients' presenting problems may be fundamental to improving the functioning and relationships of foster youth.

Although the youth consistently indicated that talking with a therapist while receiving hair care services was helpful, they expressed ambivalence regarding caregivers being present during sessions. Caregiver involvement (or lack thereof) appeared to be beneficial only if it was clear that the caregiver was willing and available to participate in the project:

My mom was really involved . . . spends a lot of time with me.

My caregiver participated in the sessions and it brought us closer.

I would have liked her [mom] to be there cause I could talk about some stuff.

She [caregiver] could share some of her stories too.

I wouldn't want her [mom] there.

My caregiver isn't that involved.

The girls noted that because the services took place in the caregiver's home, the time and space did not belong to them and could be easily

eliminated. The youth referenced concerns about burdening the caregiver (e.g., being in the way, making the house dirty, or taking too much time), judgment, or retribution.

In keeping with Lewis (1999), hair was perceived as a powerful intermediary for interpersonal relations. Self-perception and caregiver interpretations of hair may have an impact on self-esteem, interpersonal relationships, and mental health (Lewis, 1999). Within African American families, hair is often tied to affective qualities in attachment relationships (Parmer et al., 2004). Caregivers thus have the potential to influence attachment, intrapsychic, and interpersonal relationships simply by their interest in and attention to the youth; however, a dearth of these qualities may promote distance, distrust, and isolation.

Theme 3: Feelings about therapy. Creating healthful attachment relationships may be a valuable strategy to concurrently address cultural conflicts and mitigate the impact of separation and loss inherent in foster care placement (Grigsby, 1994). The authors identified a shift in perspective regarding participants' relationship to therapy. Participants indicated the hair care process allowed for increased intimacy with the therapeutic team:

> It was uncomfortable when things came up . . . I didn't feel good about them and they made me cry, but later it improved communication.

> Therapy was important, but much more important after the hair part. I am more interested in therapy after this.

> We talked about subjects more than we would normally.

> It was the first time I could talk about how I should be and dress versus how I really am.

> I was able to use this as a way to express and talk to people about things I don't usually get to talk about.

It appears that the Attachment tHAIRapy context provided a helpful vehicle for treatment engagement. Perhaps the youth were able to utilize the treatment team as attachment objects in the absence of caregiver involvement or as contemporaneous support for those with engaged caregivers. Or, it is possible that focusing on something other than their "problem" allowed participants to open up in ways that were previously uncomfortable. Including culturally relevant, responsive treatment options to African American foster youth may assist in developing healthy attachment relationships beyond the traditional parent-child dyad.

Culturally competent treatment should integrate acknowledgment of the influence of culture and resolution of racial conflicts with the client's presenting problems and needs. For foster youth, these conflicts are often internalized from parent-child relationships or reinforced through the trauma of displacement. Thus, the benefits of development or maintenance of attachment relationships with African American foster youth may be twofold: to mitigate the impact of separation and loss inherent in foster care placement and to provide a vehicle for navigating cultural conflicts (Grigsby, 1994).

Theme 4: Feelings about hair. Many facets comprise self-esteem, including but not limited to an appraisal of a person's overall sense of self-worth or value and a variety of beliefs about the self, such as the appraisal of one's own appearance, beliefs, emotions, and behaviors (Hewitt, 2009). In-depth interviews revealed preliminary evidence that self-esteem differs by topic. Youth stated they liked themselves overall, but when questioned more deeply revealed dissatisfaction with themselves and/or their hair:

> I don't care about my appearance. I only do my hair because I have to for school.

> I don't like it and I don't care about it.

> My feelings about my hair are bad.

Hair is of elevated importance in the Black community (Bankhead & Johnson, 2014), with adolescent females in particular more profoundly affected by issues of hair and physical characteristics (Neal & Wilson, 1989; Parmer et al., 2004). Thus, adverse interpretations of the suitability of their hair have the potential to influence self-esteem, interpersonal relationships, and mental health. Despite the reported positive self-esteem among the participants, it is questionable how much of an impact incongruent and/or negative perceptions of hair have on overall self-concept.

A consistent theme among youth responses was frustration with the nature and condition of their hair, and a lack of clarity on how to manage it. As a result, many of the girls indicated a preference for chemicals (permanent straighteners or "perms") or adding hair to conceal their own hair (weaves or braids):

> I don't know how to treat it. I like weaves. My hair is fine so it breaks easily. I wish my hair was longer.

> I don't like it . . . when I part it, it does funny things.

> It's difficult to maintain my natural hair. When I have a weave, I am a whole other person . . . I'm playful and feel good.

> It's got to be a weave 24/7. Since I was 14, I either have braids in my hair to protect it or a weave.

> I'm happy with my hair if I have a perm or a weave, but I don't feel happy without it. I will not go anywhere without a weave in my hair.

Black hair represents a reflection of internal psychological states and a microcosm of how Black females view the world (Lewis, 1999; Parmer et al., 2004). Youth responses reveal a deep sense of discontent and the desire to disguise their natural hair. It is undetermined if this is correlated with renunciation of cultural identity, a reflection of societal dominant narratives emphasizing Caucasian hair as a standard of beauty (see Johnson & Bankhead, 2013), lack of guidance regarding the care and maintenance of Black hair, a manifestation of trauma, or myriad other possibilities. However, further attention and research is necessary to identify and address issues of shame or self-loathing, which have the capacity to negate the influence of healthy attachment relationships and positive self-esteem building opportunities in the vulnerable African American foster youth population.

Theme 5: Racial identity development. The physical and emotional connection involved in African American hair combing interactions may also support acceptance of racial identity. Despite initial comments about dissatisfaction with the quality and texture of their hair, further interviews revealed a new-found interest in the maintenance of their natural hair. However, participants noted that embracing their own hair would be impossible without support and guidance:

> If somebody comes and trains your hair, I wouldn't mind wearing my natural hair.

> If you don't know how to take care of your hair, it's easier to just braid it up and put a weave in it. But if you have someone professional come and wash and conditioner it . . . clip your ends…then you can work with the natural hair.

> If someone would sit down and really tell me how to take care of my hair and really show me how to do it, I would wear my natural hair.

> The hair is still bad hair, like, it needs to be trained or people will just wear fake hair again.

The participants' comments speak to the inextricable connection between attachment and hair care for African American youth. Consistently they asserted that in order to feel confident about their natural hair, and perhaps themselves, they needed ongoing support and guidance. Hair care interactions may address innumerable parenting needs by providing a context for healthy touch, nurturing, emotional intimacy, and fostering the potential for attachment (Lewis, 1999). Furthermore, a healthy racial identity may help youth of color increase resilience (Rowley, Cooper, & Clinton, 2006). For African American foster youth, especially females, hair care may be an invaluable vehicle to support healthy racial identity development and improved relationships, elements absent from traditional treatment models.

Conclusion

Few studies identify culturally competent mental health interventions for African American foster youth, with even fewer focusing on attachment. The provision of culturally insensitive therapeutic services may compound the marginalization experienced by foster youth and may result in poor adjustment, increased need for psychiatric care, and worsened mental health outcomes (Briggs & McBeath, 2010). Briggs and McBeath (2010) posit that infusing a cultural focus, retaining culturally specific knowledge, and engaging in culturally sensitive interactions are necessary for culturally competent child welfare practice. Furthermore, drawing on strengths such as resilience, social support, and feelings of connectedness are critical methods of improving mental health in African American youth (Wallace, 2012).

The development of treatment strategies to promote attachment in African American foster youth requires creativity to determine what is culturally relevant for them. Within African American families, racial characteristics such as hair texture are often tied to affective qualities in attachment relationships (Lewis, 1999). As a result, physical characteristics may contain valuable information regarding attachment for foster youth. For many African Americans, hair is intergenerationally meaningful and may be a powerful vehicle for intervention and connection.

This small pilot study using in-depth interviews provides initial support for the usefulness of Attachment tHAIRapy with African American foster youth. In keeping with challenges inherent in conducting research with vulnerable populations, several participants were not able to complete a follow-up interview due to serious circumstances such as hospitalization or incarceration. The reasons for lack of follow up may be representative of the experiences and challenges of the foster care system, which directly speaks to the need for culturally sensitive therapy for this vulnerable population. Benoit, Jansson,

Millar, and Phillips (2005) add that the inclusion of non-dominant perspectives in research may require smaller sample sizes to reach underresearched, hard-to-reach populations that make random sampling all but impossible. We recognize the limitations of our project, and encourage future research to examine the effects of Attachment tHAIRapy, or perhaps similar culturally competent creative treatment strategies, using a more rigorous study design and/or larger sample. Nevertheless, our results suggest that combining hair care interactions with psychotherapy is a viable, ethnically relevant context for promoting attachment, self-esteem, and improved racial identity with African American foster females.

The Attachment tHAIRapy project hinges upon the integral role of hair for African American females, utilizing hair care as a vehicle for acknowledging culture and promoting attachment in a therapeutic context. Research contends that treatment providers need to move toward combining generalized cultural competence information with information specific to the needs of the disenfranchised clients with whom they work (Gentlewarrior, Martin-Jearld, Skok, & Swetser, 2008). It is imperative that interventions to promote safe environments and support healthful relationships are established and implemented in a culturally pertinent context in order to be effective with marginalized African American foster youth who are heavily influenced by both African American and foster care cultures.

African American foster youth are uniquely challenged with the task of healing from abuse or neglect while navigating the complexities of the child welfare system from a position of disproportionate overrepresentation. Creative interventions that acknowledge the significance of culture may be a means to identify culturally relevant, responsive, competent treatment. The findings detailed in this article contribute to the theory and practice of culturally competent treatment by proposing a unique approach that is strength based rather than deficit based. For a population challenged by the vicissitudes of abuse, neglect, loss, trauma, displacement, and stigma, a culturally competent emphasis on strengths may be the key to effective treatment.

Declaration of Conflicting Interests

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