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DISSERTATION

IN THEIR OWN WORDS: A COMPARATIVE STUDY OF THE ATTACHMENT  
EXPERIENCES OF SPECIAL NEEDS ADOPTIVE FAMILIES

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Submitted in partial fulfillment of  
the Degree of Doctor of Philosophy


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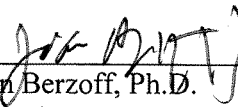
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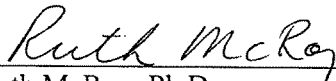
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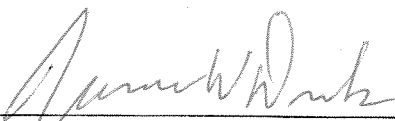
  
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## ABSTRACT

The purpose of this study was to examine the ways in which adoptive families are able to form attachments with children who have suffered trauma (abuse and neglect) and instability (multiple moves, school changes and people who come and go). The question that this study attempted to answer is: How do families describe the process by which attachment is re-organized in successful special needs adoptions? This study was part of a large-scale nation wide study (AdoptUSKids) conducted by Dr. Ruth McRoy, Ph.D. and was funded by the U.S. Children's Bureau . One hundred sixty one successful adoptive families who adopted children from the child welfare system were interviewed using both qualitative and quantitative methods. Data collection ended in February, 2007.

This relational project used a mixed methods design and is cross sectional as it looks at these families at one point in time. The 161 families who participated in this study were interviewed and were given a booklet of self report measures.

76% of the families interviewed rated their level of attachment as "very attached". In addition, these families identified the activities they felt were instrumental in the development of the achieved level of attachment. Finally, type of abuse was found to significantly influence adoptive parent's attachment. These findings have implications for both child welfare workers and clinicians alike as the information can be used in family selection, training and in the clinical setting.

## ACKNOWLEDGEMENTS

I am dedicating this dissertation to my family. Without their love and support I would never have had the courage or strength to complete it.

I want to recognize my parents Clarence and Donna Duciaume, both of whom have always been there for me to encourage and guide me. For telling me that I could do anything that I set my mind to and for believing in me, I am grateful for all of your love and support throughout the years. To Brian, my brother, thank you for your friendship and love. I cherish what we share!

I also want to recognize my two beautiful children, Monique and Marcellus. Your presence alone has given me the courage to press on through the most difficult times and your unconditional love inspires me to do my best. I love you both “up to the sky – always and forever”!

To the man with whom I once shared my life, the fact that you are no longer by my side to share this accomplishment leaves an empty space in my heart, but I must recognize that without the love, support and confidence you once gave me I would have never begun this program.

To my Smith family: Cathy, Lesia, Joe, CJ and Efi. You are my co-conspirators and my confidants. Your love and friendship has carried me through rough waters and I sincerely appreciate your presence in my life!

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## CHAPTER 1

### INTRODUCTION

The purpose of this study is to examine the ways in which adoptive families are able to form attachments with children who have suffered trauma (abuse and neglect) and instability (multiple moves, school changes and people who come and go). The question that this study answers is: How do families describe the process by which attachment is formed in successful special needs adoptions?

Adoption is on the rise and it is estimated that almost 60% of the U.S. population has been touched in some way by adoption. Adoption takes many forms such as infant adoptions, international adoptions and adoptions from the child welfare system.

Although some adopted children do have secure attachment styles, there are a couple of sub-populations of the larger adoptive population that are riddled with problems that are in part associated with poor or insecure attachment styles. One sub-population is internationally adopted children. Between 1971 and 2001, U.S. citizens adopted 265,677 children from other countries. (Evan B. Donaldson Adoption Institute, 2009). Although these children have many problems with adjustment, social functioning, mental health and attachment, it seems that these issues are the result of institutionalization or poor quality of care. The second sub-population of adoptions, the focus of this study, is the domestic adoption of children from our country's child welfare system. The Department of Health and Human Services estimates that 55,000 children were adopted from the child welfare system in 2008 (AFCARS, 2010). A large percentage of these children have suffered trauma such as abuse and neglect. Many of these adoptions have been labeled "special needs adoptions", defined as the adoption of children in the child

welfare system who have disabilities, are Caucasian and above the age of six, and ethnic minority children who are at least age two, or any child who belongs to a large sibling group. In fact, these children have been a special focus of many programs designed to increase adoptions and once [prior to the Safe Families Act] would have lingered in foster care as “unadoptable”. However, many of these children with extremely difficult histories and severe emotional / behavioral issues are now being raised in adoptive families.

It is imperative that social workers uncover what the unique needs of special needs adoptive families are and how to better serve them. Not only are social workers in the child welfare system trying to figure out how to match these children with families, but are also determining how to recruit and train families to take them. In addition, clinical social workers are seeing more of these children through specialized services such as post adoption. However, we are at a disadvantage because we presently know very little about how these families are able to come together to create an environment that fosters attachment. We know that attachment is protective and can be built upon for future relationships. However, there is a gap in our knowledge about exactly how one forms a new attachment in an adoptive home and if a more secure level of attachment can be obtained after experiences of trauma and loss. Although there are many studies concerned with the level of attachment in adoptive children, there is not much research into what families define as important in developing this relationship. This phenomenon represents an understudied area of social work research. This information is important to the practice of social work because it has the potential to inform direct clinical practice



with adoptive families and may add to the current theoretical knowledge about attachment, specifically how it is formed.

### *Rationale*

People who adopt special needs children from the foster care system represent a very specialized sub-population of the general adoptive population. This “sub-population” is made up of children who in the past may have lingered in foster care due to severe emotional or behavioral issues as a result of their multiple placements and past histories of abuse and neglect. Some research indicates that about 15% of adoptions of children with special needs disrupt before the adoption is finalized and 4.5% dissolve after the adoption is final (Freundlich & Wright, 2003). Because there is a well-established strong relationship between acting out behavior and adoption failure or disruption (Barth & Berry, 1989), it is imperative that we gain information that will help social workers strengthen these family systems. Understanding how attachment is formed could potentially provide this information. There is also research that suggests that a larger percentage of adoptive children compared to non-adopted children are seen in mental health settings (Miller, et al, 2000). Some estimate that approximately 12% of the children in residential treatment facilities and inpatient psychiatric settings are adopted. Some of the factors related to this disproportionate number are a past history of abuse and neglect, failure to thrive, poor medical care and poor maternal care giving (Groza, Ryan, & Cash, 2003; Lin, Cermak, Coster, & Miller, 2005 and Barth, et al., 2005). Welsh, Viana, Petrill and Mathias (2007) report that these “pre-adoptive” factors are significant predictors of post adoptive adjustment and a subsequent need for mental health services.

Many “special needs” adopted children have problems with attention, behavior and emotional control so the task of establishing positive family relationships can be challenging (Schweiger & O’Brien, 2005). Not only do these children have the task of establishing new relationships within the context of a new family, but they also have a new school environment, new peers, new community in which they live, just to name a few. In spite of the fact that many children eagerly want to be adopted, the adoption experience itself can be quite challenging to maneuver. Add in the factors mentioned above, such as history of abuse or pre-existing emotional or behavioral issues and the adoption experience can become a nightmare for both the child and parent.

The rate of these adoptions is on the rise and social workers in all areas of practice are attempting to gain a better understanding of the unique needs of this population and identifying how they can be best served. Although, there is presently a wealth of research in the area of adoption and attachment, many of these studies compare adopted and non-adopted samples on adoption adjustment or rate of mental health disorders reported and/or treatment modalities. Very little is known about how these families establish attachment in the new family.

This study adds to our current knowledge of adoption and adoption outcomes by providing narrative data [in the parent’s own words] that will explain the process by which attachment is formed in an adoptive family. For the purpose of this study the establishment of attachment in an adoptive family will be referred to as *forming a new attachment*. Forming an attachment and understanding how this is accomplished is at the very core of this study.

The families who participated in this study were given an opportunity to identify, in their own words, how they were able to foster the development of attachment with their children. The present study underlines the most important and salient factors contributing to the forming of a new attachment and gives a comparison between age groups. It adds to our current theoretical knowledge by providing data to support our understanding of the processes by which attachment is formed in adoptive families. In addition, it adds to our current knowledge about what happens with children who were adopted at an older age and who are therefore at greater risk on many levels. Finally, the data obtained from this study has the potential to inform placement decisions by shedding light on attachment and its relationship to type of adoption. Not only will this information be useful to child welfare professionals, but clinicians and those who may have some influence over policy could also use it.

The results of this study may be useful for front line social workers who work within the child welfare system because it has the potential to inform selection of adoptive families, influence how children are prepared for adoption, be used to train families, matching and post adoptive services (how and what is provided to families in need). In addition, this research could be used to help predict problems and help child welfare professionals to prevent disruptions.

#### *Aim*

The aim of this study was to describe the process by which children and parents form a new attachment in special needs adoptive families and to compare attachment levels across types of abuse histories and types of placements. The question that was posed in this study is: How do families describe the process by which attachment is formed

in successful special needs adoptions? Successful adoptive families are defined as families whose adoption remains intact and the adoptive parents remain committed to parenting the adopted child.

## CHAPTER II

### LITERATURE REVIEW

#### *Special needs adoptions*

There were over 55,000 children adopted from the child welfare system in the United States in 2008 (AFCARS, 2010). Over half of all foster care adoptions involved children who were over the age of five. The majority of the children adopted out of foster care are Caucasian (44%) with African American non-Hispanic making up 26% and Hispanic at 20%. Most of these children (68%) were adopted into a two-parent household and by non-related foster parents (54%). Stranger adoptions made up 16% of foster care adoptions (AFCARS, 2010).

The literature suggests that domestic private, public and internationally adopted children have some adjustment issues whether related to identity issues or past abuse (Groze, 1986, Rosenthal, 1993, Moffatt & Thoburn, 2001). Similarly, there is research that suggests that 74% of the adopted population have a secure attachment style (Juffer & Rosenboom, 1997, Singer, L.M, Brodzinsky, D.M., Ramsay, D., Steir, M. & Waters, E. 1985). Despite this fact, a large segment of this population will still experience problems in the adoptive home.

Many of these children have been placed in state custody for a variety of reasons such as physical abuse, neglect, parental incarceration or any combination of these. They may have been involved with the state child welfare system for years or may have been taken into custody following a single incident. Although there are efforts to find relatives of these children for placement, many of them end up in the foster care system. Their

parents are given approximately one year to complete a service plan developed by the child welfare authorities and if this is not satisfactorily accomplished, parental rights are terminated.

The Adoption and Safe Families Act of 1997 and the Adoption Promotion Act of 2003, passed during the last decade, were designed to hasten the process of finding this group of children a permanent home and give incentives to states in the form of subsidies (Lindsey & Schwartz, 2004). The goal, for child welfare agencies, is to find a permanent home within one year of placement. The intention of this legislation is to keep children from being placed in foster care indefinitely. However, it does not take into account the trauma of being removed from one's family, even in the face of abuse, and it does not take into account the issue of attachment. This act seems to assume that children can quickly form an attachment to a new family and can "get over" the effects of the trauma or neglect on their ability to attach. Not only are these children initially removed from their only attachment figures, but also they are often moved from family to family and are expected to adjust. However, these multiple moves have an effect on attachment and many of these children will have multiple placements before they find a permanent home. It seems that if the goal is to promote safe families, then there might be more of an effort to educate and preserve biological families with adoption used only as a last resort.

A proliferation of programs has been designed to find families to adopt special needs children. An overwhelming number of web sites exist to recruit families and there are specially designed programs promoting special needs adoptions in every region of the country. There definitely is a "push" to get these children in and out of the system as quickly as possible. However, as this flurry of activity takes place, there are other factors

that could be impacting the success of these sometimes-hasty adoptions. Many of these adoptions do disrupt and / or dissolve. One has to wonder what went wrong. Was it poor planning, were the child's needs not adequately assessed, was there a lack of commitment on the families or child's part or is there a deeper issue related to problems in attachment at work here? It seems that both the families and the child's ability to form attachments play a major role in the success or failure of a special needs adoption.

The families or the child's inability to form an attachment once the adoption takes place could be a major contributing factor to the outcomes of any adoption. However the focus of this study is on special needs adoptions. The issue of attachment is particularly salient when considering the outcomes of special needs adoptions because these children tend to be older and are more likely to have had multiple placements; and may be more likely to have disorganized or insecure styles of attachment. It is important not only to understand the parent and child's ability to attach, but to also consider other factors that affect attachment such as trauma, age at adoption, type of adoption and the number of placements the child has experienced. Many studies detail the negative impact of abuse on attachment (Boris & Zeanah, 1999; Carlson, 1998; Carlson, et al, 1989; Fonagy, 2001; George, 1996; Morton & Browne, 1998; & Page, 1999), however there is no clear research indicating how families who adopt maltreated children (special needs adoptions) are able to form an attachment. This study represents an attempt to answer this question.

In the following sections of the literature review, attachment theory is presented to provide a base for understanding the impact of attachment on well-being. *What impact does abuse have on attachments and what chance does a poorly attached child have at repairing or forming a new attachment?* This question will guide the following

discussion. In order to begin to formulate an answer one must first understand attachment, how it is formed and the role that it plays in adjustment. Next there is a discussion of the current research on attachment, adoption and special needs adoptions. There is also a discussion about the state of adult attachment research and finally a section on the neurobiological effects of trauma. Again, there is a wealth of information on attachment and adoption, but forming an attachment in special needs adoptions is an under studied area.

### *Attachment Theory*

Much as Sigmund Freud is considered the “father” of Psychology, John Bowlby could be considered the “father” of Attachment Theory. Although, there were other theorists who were like-minded, such as Fairbairn, Sullivan and Winnicott, Bowlby was the first to coalesce his thinking into a theory of attachment. Bowlby’s motivation for his theory came from his work with juvenile thieves and from his study of homeless war stricken children. His conclusions were that both sets of children were suffering due to maternal deprivation. Although, there has been much development in the study of attachment since Bowlby initially outlined his theory, this is where we must begin to devise a clear understanding of the theory.

What is Attachment? And how is it formed?

*Intimate attachments to other human beings are the hub around which a person’s life revolves, not only when he is an infant or a toddler or a schoolchild, but throughout his adolescence and in his years of maturity as well, and on into old age. From these intimate attachments a person draws his strength and enjoyment to others. (Bowlby, 1980, p. 441).*

Although Bowlby’s early writings reflect some of his ideas about attachment and the role of maternal separation, it was not until he wrote his three volume seminal work on *Attachment and Loss* (Bowlby, 1969, 1973, 1980) that he elucidated his theory of



attachment. In these volumes, Bowlby sets the stage for the introduction of his theory. He not only ties psychological theory to biology and ethology, but also looks at the behavioral aspects of attachment. Bowlby (1969) defined attachment as the “child’s tie to his mother” (p. 178). But, unlike earlier theories that identified this tie as either the result of the mother meeting the physiological and psychological needs of the infant, the infant’s attachment to the breast that is later generalized to the mother, the need for physical touch or the infant’s desire to return to the womb, Bowlby felt that this tie was a product of the activity of a number of innate behavioral systems that have proximity to the mother as a primary goal.

Zeanah and Boris (2000), describe the attachment behavioral system as having an “external goal of physical closeness with the caregiver” (p. 355). Basically, the attachment behavioral system can be thought of as an innate system that operates with the goal of keeping the infant safe from harm. Grossman (1995) notes, “the original selective pressure in evolution fostering this pattern of behavior in the infant was undoubtedly protection from predators” (p. 87). The infant is hardwired to behave in a way to elicit a response from the primary caregiver. It is thought that the physical closeness brings a feeling of security for the infant and also serves the biological function of protecting the child during the most vulnerable years. According to Bowlby, the infant has at his disposal a number of attachment behaviors that are intended to bring the caregiver closer. These attachment behaviors include crying, smiling, following, clinging, sucking and calling. All of these behaviors elicit a response from the mother and can also be activated by a variety of situations in the environment such as fear, hunger, illness or the impending departure of the mother. These behaviors are organized in such a way that

under the best circumstances the infant is able to influence his environment and to accomplish the goal of safety and security ensuring self-preservation. Therefore, one main concept of attachment theory is that infants seek closeness or attachment to the primary caregiver as part of their biological makeup. This is something that evolves from birth, but is thought to be solidified around the age of 18 months.

However, attachment is not only influenced by the infant's behavior; it is also influenced by the mother's behavior. Bowlby (1969) described maternal care taking as influential in the development of attachment. This refers to the mother's sensitivity to the infant's needs and the quality of the care she gives. Although I will refer mostly to the mother, it should be understood that the infant has the capacity to develop attachments to any primary caregiver, male or female and to secondary caregivers. It is thought that the mother's interaction and care giving in a reliable and predictable manner sets that stage for the development of internal working models, another core concept of Bowlby's attachment theory.

The infant has the capacity to internalize and remember patterns of the mother's responses to her needs. For instance, in the case of a responsive mother who picks her baby up when she cries, the infant will begin to form contingencies. She will understand that crying elicits a specific response and will begin to build an internal working model of this experience. In this case the internal working model would be positive, but it can be negative also. If the parent is unreliable and untrustworthy, the infant will develop an internal working model of self and other that matches this reality based experience.

Page (1999) further describes the internalization process that Bowlby had in mind as "eventually these memories become organized into representational "models,"

cognitive structures he called “internal working models” (p. 420). In addition, the child forms an internal working model of himself and others based on his experience with the caregiver. The child’s model of himself will also define how he feels about himself when he is closely involved with another person (Karen, 1998).

According to Bowlby (1969), internal working models serve to guide individuals in their appraisals of experience and in their choice of behavior. If working models are adaptive, they can help individuals make appropriate daily life decisions. If they are maladaptive, they can hinder adequate coping and optimal development. The child’s internal working models are comprised of both emotional and cognitive representations. These representations influence how the child interacts with the environment. Schneider (1991) feels that a “crucial feature in individual’s working models of the world is their notion of who the principal attachment figures are, how available they are, and how responsive they are expected to be”(p. 254). “Because they originate in actual interpersonal interactions, the internal working models of self will complement the internal working models of the attachment figures” (p. 254).

Another important aspect of internal working models is the idea that once the child is older, she not only understands her internal world, but she also is aware that her mother has wants and needs. The older child is therefore able to infer her mother’s needs and wants in her plans. This is very important when it comes to later relationships. It is also important to note that internal working models like attachment itself, are not static constructions, but are active and capable of being restructured (Schneider, 1991). This is very crucial to our understanding of attachment in adoptive families. However, one must

understand how attachment is formed before we speculate about how new attachments are formed.

Table 1 depicts the phases in the development of attachment as described by Bowlby (1969) and Ainsworth (1968).

Table 1. Phases in the Development of Attachment

<b>Phase I</b>	<b>Phase II</b>	<b>Phase III</b>	<b>Phase IV</b>
Birth – 8 weeks	8 weeks – 6 months	6 months – 1 year	1 year and beyond
In this phase the infant behaves in characteristic ways towards people, but is unable to discriminate one person from another. (*note that this has been contested based on more recent infant research)	In this phase the infant prefers the mother and acts in the same way as Phase I.	In this phase the infant has repertoire of responses that extend to include following a departed mother, greeting upon return and using the mother as a base to explore.	In this phase the infant has insight about mother's feelings and motivation. There is a formation of a goal corrected partnership.
Infant actions include- orients self, tracks, grasps, reaches, smiles and babbles	Same as Phase I	Infant actions include stranger anxiety.	Infant actions include reflexive thinking or mentalization. (later leads to internal working models)

Note: Bowlby based phase II and III on research by Mary Ainsworth (1964 & 1967).

Table 1 describes the infants movement from Phase I in which the child does not distinguish between people and show's no preferences to Phase IV in which attachment has been fully formed. One can begin to see the developmental shift from the new born to the child 1 year and beyond. These behavior patterns and phases are played out in the everyday life of the infant and mother. It is through their interactions that the internal working models are formed and are the basis for future relating. One can see why Bowlby emphasized the important role of the mother and her care of the infant during the first few years of life. Therefore, it is the day-to-day involvement with each other that lends itself to the creation of attachment. Although Bowlby articulated his theory well,

he did so based on his personal experience as a clinician, and he did not have any hard data to support his ideas.

*Enter Mary Ainsworth*

Bowlby and Ainsworth worked together to further his theory of attachment by providing a scientific basis. Ainsworth's (1964; 1968) initial study of Uganda infant – mother pairs was designed to identify discrete attachment behaviors that would confirm the infant's attachment to the mother. This was an initial attempt to prove the phenomenon of attachment actually existed cross culturally. Sixteen attachment behaviors in the Uganda mother-infant pairs were identified. For each child, she paid careful attention to an evolving list of behavioral patterns that she felt were typical of attached babies: deferential crying, smiling, and vocalizations, crying when the mother leaves, following mother, showing concern for mother's whereabouts, scrambling over the mother, burying the face in mother's lap, using the mother as a safe haven when in a strange situation, flying to mother when frightened, and greeting her through smiling, crowing, clapping, lifting the arms and general excitement (Karen, 1998).

What she found supported Bowlby's theory because this was evidence of what he had identified as an attachment behavioral system. In addition, she developed the idea that if a child is attached and secure in his attachment, he does not need to be glued to his mother. He can leave the room to explore as long as his "secure base" did not leave. Mahler (1975), in her theory of Separation / Individuation, also had a similar idea about the child's developmental need to have the mother, yet be free to explore the world beyond her.

Karen (1998) suggests that these observations led Ainsworth to hypothesize five phases of attachment. The first is the indiscriminating phase. In this phase the newborn has almost no social responses and then later in this stage the baby will respond with anyone. The next phase is differential responsiveness in which the baby shows signs of knowing and preferring his mother. The third phase is one in which the baby is able to respond differentially from a distance. The fourth phase is active initiative when the baby initiates interaction and will go after the mother when she leaves the room. This phase also includes cautious exploration and the onset of stranger anxiety. These are the phases that Bowlby assimilated into his theory (See Table 1).

Ainsworth later reproduced her work in Uganda on a sample of mother-infant pairs in Baltimore. She sought to discover if the patterns she noted were universal. She did home observations and found that she gained little additional information about the attachment behaviors demonstrated by infants. In both of these studies, she not only observed infant behavior, but also maternal behavior. She rated the sensitivity of the mothers and noted differences in both the mother and infant behaviors in the home. She was not able to clearly identify the “secure base” phenomenon in the Baltimore sample nor did they show as much stranger anxiety, so she wondered what patterns would emerge if the infants were in a stressful situation and developed her next study. This evolved into her most well known research. She devised the Strange Situation technique (Ainsworth, 1978) in which she was able to identify distinct patterns of attachment. The strange situation technique involves having the mother-child pair enter a strange room with toys to invite exploration, a stranger is then introduced into the room; the mother leaves the baby with the stranger; the mother then returns; the stranger leaves;

the mother leaves the baby alone; the stranger returns, and the mother then returns. The baby's behavior is observed during all of these episodes of departure and reunions.

She noted distinct variations in infant response that she classified into patterns of attachment. The "ambivalent" or resistant baby became distressed when the mother left and eagerly sought contact when she returned, but showed signs of anger and resistance for example kicking her to arching away from her embrace. The "avoidant" baby protests loudly when the mother leaves, but is not especially clingy when she returns. In fact, he turns away from the mother while at the same time attempting to initiate contact with her. The secure baby protested when the mother left and sought out contact when she returned. The "secure" babies were comforted by the mother and were able to re-engage in play. These are still the classifications that are used today with the addition of the disorganized attachment style, which was identified by Mary Main and Judith Solomon in 1986. The disorganized attachment style is characterized by a lack of clear attachment behavior. The child's actions and responses to caregivers are often a mixture of odd behaviors, including avoidance or resistance. Main and Solomon (1986 & 1990) proposed that inconsistent behavior (as seen in abusive or neglectful homes) on the part of parents might be a contributing factor in this style of attachment. In later research, Main and Hesse (1990) argued that parents who act as figures of both fear and reassurance to a child contribute to a disorganized attachment style. Because the child feels both comforted and frightened by the parent, confusion results.

Ainsworth compared the results of the strange situation observations with the results of the maternal observations in the home and she was able to identify differences in maternal responsiveness that predicted the child's attachment classification. The

mothers of securely attached children were more responsive to their baby's signals, were quicker to pick them up when they cried and were inclined to hold them longer and with more apparent pleasure. They were rated higher in sensitivity, acceptance, cooperation, and emotional accessibility. The mothers of both insecure groups were rated low on all four measurements with the primary difference being that the mothers of the ambivalent group were unpredictable and the mothers of the avoidant group were more rejecting (Karen, 1998). This information can also be related to adoptive care. Are these same qualities significant to the formation of a new attachment later in life? What does this all mean for psychological adjustment?

#### *Psychological Implications of Secure Attachment*

In one of his earlier works, Bowlby (1965) put forth the idea that “essential for mental health is that an infant and young child should experience a warm, intimate and continuous relationship with his mother” (p. 13). He also pointed to “maternal deprivation” as a culprit for neurobiological deficits and mental illness. He warned against the repeated loss of biological mother or substitute mother and how this affects the child. He described how the child initially protests, then gives up and becomes apathetic, exhibits a decreased interest in play and in eating, and demonstrates an increase in anxiety. While Bowlby was concerned with the ill effect of maternal deprivation, Ainsworth and her followers were concerned with maternal insensitivity and its effects. This is the final core concept of attachment theory, that maternal deprivation or a deficiency in maternal care can lead to poor outcomes.

Later studies (Sroufe, 1983; Sroufe, 2005; Sroufe, Carlson & Shulman, 1993; Sroufe & Waters, 1977) have followed infants beyond the strange situation and have



found that those classified as secure at one year of age, are more self directed, more curious, more sought by other children, less withdrawn, more likely to be leaders, and more sympathetic to the distress of peers at age three. Ainsworth (1982) states that there is much evidence linking the organization of attachment to the mother at one year and the organization of social-emotional behavior up to at least five years. In general, those children who have secure attachments at age one are later found to be more flexible in managing their impulses and desires. They are also better able to follow directions and are less frustrated. They engage in more symbolic play and are able to exert their will more appropriately. These children were also found to relate more positively with their mothers as evidenced by smiling at her and engaging her in their play (Egeland, et al, 1981). It is clear that children who had secure attachments fare better in every respect than those who had insecure attachments.

In addition, secure attachment provides protection against psychopathology and is associated with healthier personality characteristics such as lower anxiety, less hostility, greater ego resilience, and greater ability to regulate affect. While, insecure attachment could be considered a risk factor and is associated with depression, anxiety, hostility, psychosomatic illness and less ego resilience.

So does having a secure attachment at age one ensure a positive outcome later in life? This is not necessarily the case since there are many other factors that influence psychopathology. Attachment to the mother can change based on experience. A previously sensitive mother can become less sensitive and responsive to her child or the child could also transfer primary attachment to the father figure. In addition, a secure attachment does not mean that the child will not be plagued by problems associated with

living, but she will be better able to deal with what life puts in her path and will be better adjusted.

Grossmann (1995), describing the emotional and psychological benefits of a secure attachment, states, “viewed properly, attachment is the very foundation for a child’s ability to understand and participate in the extended social and cultural world without undue emotional conflict” (p. 92-93). Therefore, one can see the importance of attachment in parent child relationships. However, we still do not know much about how adoptive families form an attachment with an older adopted child.

#### *When Attachment goes Wrong*

Bowlby (1965; 1969; 1973), Stern (1995) and Winnicott (1958; 1965; 1971) paint a beautiful picture of mother-infant interactions when things are going well or relatively well, but sometimes things go bad, very, very bad. Ainsworth (1982) describes when a mother is not responsive how the infant forms an internal working model of the mother as inaccessible and unresponsive. This subsequently has an effect on the infant’s sense of security. So what happens then when the mother is more than just unresponsive, but instead is abusive or neglectful?

According to attachment theory, the infant will still form an attachment to the primary caregiver. This attachment would more than likely fall into the range of insecure attachment or disorganized attachment. Basically, the infant may find the mother unreliable, unresponsive and in the worst case scary or threatening. This experience would be internalized and the infant would develop an internal working model based on this experience. The internal working model would most likely be one that views the world as unpredictable and scary. In addition, the infant would form a representation of

the mother as untrustworthy and of her self as unworthy of attention or love, consequently, coloring the infants later interactions with others as she has experienced the world as unreliable or hurtful. The infant would not learn appropriate expression of feelings and affect and may have difficulty regulating affect as well as not being able to integrate others as both good and bad.

In addition, this experience of abuse or neglect can set the infant up for later psychological problems based on her lack of a good sense of self and an inability to deal with life. Studies have shown that insecurely attached children are less liked by their peers, are chosen less frequently as playmates and are rated more negatively by their teachers than those who are securely attached (Sroufe, 2005). One could conceptualize this as the idea that the insecurely attached children come to the situation with a preconceived set of expectations about how they will be treated (based on earlier experience) and they act in a way that supports their expectations; more or less like a self fulfilling prophecy based on internal working models. Therefore, the maltreated (abused or neglected) child goes through life expecting to be ignored, abused, threatened, etc. and does not believe that he/she deserves to be treated any differently and relationships with others confirm these pathogenic beliefs.

According to Fonagy (2001) disorganized attachment has been linked to childhood aggression, dissociation and relationship violence. These issues are related to the child's inability to regulate affect and are less flexible in their response to environmental factors. In addition, children who have been exposed to trauma or neglected are noted to have problems with interpersonal relationships, affect regulation and self-development. Toddlers who have been maltreated (abused or neglected) tend to

be more aggressive and display more withdrawal behaviors in peer interactions (Critenden, 1995). They are less likely to show sadness or concern. They have also been shown to have problems in self-understanding, self-esteem and self-efficacy. They are not as able as their counterparts to talk about their emotions.

Hughes (1999) does an excellent job when he describes the symptoms of being maltreated or placed with multiple caregivers.

The development sequence that characterizes a secure attachment contrasts significantly with that of a child who experiences chronic neglect, abuse and placement with multiple caregivers. Often, the maltreated child does not discover that he is special, does not learn the joy and interest that is elicited from experiences of shared affect with his mother; and does not feel affirmed, identified, or important. Instead, he increasingly feels isolation and sadness and may eventually feel despair and that there is little to live for. (p.548)

According to Hughes (1999), the experience described above sets up a great need for the child to look out for himself as he has been taught that he cannot trust the parent to meet his needs. He goes on to describe how the child then turns to negative behaviors to get his needs met and how shameful these children feel due to parental rejection.

Eventually, the child discovers options that may help get his needs met – screaming at, charming, or manipulating others to somehow “make” them do things for him, or finding ways to get what he needs on his own. The maltreated child is also shamed constantly, first with non-verbal messages that his parents have little interest in him, and then by rejection when he begins to be mobile and to elicit his parents’ rage. He withdraws into fantasy and/or obsessive plotting about controlling the future, and places the source of his pain outside himself, assuming a “tough guy” attitude and/or that of an “innocent victim”. (p.548)

Finally, he describes what happens when a child with this background is adopted.

When a child with this background is invited into an adoptive family and offered the opportunity to have a positive reciprocal relationship with someone who wants to meet his needs, he is likely to be confused and frightened. The child rejects the affection and playful interactions that are

offered because he feels vulnerable and has no confidence they will last. He also rejects routine socialization and discipline because he associates discipline with feelings of intense shame. (p.549)

As one can begin to see the process of attaching to a new family has an extra layer of complication due to the history of maltreatment in these children. So, is there hope for the child who has been maltreated? Can they trust enough to form an attachment to someone new and what is the process by which attachment is formed? These are the very questions that this study sheds some light on.

#### *Neurobiology of Trauma*

Some research (Henry, Sloane & Black-Pond, 2007; Perry, 2002, Weiss, 2007) indicates that abuse or neglect actually change the chemistry of the brain and the way it functions. Most of these researchers have a background in medicine and are making links between trauma, brain functions and attachment. According to Weiss “there is growing evidence that traumatic experiences may change the brain and the ways in which it responds to subsequent stressors” (p. 114). These abnormalities in the brain caused by both trauma and prenatal alcohol exposure have a significant impact on “core developmental processes” including personality formation, social conduct and capacity for relationships (attachment) (Henry, Sloane & Black-Pond, 2007; Perry, 2002). One area of the brain that is affected by trauma is the Central Nervous System. This system is reported to control attachment (Henry, et al.).

Perry reports that, “While not usually framed in the context of developmental neglect, attachment problems in children often are the result of mistimed, abnormal or absent caregiving interactions” (p. 94). He goes on to state that caregivers “... create a set of specific sensory stimuli which are translated into specific neural activations in

areas of the developing brain destined to become responsible for socio-emotional communication and bonding” (p. 95). This function is absent or mistimed in neglectful or abusive families and therefore appears to cause the abnormal brain development, which in turn affect the child’s ability to attach. It is interesting that medicine has demonstrated that the phenomenon of attachment is not just psychological, but that it has biological roots just as Bowlby postulated. It is important to consider the neurobiological affect of trauma on the population of special needs adoptees. Since it is postulated here that trauma actually changes the way the brain functions, it would follow that if the brain functions have been impacted then the ability to form new attachments could be influenced not only by the environment, but also biologically. It is imperative to keep this in mind when looking at the population that is the focus of this study - special needs adoptees.

#### *Adult Attachment*

A logical extension of the work of Bowlby and others has been in the area of adult attachment. Research and theory in this area has two branches. One branch is more focused on parenting and uses a narrative approach and the second branch is more interested in romantic relationships and tends to use questionnaires (Bartholomew & Shaver, 1998). Although the two branches take different approaches, they both examine adult attachment albeit different aspects of the same phenomenon.

Main and her followers (Main & Cassidy, 1998; Main & Hesse, 1990; Main, Kaplan and Cassidy, 1985; Main & Soloman 1986; 1990) would be part of the first branch and Hazan & Shaver and their followers would be part of the second branch. The study of adult attachment is important because we have found that we can predict a

child's attachment based on the parents' attachment style. (Simpson & Rholes, 1998; Sperling & Berman, 1994). Research in this area has expanded on the identification and classification of attachment in childhood.

Adult attachment researchers have developed the "Life Span Model", which looks at the ways in which attachment is constant and flexible throughout adulthood. The idea of adult attachment has been related to the ways in which adults select romantic partners, career selection, substance abuse and sexual addictions. There has been investigation into how attachment operates in friendships and with co-workers. However, the area of most interest in this study is the work related to parent – child attachment.

Many measures have been developed by each of the branches of study, discussed above, including narrative type measures such as the Adult Attachment Interview (AAI), which was developed to assess the internal representations of the interviewee and shorter self report measures such as the Attachment History Questionnaire (AHQ), Inventory of Parent and Peer Attachment (IPPA), Attachment Style Questionnaire (ASQ) and the Experiences in Close Relationships (ECR). The self-report measure that was selected for this project is the ASQ. This measure and rationale will be discussed in the Methodology section of the proposal.

#### *Attachment and Adoption Research*

There is a wealth of research on attachment, some of which focuses on the development of attachment, attachment therapy and instruments to measure attachment (Lyons-Ruth, et al, 2009; Riley, Atlas-Corbett & Lyons-Ruth, 2005). Some research also focuses on high-risk groups, adoptees, foster children, substance abusers and sex addicts (Kobak, Zajak & Smith, 2009; Lee & Hankin, 2009; Sroufe, 2005). There is also an

abundance of research comparing special needs adoptions with non-adopted children in the area of mental health outcomes and adoption disruptions and dissolutions (Barth, 1989; Dance, 2005; Fonagy, 2001a; Groze, 1986). In addition, some studies continue to look at the impact of abuse or maltreatment and the effect on attachment, pointing to a relationship between poor attachment and psychopathology (Becker-Weidman, 2006; Crittenden, 1995). However, there are those that argue that attachment classifications have been used inappropriately to predict mental health outcomes. Instead attachment should be seen as one of many factors that can indicate risk. (Rutter, et al, 2009; Yirmiya, 2009; Spangler, et al, 2009).

There is limited research on the development of attachment in families who have adopted children from the foster care system (special needs adoption). Some of the most relevant research will be reviewed here to orient the reader to the current state of affairs.

#### *The Minnesota Mother-Child Interaction Project*

The Minnesota Mother-Child Interaction Project, is one of the first longitudinal and most widely known studies of maltreated children and their parents. This study began in 1975 and has continued to collect data on attachment related factors to the present. The sample for this study consists of 267 first-time mothers in their third trimester of pregnancy through the Minneapolis Public Health Department and Hennepin County Medical Center. These mothers were selected because of their high risk status (low income, single parents). The mother's were evaluated on many characteristics such as life circumstances, parental expectations, and prenatal care.

The researchers began to assess the mother – child dyad after the birth of the child. During infancy, assessments were made of parental behavior, children's



temperament, and observations of parent-child interactions were carried out at birth (days 1-3), at 3 mos., 6 mos. (twice), and 12 (twice) mos. Afterwards, assessments were conducted every 6 months until age 2 ½ years., then yearly through the 3rd grade, three times between 9 years. and 13 years., and at ages 16, 17 ½, 19 , 23, 26, and 28 years.

In early adulthood the assessments turned to measuring adaptation. Currently with the ‘child’ sample at age 32, the study is assessing competence in adult roles such as close relationships, parenting, work roles, and balance between work and family roles. The goal of the project is to identify links between adult adaptation and earlier assessments from infancy forward and to identify factors that account for stability and change across development.

The Minnesota Mother-Child Interaction Project continues to produce current data related to the adjustment of high-risk children, the effects of maltreatment and the protective factors associated with attachment. All of the children who were initially studied are now adults, which allowed the project to supply a wealth of data about the characteristics of mothers and child outcomes that informs attachment theory. Some of the findings from this study point to the impact of maltreatment on the child’s attachment resulting in poor child outcomes such as inability to express emotions, distorted views of social relationships, lack of empathy and poor communication.

In his most recent article reporting findings from this study Sroufe (2005) reports that his study has confirmed that the quality, nature and effectiveness of the infant – caregiver behavioral organization would predict the later development of the personality. He also found that attachment is the core by which all other experience is structured. Not

surprisingly, he and his colleagues report that secure attachment can be a protective factor against mental health issues and self-regulation.

The children (who are now adults) in the study who have secure attachments were identified as more socially competent, more adaptive and independent than their counterparts. He also found patterns associated with disorganized attachment and maltreatment such as later conduct disorder or self-injurious behaviors. Sroufe also points to the fact that attachment can change over time based on situation. This is an important fact to bear in mind when thinking about how these findings apply to the adoptive population. In summary, the findings support Bowlby's propositions about the primacy of attachment in personality development, self and other representations, interpersonal functioning and overall well-being. This study is truly the most comprehensive study of attachment available today.

#### *Adoption and Special Needs Adoption Research*

There are many studies on children who have been adopted both domestically and internationally. The findings tend to be mixed with some providing evidence for psychological, social and / or educational difficulties and other findings demonstrating overall well-being when compared to non-adopted groups. Most of the research on adoption tends to be concerned with how adopted children fair when compared to non-adopted counterparts.

In addition, there is an ongoing debate about a phenomenon referred to as "the adopted child's syndrome"<sup>1</sup>. The idea of this syndrome was put forth to describe the characteristic problems found in children who have been adopted such as increased acting

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<sup>1</sup> A controversial term that alleges a set of symptoms largely associated with children who have been adopted/separated from their parent(s) at an early age.

out, poor adjustment, emotional problems and poor academic achievement (Smith, 2001). It seems that one camp consistently produces research to support the differences while the other camp reports findings of similarities between adoptees and non-adopted populations. This debate is not the focus of this study, but it is important to keep this in mind when reviewing the current empirical literature.

Moffatt and Thoburn (2001) conducted a study to explore the outcomes of adoption for 254 British minority children who had been adopted between 1980 and 1985. They drew their data from a review of the files of these children 71% of whom were transracially adopted. They were looking at the success of the placements and defined success as “the placement not known to have broken down” across a range of variables such as child characteristics, parental characteristics, type of placement and age at placement. Based on this review of case files, one significant finding was that children placed during middle childhood were less successful. In other words, those placed in middle childhood were more likely to experience a break down of placement. Although this study has interesting findings, it lacks depth. It does not explore the specific factors related to the break down of the placement or take into account other significant factors such as attachment.

In a follow up to two longitudinal studies of 99 children who had been adopted between the ages of 5 – 11 years of age, Dance & Rushton (2005) found a significant relationship between emotional abuse and poorer placement outcomes. Of these 99 identified children, 15 were minorities (all with mixed parentage) and the average age was 7 years at placement.

They asked parents to describe problems associated with managing the children and the level of attachment they perceived from the child. They conducted a six-year follow up in which they asked the parents open-ended questions about their current view of the child's progress, the experience with placement, current needs and use of support services.

They found that children with emotional abuse histories had poorer outcomes than those with other types of abuse. Length in care, number of moves and returns home also were associated with poorer outcome. They also found that the parent's perception of the child's level of attachment showed the highest correlations with outcome. Therefore, if the parents perceived that the child had a high level of attachment, this would indicate a better outcome for the child.

This study shows a relationship between what the parent perceives as the child's level of attachment and outcome of the adoption. However, it does not go deeper to understand the ways in which attachment was formed or what the parents did to foster attachment.

Becker-Weidman (2006) reports that "approximately 2% of the population is adopted and between 50% to 80% of such children have attachment disorder symptoms" (p. 148), many of these children have issues with aggression or violence and are at risk for developing psychological problems and/or personality disorders in adulthood. These statistics are dismal, so the question arises – can adoption be protective or reverse the effects of early maltreatment?

van den Dries, Juffer, van IZendoorn and Bakermans-Kranenburg (2009) would say yes. They did a meta-analysis of attachment in adopted children using the data from

31 studies that compared the attachment relationships of adoptees compared to non-adopted counterparts, and the data from 11 studies that similarly compared attachment in foster children compared to non-fostered children.

They found that overall, adopted children were as securely attached as their non-adopted counterparts. Those who were adopted after age 1 year, had significantly lower levels of attachment security, but were still securely attached. They do note that the effects of the meta-analysis were lowered when they added in the results of studies that used self-report measures. They felt like this suggested that self-report measures are not as sensitive as observational measures.

This study like most others continues to look at an area of adoption that seems to have been over studied, instead of shedding new light on the phenomenon of attachment in adoptions.

According to Rosenthal (1993), special needs adoptions as we know them today began to evolve in the 1970's. This evolution was in part due to studies that demonstrate that the impact of childhood trauma could be reversible and that adoption was more advantageous than long-term foster care (Triseliotis, 2001). Over a decade of research on the outcomes of special needs adoptions supports the findings that children who are adopted have better outcomes than those who remain in foster care, but also recognizes that adoption is not a cure all.

Reilly and Platz (2003) surveyed 249 special needs adoptive families to determine the predictive value of child characteristics, parental characteristics and agency practices for the adoptive experience. These authors found that the longer a child is in an adoptive home, the number of behavioral problems increase.

They also found a positive correlation between sibling group adoption and number of behavioral problems. In the area of parenting, they found that 87% of the adoptive families expressed attitudes consistent with good parenting, 77% responded that the quality of their relationship with their child was good to excellent, 66% reported that the overall impact of the adoption on the family was positive and almost half 49% reported that the impact of the adoption on their marriage was mostly positive. The researchers drew the conclusion that the parents in their study overall reported good outcomes and satisfaction with the adoption experience. Some limitations include the fact that the measures were all self-report and the agency involved with these families was the public welfare system. Therefore, the results could be lowered by the fact that self report measure tend to be less reliable and may not be generalizable to those who adopted outside the public welfare system.

#### *Parental Attachment*

The development of child attachment classifications has led to the study of adult attachments. It is believed that attachment styles formed in childhood remain the same through adulthood and influence the type of attachment that is formed with offspring in addition to the mate we choose. Studies of adult attachment include those on attachment styles in adulthood, romantic relationships, substance abuse and psychological well-being (Shear & Shair, 2005). Most of these studies have had similar results to those on infancy and childhood that show adults with secure attachments fare better. “Individuals with stable secure attachments have been repeatedly shown to be psychologically healthy and resilient” (p. 257). However, the area of adult attachment that is most significant to the present study is that which is concerned with parental attachment.

Main and Cassidy (1988) report, “a birth mother’s attachment classification before the birth of her child can predict with 80% accuracy her child’s attachment classification at 6 years of age”. In addition, other research suggests that a foster mother’s attachment classification can impact the attachment of the child she is parenting. With the foster child’s attachment becoming similar to that of the foster mother after 3 months in placement. (Dozier, Stovall, Albus and Bates, 2001).

In another study on adjustment of adopted children, Priel, Melamed-Hass, Besser and Kantor (2000) explore the role of maternal self-reflectiveness. These researchers used a sample of adoptive white (50) and non-adoptive (80) mothers of children aged 8-12, to explore the effects of parental self-reflective function on the adoptive child’s perceived adjustment. They used the Child Behavior Checklist (CBCL) to assess child adjustment and a measure developed by the researchers to measure parental self-reflectiveness. They compared the results from the adoptive and non-adoptive groups and found significant differences in self-reflectiveness between groups; specifically the non-adoptive mothers were more self-reflective than the adoptive. However, even in the adoptive group, the mothers who were most self-reflective reported better child adjustment than those mothers who were not as self-reflective. In addition, they found that mothers of adopted children rated their children lower on academic achievement, social competence and higher on externalizing and internalizing behaviors. Although, these results provide us with more insight into adoptive mother’s ability to self-reflect, it is also limiting because of the inability to generalize to other populations.

Another study on the role of parent’s perceptions is The Attachment Representations and Adoption Outcome Study conducted by Steele, Kaniuk and Hodges

(2009). This study examined “attachment relationships in adoptive families with previously maltreated children” (p. 1). This study used a sample of 61 child and parent dyads. These children were placed between the ages of 4 and 8 years. The goal of the study was to look at adoptive parent’s perceptions of their own childhoods and relationships, the parent’s representations of their child and themselves as a parent and the narratives of maltreated children in adoptive placements.

They used three standardized measures 1). The Adult Attachment Interview (AAI) (Main, Kaplan & Cassidy, 1985), 2). The Story Stem Assessment Profile (SSAP) (Hodges, Steele, Hillman & Henderson, 2003), and 3). The Parent Development Interview (PDI). The AAI is used to establish the parent’s state of mind with regard to attachment, the SSAP is used to assess the child’s expectations of attachment figures and the PDI assesses the parent’s perceptions of their relationship with the child. The AAI was administered just before placement of the adoptive child; the SSAP and PDI were both administered at three points (shortly after placement, one year later and two years later).

The most interesting findings were that there was an increase in positive attachment themes from initial placement to two years post placement. Not only did the children’s attachment become more secure (if the mother’s was secure), but also negative themes (such as aggression) decreased over time. However, this was not true in adoptive families with insecure patterns of attachment. Those families with secure styles also reported more satisfaction with their role and with the adoption. These results point to the fact that although adoption can be protective, there also needs to be an awareness and emphasis on attachment in prospective adoptive families.



Some problems with this study were that there is no information about race or type of adoptive placements used. Although, this study does suggest that being securely attached fosters a child's attachment, it does not go far enough to discover ways in which the families fostered the development of attachment

Overall, the vast majority of the studies reviewed here looked at outcomes in terms of level of attachment or compared the level of attachment between groups. However, a few took a deeper look at the factors that have an impact on attachment to gain a deeper understanding of what is in operation. My study helps fill a gap in our current knowledge by identifying the ways in which attachment is formed and to compare attachment across several significant factors.

#### *Forming attachment in special needs adoptions*

There have not been any studies of the processes by which adoptive families form an attachment. However, attachment theory and research on attachment gives some clues about what needs to take place to build the capacity for attachment. Watson (1997) outlines his theory about how to assess the capacity for attachment:

Assessing the capacity is based on three things: (1) the history of the child's care taking experiences during the first three years; (2) the child's developmental level, with particular attention to the capacity for interpersonal engagement, the level of trust and regressive behavior which suggest earlier unmet needs; and (3) direct observation, both of the nature and the appropriateness of the child's relationship with a significant current caretaker and any reaction to separation from this caretaker (p. 167).

He goes on to describe a similar assessment procedure to evaluate a parent's capacity for attachment. My study is guided by this theory as this under researched phenomenon is investigated.

### *Discussion*

Although some of the studies reviewed here include some special needs populations and have positive results (secure attachments), none of the available studies examined the process by which these families were able to develop a secure attachment with their special needs adoptee. Looking to attachment theory, which suggests that attachment is formed by everyday activities in which trust is built one might speculate that these families were able to form secure attachment by being reliable, trustworthy, etc. However, one has to wonder about all of those “lost” moments during infancy when needs were not met. One might wonder how these adoptive families describe their experiences with attachment formation. How do they feel about their attachment and how do they talk about it? This represents a gap in our present knowledge about attachment processes. One could use theory to speculate, but the most interesting information will come directly from these families. It is my hope that some of these questions will be answered through my research.

### CHAPTER III

#### METHODOLOGY

This chapter describes the methods used to design the study; recruit and select sample members, collect data and analyze it. I had the great fortune to become involved with a large national study of adoptive families focused on barriers and success factors in special needs adoptions. This study took place at The Center for Social Work Research at the University of Texas at Austin. The principal investigator Ruth G. McRoy, Ph.D., allowed me to develop an interview protocol that focused on attachment that was added to the larger protocol for the project. The narrative data that were collected from these interviews supplied the data for this dissertation project. The data already collected, has not been previously analyzed.

#### *Description of Project Design*

Ruth G. McRoy, Ph.D., principal investigator, at the University of Texas Center for Social Work Research, headed the AdoptUSKids project. The project was funded by the U.S. Children's Bureau for a total of four years and had two research goals: (1). To identify barriers to completion of the adoption process and (2). To identify those components that led to favorable long-term outcomes for families that adopted children with special needs. The first project goal involved a nationwide purposive sample of 300 families from public and private agencies who were seeking to adopt children with special needs from the public child welfare system who were followed from initial inquiry through placement. Interview and survey data were collected and analyzed to assess reasons why families did or did not follow through with a placement. Agency staff was surveyed to assess their opinions regarding barriers and suggestions for change

(Study 1). The second goal of the AdoptUSKids project involved a 4-5 year prospective examination of a nationwide sample of 150 families who have adopted children with special needs (Study 2). It is this part of the study that included the data collected for my dissertation.

My part of the project located in Study 2 involved interviewing 161 families who adopted children with special needs. Data collection for this part of the study ended in February 2007. My project design is mixed methods and is cross-sectional as it looks at these families at one point in time. It is mixed methods in nature because it is both qualitative and quantitative. The qualitative part includes the interviews with the families and the quantitative parts include the demographic data and the standardized Attachment Style Questionnaire (Feeney & Noller, 1994). This study is also relational in nature as it strives to use “deductive methods of inquiry with a logical hypothesis about the phenomenon and the study methods are predetermined” (Anastas, 1999, p. 149).

### *Sample*

The nationwide purposive sample for this project includes 161 families who adopted children with special needs. Specific selection criteria included families who adopted at least one child 18 months to 5 years prior to participating in the study and who were currently parenting this child. Particular attention was placed on including families with the following child characteristics: adopted older, larger sibling groups, those with sexual abuse or physical abuse histories or who had been in the system a long time. These specific child characteristics were selected in order to glean information about how these families are doing with the task of raising the adopted child. These families were representative of those who worked with both public and private agencies. As shown in

Table 2 the majority of sample members adopted the focus child before the age of 10. A little over half these adopted children were white males in elementary or middle school. At least a third were diagnosed with ADHS/ADD.

Table 2 Focus child demographics (N = 159)

Demographic Characteristic	Percentage
Age at Placement (Range from 0-17 years)	
Placed before the age of 10	89%
Gender	
Male	55%
Female	45%
Current Grade	
Elementary School	42%
Middle School	34%
High School and Beyond	20%
Missing	3%
Race	
Caucasian	50%
African American	19%
Hispanic	19%
American Indian	3%
Other/Biracial	16%
Special Needs	
ADHD/ADD	38%
PTSD	10%
Bipolar	6%
Attachment Disorder	14%
Learning Disabled	13%
Fetal Alcohol Affects	7%
MR or Borderline	3%
ODD	8%
OCD	3%
Depression	4%
Pervasive Developmental Disorder	4%
Anger Issues	3%
Anxiety	3%
Conduct Disorder	2%
Medical Issues	11%
Transracial Adoptions <sup>2</sup>	34%

\*The parent characteristics will be presented in the findings chapter.

<sup>2</sup> 50% of the transracial adoptions were Caucasian families adopting African American children.

The analysis for this dissertation is based on the entire sample of 161 families from the larger project.

### *Recruitment*

Families were identified by both public and private agencies. This was a non-randomized sample that was selected based on the specific child criteria described above. Project staff contacted agency workers to describe the study and ask for participation. Once the agency agreed to participate, agency staff was asked to select families for participation in the project. Once identified, the names of the families were given to project staff who contacted the families to gain consent. The IRB approved consent forms were mailed out to the families. They were asked to sign and return the form acknowledging consent to participate in the study. Once the consent forms were received a questionnaire booklet was sent to each family by mail. One parent in the couple or the single parent of the adopted child completed the questionnaire, which contained the self-report measures described below.

Once the questionnaire was received it was reviewed by project staff who determined a “focus” child. This was the child that the interview was focused on and was selected because they met the criteria for diversity such as race, older age at adoption, member of a large sibling group and mental health issues. Subsequent interview questions were then “focused” on this child’s adoption and the parent’s experiences with this particular child. After a “focus” child was selected, an interview was scheduled with the family.

### *Data collection*

Data were collected through a questionnaire with the standardized measures and telephone interviews. (Refer to appendix B for the interview guide) The parents in study two were asked to complete a demographic information form and a questionnaire booklet that included standardized instruments including the Adult-Child Parenting Inventory-2 Inappropriate Expectations Subscale (Bavolek & Keene, 1999); Child Behavior Checklist (Achenbach & Edelbrock, 1983); ENRICH Marital Satisfaction Scale (Fowers & Olson, 1993); Parenting Stress Inventory (Abidin, 1986); Reilly and Platz Questionnaire (Reilly & Platz, 2003); and the Attachment Style Questionnaire (Feeney & Noller, 1994). Following the completion of the questionnaire booklet one hundred and sixty-one telephone interviews (N=161) lasting on average for two hours were conducted over the four-year time span of the project.

All interviews were audio-recorded and verbal consent was obtained before recording began. These interviews were conducted by key project staff, including myself, each of whom received standardized training that was conducted by a key project staff member. Therefore there were multiple interviewers in this project. These families were then given follow up surveys at 1 and 2 years post interview.

My part of this project included the Attachment Style Questionnaire (included with the standardized measures) and eight open-ended questions designed to gather narrative data related to the attachment experiences of the adoptive families.

The ASQ was developed by Feeney & Noller (1994) to measure multiple dimensions of attachment in adolescents and adults. It is a 40-item scale and uses a Likert scale for responses. This scale measures attachment behavior and was not

designed to categorize individual attachment styles. However, the dimensions of attachment that it does measure are related to attachment categories. The measure was tested on two Australian samples that consisted of 470 first and second year male and female university students and 248 eighth grade boys and girls (ages 12-13 years). Reliability was reported between the .70 and .80 alpha level for each of the five sub-scales. In addition, the authors report that they examined validity of the instrument through comparisons with measures of attachment, personality variable and measures of family functioning.

The ASQ was selected by the research team because of its ease of use and because it was a self-report measure. However, the measure was modified with the author's permission due to the length of the original (40 items) scale. The sub-scales that were evaluated by the team as most salient to parent attachment were selected, so that the modified version used in the study had a total of 17 items. The subscales that were eliminated from the measure include the relationships as secondary, preoccupation with relationships and confidence relating to others. The subscales that were maintained were the need for approval and discomfort with closeness. (Refer to appendix C)

The 8 open-ended questions were designed by this researcher to elicit information about level of attachment and to identify factors that the parent's identified as significant in developing the level of attachment that they achieved. The questions were included in the pilot test of the interview schedule for the larger study. The questions asked the parents to rate their level of attachment to the identified child and to rate the child's perceived level of attachment. It also asked what they did to foster the attachment relationship and what were their pre-adoptive expectations related to attachment, such as



“what is your level of attachment to *the focus child*?” and “*is this level of attachment what you expected?*” The development of these questions was informed by attachment theory and prior research in this area. My specific questions related to attachment were included as part of the larger interview. (Refer to appendix D)

These 2 hour interviews at times took place over two telephone sessions. My role in the project consisted of conducting interviews of families and various other duties as assigned. Therefore, I did some of the data collection, but there were also other interviewers. It is important to note that the use of multiple interviewers reduces researcher bias and serves as a form of triangulation.

#### *Data analysis*

The larger project compared findings at 3 points in time to assess the factors leading to favorable long-term outcomes for families who adopted children with special needs.

In this dissertation, the ASQ results will be reported using descriptive statistics. Because the ASQ was not used in its entirety, the reliability of the modified version will dictate my ability to use statistics. In addition, the results of the ASQ will be compared to the other factors of interest such as age at adoption to see how these combine to affect attachment.

The narrative data from the telephone interviews that specifically focused on the eight attachment interview questions were transcribed and double coded to ensure accuracy of the code using theme and content analysis. All of the transcripts were read entirely by both coders to identify whether attachment comes up in other parts of the interview and in what ways. The codes were developed using a subset of the population

to include those that represent younger adoptions, older adoptions and varying types of adoption. This subset consisted of 25% of the participants.

For each question, the participants own words were used to identify or label each participant answer. Once this was done for each participant, then themes were developed using the content. Therefore, the words of the participants were grouped into themes developed by the researcher to represent meaning. This allowed content to be grouped into major themes. Once major themes were identified, codes were developed to represent the major themes. A second coder then used the codes to categorize the responses and to determine accuracy. Any themes that were not agreed upon were modified. This procedure of coding was then applied to the entire sample. In addition, this process allowed the qualitative data to be reduced to quantitative data at the nominal or ordinal level for analysis. The narrative is reported using quotes to highlight significant findings. Then the responses are categorized into groups corresponding to the following hypothesis.

Hypothesis I: Families will rate children who were adopted at a younger age (under 10) with higher levels of attachment than those adopted older (10 and older). Since the independent variable is the age at adoption (dichotomized into nominal level) and the dependent variable is the attachment rating (ordinal) the Pearson Chi Square test for independence was used to test the hypothesis. This hypothesis was developed because some of the literature indicates that the younger a child is adopted, the more likely a secure attachment will be developed with the new family. However, most of these samples are mixed to include children who have been adopted privately, internationally and from the child welfare system. I felt that it would be interesting to

examine whether this holds true for a sample consisting only of children adopted from the child welfare system.

Hypothesis II: Relative or foster family adoptions will report higher levels of attachment than stranger adoptions. The responses were grouped into those adopted by relatives and those adopted by foster families and the Pearson Chi Square test for independence was used to test the hypothesis. There are no parametric alternatives for relationships in which both the independent and dependent variables are nominal level. This hypothesis was developed to test common wisdom that would suggest that a child would develop a more secure attachment with someone already known to them.

Hypothesis III: Families will report higher levels of attachment with children who have been physically abused than with children who have been neglected. The responses were grouped into those physically abused and those neglected and the most appropriate statistical test was the Pearson Chi Square test for independence. There are no parametric alternatives for relationships in which both the independent and dependent variables are nominal level. This hypothesis was developed based on attachment theory and research that suggests neglect has more of an impact on attachment than abuse.

#### *Data storage*

Data are protected by the fact that all families were assigned a number and there are no names on any of the interviews. All computers used to store data and/or used for data analysis are password protected. The questionnaires, interviews, transcriptions, disks and any written correspondence that contain identifiable information has been stored in a locked cabinet according to Federal guidelines and will be retained for at least 3 years or until the data are no longer needed.

*Institutional Review Board*

This study currently has IRB approval from the IRB at the University of Texas for the period from 2/26/2009 to 2/25/2010 (see appendix A). This approval has been updated on an annual basis.

## CHAPTER IV

### FINDINGS

The findings from the analysis of statistical data and a qualitative analysis of narrative data are provided in this chapter. The chapter begins with a description of the characteristics of the sample of adoptive parents to give a sense of who these families are. Next the results of the Attachment Style Questionnaire (ASQ) are described, followed by the findings from the open ended questions on attachment including whether the hypotheses were supported by statistical tests of quantitative data. This section will include illustrative quotes to highlight the statistical findings. The following section will describe additional interesting findings, including those findings related to the research question and those that the researcher found interesting. Finally, the last section will give a summary of the most significant findings.

#### *Adoptive Parent Characteristics*

The sample consisted of 161 families all of whom adopted children from the foster care system. Equal percentages of private (43%) and state (57%) adoptions were represented among the sample members. Adoptive parents ranged in age from 30 years of age to 70 years of age at the time of the study with an average age of 46 years. In addition, the income of the sample ranged from \$1,300 / year at the low end to \$160,000 / year at the high end with an average income of \$64,000. Table 3 summarizes additional characteristics of the sampled adoptive parents such as race, educational level and type of family. The majority (56%) of families in the sample had some college or were college graduates and approximately 26% had completed graduate school. The majority (64%) of the families were married heterosexual couples and Caucasian (80%).

Table 3 Parent Demographics (n = 161)

Demographic Characteristic	Percentage
<b>Age</b>	
30-40 years	30%
41-50 years	38%
51-60 years	27%
61-70 years	5%
<b>Income</b>	
\$0-\$30,000	24%
\$30,001-\$60,000	32%
\$60,001-\$90,000	23%
\$90,001-\$120,000	14%
\$120,001-\$150,000	5%
\$150,001-\$180,000	2%
<b>Education level</b>	
High School or Below	8%
Technical / Vocational	7%
Some College or College Graduate	56%
Graduate School	26%
<b>Type of family structure</b>	
Married Heterosexual	64%
Single Female	29%
Single Male	3%
Non married Heterosexual	1.8%
Same Sex (1 female, 1 male)	1%
<b>Race</b>	
Caucasian	80%
African American	10%
Hispanic	5%
Other/Biracial	5%

These data seem to show that the typical adoptive family was a married heterosexual Caucasian, college educated, family with the average age of 46 years of age and an average income of \$62,000 who adopted a white male child in elementary school (Demographic data on the focus child was reported in the methodology chapter).

Approximately 57% of the focus children had an abuse history (physical, sexual or emotional) and 68% of the focus children had a neglect history (physical or medical), while many had experienced both. The children that were the focus of this study ranged

in age from 0-17 years with 89% being placed before the age of 10 years. 55% of the focus children were male and the majority (42%) were in elementary school when placed.

During data analysis it was noted that one case was consistently missing from one of the data sets, so all of the data sets were reduced to 160 using a case wise procedure to ensure that data were used only from the same consistent participants for each of the tested hypotheses.

#### *Attachment Style Questionnaire*

The ASQ was used as a measure of attachment behaviors and the sub-scales were administered to the adoptive parents in the packet of questionnaires described in the methodology section. The ASQ was modified with the author's permission due to the length of the original (40 items) scale. The sub scales that were evaluated by the team as most salient to parent attachment were selected, so that the modified version used in the study had a total of 17 items. The subscales that were eliminated from the measure include the relationships as secondary, preoccupation with relationships and confidence relating to others. The subscales that were maintained were the need for approval and discomfort with closeness. (Refer to appendix C) The Alpha of the ASQ was .998, which is high enough to consider the modified version of the ASQ as reliable. ANOVA was used to test the ASQ with other variables such as age at adoption, type of abuse, level of attachment and type of adoption, number of moves and parent's age, but only two were found to be statistically significant. Age of parent  $F=13.622$  (17),  $p=00.00$  and age at adoption  $F=1.643$  (17),  $p=.0463$ .

Table 4 Comparisons of Demographic Variables on ASQ

	F	df	p	mean
Age at Adoption	1.643	17	.0463	6.5
Type of Abuse	.0949	16	1.00	2.66
Level of Attachment	.085	17	.6325	5
Type of Adoption	.1267	12	.999	2.66
Number of placements	.603	17	.8919	6.6
Age of Parent	13.622	17	00.00	45.8
Prior Parenting	.1496	16	1.000	1.2

Statistically significant differences were found in the ASQ scores by the age of parent and age at adoption. These results indicate that the mean ASQ score (3.9) was higher among older parents (50 or older) than among younger parents (2.1). In addition, differences in ASQ also varied by the age of the child at adoption. The ASQ mean score for parents of children adopted younger than 9 years of age was 3.1 while the mean score for parents of children adopted at 9 years of age or older was 2.2. These findings seem to suggest that older parents are more likely to endorse “slightly agreeing” with items that indicate attachment behaviors that are associated with less secure styles of attachment. In addition, these findings seem to suggest that parents of younger children are more likely to endorse “slightly agreeing” with the same type of items that are associated with less secure attachment styles. It is unclear why this relationship is present, but it may be due to the developmental stage of the parent or focus child. In addition, it is important to note that there was 5% of the sample that was between the ages of 61-70 and this could have skewed the mean score for the ASQ.

In addition, the modified ASQ did reveal that the adoptive parents in this sample had attachment behaviors that were slightly more associated with secure styles of



attachment. This can be seen in their responses to the following items that specifically relate to closeness and the need for approval from others.

Table 5 ASQ items (n = 161)

<u>ASQ item</u>	<u>Percentage</u>	<u>Agree</u>
15. Sometimes I think I am no good at all	73% disagree	27% agree
13. I find it hard to make a decision unless I know what other people think.	56% disagree	44% agree
16. I find it hard to trust other people.	52% disagree	48% agree
23. I worry about people getting too close.	66% disagree	34% agree
24. I worry that I won't measure up to other people.	57% disagree	43% agree
25. I have mixed feelings about being close to others.	53% disagree	47% agree
26. While I want to get close to others, I feel uneasy about it.	59% disagree	41% agree
27. I wonder why people would want to be involved with me.	74% disagree	26% agree
35. When I talk over my problems with others, I generally feel ashamed or foolish.	60% disagree	40% agree

These findings indicate that the slight majority of adoptive parents in this study did not have trouble with closeness nor did they have a need for approval both factors associated with secure attachment styles. However, it is important to note that about 40% of the sample did indicate having some mixed feelings or trouble getting close to others. As a result, it seems that no definite statements regarding the attachment behaviors of the sample can be made. In addition, the ASQ was not designed to categorize attachment, so this limits the ability to infer attachment styles.

### *Findings*

The first hypothesis posited in this study states that families will rate children who were adopted at a younger age (under 9) with higher levels of attachment than those adopted at an older (9 and older) age. The attachment level was determined through the open-ended questions that asked the adoptive parent to rate their level of attachment. The narrative data were then coded with themes to represent the responses and the codes were as follows: “very attached, attached, somewhat attached or not attached”.

Overall a larger percentage of children were adopted at a younger age with a mean age of 4.8 years (54%) than those adopted over the age of nine with a mean age of 10.3 (45%). Pearson Chi Square test for independence was used to test the hypothesis because age of the focus child was nominal and attachment level was an ordinal measure. Age of focus child was coded as 1=younger child under 9 and 2= older child (9 or older). The relationship between the age of the focus child and level of adoptive parent attachment was found to be statistically significant. As noted in table 4 attachment levels of adoptive parents were higher for those families who adopted younger children than those of parents adopting an older child (Pearson Chi Square (3) = 12.51, p. = .006).

**Comment [SS1]:** Insert the percentages that correspond with this statement

Table 6 Attachment level of adoptive parent (AP) and age group of focus child

		Age Group		Total
		1	2	
Attachment level of AP:	not attached	3	0	3
	somewhat attached	6	5	11
	attached	5	17	22
	very attached	71	49	120
Total		85	71	156

\* There were 4 cases in which data were missing.

The vast majority of families (76%) rated their attachment level as “very attached”.

Families described their level of attachment as:

Well, in a way, I almost feel like he’s a part of me. Naturally, in a way, I feel like he is mine. Naturally, it might not have been my womb that he came out of, but I feel like God was saving him for me for some reason.  
(stranger adoption)

And.....

Just like she’s my child. Like I gave birth to her. And if anybody tried to do anything towards her or hurt her just like with my children, I’d take up for her just like I would them.  
(foster adoption)

However, not all families found themselves to be very attached. Approximately 5 percent of families described the attachment level as somewhat to not attached.

Probably not attached or bonded as I am to \_\_\_\_\_ or my biological son because he doesn't live here all the time and he is a little harder to attach to. Part of that may be in him, a wall that he puts up. He's not living here, either. Um, but as far as my son, he is my son so I say somewhat, moderately.  
(stranger adoption)

Another parent described their lack of attachment as:

I don't feel very attached to \_\_\_\_\_ I think if somebody said, "hey we found another home for her" I'd probably say "yes thank you."  
You want the truth here right?  
(foster adoption)

The second hypothesis posited that relative or foster family adoptions will report higher levels of attachment than stranger adoptions. Pearson Chi Square test for independence was used to test the hypothesis since both variables were nominally measured. The responses were grouped into those focus children adopted by relatives or foster families and those adopted by strangers. Almost twice as many stranger adoptions (n = 100) occurred than foster / relative adoptions (n = 56) in the sample. Unfortunately, the type of adoption was not found to be statistically significantly different when adoptions are grouped in this manner (Pearson Chi Square (3) = 1.977, p. = .577). Although, the figures represented in table 5 appear to indicate that stranger adoptions were more attached than foster / relative adoptions, one has to bear in mind that there is a difference in group size and this influences the statistical significance of the relationship.

Table 7 Attachment level of adoptive parent (AP) and type of adoption

		Type of Adoption		Total
		Stranger	Foster/Relative	
Attachment level of AP:	not attached	2	1	3
	somewhat attached	9	2	11
	attached	15	7	22
	very attached	74	46	120
Total		100	56	156

\* There were 4 cases in which data were missing.

The final hypothesis to be tested states that families will report higher levels of attachment with children who have been physically abused than with children who have been neglected. Pearson Chi Square test for independence was used to test the hypothesis. However, because most children suffered multiple types of abuse and/or neglect, type of abuse was grouped into two categories “child suffered abuse” (sexual, physical or emotional) and “child suffered neglect” (medical or physical). The results seem to show a statistically significant relationship between attachment level of an adoptive parent and abuse (Pearson Chi Square (3) = 13.537, p. = .004) and neglect history (Pearson Chi Square (3) = 7.676, p. = .053). Although both abuse and neglect were found to be statistically significant factors in the level of attachment of the adoptive parent, I was unable to make a direct comparison of the two types of abuse because many children fell into both categories.

Table 8 Attachment level of adoptive parent (AP) and abuse history

		Does FC have any abuse?		Total
		No	Yes	
Attachment level of AP:	not attached	2	1	3
	somewhat attached	0	11	11
	attached	6	16	22
	very attached	60	60	120
Total		68	88	156

- There were 4 cases in which data were missing.

Pearson Chi Square (3) = 13.537, p. = .004

Table 9 Attachment level of adoptive parent (AP) and neglect history

		Does FC have any neglect?		Total
		No	Yes	
Attachment level of AP:	not attached	0	3	3
	somewhat attached	0	11	11
	attached	6	16	22
	very attached	43	77	120
Total		49	107	156

- \* There were 4 cases in which data were missing.

Pearson Chi Square (3) = 7.676, p. = .053.

Many of the interviewed parents talked about how attached they were in spite of the difficulties they had experienced with the focus child:

I feel incredibly bonded and really love them – that’s what has gotten us through the difficult times. She went after me with a knife, has attacked me during her PTSD episodes – couldn’t have gotten through these without strong attachment.

And.....

I feel very attached to him. I mean I’ve had people say to me, well, why are you, why are you dealing with all his behavior problems, you know? As though there’s an option. And I, I don’t really see that there is an option. It’s, if it was their biological child would they say, well, why are, you know, if I said to them well why are you dealing with that, would sound absurd. So, I feel very attached.

Although the adoptive parents did not state that the difficulties they were experiencing were related to the abuse or neglect the child suffered, we know that these traumas do have an emotional, psychological and physical impact on the child’s development and ability to attach. One parent described their adopted child’s inability to attach as, “I think he’s as attached as he possibly could be to anyone. That, you know, I mean, I think he’s very attached to me. But, it’s still ambivalent attachment”. Another case where the attachment is lacking, “So I don’t, I don’t think her attachment to me is strong as it is to other people”. Finally, one parent sums up their attachment as, “Well I feel that I am more bonded to him than he is to me”.

#### *Other Interesting Findings*

The families were asked to describe how they were able to form the attachment that they had achieved with their adoptive child. The families listed activities that ranged from being there for the child, to providing for their needs, to having respect for the biological family. However, a whopping 55% endorsed building a relationship (getting

to know them/loving them) as the activity that most helped build the attachment level they achieved. Two other activities were cited frequently “it just happened naturally, automatic, it grew” (18%) and being there for child during rough times (14%). One participant described these activities in these terms:

Just by getting to know him, just by talking with him a lot, having fun with him. And I’ve—we have a belief that—I just believe that he’s just going to become somebody wonderful.

Another simply said, “It just happened, you know, because I love him. I don’t know if it was any one particular thing.” Still another participant reflected that, “I think probably the good times, those loving, caring, wonderful times, the attachment was formed so that we could get through the bad times.” Finally one participant referred back to her mother in describing how she formed an attachment with her adoptive child:

I had a really good mom. Yeah, she had good parenting skills, so after I listened to all my classes and stuff, I just said, aah, I’m just doing the way my mom did it.”

One parent describes how the rough times helped the attachment:

Oh, I think that’s –it’s probably because of all the challenges. It’s kinda like with marriage. And once you’ve been through the fire, then you’re like, oh, OK, well, if I made it through that, I can make it through anything.

Finally, one mother talks about the fact that she just would never give up on her son in spite of all of the rough times:

He knows that I will never give up. And he has said that, then he would say things like, almost as a complaint. My mother just won’t give up. It’s like, you know, she won’t stop. She won’t quit. She won’t let me be. She won’t go away. So I think he knows that. And I think that that provides a great deal of security for him even if he pretends not to like it.

Table 10 Activities reported by families

<u>Activities</u>	<u>Percentage %</u>
1. Being there for the child (going through rough times/ advocating/not allowing child to push parent away)	14%
2. Just happened naturally/automatic/it grew	18%
3. Building a relationship (getting to know them/loving them)	55%
4. Made up mind that it was going to happen/my persistence/ I decided to/my commitment	11%
5. Therapy/counseling	7%
6. Respected birth family bond	1%
7. Providing for child's needs (good home/provided structure)	8%
8. Child desired a mother/wanted to bond/wanted a family	3%

Interestingly, the activities most cited by the families support what the literature cites as important in the development of attachment between an infant and primary caregiver, usually the mother. However, there is little known from a theoretical or research basis about how older children form attachments within the context of a new parent-child relationship. The findings from this study suggest that just being there with the child, spending time with them, weathering the rough times and giving them love are also important factors in the re-organization of attachment in older children with new attachment figures.

Another interesting finding had to do with a question about whether or not the level of attachment was similar to what the parent had imagined. Over 40% of the sample of adoptive parents said that the level of attachment was as they expected it to be and 26% said that the level of attachment was more than they expected. Therefore a total of 70% had achieved or exceeded the level of attachment they expected with their adoptive child. Participants offered comments about what they imagined and the actual level that included the following:

No. It's much more. I never thought I could worry about someone, or care about someone as much as I care about her."

No. I didn't think it, I would feel that, I mean, I knew I would get attached but not like, you know, I don't know what I would do without her, you know.

However, there were some participants that were disappointed with the level of attachment because they expected it to be more than what they experienced, "You know, I, I really thought by now it would be more, and I still try to figure out why it's not. Is it, is it me? Is it the process? Is it, you know." Also another mother described her experience as:

I thought he would attach to me, cause he knew he had a mommy then, but that's not exactly what happened. And the respect that women should have. That, you know, that was a little, it's coming.

These findings are interesting when you place in them in context with research on pregnant women who form an attachment to the child before they are born or Mary Main's research on adult attachment.

#### *Summary*

Some of the most salient findings will be highlighted here. In this study the typical adoptive parent was married, heterosexual with a college education of average age and with an average income who adopted a male elementary school aged child. Although many of these families reported trouble with their adopted children, the vast majority (76%) rated their attachment to the focus child as "very attached". In addition, these families rated themselves as very attached in spite of the focus child's abuse history. The families revealed that the most important factor in developing attachment in this sample was "getting to know the child/loving them". Finally, the level of attachment



experienced by the adoptive parent either met or exceeded expectations. The importance of these findings will be discussed in the next chapter.

## CHAPTER V

### DISCUSSION

This study was designed to explore the experiences of adoptive parents in the development of attachment with their adopted child. This study gives a voice to adoptive parents and reports “in their own words” how attached they feel to their children, the factors that were important in developing this attachment and whether they reached the expected level of attachment. This study sheds some light into the process by which attachment is formed in adoptive families.

The question that this study was designed to answer is: How do families describe the process by which attachment is formed in successful special needs adoptions?

In this chapter the significant findings are placed into perspective by looking at the relationship to the current literature on the topic. There is also a discussion about how the findings could impact practice both in child welfare and clinical settings. Finally, the limitations of this study are highlighted and areas for future research are discussed.

#### *Key Findings*

Before addressing the key findings, it is important to note how the sample in this study compares to the “typical” special needs adoptive family. According to AFCARS (2010), over half of all foster care adoptions involved children over the age of five and were adopted into two parent households by a non related foster parent. The sample in the current study differed from the national average in that the majority (64%) of the adoptions were stranger adoptions. However, the current sample is similar in the area of family structure (65%) were also two parent households and the age of the child. Given

the fact that the current sample consists of mainly stranger adoptions when the typical foster care adoption is a foster parent adoption, is something to bear in mind when reading the following section on findings because the findings of this study may not represent the experiences of the “average” foster care adoption case and may not be generalizable to the larger population of foster care adoption.

#### *Level of Attachment*

As noted earlier, the vast majority (76%) of the adoptive families rated their level of attachment as “very attached”. It is important to note that the parent who was interviewed in this study was mainly the mother, which provided only one perspective of attachment. This finding is consistent with the findings of other studies that have suggested that 74% of the adopted population have secure attachment styles (Juffer & Rosenboon, 1997, Singer, L.M., Brodzinsky, D.M., Ramsay, D., Steir, M. & Waters, E. 1985). It is important to note that previous studies included international adoptions as well as foster care adoptions. In addition, Reilly and Platz (2003), similarly found that 77% of families in their study rated that quality of their relationship with their adopted child as good to excellent. The families in the current study were able to form this level of attachment in spite of the trauma histories and age at adoption. This finding also echoes that found by the National Survey of Children’s Health (NSCH), a nationwide survey of U.S. children under the age of 18 and the “add-on” module the National Survey of Adoptive parents (NSAP). The NSCH study found that 81% of adoptive parents reported their relationships with the adopted child as very warm and close (NSAP, 2010). Although, they did not measure attachment specifically the results are similar to this study. There could be several reasons why the adoptive parents may report such as

positive relationship. One could be that adoptive families have to work so hard just to get a child, that when that child finally arrives, they work extra hard to do all of the positive things it takes to build a relationship and as a result are able to do some reparative work with the children they adopt, hence forming an attachment that is secure. Another, factor to keep in mind is that most of these studies including the present study were not based on observational methods. Perhaps, the majority of the families interviewed rated their attachment with the focus child as “very attached” for fear that they otherwise may appear “bad” or in a negative light by the interviewer.

Some additional factors could have influenced the level of attachment as rated by the adoptive parents such as age at adoption, placement with siblings, adoptive parent’s prior parenting experience, age of parents or age of adoptive parent. In this sample of adoptive families the majority of the children who were the focus of the study were younger (under 9) at the time of adoption. It seems that children who are younger may have an easier time forming attachments and may be easier for parents to engage with in a way that fosters attachment. The families may have spent more quality time with the adopted child and may have exhibited more nurturing behaviors than with an older adoptee. Another explanation for this finding could be that the children and families in this study received superior preparation for the adoption.

In addition, the responses from 23% of the sample were coded as “attached” or “somewhat attached”. When reviewing these responses, it seems that the participants in this group were in some way disappointed with their adopted child. For example, one parent who fell into this group described attachment with the adopted child as “Definitely, attached. Not as attached as I probably would like to be.”

Level of attachment among these families may have been influenced by the amount of problems experienced by the adoptive parent or by the level of disappointment they experienced with the relationship.

Although, 1.9% of the responses of the sample were coded as “not attached” this seems like a very low percentage, but one has to wonder what went wrong here. This finding could be related to the child’s inability to form new attachments due to the trauma or it could be related to a mismatch between the attachment styles of the mother child dyads. Unfortunately, this study was conducted with families who were considered successful and was not focused on the failure of the adoption however this represents an area for future study.

#### *Attachment Building Activities*

As noted in the literature review, Grossman (1995) states, “viewed properly, attachment is the very foundation for a child’s ability to understand and participate in the extended social and cultural world without undue emotional conflict” (p. 92-93). This quote illustrated the encompassing importance of attachment in the growth of a human being. The goal of most parents is to have their child develop into a socially competent and psychologically stable adult. Although, attachment may be just one factor in this development, research has shown that it is a very important factor and one that influences development from birth into adulthood (Sroufe, 2005).

The sample of adoptive parents endorsed “getting to know / loving the child” as the activity that most influenced the achieved level of attachment and most families shared that the level of attachment achieved met or exceeded their expectations. One drawback to this finding is that there is no way to determine exactly what the parent’s did

to get to know the child or to love the child because they were not asked to describe the activities, but instead just to define what they did to develop the level of attachment. This is a major limitation of the study because although it does provide answers to some questions, it leaves many unanswered.

However, this finding is still significant when one reflects on the relationships between parent and child. Not only does this seem like the “natural” thing to do whether a child is adopted or born into a family, but it is also a very simple task. Just as Bowlby (1980) postulated, a parent does not need to do anything extraordinary, but simply be consistent, available and responsive more than not. This is consistent with what Reilly and Platz (2003) found in their survey of 249 special needs adoptive families, 87% of families expressed attitudes consistent with good parenting. It is likely that the families who participated in this study just did what they thought was “good parenting”.

This finding is also reflected in the NSAP study, they found that 42% of the adoptive parents reported that their relationship was “better than they ever expected” (NSAP, 2010). The NSAP did not report on which activities were most helpful in building the relationship, so this is an area in which the findings from the current study can be informative. In addition, this finding seems to support attachment theory – that attachment is built by the day to day activities between the child and primary caregiver especially when the child is loved and valued by the parent.

#### *Abuse Histories and Attachment*

The final significant finding is that the families rated themselves as very attached regardless of abuse history. This hypothesis was tested to provide some evidence that would suggest that children who suffer physical neglect or emotional abuse are more

likely to have disorders of attachment and therefore would be more likely to have difficulty forming new attachments. Although, there was a significant relationship between attachment level and type of abuse, it was difficult to compare the two types of abuse due to the fact that several children fell into both categories. However, this finding does suggest that the families in this sample were able to form strong attachments regardless of the type of abuse. There would need to be additional research in this area to determine the significance of the type of abuse on the level of attachment.

When comparing this finding to that of other studies, it does fall short. Dance & Rushton (2005) found that there was a significant relationship between emotional abuse and placement outcomes. The outcomes in this study consisted of how well the child was doing in significant areas of their life such as school and the child's current needs. They also found that length in care and number of moves were both associated with poorer outcomes. Unfortunately these variables were not assessed in this study.

#### *ASQ*

Unfortunately, only two of the variables tested for significance were found to have a statistically significant relationship with the ASQ. As discussed in the findings, these two variables are age of parent and age of child at adoption. These results indicate that the older the parent is or the younger the child is the more likely the parent is to endorse items on the ASQ with slightly agree or agree. Although, this is an interesting finding, it is one that is difficult to explain. Why would older parents or the parents of younger children be more likely to at least slightly agree with items associated with comfort with closeness and need for approval? It may be due to the developmental stage of the parent at the time of the interview or perhaps emotional difficulties the family was

experiencing at the time. As the demographic results indicate the children that were the focus of this study have multiple special needs. In addition, it is difficult to make inferences about this finding since the ASQ was constructed to measure attachment behaviors and the single items were not designed to be used independently. One thing that compounds the difficulty with making conclusions about this finding is the fact that the ASQ was modified. This is definitely a limitation of the study.

#### *Limitations of the Study*

Although, this study gives a voice to adoptive families and has some interesting findings there are also a few limitations worth mentioning. This study was conducted solely with adoptive parents; therefore it does not give voice to the experiences of the adopted children. This is an important factor when considering the results. If the children were interviewed, they may have had a much different take on the level of attachment achieved and on the type of activities that were helpful in building attachment. In addition, most of the parents interviewed were mothers and therefore the results reflect only one parent's views on attachment levels making it difficult to make comparisons.

The other major limitation is that the study was mainly self-report. There are many issues to consider with self-report measures. One is that this method of data collection relies solely on the participant's memory. Another is that the participant may exaggerate their account or be embarrassed to answer the questions. Finally, the findings when using self-report can be distorted because of selection bias. Perhaps the participants who chose to participate in the study did so because they had more positive experiences.



In addition, a third limitation could be related to the fact that the qualitative questions that were used to interview the adoptive families about the level of attachment were developed by the researcher and were not tested for reliability or validity. Although the qualitative questions were constructed based on the literature they were not tested before use which may have affected the findings. Another factor that affects the qualitative nature of the attachment questions is that there is researcher bias and flaws associated with the interview itself. Some flaws may be the fact that the design of the questions did not allow for further in depth probing or that the nature of the 2 hour long interview was such that interviewers were tired and did not probe for further clarification of narrative responses. If the questions were designed differently and in depth questions were added about the types of activities actually engaged in to build attachment, the results of this study could have yielded richer results.

Also, the complete ASQ was not used and as a result did not give the ability to assess the attachment behaviors of the adoptive parents. If the complete ASQ was used then the results of the ASQ could have been compared to the parent's self report of attachment and probably would have strengthened the findings of the study. Unfortunately, the results of the two sub-scales used only yielded two significant relationships. The other variables compared with the ASQ could only be reported on descriptively.

One must also consider the fact that the accounts of the families who participated in this study may not be representative of the experiences of all adoptive families and therefore may not be generalizable to the larger population of special needs adoptions. It

is important to consider these factors when examining the findings of this study in order not to over inflate their significance.

Finally, the fact that the qualitative data was coded and reduced down to data that could be quantified presents another limitation. The data may have lost some meaning when handled in this way and then is more difficult to interpret. Therefore, some questions are left unanswered as a result.

#### *Implications for Social Work Practice*

The findings of this study have the potential to influence child welfare practice and clinical social work. It is important to be aware of what the “average” experience is for the population served. In addition, not only is it important for front line worker to know what activities could potentially be important for families to engage in with a newly adopted child while also taking into consideration those activities that were not as helpful. These two findings could be influential in recruiting, matching of children with families and in training potential adoptive families. It is essential to note that families do not have to be exceptional or have outstanding parenting abilities to foster attachment, but instead just to be “good enough”. In addition, it may be helpful for workers to use some type of attachment scale in the matching process. As we know mothers transmit their attachment styles to their children whether they are biological or adopted. Therefore, it would make sense to try to recruit parents with secure attachment styles if the goal is to foster this level of attachment in adopted children. These findings may also be significant in clinical work with adoptive families.

Clinicians must also be aware that most adoptive families are able to become “very attached” as a lot of clinical work with this population revolves around the child’s attachment or the families’ ability to attach. In addition, armed with the knowledge of what actually helps form this level of attachment and what was not as helpful, the clinician would be able to teach and monitor the family on this issue. These findings could be helpful to the clinician in their efforts to strengthen the adoptive family’s attachment specifically by working with families to accept that attachment takes time and some effort such as being available, being consistent, supportive and setting limits. In addition, the families in this study seemed to indicate that just spending time with their child helped foster attachment.

The clinician could help parents with their level of frustration with the process and inform them that they need only be loving, consistent and available to the child and that attachment will probably happen naturally. The clinician could also use this information to assess the parent’s ability to form attachments and their expectations of the child. It may also be beneficial for the clinician to use an attachment scale with the adoptive family in particular the mother and even with the child to determine changes in the child’s attachment level.

This study supports Attachment theory in that the results indicate that families are able to use strategies that come naturally to establish and develop a strong sense of connection and attachment to their children. The tenets of attachment theory that suggest that attachment develops naturally between parent and child through normal everyday interaction were supported. The parent does not have to possess any special skill, but only has to be reliable and consistent in their responses to the child. This study shows

that the formation of a secure attachment in a new family is possible with older children and appears to take the same characteristics as the initial development of attachment in infants.

#### Future Research

Although, this study does begin to answer some questions about how families form a new attachment in older adoptions there is still more work to be done in this area. If this study were to be done over again, the ASQ would be used in its entirety. Also, there would be a pre-test , post-test measure of attachment given to the children before they were placed and after one year of placement. In addition, the qualitative questions would be given with probes to get more detailed descriptions of the activities that build attachment and maybe even probe about why the parent rated the attachment level in the way that they did. The qualitative data would also be used differently and not reduced down to quantitative. Since the ASQ would be able to give better information about the attachment level of the parent, this would be compared to the qualitative data and the qualitative data would be used to support the results of the ASQ. Since both the child and parent would be included in the sample, then the sample size would be reduced and the results from the parent child dyads could be compared. This would give a much better picture of the attachment levels achieved in adoption and a better description of how the attachment was built.

Another area that should be explored further is the age of the child at adoption especially on children adopted as teenagers. This would give a better picture of the process of attachment building with older children. It would be interesting to see if the same activities held as significant factors in older children. In addition, it would be

interesting to look more into what went wrong in those families who report lower levels of attachment. Was it the attachment building activities that they failed to engage in or was it something else at work?

Another area for further research is the type of abuse. Although, this study did find a significant relationship between type of abuse and attachment I was unable to compare the two types of abuse due to many children having experienced both abuse and neglect. If one could isolate the variables of physical abuse and physical neglect then perhaps this question could be answered more clearly.

A third area for future research is on the attachment level of the adoptive parents and children. A more reliable approach would be to give a measure of attachment styles to both the parents and children using a pre-test and post-test methodology. This would enable the researcher to give more definitive answers about how attached adoptive families are and to be able to infer how influential the adoptive parent's attachment style is in attachment building and on the child's attachment level.

### *Conclusion*

The goal of this study was to gain information about how adoptive families are able to form a new attachment. In addition, some of the sub questions were related to discovering which variable influenced the level of attachment, such as type of abuse, age of the child and type of adoption. These variables were selected based on current literature on the topic of attachment in special needs adoptions. Results indicated that these families were able to form high levels of attachment with the adopted child in spite of type of abuse, age of the child and the type of the adoption. These families gave light

to the importance of just “getting to know / loving the child” as the most important factor in forming an attachment.

Limitations of the study include the fact that the study was self-report, used qualitative researcher developed questions and only included the view of the adoptive parent. In addition, the sample of this study differs from the “average” special needs adoptive family. This does limit the ability to generalize to other adoptive families.

This study has the potential to inform social work in child welfare and in the clinical setting. It is important for both the caseworker and the clinician to know that many adoptive families do become “very attached” and to be informed about what activities are helpful in forming an attachment in these families. This study also has the potential to add to the current theoretical knowledge about the development of attachment in older children.

This study opens the door for future research to examine the level of attachment in both adoptive parents and children. In addition, qualitative studies should focus on the voice of the child to gain an understanding of what activities the adopted child views as important in the development of attachment. Research should also focus more narrowly on the older adoptive child, what went wrong in families that are not able to attach and more exclusively on the type of abuse.

The adoptive parents who participated in this study were very dedicated to their children and were eager to tell their stories. I would like to warmly thank each of them for sharing in their experiences with their adoptive children and allowing this data to be part of my dissertation.

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Appendix A

(IRB approval from University of Texas)

## Appendix B

(Study 2 Interview Schedule)

### **The Collaboration to AdoptUSKids** **Adoptive Parent Interview** **Study 2**

Do we have your permission to record this interview?

[Interviewers: If yes, say thank you. If no, tell the interviewee that you will take notes. If the participant has questions explain that the tapes are for transcribing purposes only and will be destroyed once the study is completed.]

**If the interviewee has parented children other than the (focus child), ask the next question:**

- A. From reviewing your parent information sheet I see that you have parented (#) adopted children, (#) foster children, and (#) biological children. Please give us a brief description of the circumstances surrounding the arrival of each child into your home, starting with the first child. (Probe: How did you find out about each of the adopted children i.e. internet, adoption matching party, worker called etc..)

*If the family has adopted or parented more than one set of siblings ask:*

- B. What special challenges has parenting more one set of siblings presented? (Probe: How do the various sibling sets get along, are there differences between adopted, birth or foster siblings, gender differences, age differences etc...)

#### **Adoptive Parent Background and Adoption Process**

We will begin the interview with a few questions about the reason you chose to adopt and the process you went through to adopt (focus child).

1. Why did you choose to adopt a child from the U.S. foster care system, as opposed to adopting an infant through a private agency or pursuing an international adoption?
2. In thinking about the preparation you received to adopt (focus child), which preparation activities were most helpful to you and your family?
3. Which preparation activities were least helpful to you and your family?

4. Are there any other preparation activities that you either did not receive or did not participate in that you feel would have been helpful?
5. How did you and your (spouse/partner) prepare on your own for the placement of (focus child)? (E.g., reading, talking with each other or to others, preparing siblings, etc.)
6. How prepared did you feel to adopt (focus child) at the time of the placement?
7. How did your relatives react to your decision to adopt?
8. How did your friends react to your decision to adopt?
9. Did you participate in any pre-placement visits or activities with (focus child)? **If yes**, please describe.
10. **At the time of (focus child) 's adoption** what was your marital status/committed relationship?

- Single, never married
- Single, living with partner in committed relationship (At that time, how long? \_\_\_\_\_)
- Married (At that time, how long? \_\_\_\_\_)
- Divorced (At that time, how long? \_\_\_\_\_)
- Separated (At that time, how long? \_\_\_\_\_)
- Widowed (At that time, how long? \_\_\_\_\_)

(If participant does not have a spouse or partner, skip to Q #16).

**Section for Married couples/Committed partners**

10. **At the time of the adoption** what was your marital status?

**Child History and Background**

Now I'd like to learn more about (focus child) time in foster care and how (focus child) was prepared for adoption.

16. What was the quality of (focus child) are foster placements? (Probe: Was (focus child) abused or neglected in any of his/her foster placements? **If so**, what happened? (Probe for details e.g. how often, etc.)



17. Was (focus child) asked if he or she wanted to be adopted?

FA7. Did you discuss adoption with (focus child) at any time prior to the adoption? If yes, when did you have this conversation. Please describe the conversation. ***If not***, why not?

FA8. Did (focus child) 's worker or an adoption worker discuss the adoption plan with (focus child) prior to the adoption? ***If not***, why not?

18. How did (focus child) feel about being adopted before being placed in your home?

19. How was (focus child) prepared for adoptive placement? (Probe what was done, length of time and by who – therapist, social worker etc.).

20. Did (focus child) have a Lifebook completed before being placed in your home?

21. *If yes*, who prepared it and how did (focus child) participate? Please describe the Lifebook.

22. Did (focus child) participate in any adoption preparation groups? Please describe.

23. Did (focus child) receive counseling to deal with loss and grief issues prior to being placed in your home? (Probe a) length of time, b) from whom – therapist, social worker etc., c) number of sessions, and d) how often)

FA11. Did (focus child) consent to the adoption at finalization?

24. Which preparation activities were the most helpful to (focus child)?

25. Which preparation activities did not seem to be helpful to (focus child)?

26. Are there any other preparation activities that (focus child) either did not receive or participate in that you believe would have been helpful?

#### **Adoption Process**

The next set of questions is about the adoption process you went through to adopt (focus child):

*Note: Interviewers please note that the next set of questions are about the **adoption process NOT the placement.***

27. What parts of the adoption process were the most challenging when you adopted (focus child)? Please explain.

28. Were there any parts of the adoption process that made you question your decision to proceed with the adoption? Please explain.

29. What parts of the adoption process were the most helpful? Please explain.

30. Is there anything else you would like to share with us regarding your decision to adopt, the adoption process, or your experiences with the agency during the process?

### ***Family and Child Adjustment at the Time of the Adoption***

Now I'd like you to think back to the point in time when (focus child) was placed in your home.

31. Please describe the time around the arrival of (focus child) in your family. (Probe for details and feelings, such as excitement, joy, concern, feeling overwhelmed.)

32. Were there any other significant life events happening at the time of the adoption? (Probe for issues like death, divorce, illness, job changes, moves, etc.)

33. *If yes*, what were they?

34. What changes in your lifestyle did you anticipate would result from the placement of (focus child) in your home?

35. How would you describe (focus child) behavior when he/she was first placed in your home (Probe: pleasant, easy, fussy, difficult, etc.)?

36. What was your relationship like with (focus child) when he/she was first placed in your home?

37. What were some of the most satisfying times you experienced when (focus child) was first placed in your home?

38. During the first year of (focus child) 's placement did (focus child) experience any significant problems adjusting to being placed in your home. (Probe: behavioral problems at home or at school, bedwetting, excessive crying, etc.)

39. What activities or experiences helped you and your family most in adjusting to the placement of (focus child) in your home?

40. What activities or experiences helped (focus child) adjust the most to being placed in your home? (Probe for whether or not the family has animals in the home and whether or not child's relationship with the animals has had an impact on behavior / adjustment.)

41. ***If child was adopted out of state***, did (focus child) experience adjustment issues as a result of leaving his/her community? (Probe for adjustment issues such as behavioral problems, excessive crying, etc.)

42. Was (focus child) adopted from another city or community? If yes, did (focus child) experience adjustment issues as a result of leaving his/her community? (Probe for adjustment issues such as behavioral problems, excessive crying, etc.)

*Current Adjustment to the Adoption/Adoptive Parent Feelings about the Child*

*The next set of questions are about your current experiences with (focus child).*

**General Adjustment**

43. How do you currently feel about (focus child) 's adoption? *Give the following choices:*

- Very Satisfied
- Satisfied
- Moderately Satisfied
- Dissatisfied
- Very Dissatisfied

Please Explain:

44. Have you ever regretted your decision to adopt? Please Explain.

45. ***If applicable***, since the placement has your (spouse/partner) been supportive of (focus child) 's adoption? Please explain.

46. Since the placement have your relatives been supportive of (focus child) adoption? Please explain.

47. Since the placement have your friends been supportive of (focus child) adoption? Please explain.

48. Since the time of (focus child) adoption have there been any significant life events that have affected your parenting of (focus child)?

*If yes, how did this affect your parenting? (Probe for issues like death, divorce, illness, job changes, moves, etc.)*

49. Has there been a change in your family's financial situation due to the adoption of (focus child)?

If so, how has this affected your family?

50. How easy or difficult has (focus child) been to parent? *Give the following choices:*

- Very easy
- Easy
- Somewhat easy
- Difficult
- Very difficult

Please explain:

- 51. Did you have previous parenting experience? *If yes*, in what ways do you feel that your past experience has helped you parent (focus child)?
- 52. What has been the biggest challenge in parenting (focus child)?
- 53. What has been the most rewarding aspect of parenting (focus child)?
- 54. What positive contributions has (focus child) made to your family?

**Match/Goodness-of-Fit**

- 55. In what ways is (focus child) similar to you? (For example, temperament, appearance, school ability).
- 56. In what ways is (focus child) dissimilar to you? (For example, temperament, appearance, school ability).
- 57. How well does (focus child) fit into your family? Please describe.

**Bonding/Attachment/Relationship with Child**

- 59. How attached/bonded do you feel to (focus child)? Please explain.
- 60. Is the level of attachment how you imagined it would be? (Probe)
- 61. How do you think you were able to form this attachment/bond?
- 61b. (*If adoptive parent has biological children*). Has this experience with (focus child) been different from your biological child (ren)?
- 61c. If so, how has it been different?
- 62. How attached/bonded do you think (focus child) feels to you? Please explain.
- 63. Is this how you imagined it would be? (Probe)

64. Is your child closer to one family member than another? If so, who? Why do you think this is so?

Post-Adoption Services

Now we'd like to learn more about your experiences with post-adoption services:

- 65. What post-adoption services have been offered to you and your family?
- 66. Were any of these services offered specifically for (focus child)? *If so*, what are they?
- 67. What post-adoption services have you and your family utilized?
- 68. What post-adoption services have you wanted but not received?
- 69. How has the agency been most helpful since the placement?
- 70. How could the agency have been more helpful?
- 71. Did you have any difficulty in negotiating or obtaining adoption subsidy or Medicaid for (focus child)? *If yes*, please explain:
- 72. Does (focus child) need services not covered by subsidy or Medicaid? *If so*, what are they?

***If child is 5 years and above:***

- 73. Does (focus child) participate in an adoption support group since the adoption? Counseling? (Probe for Frequency of participation. e.g. how often, etc.).

INTERVIEWERS INSERT SPECIAL SECTIONS HERE

Special sections are designed to gain specific info regarding topics such as type of adoption, sibling contact and contact with birth parents and other relatives. Each participant only received questions from the special sections that were relevant to their adoption.

## Appendix C

### ATTACHMENT STYLE QUESTIONNAIRE (ASQ)\*

J. A. Feeney & P. Noller

Instructions: Please state how much you agree with each of the following items by rating them on this scale:

1	2	3	4	5	6
Totally Disagree	Strongly Disagree	Slightly Disagree	Slightly Agree	Strongly Agree	Totally Agree

- \_\_\_\_\_ 13. I find it hard to make a decision unless I know what other people think.
- \_\_\_\_\_ 15. Sometimes I think I am no good at all.
- \_\_\_\_\_ 16. I find it hard to trust other people.
- \_\_\_\_\_ 23. I worry about people getting too close.
- \_\_\_\_\_ 24. I worry that I won't measure up to other people.
- \_\_\_\_\_ 25. I have mixed feelings about being close to others.
- \_\_\_\_\_ 26. While I want to get close to others, I feel uneasy about it.
- \_\_\_\_\_ 27. I wonder why people would want to be involved with me.
- \_\_\_\_\_ 35. When I talk over my problems with others, I generally feel ashamed or foolish.

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## Appendix D

### (Attachment Questions)

*The following questions were developed by the researcher and were included as part of the interview schedule for the larger study*

#### **Bonding/Attachment/Relationship with Child**

59. How attached/bonded do you feel to (focus child)? Please explain.
60. Is the level of attachment how you imagined it would be? (Probe)
61. How do you think you were able to form this attachment/bond?
  - 61b. (***If adoptive parent has biological children***). Has this experience with (focus child) been different from your biological child (ren)?
  - 61c. If so, how has it been different?
62. How attached/bonded do you think (focus child) feels to you? Please explain.
63. Is this how you imagined it would be? (Probe)
64. Is your child closer to one family member than another? If so, who? Why do you think this is so?