

**ADOPTIVE MOTHERS' RESOLUTION WITH REGARD TO THE
ADOPTION EXPERIENCE AND BEHAVIORAL SENSITIVITY TO
CHILDREN'S CUES**

by

Stephanie Terracciano

A thesis submitted to the Faculty of the University of Delaware in partial fulfillment of the requirements for the degree of Honors Bachelor of Science in Psychology with Distinction.

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Stephanie Terracciano

Approved: _____
Mary Dozier, Ph.D.
Professor in charge of thesis on behalf of the Advisory Committee

Approved: _____
Jean-Philippe Laurenceau, Ph.D.
Committee member from the Department of Psychology

Approved: _____
Christine M. Ohannessian, Ph.D.
Committee member from the Board of Senior Thesis Readers

Approved: _____
Alan Fox, Ph.D.
Director, University Honors Program

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ABSTRACT

This study examined the association between adoptive mothers' levels of resolution of their adoption experience and their sensitivity towards their children. Twenty-eight mothers and their internationally adopted children were included as participants. Maternal sensitivity was coded from a videotaped home visit of each mother's and child's interactions during routine daily activities as well as the mother's behaviors while attending to other tasks such as completing questionnaires. The Adoption Resolution Questions Interview (ARQ), an adaptation of the Reaction to Diagnosis Interview or RDI (Marvin & Pianta, 1996), was conducted with each mother during a home visit to determine the mother's resolution status with regards to the adoption process. A linear regression analysis revealed that level of resolution regarding the adoption was significantly associated with behavioral sensitivity. Mothers who were more resolved with regard to the adoption displayed higher levels of sensitivity toward their internationally adopted children compared to mothers who were more unresolved with regard to the adoption. These results suggest that mothers' abilities to resolve their experiences of the adoption process may have an important effect on their abilities to respond in sensitive ways to their internationally adopted children.

Chapter 1

INTRODUCTION

Adopting internationally can be a rewarding experience, but this endeavor also involves a number of unforeseen challenges before, during, and after the adoption process. Examples of these struggles include lasting grief about infertility, overwhelming requirements and paperwork depending on the country of origin, a lengthy adoption process, and the unexpected problems when integrating the child into his or her new family. Due to the host of challenges associated with adopting internationally, some mothers may experience the process as extremely stressful, overwhelming or even traumatic. Mothers' abilities to cope with or "resolve" other traumatic experiences, such as loss or abuse, have been linked with how responsive and sensitive mothers are to their children (Madigan et al., 2006; Moran, Bailey, Gleason, DeOliveira, & Pederson, 2008; van IJzendoorn, 1995). Thus, we were interested in examining how mothers' levels of resolution with regard to their adoption experience affected their sensitivity to their adopted children.

Challenges Associated with Adoption

Various factors motivate people to adopt a child. Whereas some mothers may choose to adopt to help a child in need, others may adopt due to their strong desire to have a child in their families. Many mothers turn to adoption following pregnancy difficulties such as infertility and numerous miscarriages.

Although the adoption process can be a very fulfilling and enlightening experience, many challenges may arise that disrupt the intended flow. The adoptive

mothers may be presented with tedious requirements and paperwork as well as extensive medical and psychosocial evaluations. The mothers have to endure the possibility of postponing the adoption process or waiting longer than expected to receive their children. When the adoptive mothers finally adopt their children, they may be overwhelmed with feelings of disappointment. These mothers often experience tremendous stress and anxiety during the adoption process that any unmet expectations of the children may be very troubling. For example, the child may present health problems or may look and behave differently than the child that was imagined. All of these various stressors could pose great challenges for these anxious adoptive mothers.

Following the inclusion of the adopted child into the new family, further challenges may arise. The mother may not feel the “connection” or “bond” expected because she did not have the preparatory experiences of pregnancy and childbirth, and the child may not show clear attachment behaviors to the mother as quickly as the mother expects (Bird, Peterson, & Miller, 2002; Rutter, Kreppner, & O’Connor, 2001). Children’s experiences in institutional care may contribute to atypical behaviors they may show toward their parents (MacLean, 2003; Smyke et al., 2007). Behavioral and developmental consequences are often seen among children who have spent more than a few months in institutional care without sufficient stimulation and in many cases, without good nutrition (Gunnar, Bruce, & Grotevant, 2000; MacLean, 2003; Smyke et al., 2007). These children may have difficulties with feeding, sleeping, and speech (MacLean, 2003; Smyke et al., 2007). Medical concerns may also arise if the children did not receive regular medical care. These children may specifically have medical records that are not accurate or complete. The mothers may also experience social stigma and negative feelings from others as well as unexpected reactions from family members about the adoption, the child, or even the child’s country of origin (Ceballo, Lansford, Abbey, &

Stewart, 2004; McKay & Ross, 2010). All of these challenges following the addition of the child into the family present stress that mothers do not normally experience with their biological children, and therefore, further unforeseen complications may arise.

Thus, new adoptive mothers are faced with many issues that may be experienced as overwhelmingly stressful. Taken together, these challenges may disrupt the mother's emotional reserves and thus, negatively affect her interactions with the child (Bird, Peterson, & Miller, 2002; Rutter, Kreppner, & O'Connor, 2001).

Resolution of Traumatic Experiences

Successful recovery following a trauma involves the ability to overcome the stress of the issue by going through various stages of grief, integrating old and new perspectives of oneself and others, and processing information about the traumatic experience (Hesse & Main, 2000; Marvin & Pianta, 1996). Individuals who are unresolved with regard to the trauma do not completely overcome the stress. They may either still be emotionally focused on the situation, or they may refuse to confront the stress and instead find comfort in denial (Marvin & Pianta, 1996). Mothers who are unresolved may display odd speech patterns when discussing the trauma, or they may assert that they personally caused the traumatic event (Hesse & Main, 2006; Moran et al., 2008). This lack of resolution is revealed in discourse coherence surrounding the event, such that "slips" and errors in reasoning or discourse are made when discussing the trauma (Hesse & Main, 2006; Moran et al., 2008).

Attachment theory suggests that caregivers' experiences affect their responses to infants' bids for reassurance (Ainsworth, Blehar, Waters, & Wall, 1978; Bowlby 1969/1982). When mothers are unresolved with regard to prior traumatic experiences, they have difficulty regulating their emotions and behaviors in an appropriate way. Such

mothers have difficulty behaving in sensitive ways to their children's cues and structuring interactions in a developmentally appropriate way for the children (Bigelow et al., 2010; Laranjo, Bernier, & Meins, 2008; Madigan et al., 2006).

The mother's attachment state of mind greatly influences her interactions with the child, which will ultimately shape the development of the child's emotional and social capacities (Crawford & Benoit, 2009). When a child turns to a resolved mother for fulfillment of needs or for comfort, this resolved mother is able to organize her caregiving behaviors and respond in a way that is appropriate for the situation (Marvin & Pianta, 1996). However, failure to grieve or resolve the trauma could interfere with the mother's sensitivity during her infant's early childhood (Marvin & Pianta, 1996). Main and Hesse (1990) explain that during mother-child interactions, recollections of unresolved traumatic memories may affect the mother's thought processes causing the mother to behave in frightening ways toward the child (Madigan, Hawkins, Goldberg, & Benoit, 2006; Moran, Forbes, Evans, Tarabulsky, & Madigan, 2008). To the infant, the caregiver then becomes a person of fear as well as a person to rely on for comfort. These contradictory feelings interfere with the infant's ability to form organized attachment strategies (Moran et al., 2008).

Pianta and Marvin (1996) examined mothers' resolved or unresolved states of mind with regard to their children's diagnoses of cerebral palsy using the Reaction to Diagnosis Interview (RDI) and subsequent classification system. The RDI is a highly structured interview that assesses a mother's resolution regarding her child's medical condition of cerebral palsy and how that condition relates to the child, the mother and the family system. Through use of the RDI, Pianta and Marvin (1996) found that of the seventy mothers, thirty-three (47%) were classified as Resolved, and thirty-seven (53%) were classified as Unresolved. When comparing the relationships between the mothers

and children, 82% of the Resolved mothers had securely attached children, and only 19% of Unresolved mothers had securely attached children. Although many mothers tended to experience a grief reaction following the realization of their children's medical conditions, the ability to fully resolve the grief and distress varied among the mothers, and the success of that resolution influenced the mother-child relationship (Marvin & Pianta, 1996). The experience of adoption may be similar to having a child with a diagnosis in that the mother is confronted with unexpected issues related to her child. Additionally, international adoption may include coping with loss due to difficulties conceiving as well as with stress related to the challenges of the adoption process. Thus, we might expect variability in adoptive mothers' abilities to resolve the grief, stress, and trauma related to the adoption experience, similar to that seen in mothers faced with their children's diagnoses. Given that Pianta and Marvin (1996) showed that unresolved mothers were more likely to have insecurely attached children, our interest resided in how resolution of the adoption experience affected mothers' interactions with their new children.

The Present Study

The experience of adopting internationally may bring about unexpected challenges for many mothers. In the present study, we examined the association between mothers' levels of resolution of their adoption experience and their sensitivity towards their children. Attachment theory and previous research suggested that lack of resolution of traumatic experiences is associated with difficulty regulating emotions and responding to the child's signals and cues (Marvin & Pianta, 1996; Moran et al., 2008). Thus, we expected level of resolution with regard to the adoption experience to be associated with maternal sensitivity. Specifically, we hypothesized that mothers who were more

unresolved about the adoption process would be less sensitive in their interactions with their children compared to mothers who were more resolved.

Chapter 2

METHOD

Participants

Participants included twenty-eight mothers and their internationally adopted children. Participants were enrolled in an ongoing longitudinal study testing the effectiveness of an attachment-based parenting intervention known as the Attachment and Biobehavioral Catch-Up Intervention for Children Adopted Internationally (ABC-I). The data of interest for this current study were collected during the pre-intervention visits of the ABC-I. Twenty-five of the mothers were European – American (89%), two were Asian – American (7%), and one was African – American (4%). Caregivers ranged in age from twenty-eight to fifty-one years ($M = 40.4$, $SD = 6.2$).

Of the children included in the study, seventeen were males (61%) and eleven were females (39%). Seven were adopted from China (25%), seven were from Ethiopia (25%), six were from Russia (21%), four were from South Korea (14%), two were from Kazakhstan (7%), one was from Vietnam (4%), and one was from Thailand (4%). Children's ages at adoption ranged from 1.8 months to 28.7 months ($M = 13.3$, $SD = 6.0$). Children's ages at the time of enrollment in the study ranged from 6.2 months to 31.0 months ($M = 16.4$, $SD = 5.1$). The length of time the adoptive children had been with the current caregivers ranged from 2.8 months to 20.4 months ($M = 8.9$, $SD = 3.7$).

Procedure

Data Collection

Mothers were referred to the study by the International Adoption Clinic at the Children's Hospital of Philadelphia as well as by two adoption agencies, the New Jersey branch of Holt International and an agency in Maryland called Adoptions Together. Families were also referred from other families already participating in the study, and some were self-referred (e.g., may have seen an article about the study). The project director then scheduled a home visit over the phone. During the first home visit, which lasted approximately an hour, a research assistant described the study, reviewed the consent form, completed a developmental assessment of the child, and administered questionnaires and interviews to the mother. The full visit was videotaped. The videotaped home visit included routine daily activities and mothers' behaviors while attending to other tasks (such as completing questionnaires). The Adoption Resolution Questions interview (ARQ) was conducted with each mother during a second pre-intervention home visit. Each interview was recorded on a digital voice recorder and transcribed for later coding. Mothers were compensated \$25 for each pre-intervention session that they completed.

Measures

Maternal Sensitivity. An abbreviated (25 item) version of the Maternal Behavior Q-sort (MBQS; Pederson & Moran, 1995; Pederson, Gleason, Moran, & Bento, 1998) was used to evaluate each mother's sensitivity. MBSQ items are descriptions of the different components of maternal sensitivity including the mother's attentiveness to her child, her tendency to respond to the child's signals and her overall maternal affect (See Appendix A for MBQS items). After observing each videotaped home session of the

mother-child interaction, coders sorted the MBQS items into five categories with five items in each category. The categories range from least descriptive of the mother's behavior to most descriptive of the mother's behavior. Final sensitivity scores were determined by correlating the coder's card sort with the card sort of the prototypically sensitive mother. Scores can range from -1.0 to 1.0 with higher scores showing higher sensitivity. A primary coder coded all of the videotaped home visits for maternal sensitivity, and a secondary coder coded 61% of the videotaped home visits. Inter-rater reliability was good ($r = .75$). For videos that were sorted by both coders, the sensitivity scores were averaged. Maternal sensitivity scores ranged from $-.28$ to $.92$ ($M = .71$, $SD = .24$).

Resolution with Regard to Adoption. Each mother's resolution with regard to the adoption was assessed using the Adoption Resolution Questions interview (ARQ), an adaptation of the Reaction to Diagnosis Interview or RDI (Marvin & Pianta, 1996). The RDI is a semi-structured interview of five questions that takes about fifteen minutes to complete and is used to assess parents' affect and perceptions regarding their children's medical condition, specifically of cerebral palsy. The questions in the RDI probe the parents for explicit recall of thoughts as well as of feelings about the child's condition. The Adoption Resolution Questions interview was adapted from the RDI with a focus on mother's experiences leading up to the adoption, thoughts and feelings regarding the adoption process, experience of meeting her child, and changes in her feelings over time (see Appendix B for ARQ questions). Similar to the RDI, the ARQ interviews were coded on a scale of 1 to 9, with higher scores indicating that the mother was more unresolved. Mothers were considered more resolved (lower scores) with regard to adoption when they acknowledged that the adoption experience was difficult, recognized changes in feelings since the adoption, described progress with life, refrained from

unreasonable questions such as “why me,” conveyed accurate descriptions of the child’s abilities, and used balanced statements regarding the benefits and challenges of the situation. A lack of resolution included unrealistic beliefs about the child’s situation, denial of the challenges of the adoption, continued search for an existential reason for the infertility, and intense grieving or anger that would indicate that the individual has failed to move on following issues related to the adoption. All interviews were coded by a primary coder. Resolution with regard to adoption scores ranged from 1 to 9 ($M = 4.4$, $SD = 2.2$).

Chapter 3

RESULTS

Preliminary Analyses

First, associations among variables of interest and demographic variables were examined. Descriptive statistics are presented in Table 1. Bivariate correlations showed that maternal sensitivity was significantly correlated with maternal level of resolution ($r = -.409, p = .03$) but not with the length of time the child has been with the caregiver or the child's age at adoption (See Table 2). Mothers' levels of resolution and maternal sensitivity were not associated with child gender ($p > .10$). Analyses of variance revealed no significant differences in mothers' levels of resolution predicted by mother race or child country of adoption (p values $> .10$). Although demographic variables were not associated with target variables, child's age at adoption was included in primary analyses to further emphasize any association the target variables may have.

Table 1. Descriptive Statistics for Participants

Variable	<i>n</i>	Min.	Max.	<i>M</i>	<i>SD</i>
Child's Duration of Time with Caregiver (months)	28	2.8	20.4	8.9	3.7
Child's Age at Adoption (months)	28	1.8	28.7	13.3	6.0
Mother Age (years)	25	28.0	51.2	40.4	6.2
Mother Average Sensitivity	28	-.28	.92	.71	.24
Mother Unresolved Status	28	1	9	4.4	2.2

Table 2. Correlations among Variables

	1	2	3
1. Mother Average Sensitivity			
2. Mother Unresolved Status	-.409*		
3. Child's Duration of Time with Caregiver	.029	-.193	
4. Child's Age at Adoption	-.196	.203	-.514*

* $p < .05$

Primary Analyses

A linear regression analysis was performed to further investigate the association between mothers' resolution of the adoption experience and mothers'

sensitivity. Child's age at adoption was included as a control variable. Child's age at adoption was entered into Step 1 of the model and mother unresolved status was added into Step 2 with mother average sensitivity as the dependent variable. The results are presented in Table 3. Step 1 accounted for 3.8% of the variance ($R^2 = .038$) and was not significantly significant. Step 2 accounted for 14.2% of the variance in mother sensitivity ($R^2 = .142$) and was statistically significant ($p = .048$). Therefore, being more unresolved with regard to the adoption experience was associated with being less sensitive during interactions with the child.

Table 3. Linear Regression Model for Mother Average Sensitivity

Variable	<i>b</i>	<i>SE</i>	<i>t</i>	<i>p</i>
Step 1				
Child's Age at Adoption	-.008	.008	-1.1018	.318
(Constant)	.815	.112	7.278	.000
Step 2				
Child's Age at Adoption	-.005	.007	-.637	.530
Mother Unresolved Status	-.041	.020	-2.082	.048
(Constant)	.954	.125	7.650	.000

Note. $R^2 = .038$ for Block 1 ($p > .05$); $\Delta R^2 = .142$ for Block 2 ($p = .048$).

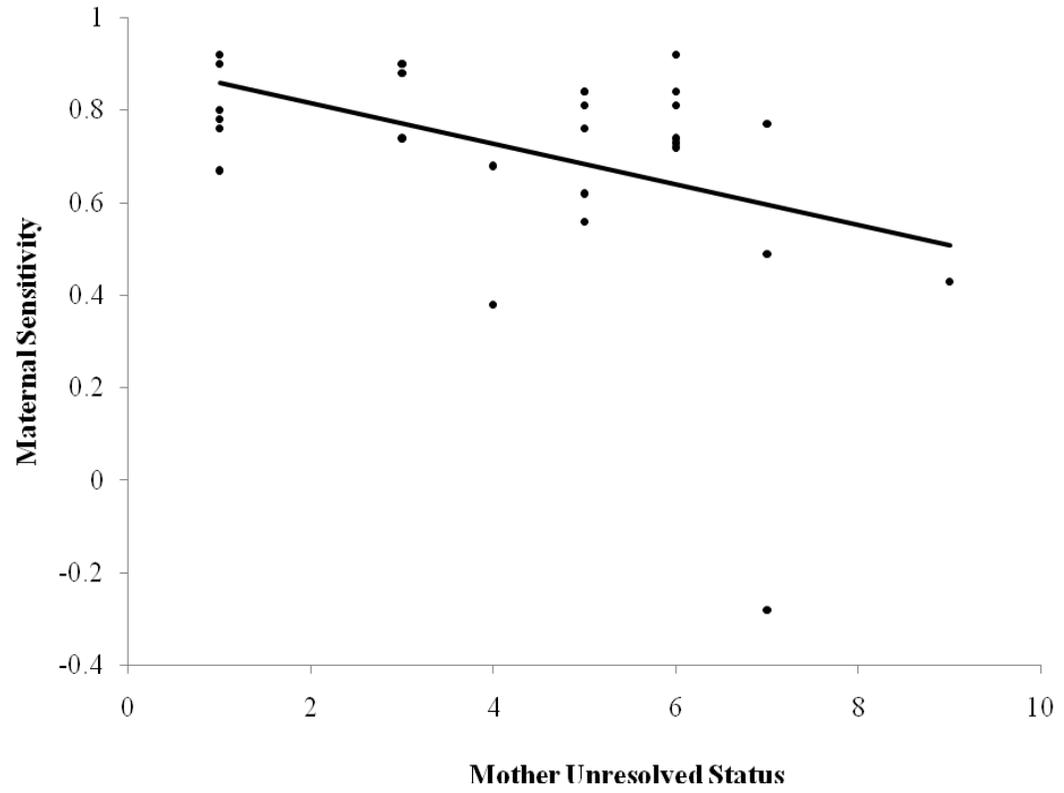


Figure 1. Linear Regression Analysis

Chapter 5

DISCUSSION

In this study, we found an association between mothers' resolutions with regard to adoption and their sensitivity. Specifically, mothers who were more resolved with regard to the adoption displayed higher levels of sensitivity toward their internationally adopted children compared to mothers who were more unresolved with regard to adoption. This is the first study to our knowledge that examined mothers' resolution of the adoption experience. The findings offer exciting preliminary evidence that the way in which mothers process adoption-related challenges may have an important effect on their abilities to accurately interpret and respond to their children's signals. Our findings extend previous studies that have shown links between unresolved states of mind and quality of parenting.

Future studies can further explore the implications of low maternal sensitivity and unresolved state of mind regarding adoption for children's development. A child's emotional and social development relies heavily on the attachment relationship between the child and his or her mother (Marvin & Pianta, 1996; Moran et al., 2008). A child is most likely to develop a secure attachment when his or her mother is sensitive. Given that internationally adopted children are vulnerable to having attachment-related problems, having a responsive and sensitive mother may be particularly important in this population. Insecure attachment, particularly disorganized attachment, may be prominent in situations with low levels of maternal sensitivity and unstable emotional regulation, especially after times of loss or other severely stressful experiences (Marvin & Pianta,

1996; Moran et al., 2008). Thus, identifying predictors of maternal sensitivity, such as resolution with regard to adoption, is an important step in understanding how to design effective interventions for these families.

Another direction of future research is to examine the construct of resolution of the adoption experience further. This was the first study using the Adoption Resolution Questions interview that we developed in our lab, based on a similar interview developed by Pianta and Marvin (1996). Future studies using the Adoption Resolution Questions interview could examine how resolution with regard to adoption relates to other attachment states of mind such as those included in Main and Goldwyn's classification system of the Adult Attachment Interview (AAI; George, Kaplan, & Main, 1996), an interview used to evaluate the adult's state of mind with regard to attachment. The AAI's classification system categorizes parents as autonomous and non-autonomous.

Autonomous parents value their attachment experiences, but nonautonomous parents may deny memories of early experiences or may be very emotionally caught up in past experiences. Further examination of how these various classifications influence a mother's ability to resolve her grief from the adoption stressors would provide further insight into mothers' struggles with resolving challenges related to the adoption. Pursuing this research may also reveal whether the ARQ adds incremental validity to the AAI in predicting sensitivity. If so, inclusion of the ARQ measure may be useful in other studies that utilize the AAI to examine adoptive parents.

Examining how resolution changes over time is also of interest. Although this current study examined the mothers' behaviors and mental stability after completing the adoption process, time will present new stressors within the familial structure. For example, the adoptive child may show signs of further developmental, attachment-related, or behavioral problems. Assessing the change in resolution over time would provide

opportunities for understanding whether unresolved status continues to be a problem or whether parents become more resolved over time.

Future studies could evaluate other predictors of resolution such as social support, quality of the familial structure and number of adopted and biological children already in the family. A more comprehensive study of the mothers' lives may be helpful in understanding reasons for low sensitivity and lack of resolution in internationally adoptive mothers.

With the findings that mothers who are more unresolved with regard to the adoption tend to have lower levels of sensitivity, intervention programs should be implemented at various stages of the adoption process to acknowledge these potential problems and to offer strategies for coping with the stressors. An intervention program may be helpful for parents enduring the actual adoption process. Providing support groups and psychoeducation to these parents may help establish an understanding of what to expect throughout the process, how to address and overcome any obstacles and stressors without losing sight of the end reward as well as what to expect when the adoptive child first becomes integrated into the family. Other interventions after the parents receive the child should be focused on increasing maternal sensitivity and responsiveness to the child's cues. One such intervention with this focus is the Attachment and Biobehavioral Catch-up Intervention for Children Adopted Internationally (Dozier & the Infant Caregiver Laboratory, 2002) that is currently being evaluated.

Despite the significant findings that the study provided, there were several limitations within the study. Although significant findings resulted, it is important to be cautious given the small sample size of 28 participants. Thus, extending these findings to a larger sample will be an important future direction. Furthermore, since neither of the

variables in the study (state of mind and sensitivity) was manipulated and both were measured at the same time, the results provide a correlation between the two variables, not a causal relationship. The study does not show that resolution with regard to the adoption predicts sensitivity or vice versa. On one hand, it might be that lack of resolution of the adoption experience leads to lower sensitivity. However, it could also be that a more sensitive mother will be able to become more resolved with regard to the adoption or even that a third unmeasured variable is contributing to both. Establishing a more causal relationship could help us identify where to intervene to best help these mothers.

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Appendix A

ABBREVIATED MATERNAL BEHAVIORS Q-SORT (MBQS; PEDERSON & MORAN, 1995; PEDERSON, MORAN, & BENTO, 1998)

Items classified as 1 for criterion sort:

1. Provides B with little opportunity to contribute to the interaction
17. Content and pace of interaction set by M rather than according to B's responses.
22. Appears to tune out and not notice bids for attention
32. Non-synchronous interactions with B, i.e., the timing of M's behaviour out of phase with B's behaviour
60. Scolds or criticizes B

Items classified as 2 for criterion sort:

4. During interaction with visitor does not notice B
30. Interactions with B characterized by active physical manipulations
41. Interactions with B are object oriented (e.g. with toys, food)
79. Distressed by B's demands.
84. Display of affect does not match B's display of affect (e.g., smiles when B is distressed)

Items classified as 3 for criterion sort:

6. Supports interaction of B with visitor
11. Repeats words carefully and slowly to B as if teaching meaning or labeling an activity or object.
43. Is animated when interacting with B
48. Points to and identifies interesting things in B's environment
50. Creates interesting physical environment for B

Items classified as 4 for criterion sort:

10. Speaks to B directly
24. Arranges her location so she can perceive B's signals
45. Praises B
65. Responds to B's signals
72. Notices when B smiles and vocalizes

Items classified as 5 for criterion sort:

2. Monitors B's activities during visit

- 27. Responds to B's distress and non-distress signals even when engaged in some other activity such as having a conversation with visitor
- 34. Interactions revolve around B's tempo and current state
- 44. Realistic expectations regarding B's self-control of affect
- 71. Builds on the focus of B's attention

Appendix B

ADOPTION RESOLUTION QUESTIONS INTERVIEW (ARQ), AN ADAPTATION OF THE REACTION TO DIAGNOSIS INTERVIEW OR RDI (MARVIN & PIANTA, 1996)

1. Now I'd like to ask you some questions about the adoption of [child's name]. Can you tell me a little about how you first started thinking about international adoption and why you chose this option?
2. What were your feelings when you first started thinking about adopting internationally?
3. Can you tell me about why you eventually made the decision to adopt internationally and the feelings that you had at that time?
4. The process of adopting internationally is different for every family. Can you tell me about the process for you?
5. How did you feel about the adoption process while it was happening?
6. How have your feelings about the adoption process changed over time?
7. Can you tell me about the first time that you met [child's name] and when you brought him/her home?
8. How have your feelings about [child's name] changed now that he/she has been with you for a while?

Appendix C

HSRB APPROVALS



RESEARCH OFFICE

210 Halliher Hall
University of Delaware
Newark, Delaware 19716-1551
PA: 302/831-2136
Fax: 302/831-2828

DATE: April 12, 2010

TO: Mary Dozier, PhD
FROM: University of Delaware IRB

STUDY TITLE: [128848-5] Early Intervention for Children Adopted Internationally
IRB REFERENCE #: [REDACTED]
SUBMISSION TYPE: Amendment/Modification

ACTION: APPROVED
APPROVAL DATE: April 12, 2010
EXPIRATION DATE: [REDACTED]
REVIEW TYPE: Expedited Review

Thank you for your submission of Amendment/Modification materials for this research study. The University of Delaware IRB has APPROVED your submission. This approval is based on an appropriate risk/benefit ratio and a study design wherein the risks have been minimized. All research must be conducted in accordance with this approved submission.

This submission has received Expedited Review based on the applicable federal regulation.

Please remember that informed consent is a process beginning with a description of the study and insurance of participant understanding followed by a signed consent form. Informed consent must continue throughout the study via a dialogue between the researcher and research participant. Federal regulations require each participant receive a copy of the signed consent document.

Please note that any revision to previously approved materials must be approved by this office prior to initiation. Please use the appropriate revision forms for this procedure.

All SERIOUS and UNEXPECTED adverse events must be reported to this office. Please use the appropriate adverse event forms for this procedure. All sponsor reporting requirements should also be followed.

Please report all NON-COMPLIANCE issues or COMPLAINTS regarding this study to this office.

Please note that all research records must be retained for a minimum of three years.

Based on the risks, this project requires Continuing Review by this office on an annual basis. Please use the appropriate renewal forms for this procedure.

HUMAN SUBJECTS REVIEW BOARD ACTION

University of Delaware
Newark, DE 19716

D/B

Protocol title: **Early Intervention for Children Adopted Internationally**

Principal investigator(s): **Mary Dozier, PhD - Psychology**

HSRB number: **HS 09-518 (NEW)**

Type of review: Expedited Full Board

The Human Subjects Review Board has reviewed the above-referenced protocol with respect to (1) the rights and welfare of the subjects; (2) the appropriateness of the methods to be used to secure informed consent; and (3) the risks and potential benefits of the investigation, and has taken the following action:

- Approved without reservation
- Approved as revised on original document.
- Disapproved for reasons noted below

Approval date: **October 22, 2008**

Approval period: **< one year**

Expiration date: **August 19, 2009**

Submittal date for continuing review: **July 19, 2009**

Changes in the protocol must be approved in advance by the HSRB.

Comments:



Thomas M. DiLorenzo, Ph.D.
Chair, Human Subjects Review Board
210 Halliher Hall
302-831-2136, fax: 302-831-2828, tmd@udel.edu

Date 10/22/2008