The Relationship Between Adoptive Parents Attachment and Parenting Styles

on Adoption Outcomes

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A

Dissertation

Presented to the

Graduate Faculty of the

Couple and Family Therapy Program

California School of Professional Psychology

Alliant International University

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In Partial Fulfillment of the Requirements for the Degree of

Doctor of Psychology

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by

Courtney Amanda-Ball Harkins

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Abstract

Raising an adopted child from the child welfare system poses unique challenges

because these children bring with them an increased risk for developmental and mental

health problems (Simmel, 2007; Whitten & Weaver, 2010).   Adoptions from Child

Welfare have almost doubled in the last decade, comprising up to 41% of all adoptions

(Child Welfare Information Gateway, 2012). Of these adoptions, anywhere from 10% to

25% end up disrupting (Briggs & Webb, 2004; Festinger, 2002; Rosenthal & Groze,

1994; Smith & Howard, 2000). Thus, it is important to identify and understand which

factors can likely increase adoption success or which ones are more likely to create

barriers. Currently, there are some studies that have identified specific adoptive child

traits that increase disruption (Barth, 1997; Barth & Berry, 1988; Evan B. Donaldson

Adoption Institute, 2010; Rosenthal & Grove, 1990) along with some family factors

(Barth, 2000; Coakley & Berrick, 2008; Festinger, 2002).   However, two important

family systems aspects, involving qualities that the adoptive parent themselves bring to

the process, have thus far been overlooked in the research: attachment styles and

parenting styles. In order to shed more light on this neglected aspect of the adoptive

process, this study investigated whether or not there was a relationship between an

adoptive caregiver's own attachment style or parenting style and adoption outcomes. The

logistic regression method was used in the analysis of a convenience sample of 113

adoptive parents and it was found that two parental factors were the most influential in predicting adoption outcomes: anxious attachment style and authoritative parenting style. Additionally, incidence of trauma in the parent's history was identified as a factor that negatively impacted the chance of adoption success. The implications or clinical practice and research are discussed.

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2014

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Dedication

To my loving and supportive parents whose belief in me, love of education and

encouragement kept me going through difficult times.

Mom and Dad- I love you and Thank-You!!!

To my wonderful, amazing husband who tirelessly supports me in everything I attempt.

Brendan- I Love You! Thank-you for being my secure base and save haven.

To my children who endured hours, hours and hours of mommy being preoccupied with

school and dissertation. I did this for you to have a better life.

Julia, Lauren and Brendan you are each so special. I love you so much!

To parents everywhere who want what is best for their children

And

To the children and families who let me into their private adoptive worlds.

Thank-You

ACKNOWLEDGMENTS

TABLE OF CONTENTS

LIST OF TABLES

APPENDICES

CHAPTER I

Introduction

Raising a child is one of the most difficult tasks a parent will undertake.

Responsible parents need to love, care, protect, teach, guide, and socialize their children

in order to influence and mold their character. The art of parenting is multi faceted and

utilizes behaviors, attitudes, and techniques that work both individually and

synergistically to positively influence the child's well being.

It is normal for a typical parent-child relationship, in which the child is securely

attached and trusts his/her parents, to have many highs and lows. Now envision a parent-

child relationship in which the child has been adopted from child welfare and has already

experienced adversity in various forms, including abandonment from their birth parents,

loss, grief, abuse and trauma. These rough beginnings add to an already challenging

dynamic found in normal healthy relationships. Adopting children out of this system is

not for the faint hearted. Every child deserves a home but these adopted children require

adoptive parents who are strong, determined, patient and armed with knowledge on how

to best transition these children into their families.

In 2008, 41%, of all adopted children, approximately 55,683, were adopted from

child welfare in the United States (Child Welfare Information Gateway, 2012) which is

almost twice as many children adopted from child welfare compared to a decade earlier

(U.S. Department of Health and Human Services, 2009). These children, having been in

the legal and physical custody of the state, have higher rates of placement instability than

children adopted through other avenues. It is believed that in 10-25% of the cases

involving these children, disruption occurs and the adoption process fails (Briggs & Webb, 2004; Festinger, 2002; Rosenthal & Groze, 1994; Smith & Howard, 2000; Westhues & Cohen, 1990). For the purpose of this study, disruption will be used as a blanket term to include the two most common types of placement instability/failure: disruption and dissolution. Disruption occurs with the removal of a child from a perspective adoption home before the adoption is finalized. Dissolution refers to the situation when the child is removed from the adoptive family after the adoption has been finalized (Derdeyn & Graves, 1998; Zamostny, O'Brien, Baden, & Wiley, 2003). Statistics governing disruption rates tend to be imprecise due to differing approaches to research and data collection, namely the combining of pre- and post- adoption outcome data (Festinger, 2002) and to a lesser extent the lack of a "comprehensive" (Zamostny, O'Brien, Baden, & Wiley, 2003, p. 657) data gathering system on the national level.

When children from the child welfare system experience a failed adoption they experience loss and abandonment all over again (Evan B. Donaldson Adoption Institute, 2004). This tends to reinforce a negative inner narrative or story that something is wrong with them; they are unlovable, and adults and especially parents cannot be trusted because they continually hurt them by leaving them and not protecting them (Hodges, Steele, Hillman, & Henderson, 2003; Hodges eta al, 2005; Steele, Hodges, Kaniuk, & Steele, 2010; Rustin, 2006). Although state and public agencies, along with private organizations are trying their best to help these children it is clear that a better effort needs to be made to try to make as many adoptions successful as possible.

At present, most research on parameters that focus on the probability of failed adoptions has examined child-dependent factors. These factors include: the age of the

child when placed (the older the child the more likelihood of the adoption not being successful), the number of previous placements (more placements increase the likelihood of disruption), divided loyalties to the birth family and adoptive family, unresolved grief and loss, and finally, the child being under-prepared for the adoption (Barth, 1997, 2001; Barth & Berry, 1988, Barth et al., 1986; Evan B. Donaldson Adoption Institute, 2010; McDonald, Propp, & Murphy, 2001; McRoy, 1999; Reilly & Platz, 2003; Rosenthal & Grove, 1990, 1994).

There has been some attention on adoptive parent and family factors that also contribute to adoption disruption: lack of quality training in dealing with the behavioral challenges these children often have, weak support systems, lack of equal commitment to the child from both parents, and similar trauma histories between the adoptive parent and child (AdoptUskids, 2006; Barth, 2000; Evan B. Donaldson Adoption Institute, 2004; McRoy, 1999).

There are two often neglected parental parameters whose influence on disruption rates would benefit from more focus: the attachment style and parenting style of the adoptive parents. Zeroing in on these two specific parental factors is crucial because building a secure attachment between the parents and their adopted child is essential for the parents and child to develop an emotionally healthy and secure relationship, thus possibly decreasing the chances for disruption. Attachment research has demonstrated that the role of attachment in child development is crucial. In particular, it has been found in repeated studies that one of the most accurate predictors of the mental health and, later, adaptation of the child is the attachment quality of the child to the parent (Dozier et al, 2001; Steele et al. 2008; Verissimo & Salvaterra, 2006). Early attachment

styles determine how children will relate to the world around them. This is because the internal working models which take shape in the earliest interactions with caregivers, to some extent, are carried forward into later relationships (Ainsworth, et al., 1978; Bowlby, 1982b, 1973, 1980; Hazan & Shaver, 1987). Children from the child welfare system often struggle with having a healthy attachment style because of the trauma of being removed from their birth parents at an early age; denies them the development of a healthy attachment style because they become fearful of getting too attached because the adult might leave again or they will change placements. A securely attached child behaves differently and experiences the world differently than does a child with an insecure or avoidant attachment style (Jernberg & Booth, 2010). It is the relationship between the parent and child that is the cohesive glue, determining whether the child will become and stay attached or not. Adopted children have unique needs and tend to struggle with forming these attachments with their adoptive parents due to the less than favorable circumstances they experienced when younger. Thus, it is crucial to understand that the attachment styles of the adoptive parents have an enormous impact on these children because a parents' own attachment style heavily influences how the child will attach to them (Hodges, Steele, Hillman, & Henderson, 2003; Hodges eta al, 2005; Steele, Hodges, Kaniuk, & Steele, 2010).

In addition to parental attachment styles, parenting styles is a parameter that has also been researched abundantly but not in adoptive families. Studies have demonstrated the impact specific parenting styles have on a child's development. In the western culture, what are referred to as "authoritative" parenting styles are believed to be the best strategies for developing and shaping a healthy child (Baumrind,1967, 1971, 1978,1991;

Baumrind & Black,,1967; Glasgow, Dornbusch, Troyer, Steinberg, & Ritter, 1997; Maccoby & Martin, 1983; Steinberg, Elem & Mounts, 1989). Secure adults (those with lower levels of attachment-related anxiety and avoidance) have a tendency to show greater engagement, supportiveness, sensitivity, responsiveness, and helpfulness with their children (Adam et al., 2004; Crowell & Feldman, 1988; Edelstein et al., 2004; Eiden et al., 1995; Priel & Besser; 2000; Rholes et al., 1995). Conversely, more insecure adults (those with higher level of attachment-related anxiety and avoidance) have a tendency to feel less close to their children, view themselves as less capable of rearing children, and endorse harsher, more intrusive and insensitive parenting practices (Magai et al., 2000; Rholes et al., 1997).

The research on attachment and parenting styles reveal their importance to healthy child and family development. Therefore, it is reasonable to expect they are also important, in adoptive families. To date, no research like this has focused on the interactive styles of the adoptive parents. Thus, the rationale for this research study developed from the need to answer this question: Can adoption success or disruption be predicted by the type of attachment style and styles of the primary adopted caregiver? This rationale is further supported by the researcher's personal experiences of working with adopted children and their parents and witnessing both the negative impact of adoption disruption for both the child and parent and the goodness and healing that comes from a successful adoption.

The researcher observed that many of the successful adoptive families had certain characteristics, such as good relationships with their own parents, and were able to understand and not take it personally when the adopted child had difficulties adjusting to

their new family which is inevitable. These parents also were warm and responsive to the child and did not engage in punitive parenting practices. On the other hand, the adoptions that typically disrupted shared similar characteristics also: the adoptive parents were not securely attached to their own parents and would often construe the behaviors of their adoptive child as personal attacks, fueling a sense of inadequacy which resulted in punitive parenting practices.

Based on this rationale, the purpose of the current research study is to address the following questions:

1) Can the outcome status of successful versus disrupted adoption be correctly predicted from knowledge of attachment styles and parenting practices of caregivers?

2) If successful adoption outcomes can be predicted, which variable/s (attachment style or parenting practices) are central in the prediction of that status? Does the inclusion of a particular variable, either attachment style, parenting practices or both, increase or decrease the probability of adoption success or disruption?

CHAPTER II

Review of the Literature

Adoption

The practice of parents raising children who are not biologically their own has been around for thousands of years. Adoption is a custom practiced in many countries and by many cultures. The Jewish, Christian, and Islamic religious traditions teach the story of Moses who as a baby was hidden by his mother and was later found and raised by the Egyptian royal family. This practice of raising a non biological child as one's own is today sanctioned by the government, and is now referred to as adoption.

It has been well established that adoption is the preferred option for children who are not able, for various reasons, to grow up in their birth families. Research has shown and confirmed that children cope and develop in a much healthier manner in adoptive homes versus longer-term foster care or institutions (Lee, Seol, Sung, & Miller, 2010; Selwyn & Quinton, 2004; Triseliotis, 2002; van IJzendoorn & Juffer, 2006). According to the United States Census Bureau (2003), 2.5 per cent of all children under 18 (i.e., 1.6 million) were adopted. Today, it is estimated that 6 in 10 Americans have had a personal experience with adoption (Evan B. Donaldson Institute, 2010). Sixty-eight percent of these adoptions originate in the Child Welfare system (Evan B. Donaldson Adoption Institute, 2010).

The United States has made intentional extensive efforts in endorsing and promoting the adoption of children from the child welfare system through media campaigns and financial support (Barth, Wildfire, Lee & Gibbs, 2003; Dalberth, Gibbs & Berkman, 2005; Even B. Donaldson Adoption Institute, 2010). This system serves

families and children who are at risk of abuse or neglect. It also serves children with

mental health or special health needs along with children who are delinquent or do not

have adult caregivers (Child Welfare Information Gateway, 2004). The number of

children adopted from Child Welfare has more than tripled since the late 1980s (Evan B.

Donaldson Adoption Institute, 2010). It is now the most common type of adoption,

excluding children being adopted by their stepparents which accounts for 40% of the total

(Evan B. Donaldson Adoption Institute, 2010).

Children who come from Child Welfare have typically experienced and suffered

from abuse, neglect, multiple placements, institutionalization and other pre-adoption

experiences that have caused them physical, psychological, emotional and developmental

harm (Simmel, 2007; Whitten & Weaver, 2010). Trauma is a characteristic of all of their

adverse experiences. These children are at increased risk of having severe and chronic

emotional and behavioral problems and experiencing difficulty forming emotional

relationships with their adoptive parents (Kriebel & Wentzel, 2011). Many of these

children grow up to become incarcerated or homeless. It is known that there is an over-

representation of adoptees among the general population of over 2-million who are

incarcerated nationwide (Howard & Smith, 2003).

Parenting children adopted from Child Welfare has been a daunting task for many

families. The extreme behaviors that these children bring with them make it very

difficult for adoptive parents to establish a strong emotional bond with the children

(Coakley & Berrick, 2008; Smith, Howard & Monroe, 2000). As a result, disruptions and

dissolutions of adoption occur at very high rates (Briggs & Webb, 2004; Festinger, 2002;

Rosenthal & Groze, 1994). Data on disruption rates over the past 15 years indicate a rate

ranging from approximately 10-25% overall, with older children at greatest risk (Briggs & Webb, 2004; Festinger, 2002; Rosenthal & Groze, 1994; Smith & Howard, 1994; Westhues & Cohen, 1990). Disruption is a term that refers to the event in which there is a withdrawal of consent to adoption from either the child or parent before the adoption is legalized. Dissolution is a term used when an adoption has been legally severed either voluntarily or involuntarily after the adoption was legally finalized (Coakley & Berrick, 2008; Festinger, 2002). Anytime a disruption or dissolution occurs, the children, caregivers and other family members are negatively impacted.

There have been several studies that have identified factors that increase the risk of disruption and dissolution. These studies revealed six factors that contribute to increased risk of disruption and dissolution: mismatched, inadequate preparation, lack of support services, failure to form emotional attachments, marital/family relationship problems, and developmental stage of the child (Barth, Gibbs & Siebenaler, 2001; Coakley & Berrick, 2008 Evan B. Donaldson Institute; 2004).

Mismatched refers to the situation in which the adoptive family is unable to tolerate the child's characteristics, behavior or personality due to incompatibility with parental values and/or lifestyles (Evan B. Donaldson Institute, 2010). At the same time, the child's characteristics, behavior or personality are in conflict with adoptive parents' stated preferences. Another factor is inadequate preparation; the case where the child has not adequately resolved past losses or future expectations. In addition, the adoptive family has accepted a child for placement without the knowledge/skills necessary to cope with the child's special needs (Coakley & Berrick, 2008). With lack of support services, a third factor, either the agency has failed to provide or the family has not made use of services

needed to support and sustain the placement. It may also be the case that the family may not have or is unable to seek out support from friends and relatives or kin (Barth, Gibbs & Siebenaler, 2001; Coakley & Berrick, 2008 Evan B. Donaldson Institute; 2004).

Failure to form emotional attachments implies that parents personalize and misunderstand the child's behavior. A child's past experiences, relationships and/or emotional problems impede that child's ability to bond with a new family (Coakley & Berrick, 2008; Evan B. Donaldson Institute, 2010). In the case of marital/family relationship problems, children with special needs may place heavy demands on the time and energy of the parents which affects the relationship between existing family members (Evan B. Donaldson Institute, 2010). Developmental stage of child: Parents may be quite competent in caring for a child until that child reaches a certain developmental stage, i.e., adolescence. During this particular time, more problems arise between the child and caregiver and placement becomes at risk (Coakley & Berrick, 2008; Evan B. Donaldson Institute, 2010; Sharma, McGue, & Benson, 1996).

There is a pressing need for further research on the factors that predict placement stability or disruption/dissolution (Cautley & Aldridge, 1975; Festinger, 2002). Festinger (2005) cited the severe lack of information in areas most critical to adoption workers such as which assessments can be used to identify the key dynamics of attachment in parent-child relationships. Edens and Cavell (1999) also noted the lack of research on the effect of adoptive parents' attachment styles on adoption outcome.

Although there has been a call from adoption researchers to investigate all of these risk factors in depth, the focus of the current study is limited to the specific risk factor of failure to form emotional attachments. Specifically, this study will examine the risk factor

of "failure to form emotional attachments" by investigating and categorizing the particular attachment styles of adoptive caregivers and their parenting practices. Children who have suffered abuse, loss and trauma tend to struggle with and in some cases do not know how to form secure and healthy attachments. As a result it becomes the primary responsibility of their new adoptive parents to teach them. When these children enter into a prospective adoptive home, they bring with them a history of suffering, early deprivation or maltreatment, and are at elevated risks for developmental, physical, psychological, emotional or behavioral challenges (Evan B. Donaldson Adoption Institute, 2010). The challenges these children bring to the adoptive home may increase the risk of disruption when adoptive parents have a more insecure attachment style.

Underlying Theory

Attachment Theory

The founders of attachment theory are John Bowlby, a child psychiatrist, and Mary Ainsworth, a psychologist. Bowlby's theory of attachment arose from his experiences with institutionalized children who had been separated from primary caregivers as a matter of convenience for the institution. Bowlby concentrated on investigating the importance of the mother/child relationship to the child's psychological development. His articulation of attachment theory was heavily influenced by psychoanalysis, research, and real-life experience (Karen, 1998). Bowlby (1988) proposed that the mother/primary caretaker will act as the baby's ego and superego during the early years of development as a way to help the child to self-regulate. He concluded that, for a child to develop, mature, and be emotionally and psychologically healthy, it is imperative that the child continue to have experiences that stem from an

affectionate, intimate, continuous, and mutually enjoyable relationship with a primary attachment figure, usually the mother but occasionally the father. The enjoyable experiences with the parent establish what Bowlby termed a "safe haven/ secure base." As he expanded his insight into attachment, Bowlby included in his model the idea of a hierarchy of attachment figures in a child's life, including grandparents, older siblings and other relatives. Bowlby (1989) believed that additional attachment figures serve as a protective factor.

Mary Ainsworth became a valuable addition to Bowlby's research team. Their joint scientific activities contributed significantly to the development of attachment theory. Ainsworth operationalized the concept of attachment by developing a now famous assessment test-like standard procedure, which she named the Strange Situation (SS), to investigate children's attachment and separation behavior in a laboratory setting (Ainsworth & Wittig, 1969). In this experiment the child's behavior was observed first in the company of the parent, second in the absence of the parent, third in the company of a stranger and the parent, and fourth in the company of a stranger and absent the parent. The infants exhibited varying degrees of separation distress in the absence of the parent. As a result, Ainsworth, Blehar, Waters, and Wall (1978) were able to classify three main attachment styles between infant and parent: secure, anxious-ambivalent, and anxious-avoidant. Two decades later, these categories would be revised and would include a fourth style: secure, anxious-ambivalent, insecure-avoidant and disorganized-disoriented (Jernberg & Booth, 2010). These will be defined later in this paper.

Attachment theory also has its roots in understanding the mother-infant attachment bond across cultures. Ainsworth's inspiration for her Strange Situation (SS)

research originated with observations of interactions between mothers and their infants in

Uganda. Ainsworth (1989) concluded that what is essential to the mother-child

relationship is that the mother create a harmonious relationship with her infant. A study

by van Ijzendoorn and Sagi-Schwartz (2008) in Gusii used a modified version of SS, with

the finding that, although some specific attachment behaviors (e.g., a hand shake versus a

hug) differed slightly between cultures, the distribution of attachment styles was

consistent with those reported by Ainsworth. Specific tenets of attachment theory

continue to be researched in various cultures, including Germany, China, Israel,

Germany, Japan, and Indonesia (van Ijzendoorn & Sagi-Schwartz, 2008).

Attachment and Brain Development

The study of attachment has expanded into how attachment influences the

development of the physical brain and its function. Allan Schore (Schore & Schore,

2008), a leading researcher in neuropsychology, posited, "Attachment communications

are critical to development of structural right brain systems involved in processing of

emotion, modulation of stress, self-regulation, and thereby the functional origins of the

bodily-based implicit self" (p. 10). Current research supports the idea that attachment is

an integral part of neurological brain development (Schore & Schore, 2008). In early

childhood, healthy neural growth is dependent on "attuned responsiveness" of attachment

figures (Schore & Schore, 2008). Attuned responsiveness is when an attachment figure

can first accurately assess the needs of their child including moods and emotions and then

secondly react sensitively to that need. An example would be when a child cries; the

attachment figure feels concern and acts in ways that communicate this concern such as

feeding the baby, or changing the baby's diaper or soothing the baby through rocking or

hugging.

While Bowlby first attempted to describe the importance and function of the primary caregiver in relationship to the infant, stating that the primary caregiver acted as ego and superego for the infant, Schore reframed the concept using a neurobiological regulatory viewpoint. Schore described the same concept in terms of affect regulation through both the central and autonomic nervous systems. Schore and Schore (2008) posited that attachment events assist in the formation of early right brain organization, the segment of the unconscious in the human brain that is responsible for spatial orientation, recognizing ordering of symbols, objects, and events, appreciating music, nonverbal communication, emotions, empathy, wit and humor. Other functions include drive, order, planning, and executive control (Siegel, 1999). Evidence that the primary caregiver's right brain activity is unconsciously communicating to the infant's right brain hemisphere is demonstrated, as one example, by mutual gaze. If this is the case, then the primary caregiver must be psychobiologically synchronized to the swings in the infant's somatic arousal states (Schore & Schore, 2008). The attachment relationship "is created through the dyadic regulation of emotion in which the primary caregiver co-regulates the infant's postnatally developing central and autonomic nervous systems" (p. 12) and "attachment experiences are thus imprinted in implicit memory in an internal working model that encodes strategies of affect regulations and acts at implicit nonconscious levels" (p. 13). Experiences, especially repeated ones, do indeed shape the "circuitry" of the brain (Schore, 2003; Siegel, 1999).

Underlying Assumptions and Principles

There are thirteen major core concepts that give structure to and inform Attachment

Theory. These concepts are: attachment behaviors, attachment figures, attachment

behavioral system, activation of the attachment system, felt security, primary attachment

strategy, secondary attachment strategies, internal working models [IWMs], emotion

regulation, attachment style[pattern], relationship-specific style, intergenerational

transmission, and broaden-and-build (Mikulincer & Shaver, 2007).

   Attachment behaviors. Attachment behaviors are behaviors a child will display

for the purpose of attaining or maximizing closeness to the attachment figure, physically

or psychologically. (Rholes, & Simpson, 2004). Examples of some attachment behaviors

include looking at, raising arms, searching for, smiling, laughing, visually tracking, and

following (Rholes, & Simpson, 2004). These attachment behaviors are a part of the

attachment behavioral system.

   Attachment figures. Attachment figures are parents or other supportive persons,

and are often referred to as primary caregivers in the context of a parent/ child

relationship. An infant will seek proximity to the attachment figure in order to be

protected and soothed. This allows for healthy and safe exploration of the environment.

In the case of a child, attachment figures might also consist of grandparents, older

siblings, day care workers, or other family members. For adolescents, the list of

attachment figures will expand to include close friends and romantic partners from whom

the adolescent also seeks emotional support (Mikulincer & Shaver, 2007). In adulthood,

a relationship partner can be an attachment figure when three important functions are

served. First, this person is sought in times of need or excessive stress, and an undesired

separation from this person results in anguish and a strong desire to reunite. Second, this

person is perceived as a safe haven, providing solace, psychological reinforcement and

protection when needed. Third, this person fulfills the role of a secure base, thus allowing the adult to safely pursue and explore other unrelated interests, take risks, and in the process expand their sense of self (Mikulincer & Shaver, 2007).

Attachment behavioral system. This system refers to the interaction that occurs when a child/person engages in specific behaviors to promote proximity-seeking to an attachment figure and the attachment figure responds accordingly. It is likely this system initially emerged for the purpose of increasing the likelihood of survival for the infant. There are many different behaviors a person will engage in to establish the same desired outcome such as crying, clinging and frantically searching for his/her attachment figure.(Mikulincer & Shaver, 2007).

Activation of the attachment system. Activation occurs when a child or person suddenly stops whatever he/she was doing and turns toward the attachment figure for the purpose of seeking comfort and support from that figure. For example, when a child who is content and playing with toys, hears a sudden, very disturbing sound, the child will drop what he/she is doing and search for the attachment figure to obtain soothing. This same mechanism occurs with adults when there is a perceived or unconscious threat. An adult, however, might just think about the attachment figure to bring about soothing and comfort. The goal of activating the attachment system is to create a sense of security for a person (Mikulincer & Shaver, 2007).

Felt security. This term refers to a feeling or state where a person has the sense of security. The person feels/believes that the world is safe, is able to rely on others for support and protection, and can pursue interests and engage in activities and explorations, social or otherwise, without fear (Mikulincer & Shaver, 2007).

Primary attachment strategy. This strategy occurs when a person engages in behaviors such as crying, crawling towards, or smiling for the purpose of getting the attachment figure's attention or proximity to the attachment figure to obtain relief and comfort (Obegi & Berant, 2009).

Secondary attachment strategies. The second strategy refers to alternative practices or behaviors an individual will engage in when the primary attachment strategy has not been successful in obtaining proximity, relief or comfort from the attachment figure. The strategies are viewed as maladaptive. Two distinct approaches are used, hyperactivating and deactivating strategies. Hyperactivating strategies according to Bowlby (1982) are "protest reactions" to non-fulfillment of attachment desires. These strategies manifest themselves in situations where the attachment figure is responsive but unreliably so. Deactivation strategies are utilized to reduce, get away from, or avoid the pain caused by an attachment figure who is consistently not available, non responsive and unsympathetic.

Internal working models [IWMs]. IWM is a term that refers to how a person has made sense of or internalized past interaction patterns with primary caregivers and how the client views self, others and the world. Internal working models reflect how a person perceives others and how the person expects to be perceived by others and the world (Rholes, & Simpson, 2004).

> Every situation we meet with in life is construed in terms of the representational
> models we have of the world about use and of ourselves. Information reaching us
> through our sense organs is selected and interpreted in terms of those models, its
> significance for us and those we care for is evaluated in terms of them, and plan

of action executed with those models in mind. (Bowlby, 1980, p. 229)

Emotional regulation, **or affect regulation**. Emotional or affect regulation is the process that one uses to control his/her emotional state. This delicate process involves regulation, through initiation, inhibition and modulation, of four distinct categories: feeling states, cognitions, physiological processes and behaviors. How a person is able to modulate these different areas is influenced by his/her attachment style (Mikulincer & Shaver, 2007).

Attachment style [pattern]. This term refers to the varying methods that individuals might implement to commence and maintain their desired level of attention from an attachment figure. Inherent in these methods are the presumptions of how the attachment figure will respond to these strategies for obtaining support and comfort (Rholes & Simpson, 2004). There are different categories of attachment styles for children and adults. According to the most current literature, four types of attachment styles in children have been identified: secure, anxious-ambivalent, insecure avoidant and disorganized/disoriented (Jernberg & Booth, 2010). In adults, the four types are: secure, anxious, dismissive-avoidant and fearful-avoidant (Obegi & Berant, 2009).

Relationship-specific style. A specific relationship style refers to how a person behaves, thinks and feels within a specific relationship. It is influenced by the internal working model along with information about the specific relationship and events within the relationship which forms the relationship-specific style (Shaver & Mikulincer, 2009). It is possible that a person might have a different attachment style for a specific relationship that differs from their overall attachment style.

Intergenerational transmission of attachment. This phrase is defined by

Mikulincer and Shaver (2007) as the "states of mind" (p. 126) of caregivers that get passed down to their children directly impacting the attachment behavioral system. "A parent's attachment working models shape their caregiving behavior and affect their ability and willingness to provide a safe haven and secure base for their child, which in turn contribute to the child's attachment security" (p. 126).

Broaden-and-build. Broaden-and-build is a cycle that increases and strengthens attachment security through tender and supportive exchanges with present, attuned, and responsive attachment figures. Mikulincer and Shaver (2009) state that it positively influences, "mental representations of self and others, interpersonal behavior, affect regulation, mental health and adjustment" (p. 33).

It is important to understand these core concepts because they are at the root of the theory that bolsters the premise of this study. Conversely, it is imperative to have insight into the dynamics of what happens when these core concepts are broken. Research has already found by observing the attachment characteristics of children removed from their biological parents and adopted from Child Welfare agencies that one or many of these concepts have been compromised (Hodges, Steele, Hillman, & Henderson, 2003; Hodges eta al, 2005; Steele, Hodges, Kaniuk, & Steele, 2010; Pace & Zavattini, 2011; Rustin, 2006). This study will investigate to what extent, if any, a compromised attachment style in the adult caregiver of these adoptees has an effect on the success of the adoption process.

Development of Attachment Styles in Children

Secure attachment between infant and caregiver is considered to be the healthiest and best form of attachment (Ainsworth et al., 1978). A child becomes securely attached

when the child has a caregiver that is consistently sensitive and responsive to meeting the physical and social needs of the child. A child needs eye contact, touch, food, warmth, nurturing, safe conditions, and loving responses from their caregiver to develop a secure attachment (Ainsworth 1969, 2010). The securely attached child in distress first seeks the primary caregiver for comfort and reassurance, which comes in the form of verbal and/or physical nurturing. The securely attached child exhibits minimal distress while being away from the primary caregiver because the child feels secure in knowing the caregiver will return (Jernberg & Booth, 2010). At about the age of 2 years, the securely attached child is excited and determined in figuring out easy tasks and recruits the caregiver's help when tasks become too challenging. By school age this child is flexible, inquisitive, socially competent, self-reliant, and assertive about wants and needs (Jernberg & Booth, 2010).

The anxious-ambivalent insecure child becomes distressed when the caregiver goes away. According to research, the anxious-ambivalent attachment style is a product of insufficient availability of the mother. The child has learned that the caregiver can not be relied on to be available when needed, probably because the primary caregiver has previously been unresponsive, unavailable, or hurtful to the child (Jernberg & Booth, 2010). Children in this category lack autonomy, exhibit little excitement for solving tasks, have a low threshold for frustration and tend to be whiney. By school age, these types of children are frequently seen as troubled children, exhibiting poor relationships with peers and having poor capacity to adapt.

The child categorized as having an anxious-avoidant insecure attachment style tends to avoid the primary caregiver. When offered a choice, this child shows uncertainty

or hesitation between the caregiver and a complete stranger. Research shows that this style of attachment correlated with children whose caregivers have been neglectful and/or abusive. These children have been penalized for depending on the primary attachment figure and, as a result, have learned to avoid seeking help (Jernberg & Booth, 2010). As early as age 2 years, these avoidant children are less able than secure children to engage in fantasy play (Jernberg & Booth, 2010) or, when they do, the play theme they choose tends to be of irresolvable conflict. These children tend to victimize other children. By school age, they are often sullen, angry, and defiant and tend not to request assistance when hurt, wounded, or let down.

Main and Solomon (1986) reported difficulty when attempting to assign all mistreated infants during the Strange Situation experiment to one of the original three attachment groups. They noted that "unclassifiable" infants displayed "conflict" behaviors (inexplicable, disorganized, odd, or overly conflicted behaviors) in the caregiver's presence. Thus a fourth category was created named disorganized/disoriented. The disorganized/disoriented children had parents who had rejected their approach, expressed fear themselves, or were frightening to the child. Such attacks or expressions of fear from the expected safe haven aroused conflicting tendencies (Solomon & Siegel, 2003). These children showed tense mannerisms when reunited with the primary caregiver (Jernberg & Booth, 2010). Even when these children were happy, they avoided eye contact and displayed angry behaviors because they lack orientation to the present environment. Their past experiences with their caregiver influences them in the moment and as a result they learn to be afraid to relax into the care of their caregiver because they are waiting for their caregiver to hurt them again. Such behaviors were reported to be

highly correlated with the mother's earlier resistance to child-initiated contact (Hesse & Main, 2000).

Influence of Childhood Attachment on Development of Adult Attachment

What occurs between childhood and adulthood in relation to attachment experiences, patterns, and internal working models? Bowlby (1982) wrote that the human attachment patterns prominent in infant-caregiver interactions play a vital role in human development "from the cradle to the grave" (p. 129). The underpinnings of one's adult attachment are heavily influenced by the framework and understanding of their previous infant-caregiver attachment systems and patterns. This is because the internal working models which take shape in the earliest interactions with caregivers are carried forward into later relationships (Ainsworth, et al., 1978; Bowlby, 1982; Hazan & Shaver, 1987).

Building on these ideas, the field of adult attachment emerged in the late 1980s due in most part to research by social psychologist Phil Shaver and clinical researchers Phil and Carolyn Cowan (1999). Their research confirms the idea that early attachments exert a serious influence on later relationships. A more recent study has highlighted that our adult relationships are shaped by our early patterns of attachment as reflected specifically in the ways adults deal with closeness, separation and love with others (Schneider, Gruman & Coutts, 2005).

Attachment researchers have conceptualized and measured adult-attachment style in two distinctly different ways, giving rise to two distinct models of understanding, viewing, researching, and measuring adult-attachment style. The first model investigates a parent's state of mind (parent's attachment-related thoughts and feelings about his/her childhood) which is known to be strongly correlated with his/her infant's classified

attachment style (Main & Goldwyn, 1998) and therefore classifies the parent into 1 of 4 styles similar the child's classification system of secure/autonomous, dismissing, preoccupied and unresolved/disorganized. This model uses as its main tool the Adult Attachment Interview (AAI). The second model investigates attachment-related anxiety and avoidance one perceives in adult relationships (Hazen & Shaver, 1987). This originally resulted in a three category classification system of: secure, avoidant, and anxious that was later expanded on by Bartholomew & Horowitz (1991) to include a fourth category and a renaming of terms resulting in the following four category classification system: secure, dismissing, preoccupied and fearful. Secure refers to having low levels of avoidance and anxiety. Dismissing denotes to having high levels of avoidance and low levels of anxiety. Preoccupied signifies having low levels of avoidance and high levels of anxiety. Finally, fearful indicates having both high levels of avoidance and anxiety. This model uses as its main tool self report measures such as Experiences in Close Relationships (ECR) or Experiences in Close Relationships – Revised (ECR-R).

The first model for conceptualizing adult attachment styles grew from the Ainsworth Strange Situation experiment with infant-parent dyads. Mary Main, a former student of Ainsworth, focused on the parents' state of mind; that is, parents' attachment-related thoughts and feelings about their childhoods. Main found that there was a strong correlation between an infant's attachment style and the parents' own thoughts, memories and feelings about their own childhoods (Main, Kaplan, & Cassidy, 1985). As a result Main and her colleagues created the Adult Attachment Interview (AAI), a semistructured narrative interview to understand adult state of mind as it relates to their own

childhood. It has since become the "gold standard" for clinical assessment of adult attachment.

The Adult Attachment Interview (AAI) asks adults to reflect upon three things: their parents' overall treatment of them, how they would describe the kind of relationship they had with their parents, and their memories of how their parents responded or treated them when they were physically or emotionally hurt (George, Kaplan, & Main, 1996; Main eta al., 1985). The AAI is a semi-structured protocol aimed at "surprising the unconscious" (Main & Goldwyn, 1998) in order to evaluate attachment styles in adults and understand the internal working model of each person. It investigates the coherence of the client's narrative, exploring the client's understanding of parents and other attachment figures, their response to major trauma or loss, and if applicable, their experiences with his/her own children (Main & Goldwyn, 1998). The resulting assigned attachment style of each person showcases and predicts how that individual will most likely respond to their spouse, child and others. It also reveals the interactions and communication patterns that occur with others and how a person, couple or family goes about supporting, problem-solving and attuning to the needs of self, spouse and child. The data from the AAI allowed Main and her colleagues to observe three major patterns of adult attachment which they classified as: autonomous, dismissing, and enmeshed/preoccupied. They subsequently added two other categories: unresolved/disorganized and cannot classify.

The second model of understanding, measuring and categorizing adult attachment styles started out by defining them specifically in terms of adult romantic relationships. Researchers affirmed that romantic adult-attachment relationships parallel

attachment theory (Collins & Feeney, 2000; Hazen & Shaver, 1987; Shaver & Hazen, 1988). When Hazen, Shaver, Bartholomew and Horowitz, in the mid 1980's, started wondering about how the attachment process plays out in adulthood, especially in adult romantic relationships, they concluded (and this still informs the current understanding of adult attachment) that individual differences in attachment are best understood dimensionally rather than categorically (Fraley & Waller, 1998). The current consensus is that attachment styles are things that vary in degree rather than kind. The most popular tools for measuring adult attachment style in this second model are Brennan, Clark, and Shaver's (1998) ECR (Experiences in Close Relationships) and Fraley, Waller, and Brennan's (2000) ECR-R (Experiences in Close Relationships Revised) which are both self-report measures. They measure the degree of two attachment-related parameters occurring in close relationships: anxiety and avoidance. The secure style describes a person who is low on both dimensions of anxiety and avoidance. The dismissing style is described as being high on the avoidance dimension and low on anxiety. The preoccupied style is represented by low avoidance and high on anxiety. Lastly, the fearful style is high on both avoidance and anxiety dimensions (Fraley, 2002).

There is yet another widely accepted classification system that is based on the second method but incorporates some aspects of the first. In this system, Bartholomew (1990) identifies four styles of adult attachment that are derived from the two dimensions of how a person views him/herself (self image) and how a person views others; the internal working model of self and the internal working model of others (Bartholomew & Horowitz, 1991). Within each dimension of view of self and view of others, there are two levels: positive and negative. These dimensions, in combination, result in the

creation of the four patterns of adult attachment styles. For the purpose of this dissertation, and to avoid confusion, these styles will be defined in greater depth in the following paragraphs as they are the most commonly used.

Possessing a secure-autonomous (secure) adult attachment style is characterized as being able to enter into a relationship where one is able to simultaneously seek out and experience intimacy with and depend on a partner while also maintaining the ability to be independent and feel comfortable on one's own. A person with this attachment style would concur with these statements: "It is relatively easy for me to become emotionally close to others. I am comfortable depending on others and having others depend on me. I don't worry about being alone or having others not accept me" (Mikulincer & Shaver, 2007, p. 499). These people perceive their partners and relationships positively, generally have high self esteem, and have a history of success in relationships.

An adult anxious-preoccupied (preoccupied) attachment style is seen in someone who is demanding and overly clingy in a relationship. They crave being as emotionally close to their partner as possible and their self esteem is dependent on their perceived reciprocation of intimacy of their partner. Their self image tends to be negative yet they view others positively and will often blame themselves for problems in the relationship. This person would concur with these statements: "I want to be completely emotionally intimate with others, but I often find that others are reluctant to get as close as I would like. I am uncomfortable being without close relationships, but I sometimes worry that others don't value me as much as I value them" (Mikulincer & Shaver, 2007, p. 499). They tend to be overly emotional and worrisome in their relations with their partner.

An adult dismissive-avoidant attachment style is evident in a person who prides

him/herself in being independent of others. They do not openly express a need or desire to be emotionally intimate. They generally think less of others than they do themselves and appear to be aloof. This person would be comfortable with the following statements: "I am comfortable without close emotional relationships. It is very important to me to feel independent and self-sufficient and I prefer not to depend on others or have others depend on me" (Mikulincer & Shaver, 2007, p. 499). They tend to withhold their emotions from their partner and withdraw from the relationship. They are defensive, and can be perceived as cold.

Finally, an adult with disorganized or unresolved (also referred to as fearful avoidant in other classification schemes) attachment style is one who may desire to be in an intimate relationship but at the same time is fearful of the possibility of being rejected by the partner because they have been abused or experienced rejection at some point in their childhood. They are internally conflicted and struggle between the need for intimacy and their self protective avoidance of it. This results in feelings of anxiety about becoming too emotionally close and dependent on their partner. The following statements would apply to them: "I am somewhat uncomfortable getting close to others. I want emotionally close relationships, but I find it difficult to trust others completely, or to depend on them. I sometimes worry that I will be hurt if I allow myself to become too close to others" (Mikulincer & Shaver, 2007, p. 499). They have a negative self image and high level of distrust towards others.

How do these adult attachment styles correlate with attachment styles they possessed in their upbringing? Secure children generally develop into secure or autonomous adults; anxious-avoidant insecure children generally become dismissing

adults, anxious-ambivalent insecure children generally become preoccupied adults, and disorganized children generally are disorganized or unresolved adults (Hesse & Main, 2000).

Adult Attachment Relationships and Influence on Caregiving

It is important to understand what it means to be attached in adulthood, especially how it relates to how a person interacts with their children. Hazan and Shaver's (1987) research findings are consistent with Bowlby's theory that children develop internal blueprints or working models of relationships (Bowlby, 1982) that are implicit, nonconscious templates for later adult attachment patterns in their relationships (Siegel, 1999). A key idea of adult attachment theory (Hazan & Shaver, 1987) is that the attachment bond between adult romantic partners bears resemblance to the emotional bond between infants and their primary caregiver. The same motivational system, the attachment behavioral system, that gives rise to the close emotional bond between parents and their children is also responsible for the bond that develops between adults in emotionally intimate relationships (Hazan & Shaver, 1987). Caregiving experiences in early life shape attachment representations; once formed, they serve as a blueprint, a mental model for attachment relationships and influence adult attachment patterns with peers and romantic partners (Mikulincer & Shaver, 2007). Some examples of the similarities of adult and child attachment are: in both cases each party feels safe when the other is nearby and responsive, both engage in close, intimate, bodily contact, both feel insecure when the other is inaccessible, both share discoveries with one another, both play with one another's facial features and exhibit a mutual fascination and preoccupation with one another and both engage in "baby talk" (Obegi & Berant, 2009).

These two differing research foci examine adult attachment through different prisms. The different research measures involve different conceptualizing and assumptions researchers have made based upon attachment theory. The AAI is based upon the belief that assessment of unconscious defensive strategies in adults that developed in their childhoods is critical to understanding attachment style, thereby requiring a narrative, interview-based method of verbal and nonverbal assessment (Bartholomew & Moretti, 2002; Shaver, Belsky & Brennan, 2000). On the other hand, researchers who advocate the use of self-report attachment style methods such as the ECR or ECR-R assert that defensive strategies can be accurately identified through self-report measures.

Despite these differences, research outcomes indicate several similarities and overlapping areas related to parenting and parent-child relationships. Outcome studies using both measures indicate that more secure adults (those with lower levels of attachment related anxiety and avoidance) have a tendency to show greater engagement, supportiveness, sensitivity, responsiveness, and helpfulness with their children (Adam et al., 2004; Crowell & Feldman, 1988; Edelstein et al., 2004; Eiden et al., 1995; Priel & Besser; 2000; Rholes et al., 1995). Conversely, more insecure adults (those with higher level of attachment related anxiety and avoidance) have a tendency to feel less close to their children, view themselves as less capable of rearing children, and endorse harsher, more intrusive and insensitive parenting practices (Magai et al., 2000; Rholes et al., 1997). These research findings mirrored the research of Shaver et al. (2000) who identified two significant associations between the two attachment measures of feeling able to depend on others and being comfortable having others depend on oneself.

The body of research on the relationship between adults' attachment style and their parenting beliefs and behaviors yields important information that may be beneficial to parents who adopt maltreated children from Child Welfare. Considering the fact that adopted children enter parent-child relationships with attachment disruptions and preexisting emotional and behavioral challenges due to their histories of maltreatment (Even B. Donaldson Adoption Institution, 2004, 2010; Howard et al., 2003), it can be posited that parenting may be particularly challenging and stressful for any adult even adults with a secure attachment style.

Relationships

Effective Relationships

From an attachment perspective, an "effective relationship" is seen as one having attachment security. A secure attachment bond is marked by mutual emotional ease of access and awareness, and a safe environment is created to optimize the ability of family members to regulate their emotions, communicate clearly, process information, and problem solve (Johnson, 2003). Members of effective or secure relationships (including child/caregiver) openly acknowledge their distress, view their attachment figure as dependable and trustworthy, and turn to the attachment figure for support and soothing (Johnson & Whiffen, 2003). This enhances the broaden-and-build cycle, one of the thirteen core concepts of Attachment Theory, defined in preceding pages, therefore increasing attachment security. A secure relationship has a high level of intimacy and commitment, and is able to resolve conflicts (Mikulincer &Shaver, 2007).

In children specifically, an effective relationship is based upon the "healthy" (Bowlby, 1988) infant-caregiver relationship, which is responsible for creating a secure

attachment. Attuning to the baby's needs is the foundation for a healthy relationship (Karen, 1998) because an infant is dependent on external regulation of need states (Cassidy & Shaver, 1999). It is natural and common to expect that there will be instances when the attachment figure is not attuned or the infant is dysregulated. When this dynamic occurs, what is most important is the attempt to repair the relationship (Johnson & Whiffen, 2003). When an infant is dysregulated, in what is referred to as the arousal cycle, he/she exhibits displeasure or stress. As the caregiver satisfies the child's need by touch, food, eye contact, smiles, or motion, the child calms and relaxes and as a result trust and security are reinforced and strengthened (Schore & Schore, 2008).

Relationship Dysfunction

Distressed patterns of attachment behavior may manifest at any time. Dysfunctional styles of attachment increase the likelihood of relationship dysfunction because secondary attachment strategies are used versus primary attachment strategies (Mikulincer & Shaver, 2007). For example, hyperactivating strategies such as protest reactions will become primary characteristics of relationship dysfunction. Deactivating strategies such as trying to avoid or escape will be commonly used strategies as well (Shaver & Mikulincer, 2009). Less secure individuals having either anxious, avoidant, or both attachment styles have more worries and insecurities (Mikulincer & Shaver, 2007) and as a result the relationship itself is often not seen as a safe haven or secure base. In this case, there is a higher likelihood of utilizing unhealthy means of relating and communicating, and angry or clingy demands for the partner's attention along with cold detachment are typical interactions observed (Mikulincer & Shaver, 2007).

Dysfunctional styles of attachment behavior between the infant and caregiver

have a negative critical impact during the early developmental years (Solomon & Siegel, 2003). One of the chief manifestations of dysfunctional attachment behavior is maternal deprivation (Bowlby, 1982). Distress is a common by-product of dysfunctional relationships, occurring as attachment security is threatened (Bowlby, 1988) and manifesting in displays of anger, shame, embarrassment, and coercion that devolve into a tactic of persistently attempting to obtain and maintain the attention of the attachment figure (Johnson, 2003). Emotional disengagement, rigid interaction patterns, and a disallowing of feelings and wants all lead to ineffective communication (Johnson & Whiffen, 2003), which leads to low levels of attachment, which results in negative, repetitive cycles of interacting (Bowlby, 1988). Thus, accessibility and responsiveness by the parent become even more limited (Johnson & Whiffen, 2003).

Child Welfare - Childhood Maltreatment and Trauma

Children in the Child Welfare system have experienced and been exposed to unresponsiveness or abusive interactions with their caregiver/s (Howe, 2003). As a result they develop unhealthy attachment patterns and are not securely attached children (Levy & Orlans, 2003). They view the world as being unsafe; they do not trust that adults will be able to keep them safe and take care of them. As a result, they have difficulty forming new relationships with adults when placed in a new home (Hodges, Steele, Hillman, & Henderson, 2003; Hodges eta al, 2005; Rustin, 2006; Steele, Hodges, Kaniuk, & Steele, 2010). A study done by Hodges et al, (2005) found that when adopted children from Child Welfare were given the Manchester Child Attachment Story Task , these children rarely had positive themes in their responses at two months post adoption. They communicated more negative themes such as aggression, catastrophic fantasies, injury

and death during the tasks. Another study done in the United Kingdom by Selwyn et al. (2006), reported that when they followed up with adopted children from Child Welfare, 17% of the children disrupted and of the ones that remained only two fifths of those children were free from behavioral problems seven years later.

These children are often described by their parents, teachers and mental healthcare professionals who work with them as controlling, mistrustful and oppositional (Levy & Orlands, 2003). According to Levy and Orlands (2003 p. 178), "they tend to have negative core beliefs, antisocial attitudes and antisocial behaviors". These children reenact their negative relationship patterns learned from their previous relationships. They will also try to provoke rejection, and anger from their adoptive parents to reinforce their negative beliefs about themselves and others (their internal working model). They do this by trying to provoke the negative reactions from their adoptive parents in an effort to maintain control and avoid emotional closeness. Thus it makes parenting and attaching to these children difficult because many parents become angry, punitive and rejecting. Most of the interactions between the child and adoptive parents become dominated by power struggles (Levy & Orlands, 2003).

There has been some research done on this specific population which highlights that these children who were maltreated , struggle to attach and have behavioral and emotional problems are able to improve and attach and actually change their attachment patterns (Pace & Zavattini, 2011). A study done by Pace and Zavattini (2011) examined attachment patterns of children adopted between the ages of four through seven and their adoptive mothers during the first seven to eight month period after adoption. The focus of the study was to evaluate the effect of the adoptive mothers' attachment security on the

revision of the attachment patterns of their adoptive child. The results of this study found

that all adopted children who showed a change from insecure attachment patterns to

secure attachment patterns had adoptive mothers with secure attachment models. In

another study titled Attachment Representations and Adoption Outcome Study by Steele

et.al.,(2003) the results are similar to the study done by Pace and Zavattini.. Children

who had adoptive parents' that were classified as autonomous-secure by the Adult

Attachment Interview, moved their adopted child from an anxious/avoidant attachment

style classification into a secure attachment style classification (Steele et al., 2008; 2009;

2010).

Parenting Styles

"There is no way in which parents can evade having a determining effect upon

their children's personality, character, and competence" (Baumrind, 1978, p.239). It has

been theorized for some time that parents, in their behaviors and relationships with their

children, can have a profound influence on their children's learning, their interactions

with their environment, and their expectations of self and others (Collins & Laursen,

1999; Hartup & Rubin, 1986; Maccoby & Martin, 1983). To parent a child means to

ensure the physical wellbeing of that child, stimulate the child's intellectual development,

encourage socially acceptable and responsible behavior, provide emotional security and

give moral and spiritual direction (Baumrind, 1978). Parenting is about providing a

warm, secure home life, helping the child to learn the rules of life, providing guidance,

develop a good self concept and socialize them.

Parenting is possibly the most important job and role for any person. Children's

development is greatly influenced by the different facets of parenting (Eisenber, et al.,

1999; Liu, 2001 & Liu et al. 2002). The art of parenting is multi faceted and utilizes behaviors, attitudes, and techniques that work individually and synergistically to influence child outcomes. The emotional climate in which parents raise their children is defined as parenting style.

Most researchers who discuss and study parenting styles typically use and rely on Diana Baumrind's concept of parenting style. The construct parenting style is used to capture normal variations in parents' attempts to control and socialize their children (Baumrind, 1991). There already exists a large body of literature which has examined parenting styles (Abell, et al., 1996; Beyer, 1995; Bloir, 1997; Bluestone & Tamis-Lemonda, 1999; Darling 1999; Glasgow, Dornbusch, Troyer, Steinberg, & Ritter, 1997; Maccoby & Martin, 1983; Steinberg, Elem & Mounts, 1989) and the link between parenting style and its impact on children's achievement, socialization, overall well-being and development, along with problematic and antisocial behavior in young children (Baumrind 1967, 1971, 1978; Baumrind & Black, 1967; Lamborn et al., 1991; Paulussen-Hoogeboom et al., 2008).

This dissertation will be using Baumrind's three parenting styles of authoritarian, permissive and authoritative as a framework for assessing different parenting styles of parents who have or are in the process of adopting children from Child Welfare. Baumrind's classification of these three distinct parenting styles has been utilized as a predictor of diverse child outcome variables such as aggression, delinquent behavior, and substance abuse (Dornbusch et al., 1987; Hart et al., 1998; Hill, 1995; Lamborn, Mounts, Steinberg, & Dornbusch, 1991; Shumow, vandell, & Posner, 1998) but there are no known studies that use her styles of parenting to specifically look at the outcomes of

adoption when the child is adopted from Child Welfare. One question being posed in this study is whether the parenting style of the adoptive parent plays a significant role in the varying degrees of success in these types of adoptions or impacts the disruption and dissolution rates.

During the early 1960s, Baumrind conducted a study of more than 100 preschool-age children (Baumrind, 1967). She used naturalistic observation, parental interview and other research methods and found there were four important dimensions of parenting: disciplinary strategies, warmth and nurturance, communication styles and expectations of maturity and control (Baumrind, 1967). These four dimensions of parenting were incorporated as parameters for developing a system of classifying differing parenting styles. Maccoby and Martin (1983), in a follow-up study, further refined the parenting styles of Baumrind by making a distinction between permissive and neglectful parents. They classified their parenting styles based on two critical parenting properties: parental responsiveness and parental demandingness. Parental responsiveness (parental warmth or supportiveness), is defined as "the extent to which parents intentionally foster individuality, self-regulation, and self-assertion by being attuned, supportive, and acquiescent to children's special needs and demands" (Baumrind, 1991, p.62). Parental demandingness (behavioral control) is defined as "the claims parents make on children to become integrated into the family whole, by their maturity demands, supervision, disciplinary efforts and willingness to confront the child who disobeys" (Baumrind, 1991, pp. 61-62).

Arriving at the Four Parenting Styles

Parenting styles encompasses two critical areas of parenting according to

Baurmind and Maccoby & Martin, which are parental demandingness and responsiveness (Maccoby & Martin, 1983). Demandingness, according to Baumrind (1996, p. 411), refers to "claims that parents make on children to become integrated into the family and community by their maturity expectations, supervision, disciplinary efforts, and willingness to confront a disruptive child." Demandingness can be gauged based on the level of direct confrontation, well-defined monitoring techniques, and patterns of discipline (Baumrind, 1996; Simons et al., 2004) that one utilizes while parenting, Parents who use high levels of confrontation, monitoring, and consistent discipline are characterized as demanding; those with low levels of confrontation, monitoring, and inconsistent discipline are characterized as not demanding. Parents with high demandingness can be characterized as either authoritarian or authoritative in Baumrind's typology (Maccoby & Martin, 1983; Simons et al., 2004). Those with low levels of demandingness can be characterized as either permissive or neglecting/rejection (Maccoby & Martin, 1983; Simons et al., 2004).

Parental responsiveness according to Baumrind (1996, p. 410), is "the extent to which parent intentionally foster individuality and self-assertion by being attuned, supportive, and acquiescent to children's needs and demands." This can be gauged based on the level of warmth, reciprocity, and clear communication and person-centered discourse exhibited by a parent when dealing with a child (Baumrind, 1996; Simmons et al, 2004). Parents who utilize high levels of warmth, reciprocal behavior, and communication are thought to be highly responsive. Parents who use low levels of these facets are thought to be low in responsiveness. Those with high responsiveness are thought to be authoritative or permissive according to Baumrind's typology (Maccoby &

Martin, 1983; Simons et al., 2004). In contrast, parents with low responsiveness can be characterized as authoritarian or neglecting/rejecting (Maccoby & Martin, 1983; Simons et al., 2004).

These two dimensions of responsiveness and demandingness create a typology of four parenting styles: Authoritarian, authoritative, permissive and neglecting/rejecting (Maccoby & Martin, 1983). These differing parenting styles reveal different naturally occurring variations of parental values, practices and behaviors (Baumrind, 1991) and a distinct balance of responsiveness and demandingness.

Permissive Parenting Style

Permissive parents are described as being uninterested, aloof, often wanting to be friends versus parents, caring more about getting acceptance from the child than disciplining the child. The word "push-over" could be used to describe this type of parent and this type of parent is easy manipulated by the child (Baumrind, 1991). Permissive parents, according to the two dimensions of responsiveness and demandingness, are high on responsiveness and low on demandingness. Children with permissive parents tend to have poor social skills, are insecure, do not respect authority, are often self indulgent, and lack self-discipline and self-soothing abilities (Carlo, McGinley, Hayes, Batenhorst & Wilkinson, 2007). There is in increased probability they will more likely abuse drugs and alcohol (Carlo et. al 2007). These types of children tend to not do as well in school (Lamborn, Mounts, Steinberg and Dornbusch, 1991).

Authoritarian Parenting Style

Authoritarian style of parenting can be described as the parent being extremely strict, callous, unforgiving, and military like. There are strict rules set in place and the

child is expected to follow them. No reasons are given as to why the rules exist and why the child should follow them. If a child asks the parent why there is a specific rule or directive given, a common response would be, "Because I said so." These types of parents do not typically display warmth or nurturance. The punishments they mete out can appear punitive. This type of parenting is classified as high in demandingness and low in responsiveness. Children are not given choices or options. Children raised in this fashion tend to have difficulty with self regulation, and do not learn how to do it by themselves because it is done for them, and do not learn how to create their own personal standards (Spera, 2005).   When they are outside of the home, they tend to struggle with inappropriate boundaries, will be overly aggressive with others (Baumrind 1967 & 1989). They associate getting and receiving love with being successful and obedient, they are observed as being fearful or shy, have a lower self-esteem and self concept and have difficulty in social situations (Baumrind 1967,1978,1991 & 1996).

Authoritative Parenting Style

Authoritative parenting style can be summarized as being strict but pliable, understanding, and open to appeal from their children. They implement reasonable consequences and discipline as opposed to unreasonable punishment. Being fair, just, and consistent with their parenting are key factors of this style. This style of parenting is more democratic (Baumrind, 1969& 1971). Parents are responsive to their children and willing to listen to questions. They are assertive, but not intrusive and restrictive. They express and demonstrate warmth and nurturance. In regards to demandingness and responsiveness, they are high in both demandingness and responsivenss.   Children of these parents are more mature, independent, happy, friendly, active and achievement-

oriented than children raised in other types of parenting styles (Baumrind, 1967,1978, 1991 &1996; Maccoby, 1992). They have internalized moral standards (Holmbeck, Paikoff, and Brooks-Gunn, 1995). There academic performance in high school is superior to that of children from either authoritarian, permissive or neglecting/rejecting homes (Dornbusch, Ritter, Leiderman, Roberts, and Fraleigh, 1987; Steinberg, Dornbush, and Brown, 1992).

Neglecting/Rejecting Parenting Style

The fourth and last style of parenting is the neglecting/rejecting parenting style. These parents often have few rules, offer little or no supervision, ignore their children and are emotionally unresponsive to their children. Typically they are unable to care or parent their child due to their own problems they are dealing with such as depression, substance abuse or being overworked. They are observed to be uninterested, distant, uninvolved, and not able to create an emotional connection with their child. They tend to have few or no expectations or demands for their child's behavior. They do not typically attend school events and parent-teacher conferences. They are rated as being low in both responsivenss and demandingness. Children of these neglecting and rejecting parents learn that they must provide for themselves. They learn they can not trust adults, they fear being dependent on other people and thus have great difficulty forming attachments later in life. They are observed to be antisocial, angry, emotionally withdrawn and dysregulated (Dishion & Patterson, 2006). During their adolescent years they tend to exhibit more delinquency type behaviors (Baumrind 1967, 1971, 1978; Dryfoos, 1991). They generally perform poorly in nearly every area of life. These children tend to display deficits in cognition, attachment, emotional skills and social skills (Baumrind, 1967,

1971, 1972; Baumrind & Black, 1967; Bahr & Hoffman, 2010).

Adult Attachment and Parenting Practices: Linking Constructs with Successful

Adoption and Disruption/Dissolution Rates

Both attachment styles and parenting styles have not been combined in a study that investigates the link between parent attachment and parenting styles to the successful adoption rate of children from Child Welfare. Research outcomes of adult attachment styles indicate several similarities and overlapping areas related to parenting and parent-child relationships. Outcome studies indicate that more secure adults (those with lower levels of attachment related anxiety and avoidance) have tendencies to show greater engagement, supportiveness, sensitivity, responsiveness, and helpfulness with their children (Adam et al., 2004; Crowell & Feldman, 1988; Edelstein et al., 2004; Eiden et al., 1995; 1997; Priel & Besser; 2000; Rholes et al., 1995). Conversely, more insecure adults (those with higher level of attachment related anxiety and avoidance) have tendencies to feel less close to their children, view themselves as less capable of rearing children, and endorse harsher, more intrusive and insensitive parenting practices (Adam et al., 2004; Magai et al., 2000; Rholes et al., 1997). These differences occur because of how a person assesses and makes sense of the situation with their child due to their internal working model. For example, a person with a secure attachment style often positively appraises even stressful situations whereas someone with an insecure attachment will often appraise the situation negatively and thus respond accordingly (Lopez, 2009).

A study done by Adam and colleges (2004) interviewed 102 mothers and their 2 year old child. The mothers were interviewed using the Adult Attachment Interview and

were classified into three different attachment style groups. They also completed additional self report measures of maternal affective functioning. Six months later, 80 of the 102 mothers returned with their child and participated in a parent-child interactive session. During this session the mother was coded by coders who were blind to their AAI classification. The mothers were rated on a scale ranging from 0-2. 0 represented none or low amounts of each type of behavior, 1 indicated small amounts, and 2 represented strong on consistent presence of behaviors. There were six maternal variables; warmth, sensitive responsiveness, intrusiveness, quality of directing, anger or frustration and overall parenting quality. Results of the study highlighted that mothers classified as preoccupied, which is a form of insecure attachment, had higher levels of anger or frustration and intrusiveness when interacting with their child. Dismissing mothers had the lowest levels of warmth while interacting with their child.

Such research on the relationship between adults' attachment style and their parenting beliefs and behaviors yields important information for parents who adopt maltreated children from Child Welfare. Considering that adopted children enter parent-child relationships with attachment disruptions and preexisting emotional and behavioral challenges due to their histories of maltreatment (Even B. Donaldson Adoption Institute, 2004; Howard et al., 2003), parenting may be particularly challenging and stressful for adults with a more insecure attachment style.

It is plausible to assume that a parent who is securely attached will have a better parenting style than an individual who has a more insecure attachment representation (dismissing vs. precoccupied vs. unresolved) (Adam et al., 2004; Crowell & Feldman, 1988; Edelstein et al., 2004). These factors have only minimally been researched,

particularly as they relate to parent-child adoptive relationships. Since maltreated children often display behaviors that cause adoptive parents considerable parenting stress and challenges (McDonald et al., 2001; McRoy, 2007; Rosenthal, 1993; Rosenthal & Groze, 1990; Wind, Brooks, & Barth, 2005), the adoption field will benefit from further knowledge about the individual adult traits that are best equipped to parent such children.

This dissertation hopes to build upon the work of The Attachment Representations and Adoption Outcome Study (Steele et al., 2003). That study examined attachment relationships in adoptive families with previously maltreated children. It included 61 children placed in adoptive homes between the ages of four and eight at the time of the adoption and investigated the parents' own attachment style by using the AAI (Adult Attachment Interview) immediately prior to the adoptive placement. The AAI was used to categorize the adult's attachment style into either autonomous secure, insecure-dismissing, insecure-preoccupied or unresolved. The study also used a subjective projective measure, Story Stem Assessment Profile, with the child to elicit the child's experiences in family life that allowed for the assessment of the child's expectations of attachment figures. This measure was administered three times throughout the study: immediately after the adoption placement, one year later and two years later. This study also used a third measure which consisted of three self report questionnaires and a Parent Development Interview, which was coded, to investigate and assess the adoptive parents' perception of their relationship to their adoptive child; specifically, their view of their child, their relationship with their adoptive child, their perception of themselves as a parent and how their child was adjusting to placement. These measures were also administered to adoptive mothers three times throughout the study: immediately after the

adoption placement, one year later and two years later. The findings, after analyzing

these three assessment measures at different specific points along the adoptive timeline,

highlighted that the child's attachment was significantly and positively correlated with

the parent's attachment style over a two year period gathered from the AAI. Children

placed with autonomous-secure parents showed increases in positive themes of their

assessment measure and a decline in the negative themes such as aggression over time.

Themes of aggression and disorganization remained high for children placed with parents

with mothers that were not classified as autonomous-secure. Another key finding in this

study was that securely attached mothers experienced more joy in parenting their

adoptive child, and adoptive mothers that were unresolved perceived lower levels of joy

and competence in their ability to parent their adoptive child, and viewed their adoptive

child as being rejecting.

Summary

The literature on attachment and parenting were reviewed because they may have

an impact on the success of adoptions. Research reveals parental attachment significantly

impacts their child's attachment style which in turn influences a child in many ways. For

example a child who is securely attached tends to develop a stronger self-esteem and

better self-reliance as they grow older. They also tend to be more independent, perform

better in school, have successful social relationships and experience less depression and

anxiety. In regards to adoptive children, there is evidence that their attachment style can

become more secure when paired with securely attached adoptive parents (Hodges,

Steele, Hillman, & Henderson, 2003; Hodges eta al, 2005; Steele, Hodges, Kaniuk, &

Steele, 2010; Rustin, 2006).

This study is designed to add to the literature by contributing to the unfolding knowledge base regarding which parent factors facilitate adoption success. A second goal is to suggest empirically based tools that are easily scored and interpreted objective measures that may help inform placement decisions thereby increasing the rate of placement success and decreasing placement disruption and the risk of the emotional trauma to children and their adoptive families.

Therefore, the following research questions will be examined.

 1) Can the outcome status of successful versus disrupted adoption be correctly predicted from knowledge of attachment styles and parenting practices of caregivers?

2) If successful adoption outcomes can be predicted, which variable/s (attachment style or parenting practices) are central in the prediction of that status? Does the inclusion of a particular variable, either attachment style, parenting practices or both, increase or decrease the probability of adoption success or disruption?

CHAPTER III

Method

Participants

One hundred thirty-six individuals were recruited for this study. However, 23 participants were removed from the data base because they did not meet inclusion or exclusion criteria or they did not complete all questionnaires. The final sample size for this study was 113 participants. The age range of this sample was 25-54 years old with a mean age of 41. As shown in Table 3.1, 92% (n=104) of the participants were female, 7% (n=8) were male and 1% (n=1) marked other. Eighty-nine percent (n=100) identified as Caucasian, 6% (n=7) Hispanic, 3% (n=3) African American, and 3% (n=3) as Pacific Islander. Religious identification of the sample shows that 63% (n=71) were Christian, 13% (n=15) Catholic, 3% (n=3) Jewish, 1% (n=1) Buddhist, 5% (n=6) Other, and 15% (n=17) as None. The education level of the sample included 7% (n=8) who had completed high school, 14% (n=16) had some college, 5% (n=6) received a certificate for a specific job, 8% (n=9) earned an AA degree, 36% (n=41) obtained a college degree, 27% (n=31) received a masters degree and 2% (n=2) had a doctoral degree. Gross family income level, which is also provided in Table 4.1, revealed that 4% (n=5) had a gross family income between $25,000-$39,999, 14% (n=16) reported gross family income between $40,000-$54,999, 19% (n=22) reported earning between $55,000-$74,999, 20% (n=23) reported earning $75,000-$99,999, 27% (n=31) reported making between $100,000-$174,999, 8% (n=9) reported earning between $175,000-$249,999 and 6% (n=7) reported earning over $250,000. A trauma question was asked to the parent, if he/she had ever experienced trauma. 65.5% (n=75) reported no and 34.5% (n=39)

reported yes.

Table 3.1

Characteristics of Sample Population

Variable	Percentage	Number of Participants
Gender		N=113
Male	7%	8
Female	92%	104
Other	1%	1
Ethnicity		N=113
African American	3%	3
Caucasian	89%	100
Hispanic	6%	7
Pacific Islander	3%	3
Religion		N=113
Christian	63%	71
Catholic	13%	15
Jewish	3%	3
Buddhist	1%	1
Other	5%	6
None	15%	17
Relationship Status		N=27
Married (first marriage)	37%	10
Remarried (second or third)	26%	7
Unmarried, but co-parenting	4%	1
Single	19%	5
Divorced	7%	2
Same sex relationship	7%	2
Education		N=113
High School graduate	7%	8
Some college	14%	16
Certificate for specific job	5%	6
College with AA degree	8%	9
College graduate	36%	41
Graduate school (Masters)	27%	31
Graduate school (Doctorate)	2%	2
Gross Family Income		N=113
$25,000-$39,999	4%	5
$40,000-$54,999	14%	16
$40,000-$54,999	19%	22
$75,000-$99,999	20%	23
$100,000-$174,999	27%	31
$175,000-$249,999	8%	9
$250,000 and over	6%	7
Trauma		N=113
Yes	34.5%	39
No	65.5%	75

As shown in Table 3.2, information was also collected on the relationship status of

the adoptive parents. Not all participants answered this question because the question was accidently omitted from the on-line survey and was noticed after the majority of participants had already completed the survey. When the mistake was noticed the question was added to the survey. Of the 27 (86 did not complete this question) people that completed the marriage question, 37% (n=10) were married, 26% (n=7) were remarried, 4% (n=1) unmarried but co-parenting, 19% (n=5) were single, 7% (n=2) were divorced, and 7% (n=2) were in a same-sex relationship.

Table 3.2
Relationship Status

N=27	Number of Participants	Percent
Married (first marriage)	10	37%
Remarried (second or third)	7	26%
Unmarried, but co-parenting	1	4%
Single	5	19%
Divorced	2	7%
Same sex relationship	2	7%
Total	27	100%

Procedure

A convenience sample of adult participants who were current or former adoptive parents that adopted from state custody in the United States were used in this study. The hope was that the convenience sample would reflect current adoption statistics on age, income, and ethnicity. The inclusion criteria were that participants were 25 years or older, able to read English, and respond to written statements, either in a pencil-and-paper or computer format. Participants were required to meet a few other eligibility requirements. First, since it is typical for children to reside with their adoptive parents

for up to 12 months prior to the adoption being legally finalized, parents in the process of adopting were included if their children had been residing with them for at least 6 months and the children's birth parents' right were terminated. Second, parents who adopted a child from state custody and experienced adoption disruption within the last 18 months were included. Those who adopted children at birth or adopted children internationally were excluded. Third, this study was limited to adults who are currently parenting adopted children between the ages of 2 and 12 years of age, or who did parent children between the ages of 2 and 12 years of age but the adoption disrupted within the last 18 months. This study allowed families where the adoptive child was placed in the home 6 months prior to the age of 2. A fourth requirement was that there had been a minimum of one rupture of attachment between the adoptive child and their primary biological caregiver. Fifth, this study was conducted on single parent-child dyads; therefore, adults who adopted more than one child were asked to report on one child they chose that met the current criteria. Sixth, children diagnosed with any form of Autism including high functioning autism or Pervasive Developmental Delay, along with severe psychiatric disorders were not included in this study.

The ages of 2 – 12 were used as inclusion criteria because research reveals that the rate of dissolution and disruption increased with the age of the child (U.S. Department of Health and Human Services, 2007) and the rate of adoption disruption or dissolving when the child was placed as an infant up to the age of 1 is rare. Teenagers will not be included in this study because, for a biological family, the teenage years are difficult as is and the main developmental task is about identity. For the adoptive teen the developmental task of identity, figuring out who they are, is exacerbated and because of

that issues of frustration, and confusion and can lead to low self-esteem, anxiety and depression (Riley, D. & Meeks, J. 2005).

IRB approval was obtained in order to collect data. A convenience sample was drawn from the population of current or former adoptive parents who adopted a child from state custody/child welfare. Participation was voluntary. Multiple methods of recruitment were used to obtain enough participants. The number of participants obtained per each recruitment method is not known as that parameter was not included in the design study.

Method One. Recruiting through the Kinship Center (Seneca Family of Agencies) was intended to occur at each of their offices. Kinship Center has 6 offices throughout California and services more than 2,500 children each year through a variety of programs that are offered. It was hoped that an 8 by 11 sign (Appendix F) would have been placed at the front office of all locations. Since Kinship Center is contracted with different counties to provide therapy services, the county would not allow recruitment to occur this way. Although paper versions were available to be filled out, it was not allowed due to county regulations. Instead an e-mail was sent out through their adoption program with a link to the website that hosted the survey with an email that described the study. (See Appendix I).

Method Two. The second method which was set up to recruit participants at in-person support groups at the offices of Kinship Center was also was not completed due to county rules and regulations. Although the process was approved by IRB, the different counties would not allow it. Kinship Center was chosen because it is an agency that creates and supports families with adopted children. They have different support groups

for current and former adoptive parents where it was believed getting adoptions that disrupted or dissolved would have been more likely.

Method Three. Adults were invited to participate through advertisements (see Appendix F & J) about the study on web sites of the following organizations: the Kinship Center, Seneca Center, OCMomBlog, and OC Family Magazine. These organizations were chosen because of their connection and focus to adoption.

Kinship Center, as stated above, is an agency committed to serving and supporting families for children through adoption. Seneca Center, is the parent company to Kinship Center, and focuses on providing a multitude of services to foster children and helps them find and stay in a permanent home. Seneca Center's 2010 annual report stated they served 3,821 children in 7 different counties in Northern California.

OC Mom Blog is an on-line company and Blog run by an adoptive mother. The owner started writing her blog to help with sales of her business and she did so by documenting her journey of becoming an adoptive mom. Her site is now a family site which has a strong social media influence. She reaches over 38,000 readers a day.

The last organization that was used to reach the target sample of this study is OC Family magazine. OC Family magazine is both an on-line and print magazine that focuses on serving the time-starved parent with a combination of practical how-to information and a hand-picked calendar of family focused events. This magazine is community focused. Their targeted reading audience are parents ages 25-54 which makes 80% of their reader audience. Their on-line membership is 20,000 subscribers and they reach 13,000 additional subscribers through their e-mailed newsletter. The advertisement posted on these websites had a link to the on-line survey that was hosted

through Qualtrics.

Method Four. Participants were recruited via a posting on an internet "bulletin board" on the website, reddit.com (see Appendix J). Reddit.com is a social news website that is essentially a bulletin board for all sorts of topics. Users, both registered and non-registered, can view and read postings. Registration on reddit.com only required an email address and allows users to make their own posts and comment on others. No other identifying information is needed to make an account. Users do not have access to other users' account information. Qualtrics, which was the on-line survey used for this study, had a link on their site that allowed a direct link from Qualtrics to Reddit to post the survey.

The questionnaires were available in two formats: a paper version and an on-line survey however only the on-line format was utilized for this study. The on-line survey was created through Qualtrics. Qualtrics, is an online survey tool that is able to create surveys for researchers as well as host existing questionnaires. The site provides multiple levels of security to ensure that all information communicated is secure and confidential. Hosting the survey online permitted participants to complete it privately as well as making the data gathering both time and cost effective.

Adult participants logged onto a secure internet site hosted by Qualtrics where they completed the survey. Several pieces of information were obtained from participants. First, an informed consent statement was included (see Appendix H). Subjects gave their consent by clicking a "yes" button when they were asked if they consented. Second, intake questions (see Appendix G) were used to confirm eligibility and provide information necessary for the study, including the child's age, how old the

child was when placed in the home, confirming the child was adopted from a state custody, confirming the child has not been diagnosed with Autism, Asperger's Syndrome, Pervasive Development Delay Disorder or other severe psychiatric disorders. Next, participants completed four questionnaires: Demographic questionnaire, Adoption Attitude Questionnaire, The Experiences in Close Relationships-Revised, and the Parenting Styles and Dimension Questionnaire (see Appendices A,B,C,D). All participants were informed that once they completed the survey they could provide contact information to be entered into a drawing for a Visa Gift Card worth $100.

Instruments

This current study used a demographic questionnaire (See Appendix A) and an Adoption Attitude Questionnaire (see Appendix B) developed for this study. The Experiences in Close Relationships Revised scale (ECR-R; Appendix C) was used to measure attachment in the adoptive parents (Fraley, et al., 2000). The last questionnaire used for this study was, The Parenting Styles and Dimension Questionnaire (PSDQ; Appendix D) was used to measure parenting styles (Robinson, Mandleco, Olsen, & Hart, 2001).

The first questionnaire subjects completed was a demographic questionnaire including questions on age, gender, education, marital states, income and questions assessing whether subjects have themselves experienced trauma, and are religious (see Appendix A).

Adoption Attitude Questionnaire. The Adoption Attitude Questionnaire (see Appendix B) was specifically created for this study to measure an adoptive parent's perception or thoughts regarding adoption as a way to form a family. It consisted of 10

statements asking how much the respondent agreed or disagreed to the statements using a

7 point Likert scale ranging from 1 "Strongly Disagree" to 7 "Strongly Agree". A few of

the items were reverse scored (items 2, 3, 5, 6, and 8). After the reversed scoring for

items 2,3,5,6 and 8 the scores were summed. The higher the score respondents received,

the more they believed that adoption is a good way to form a family. In the present

study, Cronbach's alpha was .821 for the Adoption Attitude Questionnaire which

indicates that the reliability was satisfactory (George & Mallery, 2003).

   THE ECR-R. Adult-attachment style was measured dimensionally using the

Experiences in Close Relationships Revised scale (ECR-R: Appendix C) a public domain

inventory developed by Fraley et al. (2002). The ECR-R was created to measure adults'

comfort level in intimate relationships. Adults responded to 36 brief questions, rating

answers on a 7-point Likert scale from "strongly disagree" to "strongly agree". This

measure yields continuous scores on two subscales, Avoidance (or discomfort with

closeness and discomfort with depending on others) and Anxiety (or fear of rejection and

abandonment) (Fraley et al., 2000). Lower attachment anxiety and attachment avoidance

scores indicate a more secure attachment style. The possible scores for both the anxious

and avoidant sections of the ECR-R questionnaire ranged from 1 to 7. The ECR-R was

selected because of its psychometric superiority over other self-report measures of adult-

attachment style. Studies have shown that the internal consistency for the ECR-R

avoidance and anxiety dimensions are above .90 (Fairchild & Finney, 2006; Sibley et al.,

2005). Test-retest reliability over three weeks has ranged from .85 to .90 for avoidance

and from .88 to .92 for anxiety in two studies (Sibley et al., 2005; Tsagarakis et al., 2007).

For this study, the Cronbach's alpha for the avoidance dimension was .95 and the anxiety

dimension had a Cronbach's alpha of .93. Reliability measures for the two scales on the ECR-R were found to be excellent (George & Mallery, 2003).

Parenting Styles and Dimension Questionnaire. Parenting Styles and Dimension Questionnaire (See Appendix D) (PSDQ - Robinson, Mandleco, Olsen, & Hart, 2001) formally titled Primary Caregivers Practices Report (PCPR – Robinson, Mandleco, Olsen, & Hart, 1995) was designed to assess the level of a parent's or guardian's parenting style with respect to Baumrind's (1966) primary parenting styles typologies (Robinson et al., 1995): authoritarian (high control, low warmth), permissive (low control, high warmth) and authoritative (high control, high warmth). The PSDQ is based on the work of Diana Baumrind (1966) on parenting dimensions with items being derived from the Child Rearing Practices Report (Block, 1965). In a critical review of 55 parenting styles instruments, the PSDQ was found to be theoretically and psychometrically sound (Lock & Prinz, 2001). Reliability of the individual PSDQ scales ranged from .75-.91 (Robinson et al., 1995 & 2001). For this study, the Cronbach's alpha for permissive parenting score was .62, authoritative parenting score was .88 and authoritarian parenting score was .86. Reliability measures for authoritative and authoritarian were found to be good and permissive was questionable (George & Mallery, 2003).

The PSDQ is a self-report questionnaire on which each parent reports their parenting behaviors when interacting with their child. Originally called the Primary Caregivers Practices Report, the initial instrument consisted of 62 items derived through exploratory factor analysis. The items are scored on a Likert-type 5– point scale with responses ranging from "always" to "never" with an emphasis on frequency of behaviors. A short

form has been developed using confirmatory factor analysis that consists of 32 items which will be used for this study (Robinson et al., 2001).

The PSDQ is designed to place parents into one of three categories of parenting styles: authoritative, authoritarian, and permissive. The three styles delineate a spectrum of parenting behavior: the authoritative styles represents a balance between emotional warmth and child behavioral control, the authoritarian style represents a strong need to control child behavior regardless of emotional warmth, and the permissive style represents little desire to control their child in favor of emotional warmth. The authoritative parenting style has been found to be the most conductive to desirable child development outcomes (Baurmind, 1966,1971, 1996; Robinson et al, 1995).

No identifying information was requested on the demographic form, Adoption Questionnaire, ECR-R or PSDQ. For participants that were recruited through Kinship Center, they were assured that their participation will be completely voluntary and would not affect their standing with their agency.

Sample Size. The intended sample size was a minimum of 97 participants. The calculator at http://www.danielsoper.com/statcalc/calc01.aspx was used to calculate the necessary sample size (Soper, 2009). The following information was entered to calculate how many participants were needed when the effect size is medium set at .15, the desired statistical power level is greater than or equal to .8, the number of predictors chosen was 6 to account for the adoption attitude score, two categories of attachment styles in caregivers and the three different parenting styles and the probability level was set at .05 also known as the type 1 error rate.

Analysis

Logistic regression was used in this study because the dependent variable was a dichotomous variable; either the adoption was classified as unsuccessful or successful. Logistic regression uses a logarithm transformation to the odds $\Theta/1- \Theta$ to transform the range of response results to a real number. It does not assume a linear relationship between the dependent and independent variable, the dependent variables do not need to be normally distributed, there is no homogeneity of variance assumption, in other words, the variance does not have to be the same within categories, normally distributed error terms are not assured and the independent variables do not have to be internal or unbounded (Mertler & Vannarra, 2005).

Pedhazur (1997) discussed the applicability of using regression analysis when the objective of the study is to better understand how a set of descriptors explains an outcome. Menrad (2002), Pampel (2000) and Pedhazur (1997) recommend using logistic regression analysis when the dependent variable is dichotomous. Logistic regression assists in better understanding the relationships between a set of independent variable (continuous and/or categorical) and for this study it is both the caregivers' attachment and parenting styles and the dichotomous dependent variable of adoption was unsuccessful or successful.

Research Questions

The following research questions were examined.

1. Can the outcome status of successful versus disrupted adoption be correctly predicted from knowledge of attachment styles and parenting practices of caregivers?

2. If successful adoption outcomes can be predicted, which variable/s (attachment style or parenting styles) are central in the prediction of that status? Does the inclusion of a particular variable, either attachment style, parenting styles or both, increase or decrease the probability of the specific outcome; specifically, adoption success or disruption?

CHAPTER IV

Results

Statistical Package for the Social Sciences (SPSS) version 21 software was used

for conducting the analyses of the data. Preliminary analyses included frequency

distributions and descriptive statistics. Logistic regression analysis was used to

investigate the significance of predictive variables on the outcome. This chapter presents

the psychometric properties of the different questionnaires and reports the results of the

analyses of the research questions.

Psychometric Properties of the Questionnaires

Cronbach's alpha, means, and standard deviations for each measure in the study

are presented in Table 4.1. The mean of the Adoption Attitude Questionnaire was 56.5

and the standard deviation was 13.76. The higher the score on the Adoption Attitude

Questionnaire corresponds to more of a positive view on adoption as a favorable way to

form a family. Cronbach's alpha was .82 for the Adoption Attitude Questionnaire

indicating that the reliability measure was found to be satisfactory (George & Mallery,

2003). The anxiety scale on the ECR-R measure had a mean of 42.28, a standard

deviation of 24.81, and Cronbach's alpha of .93.   The avoidance scale mean was 42.53,

standard deviation was 21.56 and Cronbach's alpha was .95. Parenting practices were

measured by the PSDQ. Variables from the PSDQ had the following means, standard

deviations and Cronbach's alpha for the 3 scales used: authoritative mean=60.91,

standard deviation= 8.72, Cronbach's alpha =.88; authoritarian mean=21.97, standard

deviation=7.30, Cronbach's alpha =.86 and permissive mean=10.14, standard

deviation=3.37, Cronbach's alpha = .62.

Table 4.1
Psychometric Properties of the Questionnaires

Variable	N	M	SD	α	Range	Skewness
Adoption Questionnaire	113	56.50	13.76	.82	14-70 (10-70)	-1.257
ECR-R						
Anxiety Scale	113	42.28	24.81	.93	18-118 (18-126)	1.138
Avoidance Scale	113	42.53	21.56	.95	19-95 (18-126)	.788
PSDQ						
Authoritative	113	60.91	8.72	.88	35-75 (15-75)	-.695
Authoritarian	113	21.97	7.30	.86	12-51 (12-60)	1.606
Permissive	113	10.14	3.37	.62	5-20 (5-25)	.823

Statistical Analysis

Research Question 1. *Can the outcome status of successful versus disrupted adoption be correctly predicted from knowledge of attachment styles and parenting practices of caregivers?*

Logistic regression results are presented in Table 4.2. The dependent variable is the outcome of adoption, 0= not successful and 1= successful. Logistic regression was conducted to assess whether the five predictor variables, anxiety, avoidance, permissive, authoritative, and authoritarian significantly predicted adoption outcome status. When all five predictor variables were considered together they significantly predicted the outcome. The Omnibus Test of Model Coefficients "goodness of fit" (chi-square = 42.945, df = 5, p= .000) indicates this is a significant model over the null model. The Hosmer and Lemeshow Test (chi-square = 8.571, df = 8, p = .380) indicated that the full

model is a good fit. This indicates that for the sample, the five predictors as a set

increases the improvement of predicting adoption outcome status over the null model.

The null model correctly predicted 81.4% of cases. Table 4.3 shows the model with the

five predictor variables together correctly classified 89.4% of cases, with a specificity of

61.9% (unsuccessful adoption) and a sensitivity of 95.7% (successful adoptions).

Table 4.2
Summary of Logistic Regression Analysis for Variables Predicting Adoption Outcome

Predictor Variable	B	S.E.	Wald	Sig.	Exp(B)
Anxiety Scale	-.028	.023	1.493	.222	.972
Avoidance Scale	-.022	.024	.807	.369	.979
Permissive Scale	.013	.129	0.011	.917	1.014
Authoritative Scale	.036	.068	0.279	.597	1.037
Authoritarian Scale	.093	.074	1.579	.209	.912

*p<.05

Table 4.3
Observed and Predicted Frequencies for Adoption Outcome with 5 Predictors

Observed	Predicted		% Correct
	Unsuccessful	Successful	
Unsuccessful	13	8	61.9
Successful	4	88	95.7
Overall % correct			89.4

Research Question 2. *If successful adoption outcomes can be predicted, which variable/s (attachment style or parenting practices) are central in the prediction of that status? Does the inclusion of a particular variable, either attachment style, parenting practices or both, affect the probability of the specific outcome; specifically, adoption success or disruption?*

In the first logistic regression shown in Table 4.2, all 5 predictors were included in the analysis. The following p-values were given for each predictor: Anxiety scale score p=.222 avoidance scale score p=.369, permissive parenting score p=.917, authoritative parenting score p=.597 and authoritarian score p=.209. None of the individual predictors were significant.

To assist in understanding why none of the individual predictors were significant, a Pearson product-moment correlation coefficient was computed to assess the relationship between the five predictor variables (Table 4.4). Anxiety was significantly positively correlated with avoidance (r=.829, n=113, p=.000), permissive parenting (r=.645, n=113, p=.000), and authoritarian parenting (r=.565, n=113, p=.000). Anxiety was also significantly negatively correlated with authoritative parenting (r=.-637, n=113, p=.000). Avoidance was significantly positively correlated with permissive parenting (, r=.511, n=113, p=.000), and authoritarian parenting (r=.489, n=113, p=.000). Avoidance was also significantly negatively correlated with authoritative parenting (r=.-641, n=113, p=.000). Permissive parenting was significantly positively correlated with authoritarian parenting (r=.498, n=113, p=.000) and significantly negatively correlated with authoritative parenting (r=.-391, n=113, p=.000). Authoritative parenting was significantly negatively correlated with authoritarian parenting (r=.-750, n=113, p=.000).

The analysis of the data showed multicollinearity between the variables, so to further confirm the presence of multicollinearity, tolerance statistics were run and did confirm this. Multicollinearity existed between all of the variables and, as such, does not reveal which predictor does a better job at predicting the probability of the adoption outcome.

Table 4.4
Correlation Matrix of Predictor Variables

Predictor Variables	1	2	3	4	5
1. Anxiety Scale	-				
2. Avoidant Scale	.829(**)	-			
3. Permissive Scale	.645(**)	.511(**)	-		
4. Authoritative Scale	-.637(**)	-.641(**)	-.394(**)	-	
5. Authoritarian Scale	.565(**)	.489(**)	.498(**)	-.750(**)	-

**Correlation is significant at the 0.01 level (2-tailed) (N=113)

Due to the multicollinearity between the attachment and parenting predictor variables, two additional logistic regressions were run, separating the attachment scores from the parenting scores. These additional logistic regression models were run in an attempt to answer Research Question 2. Running separate analyses allowed further examination of the impact of differing attachment and parenting styles on adoption success.

The second logistic regression model included the attachment variables of anxiety and avoidance as predictors of adoption outcome. Results are presented in Table 4.5 and 4.6. The Omnibus Test of Model Coefficients "goodness of fit" (chi-square = 36.002, df = 2, p= .000) indicates the model with the attachment variables is a significant model over the null model. The Hosmer and Lemeshow Test (chi-square = 7.850, df = 8, p = .448) indicated that the model with attachment variables is a good fit. This indicates that for the full sample, the attachment predictor variables increased the ability of predicting

adoption outcome status over the null model. The null model correctly predicted 81.4%

of cases. This logistic regression model, with the attachment variable predictors,

correctly classified as shown in Table 4.5 85% of cases, with a specificity of 57.1%

(unsuccessful adoption) and a sensitivity of 91.3% (successful adoption). The finding

indicates the most important predictor variable of adoption outcome for this test is the

anxiety score. Anxiety score was significant in this model with p=.027. For each unit

increase in anxiety score, the odds of being in the successful adoption group decreased by

3.9 percent.

Table 4.5
Summary of Logistic Regression for ECR-R Variables Predicting Adoption Outcome

Predictor Variable	B	S.E.	Wald	Sig.	Exp(B)
Anxiety Scale	-.040	.018	4.909	.027*	.961
Avoidance Scale	-.030	.021	2.098	.147	.970

*p<.05

Table 4.6
Observed and Predicted Frequencies for Adoption Outcome using ECR-R as Predictors

	Predicted		
Observed	Unsuccessful	Successful	% Correct
Unsuccessful	12	9	57.1
Successful	8	84	91.3
Overall % correct			85.0

A third logistic regression model included parenting styles as predictor variables of

adoption outcomes (Table 4.7). The Omnibus Test of Model Coefficients "goodness of

fit" (chi-square = 37.514, df = 3, p= .000) indicates this model, with the three parenting

style predictors, was significant over the null model. The Hosmer and Lemeshow Test (chi-square = 11.171, df = 8, p = .192) indicated that the model, with the three predictor variables, is a good fit. This indicates that for the full sample, the parenting variable predictors significantly improved predicting adoption outcome status over the null model. The null model correctly predicted 81.4% of cases. This logistic regression model, using parenting variable predictors, correctly classified 89.4% of cases, with a specificity of 52.4% (unsuccessful category) and a sensitivity of 97.8% (successful category) (see Table 4.8). Authoritative parenting was significant, p=.040. The finding indicates that the most important predictor of adoption outcome for this model was the authoritative score. For each one unit increase in authoritative parenting score, the odds of being in the successful group increased by 12.6%.

Table 4.7
Summary of Logistic Regression for PSDQ Variables Predicting Adoption Outcome

Predictor Variable	B	S.E.	Wald	Sig.	Exp(B)
Permissive Scale	-.174	.094	3.455	.063	.840
Authoritative Scale	.118	.058	4.238	.040*	1.126
Authoritarian Scale	-.051	.064	.649	.421	.950

*p<.05

Table 4.8
Observed and Predicted Frequencies for Adoption Outcome with PSDQ as Predictors

	Predicted		
Observed	Unsuccessful	Successful	% Correct
Unsuccessful	11	10	52.4
Successful	2	90	97.8
Overall % correct			89.4

Exploratory Analysis

After both research questions were answered, there were two additional analyses run to obtain information on additional factors that may impact adoption outcome. The first exploratory analysis was a logistic regression which added trauma to the original five predictor variables. A final exploratory linear regression analysis was run to explore the effect that attachment and parenting styles and trauma on adoption attitude questionnaire scores.

The first exploratory logistic regression added the additional predictor variable of trauma. Results are presented in Table 4.9. The dependent variable is the outcome of adoption, 0= not successful and 1= successful. There were six predictor variables for this logistic regression: anxiety, avoidance, permissive, authoritative, authoritarian and trauma. Omnibus Test of Model Coefficients "goodness of fit" (chi-square = 51.273, df = 6, p= .000) indicates this model, with the six predictor variables, was significant over the null model. The Hosmer and Lemeshow Test (chi-square = 4.129, df = 8, p = .845) indicated this model with the six predictor variables is a good fit. The null model correctly predicted 81.4% of cases, while the full model with trauma correctly predicted as shown in Table 4.10 91.2% cases, with a specificity of 71.4% (unsuccessful category) and a sensitivity of 95.7% (successful category). The trauma score was significant in this model (p=.007). For each unit increase in trauma, the odds of being in the successful adoption group decreased by 89.8%.

Table 4.9

Summary of Logistic Regression for Variables Predicting Adoption Outcome with Trauma

Predictor Variable	B	S.E.	Wald	Sig.	Exp(B)
Anxiety Scale	-.041	.027	2.373	.123	.960
Avoidance Scale	-.015	.026	.310	.578	.986
Permissive Scale	.105	.146	.521	.471	1.111
Authoritative Scale	.023	.069	.113	.737	1.023
Authoritarian Scale	-.044	.073	.367	.545	.957
Trauma	-2.286	.848	7.268	.007*	.102

*p<.05

Table 4.10

Observed and Predicted Frequencies of Adoption Outcome Adding Trauma

	Predicted		
Observed	Unsuccessful	Successful	% Correct
Unsuccessful	15	6	71.4
Successful	4	88	95.7
Overall % correct			91.2

A multiple regression analysis was conducted as a final exploratory analysis to investigate if attachment (anxiety and avoidance) and parenting styles (permissive, authoritative, authoritarian) along with trauma predicted Adoption Attitude Questionnaire scores. Regression results indicate that the overall model significantly predicts Adoption Attitude Questionnaire scores, R^2=.473, $R2_{adj}$=.444, $F(6,109,)$=16.296, p<.001. This model accounts for 47.3% of the variance in Adoption Attitude Questionnaire scores. It was found that anxiety scale scores significantly predicted adoption attitude score (B =-.247, p<.05) as did trauma (B =-6.247, p<.05). A summary of regression coefficients is presented in Table 4.1

Table 4.11
Multiple Regression Output using Adoption Attitude as the Dependent Variable

	B	B	t	p	Bivariate r	Partial r
Anxiety Scale	-.247	.080	-3.087	.003*	-.614	-.284
Avoidance Scale	.070	.083	.837	.404	-.510	.080
Permissive Scale	-.248	.394	-.628	.531	-.472	-0.06
Authoritative Scale	.278	.190	1.463	.146	.545	0.139
Authoritarian Scale	-.110	.219	-.501	.617	-.527	-0.048
Trauma	-6.247	2.368	-2.638	.010*	-.459	-0.245

*p<.05

CHAPTER V

Discussion

The number of children adopted from state care has been steadily increasing over the past few decades as a result of changes in child welfare policy in the United States. Research reveals that between 75% to 90% of state adoptions are successful which means that, conversely, 10%-25% result in disruption and dissolution (Barth, 2000; and Evan B. Donaldson Adoption Institute, 2004). The negative repercussions associated with unsuccessful adoptions warrant further study of the factors that lead to failure.

The conceptual framework for this study emerged from a critical review of the literature on attachment and parenting styles. The literature review examined two bodies of literature pertaining to the effects an adult's attachment style has on the formation of their child's attachment style and their mental health, and how various parenting styles can impact child well being. This review of the relevant literature provided evidence to suggest that an adult's own attachment and parenting styles do have a significant effect on the health of children (Baumrind, 1989; Bowlby, 1988; Steele, Hodges, Kaniuk, & Steele, 2010; Jernberg & Booth, 2010; Schore & Schore, 2008; Siegel, 1999). There is, however, a paucity of literature that specifically looks at these two constructs together within the specific population of adoptive parents and their adoptive children, and the effect these parental characteristics have on adoption outcomes. The existing research on attachment and parenting styles in general reveals that they are important to healthy child and family development (Adam et al., 2004; Ainsworth, 1989; Baumrind, 1989; Bowlby, 1988; Steele, Hodges, Kaniuk, & Steele, 2010; van IJzendoorn, Juffer & Duyvesteyn,

1995). Therefore, it is reasonable to expect that they might be equally important to adoptive families. This study contributes to this body of research because it provides evidence that these two aspects are significant to the outcomes of adoption.

Specifically, the first research question examined whether the adoptive caregiver's attachment style and parenting style predicted adoption outcomes. Both were significant predictors in this sample. This finding seems to suggest that adoptive caregiver characteristics do influence adoption outcomes with children adopted from child welfare. Previous research on adoption has focused almost exclusively on child characteristics (Barth, 1997; Barth & Berry, 1988; Evan B. Donaldson Adoption Institute, 2010; Rosenthal & Grove, 1990) along with some family factors (Barth, 2000; Coakley & Berrick, 2008; Festinger, 2002), therefore, this finding reveals the necessity to look more closely at adoptive parents. The adoptive caregiver is a key figure in raising a child adopted from child welfare; so influential that they play a part in determining whether the adoption will be successful or disrupt. This information could be extremely helpful to adoption agencies and county administrations that are responsible for working together to make these adoptions happen through the matching process. It could incentivize adoption agencies and the state to investigate methods of determining the existing attachment patterns and parenting styles of the adoptive parents and come up with ways to possibly remedy higher risk adoptive caregivers in order to increase the success rate of their adoptions.

The second research question examined the differential influence that attachment and parenting had on adoption outcome. Since attachment and parenting were so highly correlated to each other, separate analyses had to be conducted. Those analyses revealed

that specific dimensions of attachment and parenting were more predictive than others.

In this sample, the odds of successful adoption decreased when the caregiver had high scores on the anxious attachment scale. When a caregiver displays an anxious attachment style, a dysfunctional style of attachment tends to exist between the caregiver and the child (Solomon & Siegel, 2003). The studies that have thus far been done have focused exclusively on dyads of biological parents and children. This study's findings infer that there is also likely an effect on adoptive parent child relationships.   The distress that is a common by-product of a dysfunctional relationship occurs as attachment security is threatened (Bowlby, 1988) and manifests as displays of anger, shame, embarrassment, and coercion that devolve into a tactic of persistently trying to obtain and maintain the attention of the attachment figure (Johnson, 2003). Emotional disengagement, rigid interaction patterns, and a disallowing of feelings and wants all lead to ineffective communication (Johnson & Whiffen, 2003), which leads to a lower quality of attachment, which results in negative, repetitive cycles of interacting (Bowlby, 1988). Thus, accessibility and responsiveness by the parent becomes even more limited (Johnson & Whiffen, 2003). As a result the children do not develop secure attachments and therefore lack autonomy, exhibit little excitement for solving tasks, have a low threshold for frustration and are whiney. By school age these types of children are frequently seen as troubled children exhibiting poor relationships with peers and have poor capacity to adapt. This creates a tireless negative pattern that is tough on both the parent and the child. This study shows that these negative interaction cycles between adoptive caregivers and their adoptive child may be occurring in these families, and that the end result may be adoption disruption or dissolution.

When parenting styles were examined for this study, it was shown that the authoritative parenting style was significantly positively associated with a higher likelihood of adoption success. This finding is consistent with the larger body of literature on parenting: that authoritative parenting is the preferred parenting style for most children to be well adjusted, do better in school and have less emotional and behavioral troubles (Querido, Warner & Eyberg 2002; Tan, Deng, Zhang& Zuhong, 2012). The literature on parenting has shown that the utilization of authoritative parenting practices helps children do better in most areas of their life and has been validated across multiple different specific populations and cultures including Dominicans, Puerto Ricans, Caucasians, and Chinese just to name a few (Calzada, 2001; Luyckx, Tildesley, Soenens, Andrews, Hampson, Peterson & Duriez, 2011; Querido, Warner & Eyberg, 2002; Tan, Deng, Zhang& Zuhong, 2012; Tan, Deng, Zhang & Lu, 2012;). With the results of the present study, families who have adopted children from child welfare now become another subset of a population that demonstrates benefit from authoritative parenting practices, in particular, increase in the likelihood of an adoption being successful or not disrupting. Thus, the findings from this study show support for parents to be educated on utilizing authoritative parenting practices for these adopted children.

Trauma in the adoptive parent's history was another factor that was found to significantly negatively affect the odds of an adoption being successful in this sample. This is an important finding because the literature on adoption and trauma has until now been mainly focused on the child's history. Research shows that if an adopted child has a history of trauma, that adoption is at an increased risk of disrupting (Barth, 1997; Barth &

Berry, 1988; Evan B. Donaldson Adoption Institute, 2010; Rosenthal, 1993). This present study reveals evidence that the same is true for the adoptive parent; parental trauma is a major contributor to the odds of an adoption disrupting. Current research suggests that biological mothers who have experienced trauma and been left untreated are significantly impaired in their ability to parent effectively. Mothers with unaddressed trauma may be at greater risk of abusing their children and less able to protect their child from the effects of abuse by others (ACS-NYU Children's Trauma Institute, 2012; Banyard, Williams, Siegel, 2003). Research also shows that trauma interferes with communication and collaboration (Van der Kolk, McFarlane & Weisaeth, 1996), both essential parts of the attachment process. It follows that professionals working with parents who are trying to adopt would benefit from specific training in assessing parental trauma and the effects it may have on the adoption process and the child they are trying to adopt. Currently, the child welfare system does not directly address issues of parental trauma.

Lastly, the findings of a regression analysis showed that an adoptive parent's anxious attachment style and history of trauma have a significant effect on their overall attitude about their adoption; the less anxiety and trauma experienced by the adoptive caregiver, the more positive view they have on adoption. The Adoption Attitude Questionnaire was specifically created for this study with the aim of assessing the adoptive caregiver's attitude towards their own adoption experience; analysis confirmed that the questionnaire was a good measure of attitudes and beliefs about adoption from the adoptive parent's perspective. This is significant for two different reasons. First, there is now a brief questionnaire that can measure the adoptive caregiver's ideas and

beliefs about adoption. Secondly, this finding helps us understand adoptive parents'

attitudes towards their adoption. The findings show that an anxious attachment style and

history of trauma significantly negatively influence their attitudes about adoption. What

is unknown with this particular finding is at what point in the process did their attitude

about adoption develop? Did their attitude towards their adoption develop as problems

arose or was it predetermined by their existing anxious attachment style or trauma

history?

It might be inferred that adoptive parents with anxious attachment and a trauma

history are swayed more easily into viewing their adoption as a negative experience, or

having negative thoughts and feelings about it. They may be more easily soured by

"normal" challenges of raising an adopted child from state care and change their opinion

about their adoption more quickly which increases the risk of adoption disruption or

dissolution. These findings about attitude formation support the other findings in this

study that certain types of parents, possibly because they are more fragile, are at a higher

risk of having unsuccessful adoptions. Adoptions from child welfare need special

attention. It would be beneficial to question whether or not these types of caregivers are

really a good fit for these specific children.

Implications for Clinical Practice

The understanding that adult attachment, parenting style and history of trauma are

useful predictors in adoption success is of value in several contexts. Perhaps most

importantly, it can be valuable information to the social workers that facilitate the

adoption process and are responsible for screening prospective adoptive parents for their

fitness to adopt. Researchers in the adoption field have advocated for more

comprehensive assessments of adoptive adults with consideration of adult factors (AdoptUSKids, 2006; Evan B. Donaldson, 2004). Following from the findings of this study, it may be beneficial for adoption agencies to add to their assessment toolkit by utilizing attachment and parenting questionnaires such as the ECR-R and PSDQ along with a trauma questionnaire in order to more thoroughly evaluate the readiness of the prospective adoptive parents for the difficult task of parenting an adoptive child. If an item of concern is discovered through the questionnaires, the social worker could encourage therapy, parenting classes or even slow down the adoption process. Therapy for the adoptive parent that specifically focuses on resolving the past trauma is needed to help these adoptions succeed. The current treatment modality of focusing solely on helping the traumatized adopted child is too limited and nearsighted. The family is a dynamic system and the trauma of the parent will influence and impact the whole system. It is imperative that the adoptive parent gets the therapy he/she needs in order to help sustain the adoption.

In addition to using the information gleaned from this study to assist prospective adoptive adults, this information can be used to benefit adults who have already adopted children. Adoption professionals and mental health professionals can use information on the predictive value of adult attachment and parenting styles to educate adoptive parents, especially since these parents frequently cite lack of post adoption support and education services as a factor that hinders their ability to most effectively manage their children and families (Barth et al., 2002; McRoy, 2007). Post adoption support services often focus on managing child-related factors, but should also continue to support parents in learning authoritative parenting practices. There are empirically validated parenting programs that

currently exist that can be a wonderful resource for those parents hoping to build parenting skills and improve parent-child relationships, such as Parent Child Interactive Therapy (PCIT), Incredible Years, Triple P, and Positive Parenting, to name a few (Barlow, Johnston, Kendrick, Polnay, Stewar-Brown, 2006; Borden, Schultz, Herman, Brooks, 2010; Chamberlain, Price, Reid, Landsverk, Fisher, Stoolmiller, 2006; Dozier, Peloso, Lindhiem, Gordon, Manni, Sepulveda, 2006; Eyberg, Nelson, Boggs, 2008).

In many government funded therapy clinics, only the child, after meeting certain criteria, is eligible for assistance. It would be beneficial to also assist the parents in identifying their own attachment style and then providing special therapy to help them understand how their actions, thoughts and behaviors might be negatively impacting their attachment and bonding to their adoptive child. How they perceive their relationship with their child along with how they make sense of their child's behavior is important to discuss and confront if their perception is indeed skewed. To ignore the parent is to ignore the fact that the process of parenting and raising a child is inherently dyadic, and that a good amount of parental self-reflection will help parents recognize the strengths and deficits they bring to the relationship.

Limitations

The data collection method in the original design was to recruit participants in-person at the Kinship Center, a specialized mental health clinic that provides support through different programs including therapy to children and families who have adopted through child welfare. It was believed that, at this particular recruitment site, there would be an abundance of participants who had experienced disruption or dissolution and who were more diverse in education and income levels. Although there were enough

disruptions in the study's sample to run the analysis and get valid results, the sample size was smaller than expected; the study would have benefited from analyzing more families that experienced disruptions or dissolutions.

Another limitation of this study is that it used self-report instruments. Self-report instruments have advantages which can at the same time be a disadvantage. Self-report instruments allow a person to answer or give their information from their perspective. At the same time, their perspective may bear little relationship to reality as seen by someone else. People completing self-report forms are also not always truthful and may answer questions the way they think the researcher might want them to, exhibiting response bias. In the case of some of the participants in this sample whose adoptions had disrupted or dissolved, it is difficult to ascertain if they correctly recalled how they parented their child or if the disruption altered their perception of how they parented their child.

Multicollinearity posed some challenges for this study because all of the predictor variables were moderately to strongly related to one another. As a result, the study was unable to determine which variables (attachment styles or parenting styles) had a bigger impact on the ability to predict adoption outcome status. Since multicollinearity existed, it made interpreting the results more difficult due to coefficient estimates being unstable and highly sensitive to minor changes.

Future Research Recommendations

Continued research in the field of state custody adoptions is needed in several areas. Outcome research is needed to better understand the important factors that significantly contribute to adoption disruption and dissolution. How adoption professionals can best assess and prepare adoptive parents for what they may encounter

with their children is therefore critical to understand as well. Furthermore, research on preparatory training programs for parents, more comprehensive methods of assessing parents, and more research-based methods of matching parents with children are needed so that adoption professionals have the best and most cutting edge tools and training they need to more effectively service children and adults (AdoptUSKids, 2006; Berry, 1997; Evan B.Donaldson, McRoy, 2007).

The impact of trauma on the adoptive parent is another important aspect in the process of pairing adoptive parents with children that needs more understanding. Knowing how and which kind of trauma impacts the relationship between the adoptive parent and his/her adoptive child is very critical to understand, especially in cases where significant trauma is involved. Adoption agencies need to be educated and given proper information on this topic; this information will need to be obtained through research.

Learning which adoptions are successful versus unsuccessful in the teenage demographic in particular could give us a wealth of information about similarities or differences between adoptive caregivers. Adolescents struggle with identity, intimacy, separation and relationships in general and these struggles are at their peak during this time. Repeating this same study using a sample in this specific developmental period might provide more data from unsuccessful adoptions because, in general, the older the child is at the time of placement, the more likely it is that the adoption will disrupt or dissolve. The parental qualities required to keep adolescent adoptions together can be identified and studied.

Another item for future research is to study adoptive families who did receive post adoption services versus families who did not. These services might include therapy,

respite, wraparound, parenting workshops and support groups. It would be useful to know if such utilization influenced adoption outcome as well, and if these types of services make a difference in adoption outcome even when controlling for attachment and parenting style of the adoptive caregiver.

Lastly, although the sample from this study did reflect a similar demographic makeup seen in national statistics of adoptive caregivers, it would be of value to investigate adoptive caregivers of different cultures, varying socio economic statuses and educational levels and determine if the information gathered from this sample is applicable to other specific sub groups. National statistics reveal that about one-half of adoptive mothers are between ages 40-44 (51%) years compared with 27% of mothers who have not adopted (U.S. Department of Health and Human Services, 2009). The average age for this sample was 41. Women with incomes less than 150% of the poverty level are significantly less likely to have adopted children than women with incomes 150% above the poverty level but more likely to have adopted than men in either income group. In the sample in the present study, the majority of participants made between $55,000-$174,999. Significantly fewer Hispanic women have adopted children than non-Hispanic white or black women (U.S. Department of Health and Human Services, 2009). Again, this study had a similar finding in that Hispanic adoptive caregivers represented only 6% of the sample. Where the sample makeup differed from the national statistics was that only 3% of the sample was African Americans despite the fact that national standards state that African Americans are more likely than Hispanics to adopt. Also noted is that while this sample also reflected the national data in that Caucasians represented the majority, it did have a larger Caucasian sample at 89% compared to national statistics which reports

Caucasians representing 63% of adoptive parents.

Conclusions

There are many factors that influence the success of adoptions involving children in state custody. We know that maltreated or abused children bring their difficulties to the new adoptive family, but adults also bring their own histories, attachment relationships, parenting styles and characteristics into the relationship. The objective of the current study was to explore how adoptive caregivers' own attachment styles and parenting styles impact the outcome of the adoptive process when the children are adopted from child welfare and/or state care agencies.

This study showed that, for the sample used in this research, a caregiver's own attachment style and parenting style did have an important impact on the outcome of the adoption. This is significant because, although the majority of state-custody adoptions do stay intact, when a disruption or dissolution occurs it is devastating for all involved. Thus, there is a compelling interest in exploring ways to decrease disruption rates. These findings are especially relevant in regards to state custody adoptions since those children, often abused, contribute more stress to the relationship than children without history of abuse (Barth, 1997, 2001; Barth & Berry, 1988, Barth et al., 1986; Evan B. Donaldson Adoption Institute, 2010; McDonald, Propp, & Murphy, 2001). Further research is necessary to more completely understand the dynamics of the complex variables that contribute to adoption success or failure and this understanding should be used to facilitate and promote more successful, lasting adoptions through improvements in adoption protocols and, if necessary, subsequent legislation.

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Appendices

Appendix A: Demographic Questionnaire

This questionnaire draws on your experience as a foster or adoptive parent of a child with special needs. Your responses will provide valuable information designed to improve the lives of children who have been a part of foster care and child welfare and just want a permanent family to be apart of through adoption. Thank you for taking the time to help.

If you are the parent of several foster or adopted children, please answer the following questions based upon your first foster or adoptive parenting experience and only the child who is between the ages of 2-12. If your first placement was a sibling group please report on the oldest child in the group as long as that child was between the ages of 2-12. If they were older than 12 than please pick the next oldest child that was between the ages of 2-12.

Please check those answers that provide the best descriptions.

1. Your gender:　　　　　　□ female　　□male　　　□transgender　　　□other

2. Your relationship status:　　　　□married (first marriage)

　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　□

　　　　　　　　　　　　　　□remarried (second or third marriage)
　　　　　　　　　　　　　　□unmarried, but co-parenting in a
　　　　　　　　　　　　　　　　committed relationship
　　　　　　　　　　　　　　□single
　　　　　　　　　　　　　　□divorced
　　　　　　　　　　　　　　□widowed
　　　　　　　　　　　　　　□same sex relationship

3. Your age:　　　　　　_____

4. Your ethnicity:　　　　　　□African American
　　　　　　　　　　　　　　□Asian American
　　　　　　　　　　　　　　□Caucasian, White non-Hispanic
　　　　　　　　　　　　　　□Hispanic, Latino(a)
　　　　　　　　　　　　　　□Other (please
　　　　　　　　　　　　　　specify)_____

5. Child's ethnicity:　　　　　　□African American
　　　　　　　　　　　　　　□Asian American
　　　　　　　　　　　　　　□Caucasian, White non-Hispanic
　　　　　　　　　　　　　　□Hispanic, Latino(a)
　　　　　　　　　　　　　　□Other (pleasespecify)_____

6. What is your religious Affiliation?

□Protestant Christian
□Roman Catholic
□Evangelical Christian
□Jewish
□Muslim
□Hindu
□Buddhist
□Other (please specify)_____

7. Please indicate how active you are in church, temple, synagogue, mosque, or other religious or spiritual group:

□Very active(1-2 times per week or more)
□Moderately active (1-2 times per month)
□Somewhat active (4-6 times per year)
□Inactive (0-2 time per year)

8. Was this child who was placed with you a relative?

□yes   □no

9. Age of the child at the time s/he was placed in your home: _____

10. Current age of your adopted child? _____

11. When this child was placed with you what was your original intention?

□only to provide foster care
□only to adopt
□uncertain, but open to adoption

12. Did the foster or adoptive placement disrupt or go through legal dissolution?

□yes   □no

13. Please specify the child's special need(s) by indicating all that apply:
□ Developmental/physical disability
   Please list:_____
□Emotional/psychological disability
   Please list:_____
□Member of a sibling group requiring a common placement
   Please list:_____
□Older than 5 years at the time of placement
   Please list:_____
□Two or more previous foster or adoptive placements
   Please list:_____
□Prenatal exposure to drugs or alcohol

Please list:_____

□At risk of a genetic disorder

□Institutionalized during infancy or childhood (orphanage or residential care)

□Other _____

14. How many adults and children live in your home? Adults ___   Children___

15. Your gross family income:

□under 10,000

□10,000-24,999

□25,000-39,999

□40,000-54,999

□55,000-74,999

□75,000 -99,999

□100,000 - 174,999

□175,000 - 249,999

□250,000 and over

16. Please indicate the highest educational level you have completed:

□High School graduate

□Some college

□College with an AA degree

□College graduate (4 yrs with a BA/BS degree)

□Graduate school (Masters)

□Graduate school (Doctorate)

□Other (Please specify for example trade school, or certification in a specific field)

_____

17. How many children have you fostered? _____

18. How many children have you adopted? _____

19. Have you ever experienced trauma? (This definition of trauma is fairly broad. It includes responses to powerful one-time incidents like accidents, natural disasters, crimes, surgeries, deaths, and other violent events. It also includes responses to chronic or repetitive experiences such as child abuse, neglect, combat, urban violence, concentration camps, battering relationships, and enduring deprivation)

□yes   □no

20. Would you like to be entered into a raffle to win a $100 Visa Gift card?

□yes   □no

If yes, please provide your e-mail address. (Your information will be held in strict confidence.)

_____

Appendix B: Adoption Attitude Questionnaire

Rate how much you agree or disagree with the following statement.

1. Strongly Disagree
2. Disagree
3. Somewhat
4. Neither agree nor disagree (neutral)
5. Somewhat agree
6. Agree
7. Strongly Agree

_____1. Based upon my experience, I would recommend adoption to other families

_____2. I am disappointed in the adoption experience

_____3. My adopted child would chose his/her birth parents over me if given the chance

_____4. Adoption has had a positive effect upon my family

_____5. I do not matter very much to my adopted child

_____6. My adopted child does not matter to me

_____7. I am pleased that I have adopted a child

_____8. I would like to give my adopted child back to child welfare

_____9. My adopted child likes me very much as a parent

_____10. Adoption is a very good way to form a family

Appendix C: The Experiences in Close Relationship-Revised (ECR-R)

Instructions: The statements below concern how you feel in emotionally intimate relationships. We are interested in how you generally experience relationships, not just in what is happening in a current relationship. To the left of each item, please respond to each statement by indicating how much you agree or disagree with the statement, using the 7-point scale shown below.

1 (strongly disagree) 2   3   4 (neutral) 5   6   7 (strongly agree)

___1. I'm afraid that I will lose my partner's love.
___2. I often worry that my partner will not want to stay with me.
___3. I often worry that my partner doesn't really love me.
___4. I worry that romantic partners won't care about me as much as I care about them.
___5. I often wish that my partner's feelings for me were as strong as my feelings for him
      or her.
___6. I worry a lot about my relationships.
___7. When my partner is out of sight, I worry that he or she might become interested in
someone else.
___8. When I show my feelings for romantic partners, I'm afraid they will not feel the
      same about me.
___9. I rarely worry about my partner leaving me.
___10. My romantic partner makes me doubt myself.
___11. I do not often worry about being abandoned.
___12. I find that my partner(s) don't want to get as close as I would like.
___13. Sometimes romantic partners change their feelings about me for no apparent
      reason.
___14. My desire to be very close sometimes scares people away.
___15. I'm afraid that once a romantic partner gets to know me, he or she won't like who
       I really am.
___16. It makes me mad that I don't get the affection and support I need from my partner.
___17. I worry that I won't measure up to other people.
___18. My partner only seems to notice me when I'm angry.
___19. I prefer not to show a partner how I feel deep down.
___20. I feel comfortable sharing my private thoughts and feelings with my partner.
___21. I find it difficult to allow myself to depend on romantic partners.
___22. I am very comfortable being close to romantic partners.
___23. I don't feel comfortable opening up to romantic partners.
___24. I prefer not to be too close to romantic partners.
___25. I get uncomfortable when a romantic partner wants to be very close.
___26. I find it relatively easy to get close to my partner.
___27. It's not difficult for me to get close to my partner.
___28. I usually discuss my problems and concerns with my partner.
___29. It helps to turn to my romantic partner in times of need.
___30. I tell my partner just about everything.
___31. I talk things over with my partner.

___32. I am nervous when partners get too close to me.
___33. I feel comfortable depending on romantic partners.
___34. I find it easy to depend on romantic partners.
___35. It's easy for me to be affectionate with my partner.
___36. My partner really understands me and my needs.

Appendix D: Parenting Styles Dimensions Questionnaire (PSDQ)

Directions:
This questionnaire is designed to measure how often you exhibit certain behaviors toward your adopted child _____(name).

Rate how often you exhibit this behavior with your child.
I EXHIBIT THIS BEHAVIOR:

1 = Never
2 = Once In Awhile
3 = About Half of the Time
4 = Very Often
5 = Always

___ 1. I am responsive to our /my child's feelings and needs.
___ 2. I use physical punishment as a way of disciplining our/my child.
___ 3. I take our /my child's desires into account before asking the child to do something.
___ 4. When our/my child asks why he/she has to conform, I state: because I said so, or I am your parent and I want you to.
___ 5. I explain to our/my child how we feel about the child's good and bad behavior.
___ 6. I spank when our/my child is disobedient.
___ 7. I encourage our /my child to talk about his/her troubles.
___ 8. I find it difficult to discipline our child.
___ 9. I encourage our/my child to freely express himself/herself even when disagreeing with parents.
___ 10. I punish by taking privileges away from our/my child with little if any explanations.
___ 11. I emphasize the reason for rules.
___ 12. I give comfort and understanding when our/my child is upset.
___ 13. I yell or shout when our/my child misbehaves.
___ 14. I give praise when our/my child is good.
___ 15. I give into our/my child when the child causes a commotion about something.
___ 16. I explode in anger towards our/my child.
___ 17. I threaten our/my child with punishment more often than actually giving it.
___ 18. I take into account our/my child's preferences in making plans for the family.
___ 19. I grab our/my child when being disobedient.
___ 20. I state punishments to our/my child and does not actually do them.
___ 21. I show respect for our/my child's opinions by encouraging our child to express them.
___ 22. I allow our /my child to have input into family rules.
___ 23. I scold and criticize to make our/my child improve.
___ 24. I spoil our/my child.
___ 25. I give our/my child reasons why rules should be obeyed.
___ 26. I use threats as punishment with little or no justification.

___ 27. I have warm and intimate times together with our/my child.

___ 28. I punish by putting our child off somewhere alone with little if any explanations.

___ 29. I help our/my child to understand the impact of behavior by encouraging our child to talk about the consequences of his/her own actions.

___ 30. I scold or criticize when our/my child's behavior doesn't meet our/my expectations.

___ 31. I explain the consequences of the child's behavior.

___ 32. I slap our/my child when the child misbehaves.

Appendix E: Introduction To Research Study

As a foster or adoptive parent of a child who came through Child Welfare your insight and experience is valuable. This is an invitation to participate in research that may provide valuable information about how placement stability could be increased for children in Child Welfare.

My interest in the welfare of children being adopted from Child Welfare is both personal and professional. My family adopted a boy from Child Welfare and I am also a counselor/therapist who has worked with foster and adopted children for the past 12 years.

As part of my doctoral dissertation I am examining which (if any) parent characteristics help increase the rate of successful adoption.

Your participation in this study is completely voluntary and anonymous. Your responses will not be made available to any agency or entity, and will not affect your current or any future placements.

Participation involves completing 4 short questionnaires: the Experiences In Close Relationships-Revised (ECR-R), Parenting Styles Dimensions Questionnaire (PSDQ), Adoption Questionnaire and a demographic questionnaire. The forms may be completed in a paper-and-pencil format or online at: _____

Thank you for your willingness to contribute to this research effort. If you would like to know the results of the study you may contact me at Courtney.harkinsadoptionstudy@outlook.com

Courtney Harkins, MA,
Licensed Marriage and Family Therapist

Appendix F: Advertisement Invitation to Participate in Study On-Line

You have been invited to participate in a research study to contribute to the field of mental health and our ongoing commitment to providing competent services to diverse populations; in particular to the growing mental health needs among the underserved adoptive population.

This research is being conducted by Courtney Harkins, M.A., under the supervision of Marcia L. Michaels, Ph.D. To participate, simply click on the online survey link provided below where you will answer 4 brief questionnaires.

To be eligible for this study you need to be:
1) Current or former adoptive parent who adopted a child from state custody/child welfare.
2) 25 years or older, and the primary caretaker for the child.
3) Able to read English
4) Your adoptive child has been residing with you for at least 6 months and the child's birth parents' right have been terminated.
5) If you are a parent who adopted a child from state custody and experienced adoption disruption within the last 18 months you may still participate.
6) Your adopted child is between the ages of 2 and 12, or who did parent a child between the ages of 2 and 12 but the adoption disrupted less than 18 months ago.
7) If you have adopted more than 1 child, please pick a child that is between the ages of 2 - 12 years of age.
8) Your adopted child must NOT have been diagnosed with any form of Autism including high functioning Autism or Pervasive Developmental Delay, along with any severe psychiatric disorders (Bi-polar disorder or Schizophrenia).
9) You must be currently living in the United States.

Your participation will take no longer than 20-30 minutes. Your answers will remain strictly confidential and your participation is voluntary, and you are under no obligation to complete the survey questionnaires. However, I hope that you will elect to participate.

As a thank you for your willingness to participate in this study, your name will be entered into a raffle after you have successfully completed the survey for your chance to win a $100 Visa gift card. The odds of winning are expected to be approximately 1 in 100 and are based on the number of participants in the study

Thank you for your time and consideration in participating in this study. If you have any questions, or if you know someone that would be interested in participating, please contact the researcher at Courtney.harkinsadoptionstudy@outlook.com or 949-633-6321

Appendix G: IRB Approved Informed Consent Form

INFORMED CONSENT AGREEMENT

**The Relationship Between Adoptive Parents Attachment and Parenting Styles
on Child Welfare Adoption Outcomes**

You are being asked to participate in a research study. However, before you give your consent to be a volunteer, we want you to read the following and ask as many questions as necessary to be sure that you understand what your participation will involve.

INVESTIGATOR
Courtney Harkins, M.A., and Marcia L. Michaels, Ph.D.

PURPOSE OF THE RESEARCH
You are invited to participate in the research project entitled, The relationship between adoptive parents attachment and parenting styles on child welfare adoption outcomes, which is being conducted at Alliant International University under the direction of Courtney Harkins and Dr. Marcia L. Michaels. The purposes of this study are:
1) To identify which parent factors facilitate adoption success.

PROCEDURES TO BE FOLLOWED DURING THE RESEARCH
If you agree to participant in this study, you will be asked to complete 3 survey questionnaires and 1 demographics questionnaire. The survey questionnaires will be made available to you online via Qualtrics Online Survey Software or in a paper and pencil format. No preparation prior to the survey questionnaires is necessary on your part. Your participation will take approximately 20 - 40 minutes. The questions will ask you about how you relate with others, your current parenting practices and some thoughts about adoptions from Child Welfare. At the end of the survey you will be asked if you would like to provide your name and contact information to be entered into a drawing to possibly win $100. The odds of winning are expected to be approximately 1 in 100 and are based on the number of participants in the study. You will be contacted only if you win and agree to enter your contact information.

RISKS

You are expected to experience no or minimal risk as a result of your participation in this study. A possible potential risk might include experiencing emotional stress due to the questions pertaining to family relationships, how you parent and your thoughts about adoption. However, if you do experience stress or discomfort during your participation, please notify the researchers immediately, and you will be provided with referrals to community mental health services.

BENEFITS OF THE RESEARCH
You may increase awareness about your thoughts and view of adoption and parenting.

ALTERNATIVES TO THIS RESEARCH
You may choose not to participate in this study at any point in time. You may also choose to not answer certain questions.

CONFIDENTIALITY
You have a right to privacy and all information identifying you will remain confidential, unless otherwise required by law. Therefore, all information you share in the survey questionnaires will be kept confidential and will be disclosed only with your permission. All participant identifying information, signed consent forms and demographic survey questionnaire information can only be accessed by the researchers, and will be kept in a locked file cabinet in the locked office of the researchers. Identifying information will be kept in a separate locked file cabinet from other non-identifying data. All information gathered from the survey questionnaires will be kept until all analyses have been completed and dissertation is successfully defended. At that point all raw data will be shredded and electronic data will be erased.

QUESTIONS ABOUT THE RESEARCH
If you have questions regarding this research project or your participation, you may call Courtney Harkins (949) 916-6277 Marcia Michaels, PhD. (415) 955-2141. Should you have any additional concerns, please contact the Institutional Review Board at Alliant International University (858) 635-4741 during normal working hours.

SUBJECT COST or COMPENSATION FOR PARTICIPATION
Each participant, if they choose, will be entered into a raffle when they submit a completed survey to receive a $100 Visa gift card. The odds of winning are expected to be approximately 1 in 100 and are based on the number of participants in the study. Providing a mailing address for the raffle winner money to be sent is completely voluntary.

SUBJECT RIGHTS AND RESEARCH WITHDRAWAL
Your participation in this study is voluntary. If you choose to not participate in this study, there will be no penalty or loss of benefits to which you are otherwise entitled. In addition, you may discontinue participation at any time during the study without any penalty or loss of benefits. You may also refuse to answer any questions you do not wish to answer.

We have tried to explain all the important details about the study to you. If you have any questions that are not answered here, the investigator will be happy to give you more information.

SIGNATURE AND ACKNOWLEDGMENT

By checking the "Yes" box and initialing it, that indicates the following: I have read the above information and have had a chance to ask questions to help me understand what my participation will involve. I agree to participate in the study until I decide otherwise. I acknowledge having received a copy of this agreement and a copy of the **SUBJECT'S BILL OF RIGHTS**. I have been told that by signing this consent form I am not giving up any of my legal rights.

☐Yes

Signature of Research Participant   Date

Courtney Harkins, M.A.   (949) 916-6277

Researcher's Name (Print Clearly)   Contact phone number

Researcher's Signature   Date

Name of Supervisor or Chair (Print Clearly)   Contact phone number
Marcia L. Michaels, Ph.D.   (415) 955-2141

Appendix H: Participant Bill of Rights

As a participant in a research study, or as someone who will give consent on behalf of another, you have certain rights and responsibilities. It is important that you fully understand the nature and purpose of the research and that your consent be offered willingly and with complete understanding. To aid in your understanding, you have the following specific rights:

1. To be informed of the nature and purpose of the research in which you are participating.

2. To be given an explanation of all procedures to be followed and of any drug or device to be utilized.

3. To be given a description of any risks or discomforts which can be reasonably expected to occur.

4. To be given an explanation of any benefits which may be expected to come to the participant as a result of this research.

5. To be informed of any appropriate alternative procedures, drugs, or devices that may be advantageous and of their relative risks and discomforts.

6. To be informed of any treatment which will be made available to the participant if complications should arise from participation in this research.

7. To be given an opportunity and encouraged to ask any questions concerning the study or the procedures involved in this research.

8. To be made aware that consent to participate in the research may be withdrawn and that participation may be discontinued at any time without affecting the outcome of the research study.

9. To be given a copy of the signed and dated written consent form if requested.

10. To not be subjected to any element of force, fraud, deceit, duress, coercion, or any influence in reaching your decision to consent or to not consent to participate in the research.

If you have any further questions or concerns about your rights as a research participant please contact the primary investigator (949/633-6321) or the Research Office at the San Diego campus (858/635-4448).

Appendix I: Ad/Summary for Social Media and Websites

Ad/summary of research to be posted on reddit.com and other websites to solicit participants prior to participating.

Have you adopted a child from Child Welfare, fostered a child from Child Welfare and were in the process of adopting, or are currently in the process of adopting a child from Child Welfare? If so, you might be a candidate for participation in a survey regarding parent factors that help in the success of adoption.

This study will explore attachment and parenting styles among parents who have adopted, tried to adopt or in the process of adopting a child from Child Welfare. As more people adopt and create their families through adoption a clearer understanding of parental factors that aid in the success of adoptions will provide valuable information for the field of Adoption and Marriage and Family Therapy. Increasing awareness of the topic will provide professionals working with adopted children and families a better understanding and improve treatment for families that are touched by adoption.

Click here (link to consent form and survey to be provided) for more information and to participate.

Appendix J: Intake-Inclusion questions for participation in this research

To be eligible for this study you need to be:

1) Current or former adoptive parent who adopted a child from state custody/child welfare.

2) 25 years or older, and the primary caretaker for the child.

3) Able to read English

4) Your adoptive child has been residing with you for at least 6 months and the child's birth parents' right have been terminated.

5) If you are a parent who adopted a child from state custody and experienced adoption disruption within the last 18 months you may still participate.

6) Your adopted child is between the ages of 2 and 12, or who did parent a child between the ages of 2 and 12 but the adoption disrupted less than 18 months ago.

7) If you have adopted more than 1 child, please pick a child that is between the ages of 2 - 12 years of age and answer questions based upon that child.

8) Your adopted child must NOT have been diagnosed with any form of Autism including high functioning Autism or Pervasive Developmental Delay, along with any severe psychiatric disorders (Bi-polar disorder or Schizophrenia).

9) Must currently be residing in the United States.