

ADOPTION DISRUPTION, STABILITY, SUCCESS, AND ATTACHMENT  
SECURITY OF ADOPTIVE PARENTS

A DISSERTATION

SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE  
DEGREE OF DOCTOR OF PHILOSOPHY  
IN THE GRADUATE SCHOOL OF  
TEXAS WOMAN'S UNIVERSITY

COLLEGE OF PROFESSIONAL EDUCATION

BY

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DENTON, TEXAS

DECEMBER 2008

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## DEDICATION

This accomplishment in my life is dedicated to my Lord and Savior, Jesus Christ and to my mother, the late Doris Jean Davis Robinson Hill. She laid the foundation for my desire to pursue degrees in higher education. Jesus helped me, to be a birth parent, adoptive parent, grandparent raising grandchildren, while working full time as a high school counselor to complete this life long goal.

## ACKNOWLEDGMENTS

I wish to express gratitude to my husband of 39 years, Willie A. Hudspeth, for his unconditional love, support, and a life journey full of adventure. In addition to my husband, I would like to thank my siblings, Regina, Rosina, and Michael for their unlimited support and uplifting words. Regina and Rosina have been available to offer a listening ear any time of day or night whenever I needed them.

Next, I want to convey my appreciation to the Chair of my committee, Dr. Joyce Armstrong, for her unwavering encouragement and guidance. I would like to thank my first doctoral committee, Dr. Jennings, Dr. Fannin, Dr. Chenoweth, Dr. Brock, and Dr. Armstrong. Your support, leadership and expertise were the foundation for my success in completing this dissertation. To my proposal committee and dissertation committee, Dr. Armstrong, Dr. Jennings, Dr. Marshall, Dr. Gillum, and Dr. Petty, your professional direction, dedication, and leadership has benefited me in immeasurable ways.

Several of my friends have been in my corner from the beginning of this endeavor. Janice Moore was a beacon of light on the winding path of the Ph. D. labyrinth; always offering inspiration, encouragement, and a helping hand. Shelly Key, Debra, Janice, Robin, Dorothy, George, Harold, Cheri, Kelly, Linda, Charlotte, Kake, and Jennifer have offered encouragement, moral and emotional support. While others, such as Debra, Kake, Robin, Kitty and Cindy offered their assistance in helping me locate adoptive parents in Denton and Dallas counties. Your assistance was invaluable in

spreading my need for adoptive parents by word of mouth. In the state of Washington, Doug Barron and Brad Henderson helped with the snowball effect. John Sasser, also in the state of Washington, assisted by printing copies of my questionnaires in record time.

Thanks to several individuals who helped make this project a success: Cheri Forman, Dorothy Watts, and Rosina Caraway for endless hours of proofing, editing and formatting assistance. Your expertise is evident throughout this dissertation. To Dr. Mee-Gaik Lim and Dr. George Ruffin for calling to check on my progress, offering encouragement, and words of wisdom.

Thanks to Denton High School former administrator, Milton Wallace, and to the present administrative team, Darrell Muncy and Gwen Perkins, for allowing some flexibility in my work schedule, providing a supportive attitude, and periodically checking on my progress. To my sons and their wives, Anthony and Tiffany Hudspeth, and Gerard and Diane Hudspeth. To Anthony and Tiffany for providing me a place to stay in the state of Washington, transportation, assistance locating adoptive parents, and finding a local copy center! Also to Gerard and Diane, for your help with copies and babysitting the grandkids as I studied or attended meetings. To my two adopted daughters, Holly and Ambria, I can't imagine my life without either of you. Thank you for providing me the opportunity to parent daughters. You are truly my gifts from God. Additional thanks to Ambria's birth sister Alisa who aged out in the foster care system.

I offer my sincere gratitude to the three agencies that helped me recruit adoptive parents: Lutheran Social Services, Inc., Dr. Barbara Rila, Ph.D., Licensed Psychologist

with Child & Family Resources, Inc., and Jubilee Youth Ranch & Christian Academy in Washington state.

Finally, to all the adoptive parents that participated in this study and provided names of other adoptive parents, I thank you and may God bless you for generously giving of your time to complete my lengthy questionnaire and instruments. Thank you for giving a voice to life's joys, struggles, and challenges adoptive parents face each day when parenting adopted children.

## ABSTRACT

DORETHA LOUISE DAVIS HUDPSETH

### ADOPTION DISRUPTION, STABILITY, SUCCESS, AND ATTACHMENT SECURITY OF ADOPTIVE PARENTS

DECEMBER 2008

The purpose of this study was to examine factors that contribute to adoption success and adoption disruption based on parental attachment security. This study, a quantitative cross sectional survey approach, investigated the relationship between adoptive parents' attachment security, and their decision to promote adoption stability and success or to seek adoption disruption.

A three phased recruitment process was used to recruit 62 participants in North Central Texas and Washington State: Phase I (Agency Recruitment), Phase II (Participants within Agencies), and Phase III (Snowball Effect). Data were collected from the participants' responses to the Adoptive Parent Demographic Data Sheet (see Appendix C), Inventory of Interpersonal Problems (Horowitz, Alden, Wiggins, & Pincus, 2000; see Appendix D), and The Brief FAM III (Skinner, Santa-Barbara, & Steinhauer, 1983; see Appendix E) as instruments. Data were analyzed using statistical t-tests, Pearson correlations and Chi-Square Tests within the Statistical Packages for Social Studies (SPSS) computer software program. Open ended data, from the participants' responses to seven open ended questions placed at the end of the Adoptive Parent

Demographic Data Sheet, were analyzed for additional information on the variables and categorized into themes.

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## CHAPTER I

### INTRODUCTION

Attachment security, a term used throughout research, denotes that once attachment is established in infancy it persists while allowing an individual to select new figures of attachment even later in life (Ainsworth, 1969; J. Bowlby, 1958; Hollist & Miller, 2005; Kobak & Sceery, 1988; Lewis, Feiring, & Rosenthal, 2000; Neal & Flick-Horbury, 2001; Platts, Tyson, & Mason, 2002; Stroebe, 2002; Waters, Weinfield, & Hamilton, 2000; Weber, 2003). Researchers studying attachment found that attachment security has a significant impact on the individual throughout the lifespan (Ainsworth; Bowlby; Harlow & Zimmerman, 1959; Lewis, Feiring, & Rosenthal; Stroebe; Weber). Based on the original research of J. Bowlby, Ainsworth, Harlow, and Zimmerman, other researchers have also established, through empirical research, that once attachment security is formed in infancy, it has a lasting affect on how one will relate to others throughout one's life span (Ainsworth; J. Bowlby; Kenny, 1994; Kobak, & Sceery; Lewis, Feiring, & Rosenthal; Neal & Frick-Horbury; Platts, Tyson, & Mason; Stroebe; Waters, Weinfield, & Hamilton; Weber).

Once attachment security is established, it can be stable throughout the developmental stage of infancy, young child, adolescence, and early and later adulthood (Hamilton, 2000; Stroebe, 2002; Waters, Merrick, Teboux, Crowell, & Albersheim, 2000). Researchers have focused on the specific stages of life development starting with

Main (1985) whose research focused attention on children one to six years of age, while Groze and Rosenthal (1993) focused only on school aged adopted children ten to twelve years of age. McRoy et al. (1994) investigated children placed with the Texas Department of Protective and Regulatory Services in foster and adoption care. This study investigated and summarized research that included studies on attachment security as it related to foster, adopted children and their foster, adoptive parents. Research on adolescence attachment security is also well documented (Kenny, 1994; Lewis, Feiring, & Rosenthal, 2000; Waters & Cummings, 2000). Adult attachment security is well documented in the research, as well (Buelow, Lyddon, & Johnson, 2002; Hollist & Miller, 2005; Platts, Tyson, & Mason, 2002; Rosenthal & Groze, 1994).

Attachment security as it relates to adoption was evident in the research conducted in the 1990s (Groze & Rosenthal, 1993; Hughes, 1999; McRoy et al., 1994; Rosenthal & Groze, 1994). The research of Groze and Rosenthal was followed by a major investigational work by McRoy et al. (1994). In the McRoy et al. (1994) study, researchers evaluated children placed with the Texas Department of Protective and Regulatory Services in foster and/or adoption care. They found that the success of attachment security between adoptive parents and adopted children is important to the stability, success, and or failure of the adoption placement. Future research indicates that the adoptive children have either a sense of attachment or lack of attachment to the birth family which also affects the stability, success or failure of the adoption placement (Barth & Miller, 2000; Groze & Rosenthal; Hughes; McRoy et al., 1994).

Adoption research literature uses dissolution and disruption interchangeably to describe the failure of an adoption placement (Berry & Barth, 1990; Festinger, 2002; McRoy et al., 1994). The term dissolution is often used when referring to the removal of an adopted child from the adoptive home following a legalized adoption while disruption is often used when referring to the removal of the adoptive child prior to the adoption legalization (McRoy et al., 1994). The present study used the term adoption disruption to identify the end of the adoptive relationship between the child and the adoptive family regardless of the legalization status of the adoption. This “operational definition of disruption” will reflect “placements in which the family returns the child to the agency or ceases to assume responsibility for the child” (Berry & Barth, 1990, p.212).

Several factors that may contribute to adoption disruption are (a) children with special needs who exhibit a lack of attachment security, (b) children suffering from physical and or emotional handicaps, (c) children who are age 10 or older, (d) children suffering from a history of sexual abuse or eating disorders, (e) children who experienced abandonment or neglect, (f) children in a sibling group, and (g) children experiencing previous adoption disruptions (Brodzinsky & Pinderhughes, 2002; Groze & Rosenthal, 1993; Hornby, 1986; McRoy et al., 1994; Rosenthal & Groze, 1994).

The opposite of adoption disruption is adoption stability or success. Adoption stability or success takes place when the adoptive child and the adoptive family experience attachment security, living together as a harmonious unit throughout the lifespan. Researchers such as Rosenthal and Groze (1994) have identified several parental

factors that enhance adoption success. The parental factors include parental satisfaction, strong marriage, excellent support system, religious faith, and strong family values. In addition to these factors, McRoy et al. (1994) found that it is important for adoptive parents to receive detailed preadoption medical and emotional history of the children prior to adoption. Research has found the aforementioned factors to play a crucial part in adoption stability, success, or lack of success (Hamilton, 2000; McRoy et al. 1994; Rosenthal & Groze).

In addressing adoption disruption, stability, and success, attachment style is a key theme in the literature. Hollis and Miller (2005) identified Ainsworth's work on the infant's reaction to the strange situation, as the "first typology of attachment styles." Other researchers such as Horowitz (1996) also looked at attachment styles. Horowitz examined the relationship between interpersonal problems, attachment history, and attachment styles. According to Horowitz, different attachment styles correspond to different types of interpersonal problems. Interpersonal problems often reflect a conflict between the person's desire to express a particular behavior and the person's feared consequence of expressing that behavior. Such conflicts arise out of the person's interpersonal learning history, which manifests itself in part in the person's attachment history and attachment style (Horowitz).

The research correlation between attachment theory, interpersonal interaction, and adult attachment styles advanced when Bartholomew (1990) developed four attachment patterns or four cells of adult attachment called the Model of Adult Attachment. Using J.

Bowlby's two variables, the child's image of others and the child's image of self (J. Bowlby, 1977, 1979), Bartholomew named the four attachment patterns secure, dismissing, preoccupied, and fearful and placed them in a 2x2 matrix with four prototypic forms of adult attachment (Bartholomew; Horowitz, 1996).

### Statement of the Problem

This study was based on the attachment security of adoptive parents. Adoptive parents' attachment security, the ability to attach and bond, may influence adoption success or disruption regardless of the adoptive child's ability to attach and bond to the parents. Attachment insecurity may lead to a child's anger, grief anxiety, and the inability to attach to others (J. Bowlby, 1953, 1958). Additional examples of attachment insecurity include "greater vulnerability to anger, avoidance of problem solving, greater levels of dysfunctional anger, disengagement, and pressuring tactics" (Allen & Land, 1999, as cited in Weber, 2003, p. 250). According to Weber, attachment insecurity produces conflict in relationships due to insecurities over the "loss of love, abandonment, and chronic rejection" (Weber, p. 250). Adoptive parents that experience conflicts produced by attachment insecurity in their adopted children are faced with the decision to either continue raising the children with attachment insecurity or seek adoption disruption.

Children waiting for adoption with complex needs, both emotional and behavioral (Brodzinsky & Pinderhughes, 2002; McRoy et al., 1994) are affected by "months or years of severe neglect, abuse, multiple placements and," multiple caregivers tend to "develop gaps in their development" which tend to "impede their readiness and ability to form

attachments with their adoptive families” (Hughes, 1999, p. 541). Such children are in need of committed adoptive parents willing to work at bonding with the adopted children while making a life long commitment (Brodzinsky & Pinderhughes; Evan B. Donaldson Adoption Institute, 2004; Hughes). Limited research has been conducted on the relationship between the attachment security of adoptive parents and its effect on the decision to continue with an adoption or to discontinue with an adoption, especially if the adoptive children have emotional or behavioral needs that may be a reflection of attachment insecurity. An adoption in which the adoptive parents decide to parent, regardless of the challenges faced raising an adopted child, is viewed as adoption success (Barth & Miller, 2000; Berry & Barth, 1990; Hughes; McRoy et al., 1994). Barth & Miller stated that although most adoptions are “successful,” “they are also unusually challenging” (p. 447).

Adoption disruption takes place when the adoptive parents decide not to parent the adopted child choosing to discontinue the adoption (Berry & Barth, 1990; McRoy et al., 1994). A decision not to parent might lead to sending the child to an institution or returning the child to the adoption agency (McRoy et al., 1994). While research has addressed adoptive parents with attachment security to significant others, adoption success and disruption, limited to no research, is found addressing the connection between adoptive parents’ attachment security and adoption success and/or adoption disruption.

## Statement of the Purpose

The purpose of this study was to examine the possibility of adoptive parents' attachment security with someone in their family of origin. This study focused on factors that contribute to adoption disruption, stability, success, and attachment of adoptive parents based on demographic data from adoptive parents, parental attachment styles reflected in the Inventory of Interpersonal Problems (Bartholomew, 1990; Horowitz, 1996), and parental scores on the Family Assessment Measure III, The Brief FAM III (Skinner, Santa-Barbara, & Steinhauer, 1983) of 62 adoptive parents located in the United States.

Adoptive parents' attachment security is important to the body of research on adoption and attachment. The attachment security of adults is well documented in empirical research (Buelow, Lyddon, & Johnson, 2002; Hollist & Miller, 2005; Platts, Tyson, & Mason, 2002; Rosenthal & Groze, 1994). This study investigated the relationship between adoptive parents' attachment security, and their decision to promote adoption stability and success or to seek adoption disruption.

## Theoretical Perspective

### *Introduction*

This research was guided by three theoretical perspectives: attachment theory, attachment security (J. Bowlby, 1958, 1977, 1980), and attachment styles as affected by interpersonal interactions (Bartholomew, 1990; Horowitz, 1996). Multiple researchers have documented a variety of frameworks that either incorporate or coincide with

attachment theory, ethology, interpersonal interactions, and other components of attachment theory (Ainsworth & Bell; 1970; Berry & Barth,1990; J. Bowlby, 1988; Grossman, Grossmann, & Waters, 2005; McRoy et al., 1994; Stroebe, 2002; Weber, 2003), while other researchers have used other theories such as goodness of fit theory and stress and coping (Brodzinsky, Smith, & Brodzinsky, 1998; McRoy, Grotevant, & Zurcher, 1988). McRoy et al. (1994) documented additional theories used in adoption studies such as family systems theory, and stress and coping. Belsky in Grossman, Grossman, and Walters found that attachment security or attachment insecurity could be based on the ecological and family systems perspective of human development.

### *Attachment Theory*

Attachment theory is grounded in John Bowlby's lifelong work (J. Bowlby, 1998; S.R. Bowlby, 2004; Stroebe, 2002; Weber, 2003). John Bowlby's work with attachment theory started when he was age four and was completed when John Bowlby was seventy-three (S. R. Bowlby, 2004). In the latter years of his career, John Bowlby (1998) listed several concepts that enabled him to develop his attachment theory concepts over a life time: psychoanalysis, evolution theory, ethology, control theory, and cognitive psychology (J. Bowlby, 1998). Attachment theory explains certain patterns of human behavior in over the lifespan (J. Bowlby, 1988; Brodzinsky, Smith, & Brodzinsky, 1998). Originally, the focus of attachment theory was on observations of young children and their responses when placed in the presence of a stranger in a strange place (J. Bowlby,

1988; Stroebe, 2002) and with the affects this type of placement would have on the child's later relationships with parents.

In 1998, John Bowlby reviewed prior research findings on attachment theory and detailed three major points. The first point of his findings addressed intimate emotional bonds, which can be maintained, controlled by the central nervous system and using working models of self plus the attachment figure to form relationships. A second point centered on the mother figure's influence on the child's development. Development can actually be influenced by the way the mother relates to the child. J. Bowlby's third point stresses the need for "a theory of developmental pathways." This theory would replace other theories that focus on fixation and regression of the individual.

Human nature drives individuals to make intimate emotional bonds. From the neonate stage through old age, J. Bowlby found that attachment theory is a lifelong process (J. Bowlby, 1979, 1988). In infancy the bonds take place between the infant and parents or parent substitutes. The infant looks to the parents for protection, comfort, and support (J. Bowlby, 1988). J. Bowlby (1988) found that these bonds carry over to adolescence and adulthood. In adolescence and adulthood the bonds may extend to other relationships such as food, heterosexual relationships, and sexual relationships. The attachment relationship key function is protection and emotional well-being (J. Bowlby, 1988).

## *Attachment Security*

J. Bowlby (1958, 1977, 1988) and Ainsworth (1969) found that a person with attachment security to a caregiver can develop healthy self-esteem. Later research supported these findings. Neal and Frick-Horbury (2001) found that attachment security is a means of developing attachment working model patterns in childhood that will continue to work even when the child is older. According to Neal and Frick-Horbury, attachment security is defined as the young child establishing a bonding process with a caregiver, usually the mother. The caregiver is identified as a provider of protection, comfort, and safety so that the child may explore the environment. The young child accepts comfort, protection, and safety from the caregiver while developing a healthy sense of self. Other researchers such as Buelow, Lyddon, and Johnson (2002) found attachment security as an early attachment working model in a child that allows the child to enter adulthood with life stressor coping skills. These skills allow the child to bond with others in adult life due to a healthy self-esteem.

Most of the existing empirical research focused only on attachment security setting the foundation for children's attachment to others in future relationships (J. Bowlby, 1958, 1988; Harlow & Zimmerman, 1959). Other empirical research focused on adopted children and attachment security with the adoptive parents. Hughes (1999), McRoy et al. (1994) along with Stokes & Strothman (1996) focused on adopted children attaching and or bonding to adoptive parents. In addition to Hughes, McRoy et al. (1994), Stokes and Strothman, several other researchers also focused on attachment security and

its connection to adoption from the perspectives of adopted children (Barth & Miller, 2000; Brodzinsky, Smith, & Brodzinsky, 1998; Edelstein, Burge, & Waterman, 2002) or adults that were adopted as children (Saiz & Main, 2004).

### *Attachment Styles and Interpersonal Problems*

According to J. Bowlby (1988), attachment theory proved that attachment relationships continue to be important throughout the life span (Bartholomew & Horowitz, 1991; J. Bowlby, 1988). Research investigators have started to examine the relationship between attachment and social and emotional adaptation in adults. Research has shown that secure subjects view themselves as not distressed and others as supportive while dismissive (avoidant) subjects view the self as not distressed and others as unsupportive, and that preoccupied subjects view the self as distressed and others as supportive (Kobak & Sceery, 1988 as cited in Bartholomew & Horowitz 1991). Based on the work by Bowlby, Kobak, and Sceery and others, Bartholomew developed four attachment patterns or four cells of adult attachment called the Model of adult attachment. Using J. Bowlby's two variables, the child's image of others and the child's image of self (J. Bowlby, 1977), Bartholomew named the four attachment patterns secure, dismissing, preoccupied, and fearful and placed them in a 2x2 matrix with four prototypic forms of adult attachment (Bartholomew, 1990; Horowitz, 1996; see Table 1).

According to Horowitz (1996), different attachment styles correspond to different types of interpersonal problems. Interpersonal problems often reflect a conflict between the person's desire to express a particular behavior and the person's feared consequence

of expressing that behavior. Such conflicts arise out of the person's interpersonal learning history, which manifests itself in part in the person's attachment history and attachment style (Horowitz, 1996).

---

Table 1

*Working Model of Self (Dependence)*

---

Positive (low)	Negative (high)
<p><i>CELL I</i></p> <p><i>Secure-Parallels secure attachment in children</i></p> <p>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.</p>	<p><i>CELL II</i></p> <p><i>Preoccupied-Parallels ambivalent attachment in children</i></p> <p>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.</p>
<p><i>CELL IV</i></p> <p><i>Dismissing-Parallels insecure/avoidant attachment in children</i></p> <p>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.</p>	<p><i>CELL III</i></p> <p><i>Fearful-Parallels avoidant, with unresolved attachment trauma in childhood</i></p> <p>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.</p>

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*Note:* Bartholemew's Four-Group Model of Attachment (Bartholomew, 1990; Horowitz, 1991)

## Important Perspectives

Several theories contribute to the theoretical perspectives for this study. J. Bowlby's attachment theory (1958, 1977, 1980), which spans the life cycle, is the major foundation for this adoption study. Attachment security, adoption and attachment, and attachment styles as affected by interpersonal interactions or problems are all important perspectives to consider when studying adoption success, stability and disruption.

## Hypotheses

This study examined the following three hypotheses:

Hypothesis 1. There will be no statistically significant relationship between parental attachment, adoption success, adoption disruption and adoptive parent's scores on the Inventory of Interpersonal Problems.

Hypothesis 2. There will be no statistically significant relationship between parental attachment, adoption success and adoption disruption and adoptive parent's scores on the Family Assessment Measure III, The Brief FAM III.

Hypothesis 3. There will be no statistically significant relationship between parental attachment, adoption success and adoption disruption and adoptive parent's responses on the Adoptive Parents Demographic Data Sheet (gender, parental status, marital status, ethnic background, age, education level, religion, and spirituality level).

## Definitions

According to Creswell, 2003, a dissertation research proposal preferably provides specific "operational definitions" that "are grounded in the literature" (p. 145). Therefore,

the following operational definitions are “specific” (Creswell, p. 145) to this study and are described:

**Adoption** – child is placed permanently in home of non-biological parents.

**Adoption Disruption** – “placements in which the adoptive family returns the child to the agency or ceases to assume responsibility for the child” (Berry & Barth, 1990).

**Adoption Stability** – adoptive family and adoptee develop a bond and live together as a functioning family (Berry & Barth, 1990); the adoption survives until the adopted child is emancipated (Ward, 1997).

**Adoption Success** - the adopted child will integrate, develop attachment security and bond with the adoptive family in a “timely manner” (Hughes, 1999, p. 541).

**Attachment** – a bonding relationship developed with a caregiver, usually the mother (J. Bowlby, 1953; S. R. Bowlby, 2004).

**Attachment Security** - a strong attachment bond between human beings that is established early in life, and remains stable from infancy through early adulthood and throughout adulthood (J. Bowlby, 1988).

**Biological Children** – children who are born to the adoptive parents and who do not share a genetic tie to their adopted siblings (Brodzinsky & Brodzinsky, 1992).

**Foster Care** – temporary care of children who have been removed from the birth family due to physical abuse, neglect, or both (McRoy et al., 1994).

Kinship Adoption – a biological relative or someone considered part of the family legally adopts a child of a family member (Evan B. Donaldson Adoption Institute, 2004; Lorkovich, Picolla, Groza, Brindo, & Marks, 2004).

Kinship Care – caring for the child of a relative or someone considered part of the family with or without legal guardianship (Evan B. Donaldson Adoption Institute, 2004; Lorkovich, Picolla, Groza, Brindo, & Marks, 2004).

Legally Free Children – term for children that have experienced the termination of birth parent’s parental rights and are waiting for adoption (Kemp & Bodonyi, 2002).

Special-Needs Adoption – term associated with older children, minority children, emotionally, mentally challenged children, or sibling groups that are hard to place in adoptive families (Groze & Rosenthal, 1993).

### Summary

This study focused on the relationship between adoption success, stability, and disruption and attachment styles. In addition, this study focused on the probability of a relationship between strengths and weaknesses in family health as measured by the Family Assessment Measure III. Attachment theory looked at the bond established between family members at each level of the life span. This study will focused on the attachment of the adoptive parents to someone in their family of origin to see if there is a correlation between the adoptive parents’ level of attachment and their determination to avoid disruption while raising adoptive children.

## CHAPTER II

### REVIEW OF LITERATURE

#### Introduction

This literature review addressed three major theories: J. Bowlby's attachment theory, attachment security, and attachment styles identified by the inventory of interpersonal problems (1958). Other perspectives such as ethology, adoption and attachment, and goodness of fit are detailed in adoption literature and will be summarized here. Adoption related issues such as legislative policy, adoption disruption, adoption attachment, stability, and success will be address in the literature review. The literature review will focus on adoption success, stability, disruption, attachment, attachment security, and theories that support J. Bowlby's attachment theory and security.

The three major theories contribute to the theoretical perspectives for this study: J. Bowlby's attachment theory, attachment security, and attachment styles (J. Bowlby, 1958, 1977, 1980) as affected by interpersonal interactions or problems (Bartholomew, 1990; Horowitz, 1996). Three other related theoretical perspectives are well documented in the research: ethological (J. Bowlby, 1958, 1988; Walters, 2005), adoption and attachment, and goodness of fit (McRoy et al., 1988; McRoy et al., 1994).

Ethology, the study of animal behavior techniques, was applied to man by John Bowlby (J. Bowlby, 1979). J. Bowlby focused on instinct that guides the behavioral patterns of the animal and human species. There are three main characteristics of

ethology, species' instinct, sign stimulus, and environmental adaptation. Animal and human species have instincts that guide their behavioral patterns. The behavioral patterns are receptive to visual or auditory signs. Sign stimulus from one gender to another gender activates internal or external conditions. Animal or human species interact with their environment, adapting to stimuli from the environment by making adjustments when necessary (J. Bowlby, 1979).

The use of attachment security and attachment theory in adoption research is documented by two studies (McRoy et al., 1994; McRoy et al., 1988). The connection between adoption, attachment security and attachment theory is addressed in the study (McRoy et al., 1988). An earlier study established profound "implications of attachment theory for the study of adoption" (McRoy et al., 1988, p. 6).

Goodness of fit theory is a theoretical framework that focuses on the compatibility of the adopted child and the home environment. It also focuses on the match between the parents' expectations and the children's accomplishments. Goodness of fit means that there is a match in the home between the parents and the child in addition to a match between the child and the home environment (Hughes, 1999; McRoy et al., 1988; Wegar, 2000). Mismatches may take place when intellectual ability and other characteristics are incompatible between adoptive parents and their adopted children (McRoy et al., 1988).

John Bowlby's attachment theory is based on research. His research and that of others (Ainsworth & Bell, 1970; Harlow & Zimmerman, 1959) laid the foundation for

attachment theory and attachment security. His findings were published from the 1940s to the 1990s. Initially, J. Bowlby's work focused on psychoanalysis, maternal deprivation, and ethology. It eventually grew into a fully developed theory on attachment.

Attachment theory is centered on the unique and secure relationship between the caregiver and the infant. Usually the caregiver is the mother. As the mother meets the needs of the infant, the infant develops attachment security. Once attachment security is established, it lasts across the stages of the life span (J. Bowlby, 1979, 1988) from infancy to childhood, childhood to adolescence, and adolescence to adulthood. Adults with attachment security have a positive view of self, a high degree of intimacy in their relationships, and positive interpersonal relationships with peers (Bartholomew & Horowitz, 1991; Weber, 2003).

The goal of child welfare agencies and government legislative policies is to find permanent adoptive homes for children in foster care (Sullivan & Freundlich, 1999). As children age in foster care, it is difficult to find homes for the older children. Older children are more likely to experience adoption disruption (Evan B. Donaldson, 2004). Other factors such as age of the adoptive parents, the adoptive child's close ties to the birth family, inability to attach or bond, behavioral problems and previous adoption disruption may also lead to adoption disruption (Berry & Barth, 1990; McRoy et al., 1994).

Researchers have found several characteristics that contribute to adoption stability (Berry & Barth, 1990; McRoy et al., 1994). These characteristics are identified

as adoptions of foster children by the foster parents, other foster children in the home, adoptive parents receive “detailed background information” (McRoy et al., 1994, p. 32) on their adopted children, and adoptive parents who are nurturing and have strong marriages (McRoy et al., 1994).

### Related Theoretical Perspectives

#### *Ethological Approach*

J. Bowlby (1958, 1977) and Weber (2003) acknowledged that J. Bowlby’s work on attachment security is based on ethology and proceed to identify ethology as a science with a biological foundation. Ethology is the study of animal behavior based upon experimental techniques (J. Bowlby, 1979). It focuses on patterns of developmental social behavior, developmental animal family relationships, and behavioral evolution (J. Bowlby, 1958, 1977, 1979).

One major characteristic of the ethological approach is the instinct of a particular species. The instinct guides the behavioral patterns of both animal and human species (Weber, 2003). J. Bowlby used the example of the behavior patterns of fish, ducks and geese (1979). J. Bowlby then applied the instinct characteristic to mammals such as man. Man and other mammals have behavioral patterns specific to their species (1979).

A second main characteristic of ethology is sign stimulus. Sign stimulus relates to the behavioral stimuli from the male to the female that leads to social interaction, mating, producing and parenting of offspring. J. Bowlby used the example of an animal spreading its tail as a behavioral pattern for a specific species (1979). The sign stimulus can be

gestalts to which the species is naturally receptive. In addition to being visual or auditory, the sign stimulus is either internal or external to the species and be based on sight or hearing. Internal conditions such as body maturation or the maturation of the central nervous system have a tendency to activate species specific behavior patterns. External conditions can be activated by visuals and or sounds that are similar to a realistic replica of animal sounds or behavioral patterns. For example an external condition can take place when a replica of a pregnant female stickleback causes the male stickleback to exhibit an instinctive mating reaction (J. Bowlby, 1979).

The third main characteristic of ethology involves interaction of the species and its environment (J. Bowlby, 1979). The species adapt to the environment by adjusting to the universal stimuli in the environment. Behavioral systems are activated or terminated based on the environmental events and aspects of the species genetic code (Ainsworth, 1969).

### *Adoption and Attachment*

The research points to several theoretical models used in special-needs adoption, adoption disruptions and adoption issues and attachment. McRoy et al. (1994) listed theories from studies prior to their study. According to McRoy et al. (1994), the previous studies focused on the family systems theory, stress and coping (McRoy et al., 1988) and the social and cognitive model (Barth & Barry, 1988). McRoy et al. (1988) used seven existing “theoretical perspectives” (p. 157) to guide their study on adopted adolescents. Attachment theory and Goodness of fit theory were two of the seven theories identified in

the 1988 study (McRoy et al.). McRoy et al. (1994) pointed out that a healthy functioning adult is a key to adoption success, therefore, in order for an adult to function healthy, the adult must have healthy attachment security. Later studies, between the 1990s and 2000s, also used the stress and coping theoretical framework (Brodzinsky & Pinderhughes, 2002; Brodzinsky, Smith, & Brodzinsky, 1998; Saiz & Main, 2004).

McRoy et al. (1988) found the “implications of attachment theory for the study of adoption are profound” (p. 6). J. Bowlby suggests that attachment security develops in the first several months of life (J. Bowlby, 1958, 1988). Infants adopted at an older age past the six to eight months may be at risk for developmental difficulties and not attaching (McRoy et al., 1988), while children that are adopted earlier would experience no developmental difficulties or attachment insecurity.

### *Goodness of Fit Theory*

Goodness of fit theory “states that when infants are raised by parents who understand them” (McRoy et al., 1988, p. 8) the parents tend to be sensitive to the needs of infants, then the infant will have optimized development. Parents and children maintain “responsiveness to one another” (p. 8). Adoptive parents may have some problems with responsiveness due to lack of familiarity to parenting the adopted children.

Mismatches may take place when intellectual ability, personalities, and other characteristics are incompatible between the parents and children or between biological and adopted children. These mismatches can have a profound affect, especially if parents fail to acknowledge the biological differences between themselves and their adopted

children. In additional biological differences, parents may or may not acknowledge their issues around the fact that couple infertility led to the adoption. Fear of losing the adopted children to the birth parent and lack of support from the agency or family may lead to mismatched feelings (Brodzinsky, Smith, & Brodzinsky, 1998; Hughes, 1999; Ward, 1997; Wegar, 2000).

### Attachment Literature

#### *John Bowlby's Conceptualization and Development of Attachment Theory*

Sir Richard Bowlby, the son of John Bowlby, now a retired scientific photographer, devotes his time “to study and disseminate... the work of his father,” John Bowlby (S. R. Bowlby, 2004, p. vii). According to Sir Richard Bowlby, John Bowlby’s attachment theory is based on research and took over fifty years to conceive and perfect (S.R. Bowlby). John Bowlby’s life work on attachment started when as a child, his nursemaid, Minnie, to whom he was attached, left the family for a better paying job, when John was four years old. The time with Minnie was important to John Bowlby as he only saw his own parents for short spans of time each week, approximately one hour per day. Minnie was his “principal attachment figure” (S.R. Bowlby, p.13).

At age 21, as a medical student, John Bowlby met John Alford. Alford convinced John Bowlby, “a disenchanting medical student,” (S.R. Bowlby, 2004, p.13) to complete medical school and study psychoanalysis. John Alford inspired John Bowlby to pursue his interest in maternal deprivation, the forerunner to John’s attachment theory. John Bowlby began to study forty-four teenage thieves. Many of the teenagers had been separated from a

caregiver or their mother at an early age, thus the term maternal deprivation was at the forefront of John Bowlby's later work, attachment theory (S.R. Bowlby).

John Bowlby's earliest scientific and empirical work was done in the 1940s and 1950s. These two decades laid the foundations for John Bowlby's early work on ethological and attachment security concepts (Grossman, Grossman, & Waters, 2005). In the 1940s, John Bowlby's pre World War II clinical work led to an exploration of mother and child relationship. John Bowlby observed mother and child interactions as documentation for his empirical findings (Hinde, 2005 as cited in Grossman, Grossman, & Waters 2005).

J. Bowlby's 1950s work was influenced by the empirical findings of others in the fields of psychology, ethology, biology, primates, and attachment. In the study of psychology J. Bowlby was influenced by Sigmund Freud and others in the British Psychological Society. He was also influenced by ethologists, Konrad Lorenz and Robert Hinde, along with biologist, Julian Huxley. Harlow and Zimmerman's research with subhuman primates also influenced J. Bowlby's work on attachment. Others J. Bowlby (1969, 1982) mentioned in *Attachment and Loss Volume I*, were James Robertson and Mary Ainsworth, both fellow colleagues in the attachment research.

John Bowlby published multiple works on attachment security and attachment theory from the 1940s to the 1990s. His focus started with psychoanalysis, maternal deprivation, and ethology, then grew to a fully developed attachment theory supported by empirical research by J. Bowlby and his colleagues. John Bowlby died in 1990. His son,

Sir Richard Bowlby (2004) and other researchers such as Cassidy and Shaver (1999); K.E. Grossman, K. Grossman, and Waters (2005); Platts, Tyson, and Mason (2002); Parkes, Stevenson-Hinde, and Marris (1999),; and Tyson and Mason (2002), have well documented the research and work of John Bowlby that lead to his life work on attachment for fifty years.

### *Attachment*

J. Bowlby was known for his work on sense of self (J. Bowlby, 1958, 1977, 1988; S.R. Bowlby, 2004). J. Bowlby reported that the mother and infant had a unique relationship. The mother's position as the primary caregiver helped produce attachment between the mother and child (J. Bowlby, 1958, 1988). Martin (2004) documented all of J. Bowlby's published work from 1938 to 1988. The subject of the majority of the work was attachment and sense of self.

Other researchers following John Bowlby's work on attachment, loss, and grief have focused on attachment, grief and loss theories (Grossmann, Grossmann, & Waters, 2005; Stroebe, 2002; Waterman, 2001). Waterman focused on J. Bowlby's contribution to the attachment theory in association with loss and bonding between foster, adoptive, or stepmother and the child. J. Bowlby (1979, 1988) documents the connection between attachment and mourning due to the child's loss of the attachment figure early in life.

Other noted theorists dealing with attachment are Harry Harlow and Robert Zimmerman (1959), who worked together to conduct research on subhuman primates in the 1950s. Harlow and Zimmerman are known for conducting experiments with young

infant monkeys and constructed inanimate surrogate mother monkeys. One surrogate mother was covered with terry cloth, while the second mother monkey was made of uncovered wire. Young infant monkeys preferred the cloth covered monkey mother for comfort, over the wire mother monkey that offered food (Harlow & Zimmerman). The study found that it is important for the infant to seek closeness to the mother figure and it also demonstrated how the infant will seek comfort plus contact with the mother before it will seek food. The study is referred to in much of research and academia (Ainsworth, 1969; J. Bowlby, 1958, p. 366, 1988; S.R. Bowlby, 2004; Grossmann, Grossmann, & Waters, 2005; Sackett, 1965).

Attachment is important to humans across the life span. Researchers have continually focused on attachment issues, for decades, since J. Bowlby first conceptualized his attachment theory in the 1950s. J. Bowlby, Ainsworth, Harlow, and Zimmerman are pioneers in the attachment theory (J. Bowlby, 1988). All four researchers have contributed to the model of attachment which centered on the unique and secure relationship between the mother and the child by conducting research in the 1950s and 1960s. They published their research findings much later in 1960s, 1970s, and 1980s.

Secure attachment set the foundation for the child's attachment to others in future relationships (Ainsworth, 1969; J. Bowlby, 1958, 1988; S.R. Bowlby, 2004; Harlow & Zimmerman, 1959). J. Bowlby stated that a person with secure attachment to a caregiver develops healthy self-esteem (J. Bowlby, 1988). Neal and Frick-Horbury (2001) looked at secure attachment as a means of developing attachment working model patterns in

childhood that continue to work when the child is older. Buelow, Lyddon, and Johnson (2002) found that early attachment in children helps children become adults with life stressor coping skills capable of bonding with others in adult life.

### Attachment Across Stages of the Lifespan

#### *Attachment in Infancy*

Weber (2003) reported that infants who grow up in a caring and sensitive environment learn to explore their environment and that they can influence their environment. The parents are important to infants that exhibit attachment security. In a longitudinal study, Main, Hesse, and Kaplan (2005) found that infants with attachment security continued to have attachment security later in life at age 19. Infants with attachment insecurity continued to have attachment insecurity at age 19. The researchers also found that infants without consistent caregivers showed their ability to form attachments decreased by the end of the 3<sup>rd</sup> year of life (Main, Hesse, & Kaplan).

J. Bowlby (1988) found that infants that spent long periods in institutions without a primary caretaker did not develop attachment security. Infants that had experienced an extended time without a primary caretaker tended not to develop attachment security when a primary caretaker was provided later (J. Bowlby, 1988).

Both studies support J. Bowlby and Ainsworth's empirical findings that once established, attachment security covers the span of life from infancy to adulthood. The same holds true for attachment insecurity, once it is established in infancy, attachment insecurity also covers the span of life (Ainsworth, 1969; J. Bowlby, 1958, 1988).

### *Attachment During Childhood*

According to Weber (2003), the strongest predictor of a child's attachment is the parent's attachment style (Weber). A healthy child with attachment security will explore the environment and return to the parent. J. Bowlby found that the explorations are increased in time and distance as the child matures (1988).

Inge Bretherton, as a grad student, was exposed to J. Bowlby's work through Ainsworth. Bretherton (as cited in Grossman, Grossman, & Waters, 2005, p.13) explains J. Bowlby's internal working model, a part of attachment theory, as it relates to children. Children with secure responsive caregivers, learn to approach the world with a confidence. If they need help, they tend to seek it. The children have internal working models of attachment security. Children without attachment security, and non responsive caregivers, tend to see the world as an unpredictable place to retreat from or to fight.

### *Attachment During Adolescence*

According to J. Bowlby (1988) as a child grows into adolescence, the exploration may extend into weeks or months away from the secure base of the parents. Yet according to J. Bowlby, the primary attachment to the parents is still necessary so that the adolescent can continue to have "optimal functioning and mental health" (J. Bowlby, 1988, p. 122). Like J. Bowlby, Cassidy and Shaver (1999) also found that during the adolescent stage the individual seeks "independence from the parents" (p. xii) yet maintains the parental secure base.

Kenny (1994) found that even in late adolescents, subjects, both male and female, reported strong ties to their parental secure base. The subjects exhibited attachment security to parents. Kenny found that once attachment security is established in infancy, it still exists in the late adolescent stage of life. The parents of the adolescents were reported to promote autonomy, and provide a source of emotional support, as needed, for their offspring (Kenny).

While J. Bowlby (1988) and Kenny (1994) found attachment security established in infancy to continue into adolescent, Lewis, Feiring, and Rosenthal (2000) found that an incident, such as divorce, could affect the “caregiving environment” (p.717) and therefore create attachment insecurity in adolescents. Lewis, Feiring and Rosenthal concluded that divorce in the family, of an adolescent, affects the child’s environment and “exerts powerful effects on the child’s attachment” (p.717).

### *Attachment During Adulthood*

Although Bartholomew and Horowitz (1991) focused on four attachment prototypes for adult attachment, this review only examines attachment security prototypes. The Bartholomew and Horowitz study reported that prior research showed that adults who experience attachment security viewed themselves as not distressed and saw others as supportive. This finding is supported by Weber (2003) who cites Alexander (1992) that attachment security will promote empathy and a positive view not only of the self but also of others (Weber, 2003). Adults with attachment security also provided favorable descriptions of their own childhood relationships with their parents while

growing up. Bartholomew and Horowitz found that adults that experience attachment security possessed a sense of self worthiness, while viewing others as accepting and responsive. In addition, these adults reported a high degree of intimacy in their friendships. They were warm individuals and exhibited a balance of control in their friendships and romantic relationships (Bartholomew & Horowitz).

Secondly, Bartholomew and Horowitz (1991) reported that attachment relationships within the family of origin are correlated to adult interpersonal relationships with peers. Adults that have great interpersonal relationships with family members will also have great interpersonal relationships with their peers.

While conducting research on adult attachment security and coping resources that the adults used while experiencing distress, Buelow, Lyddon, and Johnson (2002) found “that attachment correlates with coping in significant and meaningful ways” (p.148). Their research study found a connection between attachment security in adults and the adults’ recollections of high parental care. The adults also had many coping resources to engage in and pull from when faced with stress.

#### Adoption Literature

A growing number of children are waiting for adoption. Many of these children have complex needs. Child welfare agencies across the country are facing significant challenges in ensuring that all waiting children receive quality adoption planning, services and placement in adoptive families willing to provide ongoing support for the

children for life (Brodzinsky & Pinderhughes, 2002; Singer & Krebs, 2008; Sullivan & Freundlich, 1999).

The likelihood of adoption disruption increases with age, the prevalence of emotional and behavioral problems. Age, emotional and behavioral problems of these children require special adoptive families willing to attach to the children and make a life long commitment to create a successful family (Brodzinsky & Pinderhughes, 2002; Evan B. Donaldson Adoption Institute, 2004; Singer & Krebs, 2008; Sullivan & Freundlich, 1999).

Foster parent adoptions were less likely to disrupt even when the foster parents were highly educated. However, highly educated adoptive parents that were not foster parents were more likely to experience adoption disruption. Highly educated adoptive parents tended to be middle class and could not relate to adoptive children that could not meet their middle class expectations (McRoy et al., 1994; McRoy et al., 1988). Disruptions were more likely to happen in families that had little social support and fewer contacts with relatives (Brodzinsky & Pinderhughes, 2002; Evan B. Donaldson Adoption Institute, 2004), while adoption success and stability were more likely to take place when the following adoptive family resources were in place: support from family, friends, church, community along with financial subsidies, (McRoy et al., 1994). Barth and Miller (2000, p. 447) identified other resources and services that families may access such as “special education, outpatient mental health services, hospitalization, and temporary residential placement.” Singer and Krebs (2008) also identified the need for professional

health care providers that are sensitive and supportive to the needs of the adoptive families. These services benefit families post adoption.

### *Child Welfare Policy Time Line—Policy Promotes Permanency*

According to Sullivan & Freundlich (1999), several legislative initiatives have helped focus the public's attention on adoption as a service for children in out-of-home care; children who cannot or will not return to the home of their birth family. Certain legislative actions promote the needs of children in out-of-home care. The legislative measures were initiated to assure children's permanency in adoptive families. Research has influenced legislative policy once research proved that children definitely benefit more from adoption than from long-term care in foster homes (Evan B. Donaldson Adoption Institute, 2004). The goal of legislative policy was one way that state and federal laws helped support adoptive families with specific needs that may arise as a result of adopting children. The goal of permanency was to insure that children were adopted and stayed in adoption placement (Barth, 1993; Brodzinsky & Pinderhughes, 2002).

### *Child Welfare Policy*

Below is a time line of child welfare policy that promotes adoption permanency:

1980. The Federal Adoption Assistance and Child Welfare Act of 1980 (AACWA). If states were to receive foster care funds from the federal government, they had to develop and implement an adoption assistance fund to assist with promoting permanence for children in foster care (Barth, 1993; Brodzinsky & Pinderhughes, 2002). The Adoption

Assistance and Child Welfare Act, 1980 sought to assure permanency through timely reunification with birth parents or placement with a permanent adoptive family. The AACWA provides adoptive parents with monthly financial subsidies in order to assure that their standard of living is not lowered due to adopting children at-risk, with special needs and in need of ongoing medical attention (Barth, 1993).

1993. The Family and Medical Leave Act, signed by President Clinton, permits new parents, including adoptive parents, time off from the job to care for their new children. This legislation insures that parents may take time off to adopt a child without fear of losing their jobs or health insurance.

1995. The Multiethnic Placement Act (MEPA) reduced the obstacles to Transracial adoption. The goal was to increase adoption permanency for children of color. MEPA ensures that adoption is free from discrimination and delay based on race, culture, or ethnicity.

1997. The Multiethnic Placement Act (MEPA) was amended with the Removal of Barriers to Inter Ethnic Adoption (IEP). This amendment insured that it is illegal to discriminate against prospective adoptive parents and children in need of suitable homes.

1996. President Clinton signed the Adoption 2002 Initiative. President Clinton signed the bill called the Adoption 2002 Initiative, aimed at doubling the number of adoptions for legally free foster children by the year 2002 (Clinton & Clinton, 1997). Adoption agencies received about \$20,000,000 per year to aid in increasing special needs

adoptions by developing resources and interventions to promote adoption success (Barth & Miller, 2000).

1997. Congress passed the Adoption and Safe Families Act (ASFA). The Adoption and Safe Families Act of 1997 provided legislation to support timely placement of children in permanent homes. This legislative law mandated that states provide financial incentives to move children from foster care to adoptive families (Barth & Millier, 2000; Evan B. Donaldson, 2004). According to Festinger (2002), this initiative led to an increase in adoptions nationwide. One year later, a national total of 36,000 children were moved from foster care to adoption.

2006. The Safe and Timely Interstate Placement of Children Act (STIPC) of 2006 was signed into law by President Bush. Former House Majority Leader Tom DeLay introduced the STIPC. The main goal of the STIPC was to allow the placement of foster and adoptive children across states (Human Services & Welfare Committee Information Alert, 2006)

### Adoption Disruption

Groze and Rosenthal (1993) conducted a study on attachment and the adoption of children with special needs. Special needs children were identified as children who had experienced mistreatment by their biological family, multiple placements in foster care, and were older in age, age 5 or older, “disabled, of minority heritage, or a member of a sibling group” (p. 8). After experiencing mistreatment, multiple placements and being school age, special needs children had trouble attaching to the adoptive family. After

three to four years in an adoptive home, Groze and Rosenthal found that special needs children developed attachment security with the help of professional intervention.

According to Groze and Resenthal, other researchers also examined attachment and adoption dynamics (Hughes, 1999; McRoy et al., 1994; Sullivan & Freundlich, 1999).

Special needs children, with significant attachment problems can be successfully adopted, gradually developing attachment security with the adoptive family. Children, with attachment problems, may need therapy in addition to parents willing to engage them in social, family activities (Groze & Rosenthal, 1993; Hughes, 1999).

According to Hughes (1999), when children do not respond positively to the parents, the parents need to understand that they must regulate their own emotions, and deal with the children's rejection of them without taking it personally. Adoptive parents should receive training, support, and treatment services from the adoption agency. The additional support can help adoptive parents maximize their adopted children's ability to securely attach with them (Barth & Miller 2000; Hughes).

Researchers found that adopted children experience internal pain that causes outward manifestations of both emotional and behavioral problems (Brodzindky & Pinderhughes, 2002; McRoy et al., 1994; McRoy et al., 1988; Verrier, 1993). These issues cause the adopted child to exhibit disturbances and serious adoption related problems (Brodzindky & Pinderhughes), even when placed for adoption at birth (Verrier). Those adopted children that leave the hospital in the arms of their adoptive parents are also subject to exhibit behavioral problems similar to adopted children that

have experienced abuse and neglect (Hughes, 1998; McRoy et al., 1988; McRoy et al., 1994; Verrier, 1993).

One aspect of this behavior is called “elbow baby” (McRoy et al., 1988) because these children will not allow the parents to cuddle, bond, or establish parental closeness. Hughes found that the children would not accept love from the parents, while rejecting both “discipline and affection” (Hughes, 1999, p. 546). Verrier (1993) found that the adopted children, including her own adopted daughter, exhibited behaviors such as anxiety, “testing out” (p. xiv), hostility, strong will, provocative, and antisocial. Other researchers (McRoy et al., 1988; McRoy et al., 1994) supported these findings in their research and documented that adopted children in presence of their adopted parents, especially mothers, presented challenging behaviors. The children were found to be head strong, angry, hostile, strong willed and avoiding closeness in the home. But outside the home, in public, the children would act loving, charming, and friendly. Hughes and other researchers found adopted children to be especially friendly with strangers while being rude and hostile toward the adoptive parents and other family members (Hughes, 1998; McRoy et al., 1988; McRoy et al., 1994; Verrier, 1993).

McRoy et al. (1988) and Hughes (1998) found that the children wanted to take control of every situation. The children did this in two ways. First the children tried to control the adults by acting friendly and charming so that the adults would feel an obligation to be nice and secondly, by feeling hurt and upset when the adults refused to say yes in response to a request. According to Hughes, upon being told no, the children

would show outbursts of anger, become defiant, steal, and break items which are important to the adults, all in hope of making the adult upset and hurt like the children are upset and hurt.

According to Hughes (1999) and Verrier (1993), these adopted children have attachment insecurity and may benefit from therapy. Therapy can facilitate attachment security in adopted children. Both the adopted children and their adoptive parents can benefit from therapy that helps facilitate attachment security in adopted children. Hughes and Verrier found that therapy may last from 6 months to several years, depending on the severity of the children's attachment insecurity. Therapy can help adopted children "understand their own feelings... and have them validated" (Verrier, p. 220).

#### Disruption Characteristics

Researchers have identified multiple risks factors that contributed to adoption disruption. Adopted children, parents, and adoption agencies can contribute to adoption disruption (Barth & Miller, 2000; Brodzinsky & Pinderhughes, 2002; Evan B. Donaldson Adoption Institute, 2004; McRoy et al., 1994).

Researches found that the presence of certain factors can contribute to adoption disruption (Barth & Miller, 2000; Brodzinsky & Pinderhughes, 2002; Evan B. Donaldson Adoption Institute, 2004). The factors were described as risk factors that increase the probability of adoption disruption. In this study adoption disruption refers to the end of the adoption placement with the child's return to the adoption agency before or after consummation. Evan B. Donaldson Adoption Institute documented factors that represent

increased risk for disruption as age, placement history, behavioral issues, parents' expectations, systemic factors such as matching, and information sharing. Brodzinsky and Pinderhughes found that age in addition to "serious emotional and behavior problems" (p. 293) contribute to disruption. According to Brodzinsky and Pinderhughes, additional factors such as previous neglect, physical abuse, sexual abuse, and multiple foster placements (p. 293), contribute to adoption disruption. Barth and Miller documented additional risk factors in the adoptive family and the adoption agency. In the adoptive family, the age of the adoptive parents was a risk factor if the parents were too young. More educated parents had higher educational expectations for an adopted child with low cognitive ability was another risk factor. Finally, an adoption agency played a part in adoption disruption by not providing pre and post adoption services to the adoptive family. According to Barth and Miller "in cases which disrupted, parents had complained of not knowing the severity of the child's problems" (p. 449) or the child's pre-adoption history.

### *Children Characteristics of Adoption Disruption*

According to Barth and Miller (2000), adoption disruptions are characterized by the specific child factors: the older child, child with close ties to the birth family, negative habits, time in foster care, previous foster and adoptive placements. The 1985 Urban Systems Research and Engineering Inc. Study (USR&E) (as cited in Barth & Miller, 2000, p. 449) described child factors such as behavioral or emotional problems that "represented 19% of total placement but 39% of disruption" (p. 449). Other child

factors reported by USR&E were physical or mental issues which “accounted for 21% of total placements but only 13% of disruptions” (p. 449).

Adoption of children who have experienced a previous adoption disruption is more likely to disrupt again, especially if those children experienced multiple placements. Any experience of disruption is contradictory to adoption permanence, which is one of the primary goals of child welfare legislation (Berry & Barth, 1990).

#### *Adolescents Characteristics of Disruption*

When discussing adolescent adoption, Berry and Barth (1990), stated that “the advantages of adoption when stable far outweigh its potential risks, however, and with proper assessment and preparation, adolescents can be successfully placed with reduced risk of disruption” (p. 211). Berry and Barth found that among teenagers the overall disruption rate is not affected by age or gender differences.

#### *Adoptive Parents Characteristics of Disruption*

Berry and Barth (1990) and McRoy et al. (1994) reported that a high percentage of adoptive mothers and adoptive fathers expressed high commitment to the adoption. About half of the sample changed their commitment after the child was placed in the home. In about 66.7 % of the cases, the adoptive parents initiated the removal of the adopted child. Adoptive mothers in disruptions were significantly younger than those in stable adoptions. Adoptive fathers in disruptions also tended to be younger, with an average age of 42 in disruptions verses 46 in stable placements. The majority of the adoptive mothers were white.

### *Education of Adoptive Parents*

Boyne, Denby, Kettenring, and Wheeler, (1984, as cited in Berry & Barth, 1990), reported that psychological problems in adopted children are more difficult for higher educated parents to deal with and thus leads to a higher disruption rate. According to Rosenthal and Groze (1994) and Barth and Miller (2000), less educated adoptive parents are less likely to experience adoption disruption because their expectations for adopted children are lower than those of middle class expectations. While looking at foster parents that adopt their foster children, McRoy et al. (1994) reported that the educational level of foster parents had no influence on whether or not the parents experienced disruption.

### *Religious Affiliation Role in Adoption Disruption*

Two major studies addressed religious affiliation and adoption disruption, McRoy et al. (1994) adoption dissolutions in Texas, and Berry and Barth (1990) disruptive adoptive placements. Both studies noted the connection between the adoptive parents' religion and the percentage of adoption disruptions based on religion.

McRoy et al. (1994) found that 54% percent of adoptive mothers and fathers were Protestant, 57% were Catholic. Seven percent of the adoptive parents reported no religious affiliation, while 4.3% were Jewish. McRoy et al. (1994) cited a study by Barth (1988) which documented a connection between adoption disruption and low church attendance of the adoptive parents. (McRoy et al., 1994, p. 4).

Berry and Barth (1990) found that 65% Protestant parents, and 17% Catholic parents experienced adoption disruption. According to Berry and Barth, “there were few differences in disruption rate between them, even though Catholics were significantly more likely than Protestants...to adopt a child with a physical disability” (p.213).

### *Time Factor in Disruption*

The length of time between relinquishment for adoption and the adoptive placement averaged another 2.9 years, resulting in a total average time from entry into foster care to adoptive placement about eight years. Adolescents from disrupted adoptions had spent less time in foster care, on average (6.4 years), than had adolescents in stable adoptions (8.8 years; McRoy et al., 1994).

### *Disruption Data*

Researchers have documented the lack of data on the number of disruptions in the United States. The government does not require states to track the number of disruptions. Evan B. Donaldson Adoption Institute (2004), Berry and Barth (1990), and McRoy et al. (1994) documented the need for greater understanding and more research on what keeps adoptions stable – and what leads to their breakup – will presumably have major positive consequences. The knowledge would help in placing children in families with greater prospects of stability. It would also help improve families already established.

### *Disruption Rates Up or Down*

Berry and Barth (1990) reported that in their 1988 study, they found a correlation between age and increased the likelihood of adoption disruption. In California 5% of the

adoption disruptions in 1986-87 were for adolescents. While children adopted when younger than 12 had about a 7% to 10% chance of disruption, older children had increased disruption rates. The disruption rate was 22% of those adopted when aged 12 to 14, and 26% when aged to 15 to 17. McRoy et al. (1994) also documented the results of the Berry and Barth 1988 study.

McRoy et al. (1994) found that 66% of the adopted children, placed in residential therapy, faced adoption disruption because the parents did not want the children to return to the home. Another population of children in disrupted adoptions was reported to have 20% Black children, 52% white, 16% Mexican American, 4% Native American and 8% multiethnic. The average age at time of disruption was 5.2 years. Adoptive parents initiated 52% of the disrupted cases, adoption worker or CPS initiated 32%, and another party initiated 16% of the disruptions (McRoy et al, 1994, p.86).

#### Adoption Stability, Success Literature

##### *Five Characteristics of Adoption Stability*

According to Berry and Barth (1990) a group of five characteristics contributed to adoption stability. The five characteristics involved adoption by foster parents, when adoptive parents are age-appropriate in relation to the child (in their forties or older), age of adopted child is younger than 12, when there are other foster children present in the home, and when adoption subsidies are sufficient to cover the needs of the child and family.

### *Additional Characteristics from Various Perspectives*

In addition to the research findings by Berry and Barth (1990), other researchers (Brodzinsky & Pinderhughes, 2002; Evan B. Donaldson Adoption Institute, 2004; (McRoy, et al., 1994) identified additional characteristics that also contributed to adoption stability and success based their findings while studying postadoption workers, adoptive parents, and systematic practices.

First, McRoy et al. (1994) addressed characteristics of adoptive families that contribute to adoption stability. The characteristics offered by postadoption workers were healthy adoptive parents with a strong marriage, a great support system, and commitment to the adoption, capacity to deal with issues and behaviors, and practical self perceptions.

McRoy, et al. (1994) then identified supplementary worker factors: (a) affiliation with some type of religion, (b) firm faith, (c) whole family participated in the adoption decision, (d) complete background information on the child, (e) understanding of bizarre conduct, (f) experience with trauma, (g) family therapy, (h) readiness to use resources, and (i) not deterred by frustration.

Secondly, several researchers found a link between adoptive parents and adoption success and stability (Berry & Barth, 1990, Brodzinsky & Pinderhughes, 2002; Evan B. Donaldson Adoption Institute, 2004; Hughes, 1999; Ward, 1997). Brodzinsky and Pinderhughes found that adoptive parents reported additional characteristics associated with successful special needs adoptions. These included tolerance, flexibility, parental sense of entitlement and commitment, “happiness in small increments of improvement”

(Brodzinsky & Pinderhughes, p. 296), first rate coping and listening skills, sense of humor, realistic expectations, support network, and postplacement services. The adoptive parents in this study were reported to use tolerance in the following situations: when the adopted children expressed negative or ambivalent feelings and when the adopted children expressed a rejection of the adoptive parents (Brodzinsky & Pinderhughes; Hughes). While Brodzinsky and Pinderhughes and Hughes focused on special needs parents, the Evan B. Donaldson Adoption Institute focused on adoptive parents of all adopted children. According to Evan B. Donaldson Adoption Institute, all adoptive parents are to be given credit for their resolve to keep their families in tact while overcoming legal issues, behavioral problems, financial hurdles, and other challenges.

Third, Evan B. Donaldson Adoption Institute (2004) identified best practices and systemic improvements to promote adoption stability. Recruiting non-traditional families such as single, foster, low-income or less-educated parents in addition to matching parent's strengths to children's needs was one of major findings on promoting adoption stability. According to Evan B. Donaldson, a tool is now in place to help social workers match children and families. A pilot study took place in Texas through 2006.

Training plus dual licensing for foster and adoptive parents are identified as a way to promote stability. Two types of training programs are being used to prepare adoptive parents for the role of parenting adoptive children (Evan B. Donaldson, 2004; McRoy et al., 1994). Model Approach to Partnerships in Parenting (MAPP) is one such training program. Another training program is the Development and Education (PRIDE).

According to Evan B. Donaldson (2004), public agencies should establish policies to insure that adoptive parents receive full disclosure information on the children placed in their home. This comprehensive information should include background information on the birth parents, health and medical records, possible triggering events, abuse history, and information from any significant others in the child's past.

### Summary

This chapter explored the literature review of John Bowlby's attachment theory, attachment security, and the presence of attachment security throughout the lifespan. In addition, this chapter focused on adoption literature, theoretical frameworks used with attachment and adoption research.

Furthermore, this literature review focused on attachment of adopted children, special needs adopted children, factors that contribute to adoption disruption and statistical data on adoption disruption. In conclusion, this chapter reviewed the characteristics of adoption stability and adoption success literature.

## CHAPTER III

### METHODOLOGY

This study used a mixed method approach. The purpose of this mixed method study was to examine the relationship adoption disruption, adoption stability, success and attachment security of adoptive parents. The study examined the adoptive parents' responses on the Inventory of Interpersonal Problems and the Family Assessment Measure III. Additional variables from the Demographic Data Sheet were examined for descriptive purposes. The Demographic Data Sheet had seven open ended questions at the end. These questions will be analyzed for a qualitative piece after the results of this study. The parents' responses to the seven open ended questions will give the adoptive parents a voice. The researcher analyzed the parents' answers and sorted them into themes. This chapter discusses the methodology of this study.

This chapter identifies the methodology, study participants and explains the protection of human participants. Participants received two instruments, the IPP and the FAM III, and one Adoptive Parents Demographic Data Sheet. The study provides a description of the instruments, procedures and details of the data collection and analysis.

#### Participants

Sixty-two participants participated in this study. Data were collected from adoptive parents between the ages of 19 to 80 years old, who consented to participate in

the study. The participants were recruited from three agencies that provide services for adoptive families. Additional participants were recruited by the snowball effect.

The research examined factors that contribute to adoption stability, success and adoption disruption based on parental attachment security reflected in the Inventory of Interpersonal Problems (Horowitz, Alden, Wiggins, & Pincus, 2000), and parental scores on the Family Assessment Measure III, The Brief FAM (Skinner, Santa-Barbara, & Steinhauer, 1983) of 62 adoptive parents located in the northwest and southwest United States.

Sixty-two participants were part of a convenience sample of adoptive parents who have experienced attachment, adoption success, and stability or adoption disruption. The researcher recruited participants by seeking permission from three agencies to recruit parents participating in their programs. Additional participants were recruited by the snowball effect. The participants were recruited from three agencies that provide services for adoptive families. Two agencies were located in the southwest United States. One agency was located in the northwest United States. Additional participants were recruited by the snowball effect. The snowball participants were located throughout the United States.

#### Protection of Human Participants

All legal, Human Review Board, and ethical guidelines were followed during this research study. Approval from the university was granted before any data was collected. Participants were informed that their identities would not be revealed in any part of this

study and that they could withdraw from the study at anytime. Following the completion of the study, all materials will be destroyed within a one year time frame. Subjects were informed that they could withdraw from the study at any time.

### The Assessment Instruments

Three instruments were used for data collection: (a) A demographic data sheet, The Adoptive Parent Demographic Sheet, created by researcher; (b) the Inventory of Interpersonal Problems; and (c) The Family Assessment Measure III, The Brief FAM.

#### *The Adoptive Parents Demographic Data Sheet*

The Demographic Data Sheet was created by the researcher. The Demographic Data Sheet provided a variety of information, including demographic data on the adopted child, adoptive parents and any biological children in the home. A section based on prior research by Berry and Barth (1990) included data on the adoptive child's special needs or problems such as emotional, behavioral, physical and emotional handicaps, developmental disabilities, medical problems, or other health issues. Seven open ended questions were placed at the end of the demographic sheet.

#### *Inventory of Interpersonal Problems*

The Inventory of Interpersonal Problems (IIP) Instrument measures distress arising from interpersonal sources. It was designed to assess interpersonal difficulties in a broad cross-section of interpersonal domains. According to Bartholomew and Horowitz (1991) subjects described the amount of distress that they had experienced from each interpersonal problem on a 5 point scale ranging from not at all (0) to extremely (4). The

IIP, a self-report inventory, described the types of interpersonal problems that people experience and the level of distress associated with them before, during, and after psychotherapy (Horowitz, Rosenberg, Baer, Ureno, & Villasenor, 1988). Researchers reported the IIP I as a valid instrument in either a clinical setting or a non-clinical setting (Bartholomew & Horowitz, 1991; Horowitz et al.; Tracey, Rounds, & Burtman, 1996). The original scale consists of 127 items aimed at measuring degrees of features like problems with being assertive, sociable, submissive, intimate, responsible and controlling. Acton and Revelle (2002) stated the IIP consists of a total score and six subscales (Hard to Be Assertive, Hard to Be Sociable, Hard to Be Submissive, Hard to Be Intimate, Too Responsible, and Too Controlling). Attachment styles are associated with the Interpersonal Problems. Horowitz (1996) examined the relationship between interpersonal relationships and attachment. The attachment component of the scale measures the following interpersonal behaviors in attachment groups: secure, preoccupied, dismissing and fearful (Horowitz).

### *The Family Assessment Measure III*

Skinner (1987) developed The Family Assessment Measure scales (Kufeldt & Armstrong, 1995). The Family Assessment Measure III is a quantitative measurement of the strengths and weaknesses within a family system. The FAM III has three scales. The first scale is a 50 item general scale that measures overall family health. The second scale is a 42 dyadic relationship scale. The third scale is a 42 item self-rating scale that measures the functioning of each family member (Skinner, 1991). FAM III contains

seven subscales that measure task accomplishment, role performance, communication, affective expression, affective involvement, control, and values and norms. The subscales combine into an average FAM III score for a single measure of family functioning. Two other subscales; defensiveness and social desirability, serve as validity checks. A score of 40 to 59 is considered normal or healthy; a score of 60 or more falls into the problem range (Kufeldt & Armstrong).

According to Skinner, Steinhauer, and Santa-Barbara (2004), the FAM III consists of three forms. A 50 item general scale focuses on the family as a system. The second form is a 42 item dyadic relationship scale that examines how a family member views his or her relationship with another family member. And lastly, form 3 which is a 42 item, self rating scale, indicates how each family member perceives self within the family.

#### *The Brief FAM Version*

The Brief FAM contains 14 items in each of the three scales, the general, the dyadic, and the self. It also provides an overall index of family functioning. The Brief FAM does not allow the researcher to calculate subscale scores, only to assess family function based on t-scores. It can be used in situations where this is limited time or as a preliminary screening (Skinner, Steinhauer, & Sitarenios, 2000). According to Skinner, Steinhauer, and Santa-Barbara (2004), the Brief FAM can provide a basic idea of family problems in family functioning. The full FAM III can be used for proper clinical examination of family functioning. If families score high on the Brief FAM, the clinician

can then administer the full FAM for more detailed information about the family functioning.

### Validity and Reliability

External validity of the IIP has been demonstrated by its ability to predict and to be predicted by process and outcome of psychotherapy (Acton & Revelle, 2002; Gurtman, 1996) and to adult attachment styles (Bartholomew & Horowitz, 1991; Horowitz et al., 1993). Tracey, Rounds and Gurtman (1996) stated the IIP was valid in both normal and clinical samples.

Reliability of the IIP was reported in several studies (Bartholomew & Horowitz, 1991; Horowitz et al., 1993; Tracey, Rounds, & Gurtman, 1996). As reported by Horowitz et al. (1988), the IIP has demonstrated acceptable reliability and validity.

Franklin and Armstrong (1995) reported reliability by comparing the means of the FAM III scores between the first-administered FAM III and second-administered FAM III using the t-test. Defensiveness reliability was reported at  $p = .03$  and  $p = .10$ . Skinner, Steinhauer and Santa-Barbara (2004) document internal consistency reliability and test-retest reliability for the FAM III.

Validity was reported due to the scores on the social desirability and defensiveness scales exceeding 60. Skinner's (1991) FAM III Administration and Interpretation Guide, states the scores on the social desirability and defensiveness scales exceed 50, the validity of the other scales must be questioned. When the social desirability and defensiveness scales exceed 60, there is a strong possibility of some

distortion in the FAM III profile. Skinner, Steinhauer and Santa-Barbara (1995) stated the technical manual presents the vast research that has been conducted with special population and their corresponding mean raw scores and standard deviations. Data is presented for predictive, concurrent and construct validity.

Discriminant and internal, concurrent and construct validity was also addressed in the FAM III Technical Manual. The FAM III has the ability to distinguish groups different in functioning. A series of four case studies served as concrete examples of the FAM III's application in clinical settings (Skinner, Steinhauer, & Santa-Barbara, 2004).

### Procedures

Participants were contacted and asked to participate in the study. Participants and a graduate student met in a designated location area for the study. The researcher and two additional graduate students explained each instrument to the participants and then administered the demographic sheet and two instruments. Data was collected and statistically analyzed.

### Analysis of Data

The researcher examined the participants' responses to the Demographic Data Sheet, IIP and the FAM III, The Brief FAM. Data analysis included a correlation matrix. The matrix will be prepared for the attachment ratings. A statistical regression and correlations were conducted using the results of the IPP and the FAM III, The Brief FAM.

## Discussion of Open Ended Questions

The researcher analyzed the attachment phenomenon of the adoptive parents based on their response to seven open ended questions placed at the end of the Demographic Data Sheet. The answers were analyzed for additional information on the variables and categorized in themes.

## Summary

The present study examined factors that contribute to adoption success and adoption disruption based on parental attachment security. A three phased recruitment process was used to recruit 62 adoptive parents in North Central Texas and Washington state. The participants completed a Demographic sheet, the Inventory of Interpersonal Problems (IIP), and the Family Assessment Measure III, The Brief FAM. Data for all participants was analyzed. Demographic data was analyzed for descriptive purposes. Attachment phenomenon of the adoptive parents was analyzed based on their response to seven open ended questions placed at the end of the Adoptive Parent Demographic Data Sheet. The participants' responses were analyzed for addition information on the variables and categorized in themes.

## CHAPTER IV

### RESULTS

The present study examined factors that contribute to adoption success and adoption disruption based on parental attachment security reflected in three assessments, The Adoptive Parent Demographic Data Sheet, IIP, and The Brief FAM III. Study participants responded to all three assessments. Data were gathered and analyzed through statistical procedures.

By focusing on the adoptive parents' attachment, this study differs from other adoption studies that focus on the adopted child or the attachment of the adopted child to parent. Seven open ended questions placed at the end of the Adoptive Parent Demographic Data Sheet provided additional data from the parents' perspective.

#### Descriptives

##### *Parent Demographic Variables*

The gender of the participants found that the majority of participants were female (74.2%) and 25.8% were males. For the parent status variable, parents were able to report each of the type of parent they were. The majority (98.4%) of the participants reported that they were adoptive parents. Over half of the participant reported biological parent status (53.2%), 17.7% reported foster parent status, 8.1% reported kinship adopt grandparent status, 6.5% reported kinship adopt aunt status, 1.6% reported kinship adopted uncle status, and 1.6% reported kinship adopt step parent status. No participants

reported kinship adopt cousin, sibling, or other parental status. Six participants reported that they provided kinship care for other children. Grandparent kinship care was reported by 4.8% of participants, while 3.2% reported aunt kinship care, and 1.6% reported uncle kinship care status. Table 2 shows the frequencies and percentages for the categorical demographic variables.

Table 2

*Frequencies and Percentages of Parent Demographic Variables*

	n	%
Gender		
Female	46	74.2
Male	16	25.8
Parental Status		
Adoptive	61	98.4
Biological	33	53.2
Foster	11	17.7
Kinship Adopt-Grandparent	5	8.1
Kinship Adopt-Aunt	4	6.5
Kinship Adopt-Uncle	1	1.6
Kinship Adopt-Stepparent	1	1.6
Kinship Care-Grandparent	3	4.8
Kinship Care-Aunt	2	3.2
Kinship Care-Uncle	1	1.6
Marital Status at Time of Adoption		
Married	58	93.5
Single	4	6.5

Note: Participants were allowed to select multiple responses for Parent Status, therefore percentages will not add to 100. Other percentages not adding to 100 reflect missing data.

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Table 2, continued

*Frequencies and Percentages of Parent Demographic Variables*

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	n	%
Ethnicity		
African-American	13	21.0
Caucasian	48	77.4
Hispanic	1	1.6
Education Level		
Less than Graduate School	34	54.8
Graduate School	22	35.5

---

Note: Participants were allowed to select multiple responses for Parent Status, therefore percentages will not add to 100. Other percentages not adding to 100 reflect missing data.

For marital status, the majority of parents (93.5%) reported being married at the time of adoption, while a small group (6.5%) reported being single. In terms of ethnicity, over three quarters (77.4%) of the participants were Caucasian, about 20% (21.0%) were African American, only 1.6% were Hispanic. For education level, all participants indicated that they finished high school. Twenty-two participant (35.5%) completed graduate school and 34 (54.8%) participant had less than a graduate school education. The one continuous demographic parent variable was age (see Table 3). The mean age was 49.11 ( $SD = 9.57$ ) with a minimum of 34 and a maximum of 67 years.

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Table 3

*Age of Adoptive Parent Descriptive Statistics*

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	N	Mean	SD	Min	Max
Age of Parent	62	49.11	9.57	34	67

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Participants were asked to write in their religious affiliation. Just under half (48.4%) of the participants in the present study simply reported Christian, while others reported Christian hyphenated with other terms such as Christian-Protestant (1.6%); Christian-Born Again (1.6%); and Christian-Non Denominational (4.8%). Others more specifically reported Baptist (16.1%); Lutheran (6.5%); Catholic (4.8%); Protestant (4.8%); Methodist (3.2%); Seven Day Adventist (3.2%); Church of God In Christ (1.6%); and Southern Baptist (1.6%).

Church was reported as the religious place of worship for almost all of the participants (98.4%). For level of spirituality, the majority of the participants (66.1%) reported high spirituality, one quarter (25.8%) reported moderate spirituality, and only 1.6% reported low spirituality. Table 4 shows the religious affiliation/belief, place of worship and reported level of spirituality of the participants.

Table 4

*Religious Affiliation, Place of Worship, and Level of Spirituality*

	n	%
<b>Religious Affiliation</b>		
Christian	30	48.4
Baptist	10	16.1
Lutheran	4	6.5
Protestant	3	4.8
Christian-Non Denominational	3	4.8
Catholic	3	4.8
Methodist	2	3.2
Christian-Protestant	1	1.6
Christian-Born Again	1	1.6
Church of God	1	1.6
Non-denominational	1	1.6
Seventh Day Adventist	2	3.2
Southern Baptist	1	1.6
<b>Place of Worship</b>		
Church	62	98.4
Other	1	1.6
<b>Level of Spirituality</b>		
Low	1	1.6
Moderate	16	25.8
High	41	66.1

Parents also reported on several life variables up to age 18. The majority (88.7%) of the participants reported attending church with their family, having fond memories of living at home (87.1%), and having success in school (95.2%). Parents also reported on

their feeling of attachment in childhood. Most parents reported attaching or bonding to someone as a child (96.8%), while 3.2% reported no childhood attachment. Of the people who reported feeling of attachment, 91.9% of participants reported attaching to a parent, 53.2% reported attachment to a family member, 30.6% to a friend, 12.9% to an educator, and 16.1% reported attaching to someone else (see Table 5).

Table 5

*Adoptive Parent's Life As a Child*

	n	%
<b>Went to Church as Child</b>		
Yes	55	88.7
No	2	3.2
<b>Fond Memories of Living at Home</b>		
Yes	54	87.1
No	3	4.8
<b>Successful in School as Child</b>		
Yes	59	95.2
No	2	3.2
<b>Experienced Attachment to Someone</b>		
Yes	60	96.8
No	2	3.2
<b>People Attached To</b>		
Parent	57	91.9
Other Family Member (not parent)	33	53.2
Family Friend	19	30.6
Educator	8	12.9
Other	10	16.1

Participants reported if they had a pending adoption, a foster child in the home, and if they had experienced an adoption disruption. Less than 5% had a pending adoption (4.8%), only 1.6% had a foster child, and 6.5% had experienced an adoption disruption. Table 6 shows the frequencies of pending adoptions, foster children, and adoption disruptions.

Table 6

*Pending Adoption, Foster Child, and Adoption Disruption*

	n	%
Have a Pending Adoption		
Yes	3	4.8
No	30	48.4
Have a Foster Child		
Yes	1	1.6
No	32	51.6
Had an adoption disrupt		
Yes	4	6.5
No	25	40.3

*Child Demographic Variables*

The child demographic variables for biological children showed 72.6% reported no biological males and 80.6% reported no biological females. One biological male was reported by 12.9% of participants, while one biological female was reported by 14.5%. Two biological males were reported by 11.3% of participants, while only 1.6% reported

two biological females. Also for biological children, 1.6% each reported four and six males, while 1.6% each reported three and six females (see Table 7). For adopted children, 45.2% of the participants reported no adopted males and 25.8% of the participants reported no adopted females. One adopted male was reported by 33.9% of participants, while one adopted female was reported by half (50.0%). Two adopted males were reported by 14.5% of participants, while 17.7% reported two adopted females. Three adopted males were reported by 3.2% of participants, while 1.6% reported three adopted females. Four adopted males were reported by 3.2% of participants, while 4.8% reported two adopted females (see Table 7).

For kinship adopted children, 90.3% reported no kinship adopted males and 88.7% reported no kinship adopted females. One kinship adopted male was reported by 9.7% of participants, while one kinship adopted female was reported by 8.1%. Two and four kinship adopted females were each reported by 1.6% of participants (see Table 7). For kinship care children, 96.8% reported no kinship care males and 95.2% reported no kinship care females. One kinship care male was reported by 3.2% of participants, and one kinship care female was reported by 3.2%. Two kinship care females were reported by 1.6% of participants. For pending adoptions, 98.4% reported no male adoptions pending and 98.4% reported no female adoptions pending. Less than 2% of participants had one male and/or one female adoption pending. No participants reported either male or female foster children in the home. Table 7 shows the frequencies and percentages for the number of children in the participants' homes (see Table 7).

Table 7

*Biological, Adopted, Kinship Adopted, and Kinship Care Children in the Adopted Home and Pending Adoptions*

	<u>Males</u>		<u>Females</u>	
	n	%	n	%
<b>Number of Biological Children</b>				
Zero	45	72.6	50	80.6
One	8	12.9	9	14.5
Two	7	11.3	1	1.6
Three	0	0.0	1	1.6
Four	1	1.6	0	0.0
Five	0	0	0	0
Six	1	1.6	1	1.6
<b>Number of Adopted Children</b>				
Zero	28	45.2	16	25.8
One	21	33.9	31	50.0
Two	9	14.5	11	17.7
Three	2	3.2	1	1.6
Four	2	3.2	3	4.8
<b>Number of Kinship Adopted Children</b>				
Zero	56	90.3	55	88.7
One	6	9.7	5	8.1
Two	0	0	1	1.6
Three	0	0	0	0
Four	0	0	1	1.6
<b>Number of Kinship Care Children</b>				
Zero	62	96.8	59	95.2
One	2	3.2	2	3.2
Two	0	0	1	1.6
<b>Number of Pending Adoptions</b>				
Zero	61	98.4	61	98.4
One	1	1.6	1	1.6

The study documented age for biological children in the adoptive families. For biological males, the age group with the most children was in the 15 to 20 year age group (9.7%). For biological females, the age group with the most children was in the 10 to 15 year age group (6.5%). For adopted males, the age group with the most children was in the 5 to 10 year age group (24.2%). For adopted females, the age group with the most children was in the 1 to 5 year age group (24.2%). For kinship adopted males, the age group with the most children was in the 10 to 15 year age group (4.8%). For kinship adopted females, the age group with the most children was in the 5 to 10 year age group (4.8%). For kinship care males, the age group with the only children in it was the 10 to 15 year age group (3.2%). For kinship care females, the age group with the most children was in the 5 to 10 year age group (3.2%). No participants had pending adoptions of males. For participants with pending adoptions of females, the age group with the only children in it was the 1 to 5 year age group (1.6%). The age groups for none of the foster children were reported. Table 8 shows the frequencies and percentages for the age breakdown of the children in the participants' homes.

Demographic variables of the first adopted and second adopted child were reported, with over half the first adopted being female (61.3%). About a third were Caucasian (38.7%) and another third were African-American (32.3%). The remaining children were classified as Bi-Racial (12.9%); Asian (8.1%); Hispanic (4.8%); or Asian/India (1.6%). Almost 30% of participants indicated that the first adopted child had problems or challenges (29.0%), while 21% reported the first adopted child did not have

special problems or challenges. Parents were asked to indicate all applicable problems or challenges for the first adopted child. Parents reported behavioral (35.5%) and emotional (32.3%) problems most frequently. Other problems listed included special problems (21.0%), learning disabilities (19.4%), medical problems (17.7%), and developmental problem (14.5%). Less than 10% reported physical disabilities (8.1%), age problems (3.2%), or other problems (9.7%). When asked if the first adopted child had experienced prior adoption disruption, 9.7% indicated yes and 85.5% said no. Of the children who experienced disruption, 16.7% were disrupted by the parent, 16.7% by the age of child, 16.7% by age of parent, and 33.3% by someone else (see Table 8).

Table 8

*Ages of Children*

	<u>Male</u>		<u>Female</u>	
	n	%	n	%
<b>Biological Children Ages</b>				
1-5	2	3.2	3	4.8
5-10	5	8.1	2	3.2
10-15	4	6.5	4	6.5
15-20	6	9.7	1	1.6
20-25	5	8.1	1	1.6
<b>Adopted Children Ages</b>				
1-5	8	12.9	15	24.2
5-10	15	24.2	9	14.5
10-15	8	12.9	8	12.9
15-20	4	6.5	10	16.1
20-25	0	0.0	2	3.2

Table 8, continued

*Ages of Children*

	<u>Male</u>		<u>Female</u>	
	n	%	n	%
<b>Kinship Adopted Children Ages</b>				
1-5	0	0.0	2	3.2
5-10	2	3.2	3	4.8
10-15	3	4.8	2	3.2
15-20	2	3.2	1	1.6
20-25	0	0.0	1	1.6
<b>Kinship Care Children Ages</b>				
1-5	0	0.0	1	1.6
5-10	0	0.0	2	3.2
10-15	2	3.2	1	1.6
15-20	0	0.0	0	0.0
20-25	0	0.0	0	0.0
<b>Pending Adoptions Children Ages</b>				
1-5	0	0.0	1	1.6
5-10	0	0.0	0	0.0
10-15	0	0.0	0	0.0
15-18	0	0.0	0	0.0
<b>Foster Children Ages</b>				
1-5	0	0.0	0	0.0
5-10	0	0.0	0	0.0
10-15	0	0.0	0	0.0
15-18	0	0.0	0	0.0

For the second adopted child, just under 30% were female (29%) and a similar number were males (27.4%). Under a third of children were Caucasian (29.0%) and

12.9% were African-American. The remaining children were classified as Biracial (6.5%) or Asian (6.5%). Less than 20% of participants indicated that the second adopted child had problems or challenges (16.1%), while 11.3% reported the second adopted child did not have special problems or challenges. Parents were asked to indicate all applicable problems or challenges for second adopted child. Parents reported emotional problems (19.4%), behavioral problems (17.7%), and learning disabilities (19.4%) most frequently. Less than 10% reported developmental problem (9.7%), age problems (6.5%), medical problems (6.5%), special problems (4.8%), physical disabilities (3.2%), or other problems (9.7%). When asked if the second adopted child had experienced prior adoption disruption, 8.1% indicated yes and 46.8% said no. Of the children who experienced disruption, 60% were disrupted by the parent and 40% by an adoption agency or child protective services. Table 9 shows the frequencies and percentages for the demographic variables of the first and second adopted child.

The mean age in months for the first adopted child was 14.08 ( $SD = 13.63$ ) with a minimum of 1 and a maximum of 42 months. The mean age in months for the second adopted child was 8.85 ( $SD = 4.10$ ) with a minimum of 3 and a maximum of 16 months. The mean age at placement in the adoptive home in months for the first adopted child was 22.84 ( $SD = 29.68$ ) with a minimum of .03 and a maximum of 144 months. The mean age at placement in the adoptive home in months for the second adopted child was 37.13 ( $SD = 44.92$ ) with a minimum of .03 and a maximum of 144 months. For the first adopted child, the mean number of months in foster care before adoption was 13.51 ( $SD$

=13.27) with a minimum of 0 and a maximum of 60 months. For the second adopted child, the mean number of months in foster care before adoption was 20.50 ( $SD = 19.97$ ) with a minimum of 2 and a maximum of 84 months (see Table 10).

Table 9

*Frequencies and Percentages of First Adopted Child and Second Adopted Child*

	<u>First Adopted Child</u>		<u>Second Adopted Child</u>	
	n	%	n	%
Gender				
Female	38	61.3	18	29.0
Male	24	38.7	17	27.4
Ethnicity				
African American	20	32.3	8	12.9
Asian	5	8.1	4	6.5
Asian/India	1	1.6	0	0
Biracial	8	12.9	4	6.5
Caucasian	24	38.7	18	29.0
Hispanic	3	4.8	0	0
Child has problems or challenges				
Yes	18	29.0	10	16.1
No	13	21.0	7	11.3
Type of Problems or Challenges				
Special Problems	13	21.0	3	4.8
Age	2	3.2	4	6.5
Emotional	20	32.3	12	19.4
Behavioral	22	35.5	11	17.7
Medical	11	17.7	4	6.5
Developmental	9	14.5	6	9.7
Physical Disability	5	8.1	2	3.2
Learning Disability	12	19.4	9	14.5
Other	6	9.7	6	9.7

Table 9, continued

*Frequencies and Percentages of First Adopted Child and Second Adopted Child*

	<u>First Adopted Child</u>		<u>Second Adopted Child</u>	
	n	%	n	%
Child Experienced Prior Adoption Disruption				
Yes	6	9.7	5	8.1
No	53	85.5	29	46.8
Who Prior Disruption Initiated By				
Parent	1	1.6	3	4.8
Age of Child	1	1.6	0	0.0
Age of Parent	1	1.6	0	0.0
Adoption Agency or CPS	0	0	2	3.2
Other	2	3.2	0	0

The mean number of months the child waited in placement for the first adopted child was 12.27 ( $SD = 15.14$ ) with a minimum of 0 and a maximum of 60 months. The mean number of months the child waited in placement for the second adopted child was 28.65 ( $SD = 31.86$ ) with a minimum of 1 and a maximum of 108 months. For the first adopted child, the mean number of months in foster care in the current home was 12.95 ( $SD = 11.67$ ) with a minimum of 0 and a maximum of 49 months. For the second adopted child, the mean number of months in foster care in the current home was 12.48 ( $SD = 9.97$ ) with a minimum of 0 and a maximum of 36 months. Finally, the mean number of months in foster care prior to adoption for the first adopted child was 19.20 ( $SD = 16.28$ )

with a minimum of 0 and a maximum of 60 months. The mean number of months in foster care prior to adoption for the second adopted child was 24.41 ( $SD = 26.33$ ) with a minimum of 0 and a maximum of 120 months. Table 10 shows the continuous demographic child variables.

Table 10

*Descriptive Statistics of First Adopted Child and Second Adopted Child*

	N	Mean	SD	Min	Max
<b>Child Age in Months</b>					
First Adopted Child	26	14.08	13.63	1	42
Second Adopted Child	13	8.85	4.10	3	16
<b>Age at Placement in Adoptive Home in Months</b>					
First Adopted Child	61	22.84	29.68	.03	144
Second Adopted Child	34	37.13	44.92	.03	144
<b>Months in Foster Care Before Adoption</b>					
First Adopted Child	38	13.51	13.27	0	60
Second Adopted Child	22	20.50	19.97	2	84
<b>Months Child Waited in Placement</b>					
First Adopted Child	34	12.27	15.14	0	60
Second Adopted Child	23	28.65	31.86	1	108
<b>Months in Foster Care in this Home</b>					
First Adopted Child	40	12.95	11.67	0	49
Second Adopted Child	27	12.48	9.97	0	36
<b>Months in Foster Care Prior to Adoption</b>					
First Adopted Child	44	19.20	16.28	0	60
Second Adopted Child	29	24.41	26.33	0	120

## Preliminary Analyses

A series of analyses were conducted in order to uncover potential relationships between the parent and child demographic variables. More specifically, crosstab analyses with Pearson's chi-square ( $\chi^2$ ) test and Cramer's *V* test were conducted on the categorical demographic variables. Crosstab analyses are used to examine the relationships between categorical variables measured on nominal or ordinal scales. Pearson's chi-square ( $\chi^2$ ) tests are used to determine whether or not a significant relationship exists between the variables. Cramer's *V* tests are used to determine the strength of the relationship between the variables.

In addition, Pearson's product moment correlations were conducted to examine the relationships between continuous demographic and dependent variables. Pearson's product moment correlations are used to examine the relationships between continuous variables measured on interval or ratio scales. Correlation coefficients can range between -1.00 and +1.00. A positive correlation indicates that increases in one variable are associated with increases in the other variable. A negative correlation, on the other hand, indicates that decreases in one variable are associated with increases in the other variable. Correlation coefficients close to 0 indicate a weak relationship or a lack of a relationship between variables.

### *Relationships Between Parent Age and Dependent Measures*

Pearson's product moment correlations were performed to examine the relationships between FAM subscale scores and parent age. As shown in Table 11, the

results failed to reveal significant relationships between FAM subscale scores (General, Dyadic Relationship, Self-Rating) and parent age, all *ns*. Pearson's Product Moment correlations were also conducted to examine the relationships between parent age and respondents' scores on the IIP subscales (Domineering/Controlling, Vindictive/Self-Centered, Cold/Distant, Socially Inhibited, Nonassertive, Overly Accommodating, Self-Sacrificing and Intrusive/Needy). As shown in Table 12, the results failed to reveal significant relationships between parent age and IIP subscale scores, all *ns*.

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Table 11

*Pearson's Product Moment Correlations Between Parent Age and FAM Subscale Scores*  
(*N* = 62)

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	<i>r</i>	<i>p</i>
General Scale	.144	.263
Dyadic Relationships Scale	.103	.425
Self-Rating Scale	-.054	.679

---

### Primary Analyses

Repeated Measures Analysis of Variance (ANOVAs) were conducted to examine group differences between the categorical demographic variables on the continuous dependent variables. Analyses of variance (ANOVAs) are used to determine the differences between groups of a categorical independent variable on a continuous (i.e.,

interval or ratio scaled) dependent variable. A significant main effect indicates that the independent variable has a direct effect on the dependent variable. ANOVAs use *F*-tests in order to determine if the groups are significantly different from each other. If the test reveals that the groups are significantly different from each other (i.e., a significant *F*-test), and the independent variable has more than two groups, a post hoc comparison test must be utilized in order to determine which values of the independent variable differ from each other. Multivariate analysis of variance (MANOVA) is utilized when there are multiple dependent variables.

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Table 12

*Pearson's Product Moment Correlations Between Parent Age and IIP Subscale Scores*  
(*N* = 62)

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	<i>r</i>	<i>p</i>
Domineering/Controlling	-.013	.923
Vindictive/Self Centered	-.032	.804
Cold/Distant	-.046	.721
Socially Inhibited	-.043	.743
Nonassertive	-.077	.550
Overly Accommodating	.099	.442
Self-Sacrificing	.173	.180
Intrusive/Needy	.089	.492

---

Finally, Pearson's Product Moment correlations were conducted to examine the relationships between the continuous dependent variables. Pearson's Product Moment correlations are used to examine the relationships between continuous variables measured on interval or ratio scales. Correlation coefficients can range between -1.00 and +1.00. A positive correlation indicates that increases in one variable are associated with increases in the other variable. A negative correlation, on the other hand, indicates that decreases in one variable are associated with increases in the other variable. Correlation coefficients close to 0 indicate a weak relationship or a lack of a relationship between variables.

#### *Relationships Among FAM Subscales*

Pearson's product moment correlations were performed to examine the relationship between FAM subscale scores (see Table 13). The results revealed significant positive correlations between respondents' scores on the three FAM subscales. Specifically, results revealed significant positive correlations between responses on the General Scale and responses on the Dyadic Relationship scale,  $r(62) = .618, p < .01$ , and the Self-Rating scale,  $r(62) = .786, p < .01$ . Further, results revealed a significant positive correlation between responses on the Dyadic Relationship scale and the Self-Rating scale,  $r(62) = .615, p < .01$ . These findings indicate that respondents scoring high on one FAM scale also scored high on the other FAM scales.

Table 13

*Pearson's Product Moment Correlations Between Parent Age and FAM Subscale Scores*

(*N* = 62)

	General Scale	Dyadic Relationship Scale
Dyadic Relationship Scale	.618**	
Self-Rating Scale	.786**	.615**

Note: \*\*  $p < .01$ .

A repeated measures ANOVA was conducted on respondents' FAM subscale scores with item as the within subjects effect (see Table 14). The effect for item was significant,  $F(2, 122) = 7.96, p < .001$ , indicating that respondents' scores on some of the FAM subscales were significantly different from others. Post hoc tests using Least Significant Difference (LSD) comparisons indicated that respondents' scored significantly higher on the Dyadic Relationship Scale ( $M = 46.39, SD = 21.68$ ) than on the General Scale ( $M = 38.61, SD = 16.91$ ) and the Self-Rating Scale ( $M = 40.97, SD = 17.69$ ),  $p < .05$ .

Table 14

*Mean FAM Subscale Scores (N = 62)*

	<i>Mean</i>	<i>SD</i>
General Scale	38.61 <sup>a</sup>	16.91
Dyadic Relationship Scale	46.39 <sup>b</sup>	21.68
Self-Rating Scale	40.97 <sup>a</sup>	17.69

Note:  $F(2, 122) = 7.96, p < .001$ . Means with differing superscripts differed significantly by *LSD* comparisons,  $p < .05$ .

*Relationships Among IIP Subscales*

Pearson's product moment correlations were performed to examine the relationship between IIP subscale scores (see Table 15). The results revealed significant positive correlations between respondents' scores on the IIP subscale Domineering/Controlling and scores on the other IPP subscales including the Vindictive/Self Centered subscale,  $r(62) = .762, p < .01$ , the Cold/Distant subscale,  $r(62) = .575, p < .01$ , the Socially Inhibited subscale,  $r(62) = .293, p < .05$ , the Overly Accommodating subscale,  $r(62) = .254, p < .05$ , and the Intrusive/Needy subscale,  $r(62) = .661, p < .01$ . Scores on the Domineering/Controlling subscale, however, were not significantly related to scores on the Nonassertive subscale and the Self-Sacrificing subscale, *ns*. These findings suggest that overall, higher scores on the IIP

Domineering/Controlling subscale were associated with higher scores on the other IIP subscales with the exception of scores on the Nonassertive and Self-Sacrificing subscales.

The results also revealed significant positive correlations between responses on the IIP Vindictive/Self Centered subscale and responses on other IIP subscales including the Cold/Distant subscale,  $r(62) = .715, p < .01$ , the Socially Inhibited subscale,  $r(62) = .525, p < .01$ , the Nonassertive subscale,  $r(62) = .263, p < .05$ , the Overly Accommodating subscale,  $r(62) = .261, p < .05$ , the Self-Sacrificing subscale,  $r(62) = .263, p < .05$ , and the Intrusive/Needy subscale,  $r(62) = .611, p < .01$ . These findings suggest that overall, higher scores on the IIP Vindictive/Self Centered subscale were associated with higher scores on other IIP subscales.

Further, results also revealed significant positive relationships between responses on the IIP Cold/Distant subscale and responses on other IIP subscales including the Socially Inhibited subscale,  $r(62) = .540, p < .01$ , the Nonassertive subscale,  $r(62) = .281, p < .05$ , the Self-Sacrificing subscale,  $r(62) = .350, p < .01$ , and the Intrusive/Needy subscale,  $r(62) = .402, p < .01$ . Scores on the Cold/Distant subscale, however, were not significantly related to scores on the Overly Accommodating subscale,  $r(62) = .174, ns$ . These findings suggest that overall, higher scores on the IIP Cold/Distant subscale were associated with higher scores on the other IIP subscales with the exception of scores on the Overly Accommodating subscale.

Table 15

*Pearson's Product Moment Correlations Between IIP Subscale Scores (N = 62)*

	IIPDOMIN	IIPVUBD	IIPCOLD	IIPSOC	IIPNONASS	IIPOVER	IPELF
IIPVUBD	.762**						
IIPCOLD	.575**	.715**					
IIPSOC	.293*	.525**	.540**				
IIPNONASS	.176	.263*	.281*	.690**			
IIPOVER	.254*	.261*	.174	.405**	.646**		
IPELF	.195	.263*	.350**	.385**	.425**	.708**	
IIPINTRU	.661**	.611**	.402**	.195	.230	.503**	.433**

Note: \*\*p < .01, \*p < .05. IIPDOMIN = Domineering/Controlling; IIPVUBD = Vindictive/Self Centered; IIPCOLD = Cold/Distant; IIPSOC = Socially Inhibited; IIPNONASS = Nonassertive; IIPOVER = Overly Accommodating; IPELF = Self-Sacrificing; IIPINTRU = Intrusive/Needy

The results also revealed significant positive relationships between responses on the IIP Socially Inhibited subscale and responses on other IIP subscales including the Nonassertive subscale,  $r(62) = .690, p < .01$ , the Overly Accommodating subscale,  $r(62) = .405, p < .01$ , and the Self-Sacrificing subscale,  $r(62) = .385, p < .01$ . Responses on the Socially Inhibited subscale, however, were not significantly related to responses on the Intrusive/Needy subscale,  $r(62) = .195, ns$ . These findings suggest that overall, higher scores on the IIP Socially Inhibited subscale were associated with higher scores on the other IIP subscales with the exception of scores on the Intrusive/Needy subscale.

In addition, results revealed significant positive relationships between responses on the IIP Nonassertive subscale and responses on other IIP subscales including the Overly Accommodating subscale,  $r(62) = .646, p < .01$ , and the Self-Sacrificing subscale,  $r(62) = .425, p < .01$ . Responses on the Nonassertive subscale, however, were not significantly related to responses on the Intrusive/Needy subscale,  $r(62) = .230, ns$ . These findings indicate that higher scores on the IIP Nonassertive subscale were associated with high scores on the Overly Accommodating subscale and the Self-Sacrificing subscale.

Results also revealed significant positive relationships between responses on the IIP Overly Accommodating subscale and responses on other IIP subscales including the Self-Sacrificing subscale,  $r(62) = .708, p < .01$  and the Intrusive/Needy subscale,  $r(62) = .503, p < .01$ , indicating that higher scores on the Overly Accommodating subscale

were associated with higher scores on the Self-Sacrificing subscale and the Intrusive/Needy subscale.

Finally, results revealed a positive significant relationship between responses on the IIP Self-Sacrificing subscale and the IIP Intrusive/Needy subscale,  $r(62) = .433, p < .01$ , indicating that higher scores on the Self-Sacrificing subscale were associated with higher scores on the Intrusive/Needy subscale.

A repeated measures ANOVA was conducted on respondents' IIP subscale scores with item as the within subjects effect (see Table 16). The effect for item was significant,  $F(7, 427) = 2.88, p < .01$ , indicating that respondents' scores on some of the IIP subscales were significantly different from others. Post hoc tests using Least Significant Difference (LSD) comparisons indicated that respondents' had significantly lower scores on the Vindictive/Self Centered subscale ( $M = 48.48, SD = 8.59$ ) compared to the other IIP subscales including Domineering/Controlling ( $M = 51.79, SD = 12.77$ ), Socially Inhibited ( $M = 52.29, SD = 10.75$ ), Nonassertive ( $M = 53.74, SD = 11.02$ ), Overly Accommodating ( $M = 52.32, SD = 10.64$ ), Self-Sacrificing ( $M = 51.65, SD = 10.01$ ), and Intrusive/Needy ( $M = 50.97, SD = 10.37$ ),  $p < .05$ . In addition, LSD comparisons indicated that respondents' had significantly lower scores on the Cold/Distant subscale ( $M = 48.94, SD = 11.53$ ) compared to scores on the Socially Inhibited subscale ( $M = 52.29, SD = 10.75$ ), and the Nonassertive subscale ( $M = 53.74, SD = 11.02$ ),  $p < .05$ .

Table 16

*Mean IIP Subscale Scores (N = 62)*

	<i>Mean</i>	<i>SD</i>
Domineering/Controlling	51.79 <sup>ac</sup>	12.77
Vindictive/Self Centered	48.48 <sup>b</sup>	8.59
Cold/Distant	48.94 <sup>ab</sup>	11.53
Socially Inhibited	52.29 <sup>c</sup>	10.75
Nonassertive	53.74 <sup>c</sup>	11.02
Overly Accommodating	52.32 <sup>ac</sup>	10.64
Self-Sacrificing	51.65 <sup>ac</sup>	10.01
Intrusive/Needy	50.97 <sup>ac</sup>	10.37

Note:  $F(7, 427) = 2.88, p < .01$ . Means with differing superscripts differed significantly by *LSD* comparisons,  $p < .05$ .

#### *Relationships Between FAM and IIP Subscales*

Pearson's product moment correlations were performed to examine the relationship between FAM subscale scores and IIP subscale scores (see Table 17). The results failed to reveal any significant correlations between FAM subscale scores and IIP subscale scores, *ns*.

Table 17

*Pearson's Product Moment Correlations Between FAM Subscale Scores and IIP Subscale Scores (N = 62)*

IIP	FAM		
	General	Self-Rating	Dyadic Relationship
Domineering/Controlling	-.067	-.003	-.079
Vindictive/Self Centered	-.019	.028	-.013
Cold/Distant	-.070	-.042	.019
Socially Inhibited	.168	-.093	.201
Nonassertive	.129	-.158	.122
Overly Accommodating	.211	.108	.081
Self-Sacrificing	.187	.023	.113
Intrusive/Needy	-.035	.119	-.112

*FAM Subscales by Child and Parent Demographics*

Separate one-way Multivariate Analyses of Variance (MANOVA) were conducted on the FAM subscale scores using the child and family demographic variables as between-subjects effects.

*Kinship adoption.* A one-way (kinship adoption: yes, no) Multivariate Analysis of Variance (MANOVA) was conducted on the FAM subscale scores. As shown in Table 18, the multivariate effect of kinship adoption (yes, no) on FAM subscale scores was significant,  $F(3, 58) = 3.65, p < .05$ . In addition, the univariate effect of kinship adoption (yes, no) on FAM Dyadic Relationship subscale scores was significant,  $F(1, 60) = 7.26, p < .01$ . Respondents who experienced a kinship adoption scored significantly higher on the FAM Dyadic Relationship subscale ( $M = 62.50, SD = 18.57$ ) than respondents who did not experience a kinship adoption ( $M = 43.29, SD = 21.00$ ).

Table 18

*MANOVA of FAM Subscales Between Adoptive Parents Who Had a Kinship Adoption and Adoptive Parents Who Did Not Have a Kinship Adoption*

	N	Mean	SD	F	p
General Scale				.05	.826
No	52	38.40	17.28		
Yes	10	39.70	15.64		
Dyadic Relationship Scale				7.26	.009
No	52	43.29	21.00		
Yes	10	62.50	18.57		
Self-Rating Scale				.75	.391
No	52	40.12	18.03		
Yes	10	45.40	15.92		

Note: High scores of 60 or above indicate difficulties in family functioning. Scores of 45 to 55 indicates average family difficulties. Scores 36 to 44 indicate average family difficulties. Scores 35 and below indicates excellent family functioning.

*Gender of adopted child.* A one-way (adopted male child: yes, no) MANOVA was conducted on respondents' FAM subscale scores. As shown in Table 19, the multivariate effect of adopting a male (yes, no) on FAM subscale scores was not significant,  $F(3, 58) = .60, p = .616$ . Further, the results failed to show any significant univariate effects of adopting a male child on respondents' scores for the FAM subscales (General, Dyadic Relationship, and Self-Rating), all  $F$ s, *ns*. However, a one-way (adopted female child: yes, no) MANOVA conducted on respondents' FAM subscale scores revealed a significant multivariate effect,  $F(3, 58) = 2.87, p = .044$  (see Table 20).

Table 19

*MANOVA of FAM Subscales Between Adoptive Parents Who Adopted Males and Adoptive Parents Who Did Not Adopt Males*

	N	Mean	SD	<i>F</i>	<i>p</i>
General Scale				.66	.418
No	28	36.68	19.02		
Yes	34	40.21	15.06		
Dyadic Relationship Scale				1.51	.225
No	28	42.68	23.52		
Yes	34	49.44	19.88		
Self-Rating Scale				1.31	.257
No	28	38.14	19.12		
Yes	34	43.29	16.34		

Note: High scores of 60 or above indicate difficulties in family functioning. Scores of 45 to 55 indicates average family difficulties. Scores 36 to 44 indicate average family difficulties. Scores 35 and below indicates excellent family functioning.

Table 20

*MANOVA of FAM Subscales Between Adoptive Parents Who Adopted Females and Adoptive Parents Who Did Not Adopt Females*

	N	Mean	SD	F	p
General Scale				6.45	.014
No	16	29.75	10.99		
Yes	46	41.70	17.60		
Dyadic Relationship Scale				.54	.465
No	16	42.94	21.51		
Yes	46	47.59	21.85		
Self-Rating Scale				6.00	.017
No	16	32.00	13.51		
Yes	46	44.09	18.02		

Note: High scores of 60 or above indicate difficulties in family functioning. Scores of 45 to 55 indicates average family difficulties. Scores 36 to 44 indicate average family difficulties. Scores 35 and below indicates excellent family functioning.

The results showed a significant univariate effect of adopting a female child on respondents' scores for the FAM General subscale,  $F(1, 60) = 6.45, p < .05$ . Respondents who adopted a female child had significantly higher scores on the FAM General subscale ( $M = 41.70, SD = 17.60$ ) than respondents who did not adopt a female child ( $M = 29.75, SD = 10.99$ ). Further, results revealed a significant univariate effect for adopting a female child on respondents' scores for the FAM Self-Rating subscale,  $F(1, 60) = 6.00, p < .05$ . Respondents who adopted a female child scored significantly higher

on the FAM Self-Rating Subscale ( $M = 44.09$ ,  $SD = 18.02$ ) than respondents who did not adopt a female child ( $M = 32.00$ ,  $SD = 13.51$ ) (see Table 20).

*Attached to other family member.* A one-way (attached to other family member: attached, not attached) MANOVA was conducted on respondents' FAM subscale scores. As shown in Table 21, the multivariate effect of attached to family member other than a parent (attached, not attached) on respondents' FAM subscale scores was not significant,  $F(3, 58) = 2.07$ ,  $p = .114$  (see Table 21).

Table 21

*MANOVA of FAM Subscales Between Adoptive Parents Who Were Attached to a Family Member Other Than a Parent and Adoptive Parents Who Were Not Attached to a Family Member Other Than a Parent*

	N	Mean	SD	F	p
General Scale				5.90	.018
Not Attached	29	43.97	16.39		
Attached	33	33.91	16.17		
Dyadic Relationship Scale				1.27	.264
Not Attached	29	49.69	20.45		
Attached	33	43.48	22.62		
Self-Rating Scale				2.15	.148
Not Attached	29	44.45	15.97		
Attached	33	15.968	44.50		

Note: High scores of 60 or above indicate difficulties in family functioning. Scores of 45 to 55 indicates average family difficulties. Scores 36 to 44 indicate average family difficulties. Scores 35 and below indicates excellent family functioning.

The univariate effect of attached to family member other than parent (attached, not attached) on respondents' FAM General subscale scores, however, was significant,  $F(1, 60) = 5.90, p < .05$ . Respondents who attached to a family member other than a parent had significantly higher scores on the FAM General subscale ( $M = 43.97, SD = 16.39$ ) than respondents who did not attach to a family member other than a parent ( $M = 33.91, SD = 16.17$ ) (see Table 21).

*Other attachments.* Three separate one-way MANOVAs were conducted on respondents' FAM subscale scores for the independent variables attached to family friend (attached, not attached) (see Table 22), attached to an educator (attached, not attached) (see Table 23), and attached to another person (attached, not attached) (see Table 24). The results from each of these MANOVAs failed to reveal significant multivariate effects as well as univariate effects for other types of attachments on respondents' scores for each of the FAM subscales, all *ns*.

*Child with problems.* A one-way (problems: neither child, at least one child) MANOVA was conducted on respondents' FAM subscale scores. The means and standard deviations are displayed in Table 25. The results showed a multivariate effect for problems (neither child, at least one child) on FAM Subscale scores,  $F(3, 58) = 6.10, p < .001$ . In addition, the results showed significant univariate effects for child problems (neither child, at least one child) on respondents' FAM subscale scores. Respondents who had at least one child with a problem scored significantly higher on the FAM General

subscale ( $M = 44.90$ ,  $SD = 16.88$ ) than respondents who did not have a child with a problem ( $M = 35.39$ ,  $SD = 16.19$ ),  $F(1, 60) = 4.66$ ,  $p < .05$ .

Table 22

*MANOVA of FAM Subscales Between Adoptive Parents Who Were Attached to a Family Friend and Adoptive Parents Who Were Not Attached to a Family Friend*

	N	Mean	SD	F	p
General Scale				1.22	.274
Not Attached	43	40.19	16.01		
Attached	19	35.05	18.76		
Dyadic Relationship Scale				.65	.423
Not Attached	43	44.91	20.05		
Attached	19	49.74	25.27		
Self-Rating Scale				1.10	.298
Not Attached	43	42.53	17.45		
Attached	19	37.42	18.19		

Note: Multivariate effect,  $F(3, 58) = 1.91$ ,  $p = .137$ .

Further, respondents with a least one child with a problem also scored significantly higher on the FAM Dyadic Relationship subscale ( $M = 61.00, SD = 19.29$ ) compared to respondents who did not have a child with a problem ( $M = 38.90, SD = 19.01$ ),  $F(1, 60) = 18.58, p < .001$ . Finally, respondents with at least one child having experienced problem also had significantly higher scores on the FAM Self-Rating subscale ( $M = 48.38, SD = 17.70$ ) than respondents with who did not have a child with a problem ( $M = 37.17, SD = 16.64$ ),  $F(1, 60) = 6.04, p < .05$ .

Table 23

*MANOVA of FAM Subscales Between Adoptive Parents Who Were Attached to an Educator and Adoptive Parents Who Were Not Attached to an Educator*

	N	Mean	SD	F	p
General Scale				.97	.329
Not Attached	54	39.43	16.67		
Attached	8	33.13	18.70		
Dyadic Relationship Scale				.89	.351
Not Attached	43	44.91	20.05		
Attached	8	53.12	30.25		
Self-Rating Scale				.55	.461
Not Attached	54	41.61	17.68		
Attached	8	36.63	18.34		

Note: Multivariate effect,  $F(3, 58) = 1.76, p = .164$ .

Table 24

*MANOVA of FAM Subscales Between Adoptive Parents Who Were Attached to an “Other” Person and Adoptive Parents Who Were Not Attached to an “Other” Person*

	N	Mean	SD	F	p
General Scale				1.09	.300
Not Attached	52	39.60	17.72		
Attached	10	33.50	11.15		
Dyadic Relationship Scale				1.52	.222
Not Attached	52	44.90	21.79		
Attached	10	54.10	20.44		
Self-Rating Scale				.21	.648
Not Attached	52	41.42	18.26		
Attached	10	38.60	14.97		

Note: Multivariate effect,  $F(3, 58) = 2.41, p = .076$ .

*Child with an emotional problem.* A one-way (child emotional problems: at least one child, neither child) MANOVA was performed to examine group differences in parents with and without children with emotional problems on FAM subscale scores (General, Dyadic Relationship, Self-Rating). Means and standard deviations are shown in Table 26. The overall multivariate effect was significant,  $F(3, 58) = 6.09, p < .001$ . Further, the results revealed a significant univariate effect for child with emotional problems on FAM General subscale scores,  $F(1, 60) = 5.06, p < .05$ . Parents with at least

one child with emotional problems scored significantly higher on the FAM General subscale ( $M = 44.50, SD = 17.27$ ) than parents who do not have a child with emotional problems ( $M = 34.89, SD = 15.79$ ). The results also showed a significant univariate effect for child with emotional problems on FAM Dyadic Relationship subscale scores,  $F(1, 60) = 15.96, p < .001$ . Parents with at least one child with emotional problems scored significantly higher on the FAM Dyadic Relationship subscale ( $M = 58.79, SD = 19.66$ ) than parents who do not have a child with emotional problems ( $M = 38.55, SD = 19.29$ ).

Table 25

*MANOVA of FAM Subscales Between Adoptive Parents Who Had at Least One Adopted Child with a Problem and Adoptive Parents Who Did Not Have an Adopted Child with a Problem*

	N	Mean	SD	F	p
General Scale				4.66	.035
No	41	35.39	16.19		
Yes	21	44.90	16.88		
Dyadic Relationship Scale				18.58	.001
No	41	38.90	19.01		
Yes	21	61.00	19.29		
Self-Rating Scale				6.04	.017
No	41	37.17	16.64		
Yes	21	48.38	17.70		

Note: Multivariate effect,  $F(3, 58) = 6.10, p < .001$ .

Table 26

*MANOVA of FAM Subscales Between Adoptive Parents Who Had an Adoptive Child with an Emotional Problem and Adoptive Parents Who Did Not Have a Child with an Emotional Problem*

	N	Mean	SD	F	p
General Scale				5.06	.028
Neither With an Emotional Problem	38	34.89	15.80		
At Least One With an Emotional Problem	24	44.50	17.27		
Dyadic Relationship Scale				15.96	.000
Neither With an Emotional Problem	38	38.55	19.29		
At Least One With an Emotional Problem	24	58.79	19.66		
Self-Rating Scale				1.94	.169
Neither With an Emotional Problem	38	38.50	17.14		
At Least One With an Emotional Problem	24	44.87	18.21		

Note: Multivariate effect,  $F(3, 58) = 6.09, p = .001$ .

*Child with a behavioral problem.* A one-way (child behavioral problems: at least one child, neither child) MANOVA was conducted to evaluate the data for potential child behavioral problems effects on FAM subscale scores (General, Dyadic Relationship, Self-Rating subscales). As shown in Table 27, the overall multivariate effect was significant,  $F(3, 58) = 3.82, p < .05$ . Results also revealed significant univariate effects for child with behavioral problems (at least on child, neither child) on FAM General subscale scores as well as on FAM Dyadic Relationship scores. Respondents with at least

one child with a behavioral problem scored higher on the General subscale ( $M = 44.52$ ,  $SD = 16.44$ ) than respondents without a child with a behavioral problem ( $M = 34.06$ ,  $SD = 16.04$ ),  $F(1, 60) = 6.35$ ,  $p < .05$ . In addition, respondents who had at least one child with a behavioral problem also scored higher on the Dyadic Relationship subscale ( $M = 55.44$ ,  $SD = 19.79$ ) than respondents who did not have a child with a behavioral problem ( $M = 39.40$ ,  $SD = 20.70$ ),  $F(1, 60) = 9.51$ ,  $p < .01$ .

Table 27

*MANOVA of FAM Subscales Between Adoptive Parents Who Had a Child with a Behavioral Problem and Adoptive Parents Who Did Not Have a Child with a Behavioral Problem*

	N	Mean	SD	F	p
General Scale				6.35	.014
Neither With a Behavioral Problem	35	34.06	16.04		
At Least One With a Behavioral Problem	27	44.52	16.44		
Dyadic Relationship Scale				9.51	.003
Neither With a Behavioral Problem	35	39.40	20.70		
At Least One With a Behavioral Problem	27	55.44	19.79		
Self-Rating Scale				2.55	.116
Neither With a Behavioral Problem	35	37.86	17.21		
At Least One With a Behavioral Problem	27	45.00	17.81		

Note: Multivariate effect,  $F(3, 58) = 3.82$ ,  $p = .015$ .

*Child with a learning disability.* A one-way (child learning disability: at least one child, neither child) MANOVA was performed to examine group differences in parents with and without children with a learning disability on FAM subscale scores (General, Dyadic Relationship, Self-Rating). Means and standard deviations are shown in Table 28. The overall multivariate effect was marginally significant,  $F(3, 58) = 2.67, p = .056$ . However, the results revealed a significant univariate effect for child learning disability on the Dyadic Relationship subscale scores,  $F(1, 60) = 4.39, p < .05$ . Parents with at least one child with a learning disability scored significantly higher on the Dyadic Relationship subscale ( $M = 55.17, SD = 17.29$ ) than parents without a child with a learning disability ( $M = 42.80, SD = 22.44$ ).

*Child experienced prior disruption.* A one-way (child experienced prior disruption: at least one child, neither child) MANOVA was conducted to evaluate the data for potential child experienced prior disruption effects on FAM subscale (General, Dyadic Relationship, Self-Rating) scores. As shown in Table 29, the overall multivariate effect was significant,  $F(3, 58) = 5.83, p < .001$ . Results also revealed significant univariate effects for child experienced prior disruption (at least on child, neither child) on FAM General subscale scores as well as on FAM Self-Rating subscale scores. Respondents who did not have a child who had experienced prior disruption scored higher on the General subscale ( $M = 40.53, SD = 16.12$ ) than respondents who had at least one child who had experienced prior disruption ( $M = 27.33, SD = 18.01$ ),  $F(1, 60) = 4.99, p < .05$ . In addition, respondents who did not have a child who had experienced

prior disruption also scored higher on the Self-Rating subscale ( $M = 43.68$ ,  $SD = 16.83$ ) than respondents who had at least one child who had experienced prior disruption ( $M = 25.00$ ,  $SD = 14.49$ ),  $F(1, 60) = 9.82$ ,  $p < .01$ . Due to the small number of respondents who had experienced a disruption, these findings should be interpreted with caution.

Table 28

*MANOVA of FAM Subscales Between Adoptive Parents Who Had a Child with a Learning Disability and Adoptive Parents Who Did Not Have a Child with a Learning Disability*

	N	Mean	SD	F	p
General Scale				3.85	.054
Neither	44	35.98	17.61		
At Least One	18	45.06	13.41		
Dyadic Relationship Scale				4.39	.040
Neither	44	42.80	22.44		
At Least One	18	55.17	17.29		
Self-Rating Scale				.54	.466
Neither	44	39.91	18.88		
At Least One	18	43.56	14.55		

Note: Multivariate effect,  $F(3, 58) = 2.67$ ,  $p = .056$ .

Table 29

*MANOVA of FAM Subscales Between Adoptive Parents Who Had a Child Who Experienced Prior Disruption and Adoptive Parents Who Did Not Have a Child Who Experienced Prior Disruption*

	N	Mean	SD	F	p
General Scale				4.99	.029
Neither	53	40.53	16.12		
At Least One	9	27.33	18.01		
Dyadic Relationship Scale				.00	.980
Neither	53	46.36	19.62		
At Least One	9	46.56	32.91		
Self-Rating Scale				9.82	.003
Neither	53	43.68	16.83		
At Least One	9	25.00	14.49		

Note: Multivariate effect,  $F(3, 58) = 5.83, p = .001$ .

*Experienced disruption.* A one-way (experienced disruption: yes, no) MANOVA was performed to examine group differences in respondents who had and had not experienced a disruption in adoption on FAM subscale scores (General, Dyadic Relationship, Self-Rating). Means and standard deviations are shown in Table 30. The overall multivariate effect was significant,  $F(3, 25) = 5.83, p < .01$ . Further, the results revealed a significant univariate effect for experienced disruption on respondents'

General subscale scores,  $F(1, 27) = 4.15, p = .051$ . Respondents who had not experienced a disruption in adoption scored significantly higher on the General subscale ( $M = 46.16, SD = 13.64$ ) than respondents who had experienced a disruption ( $M = 31.25, SD = 13.15$ ). In addition, the results also showed a significant univariate effect for experienced disruption on respondents' Self-Rating subscale scores,  $F(1, 27) = 9.40, p < .01$ . Respondents who had not experienced a disruption in adoption had significantly higher scores on the Self-Rating subscale ( $M = 50.40, SD = 14.19$ ) than respondents who had experienced a disruption in adoption ( $M = 31.25, SD = 13.15$ ).

Table 30

*MANOVA of FAM Subscales Between Adoptive Parents Who Had Experienced Disruption and Adoptive Parents Who Did Not Experience Disruption*

	N	Mean	SD	F	p
General Scale				4.15	.051
Did Not	25	46.16	13.64		
Yes	4	31.25	13.15		
Dyadic Relationship Scale				2.25	.145
Did Not	25	57.44	16.92		
Yes	4	71.75	23.04		
Self-Rating Scale				9.40	.005
Did Not	25	50.40	14.19		
Yes	4	27.50	11.00		

Note: Multivariate effect,  $F(3, 25) = 5.83, p = .004$ .

Additional separate one-way Multivariate Analyses of Variance (MANOVAs) were conducted on the FAM subscale scores (General, Dyadic Relationship, Self-Rating) using the child and parent demographic variables as between-subjects effects. The results failed to show significant differences between levels of gender, ethnicity, education, age category, spirituality, child with special problems, child medical condition, child developmental disability or child with any other problems on FAM subscale scores, all *ns*.

#### *IIP Subscales by Child and Parent Demographics*

Separate one-way Multivariate Analyses of Variance (MANOVAs) were conducted to evaluate the data for potential between-subjects effects between levels on the demographic variables and respondents' scores on the IIP Domineering/Controlling, Vindictive/Self-Centered, Cold/Distant, Socially Inhibited, Nonassertive Overly Accommodating, Self-Sacrificing, and Intrusive/Needy subscales scores.

*Foster parent status.* A one-way (foster parent status: yes, no) MANOVA was performed on respondents' IIP subscale scores to examine group differences in respondents who did and did not foster children. The means and standard deviations are displayed in Table 31. The multivariate effect was significant,  $F(8, 53) = 2.44, p < .05$ . Further, the univariate effect of foster parent status (yes, no) on respondents' Overly Accommodating subscale scores was significant,  $F(1, 60) = 4.71, p < .05$ . Respondents who fostered children had higher scores on the Overly Accommodating subscale ( $M = 58.45, SD = 11.62$ ) than respondents who did not foster ( $M = 51.00, SD = 10.05$ ).

Table 31

*MANOVA of IIP Subscales Between Adoptive Parents Who Fostered and Adoptive Parents Who Did Not Foster*

	N	Mean	SD	<i>F</i>	<i>p</i>
IIP-Domineering/Controlling				2.14	.149
Yes - Fostered	11	46.73	8.30		
No - Fostered	51	52.88	13.35		
IIP-Vindictive/Self-Centered				.02	.899
Yes - Fostered	11	48.18	6.01		
No - Fostered	51	48.55	9.10		
IIP-Cold/Distant				.86	.356
Yes - Fostered	11	46.00	14.58		
No - Fostered	51	49.57	10.84		
IIP-Socially Inhibited				.27	.607
Yes - Fostered	11	53.82	12.50		
No - Fostered	51	51.96	10.44		
IIP-Nonassertive				.00	.996
Yes - Fostered	11	53.73	11.06		
No - Fostered	51	53.75	11.12		
IIP-Overly Accommodating				4.71	.034
Yes - Fostered	11	58.45	11.62		
No - Fostered	51	51.00	10.05		
IIP-Self-Sacrificing				2.72	.105
Yes - Fostered	11	56.08	10.01		
No - Fostered	51	50.69	9.84		
IIP-Intrusive/Needy				.06	.809
Yes - Fostered	11	50.27	9.25		
No - Fostered	51	51.12	10.68		

Note: Multivariate effect,  $F(8, 53) = 2.44, p = .025$ .

*Adopted male child.* A one-way (adopted male child: yes, no) MANOVA was performed to examine the data for potential adopted male child effects on respondents' subscale scores of the IIP measure. Means and standard deviations are shown in Table 32. The multivariate effect was significant,  $F(8, 53) = 3.23, p < .01$ . Further, the results revealed a significant univariate effect for adopted male child (yes, no) on Domineering/Controlling subscale scores,  $F(1, 60) = 10.84, p < .01$ .

Respondents who did not adopt a male child scored higher on the Domineering/Controlling subscale ( $M = 57.25, SD = 15.83$ ) than respondents who did adopt a male child ( $M = 47.29, SD = 7.09$ ). Further, the univariate effect of adopting a male child on Vindictive/Self-Centered subscale scores was also significant,  $F(1, 60) = 5.87, p < .05$ . Respondents who had not adopted a male child had higher scores on the Vindictive/Self-Centered subscale ( $M = 51.29, SD = 11.07$ ) than respondents who had adopted a male child ( $M = 46.18, SD = 4.89$ ). Finally, the univariate effect of adopted a male child on Cold/Distant subscale scores was significant,  $F(1, 60) = 5.56, p < .05$ . Respondents who had not adopted a male child scored significantly higher on the Cold/Distant subscale of the IIP ( $M = 52.61, SD = 13.16$ ) than respondents who did adopt a male child ( $M = 45.91, SD = 9.13$ ).

Table 32

*MANOVA of IIP Subscales Between Adoptive Parents Who Adopted Males and Adoptive Parents Who Did Not Adopt Males*

	N	Mean	SD	F	p
IIP-Domineering/Controlling				10.84	.002
No Male Adopted	28	57.25	15.83		
Male Adopted	34	47.29	7.09		
IIP-Vindictive/Self-Centered				5.87	.018
No Male Adopted	28	51.29	11.07		
Male Adopted	34	46.18	4.89		
IIP-Cold/Distant				5.56	.022
No Male Adopted	28	52.61	13.16		
Male Adopted	34	45.91	9.13		
IIP-Socially Inhibited				0.47	.497
No Male Adopted	28	53.32	10.96		
Male Adopted	34	51.44	10.65		
IIP-Nonassertive				0.87	.356
No Male Adopted	28	55.18	11.70		
Male Adopted	34	52.56	10.45		
IIP-Overly Accommodating				1.22	.273
No Male Adopted	28	50.68	9.67		
Yes-Male Adopted	34	53.68	11.34		
IIP-Self Sacrificing				1.15	.287
No Male Adopted	28	50.14	8.28		
Male Adopted	34	52.88	11.20		
IIP-Intrusive/Needy				3.06	.085
No Male Adopted	28	53.46	11.93		
Male Adopted	34	48.91	8.53		

Note: Multivariate effect,  $F(8, 53) = 3.23, p = .005$ .

*Adopted female child.* A one-way (adopted female child: yes, no) MANOVA was performed to examine the data for potential adopted female child effects on respondents' subscale scores of the IIP measure. Means and standard deviations are shown in Table 33. The multivariate effect was significant,  $F(8, 53) = 2.32, p < .05$ . The univariate effect of adopted female child (yes, no) on Cold/Distant subscale scores was also significant,  $F(1, 60) = 6.79, p < .05$ .

Respondents who had adopted a female child had significantly higher scores on the Cold/Distant subscale ( $M = 51.09, SD = 10.77$ ) than respondents who had not adopted a female child ( $M = 42.75, SD = 11.75$ ). Further, the univariate effect of adopted female child (yes, no) on Socially Inhibited subscale scores was also significant,  $F(1, 60) = 9.44, p < .01$ . Respondents who had adopted a female child scored higher on the Socially Inhibited subscale ( $M = 54.61, SD = 10.87$ ) than respondents who had not adopted a female child ( $M = 45.63, SD = 7.14$ ). Finally, results also revealed a significant univariate effect of adopted female child on Nonassertive subscale scores,  $F(1, 60) = 7.34, p < .01$ . Respondents who had adopted a female child had higher scores on the Nonassertive subscale ( $M = 55.87, SD = 10.50$ ) than respondents who had not adopted a female child ( $M = 47.63, SD = 10.44$ ).

Table 33

*MANOVA of IIP Subscales Between Adoptive Parents Who Adopted Females and Adoptive Parents Who Did Not Adopt Females*

	N	Mean	SD	F	p
IIP-Domineering/Controlling				1.93	.170
No Female Adopted	16	48.00	14.89		
Female Adopted	46	53.11	11.84		
IIP-Vindictive/Self-Centered				1.74	.193
No Female Adopted	16	46.06	10.13		
Female Adopted	46	49.33	7.94		
IIP-Cold/Distant				6.79	.012
No Female Adopted	16	42.75	11.75		
Female Adopted	46	51.09	10.77		
IIP-Socially Inhibited				9.44	.003
No Female Adopted	16	45.63	7.14		
Female Adopted	46	54.61	10.87		
IIP-Nonassertive				7.34	.009
No Female Adopted	16	47.63	10.44		
Female Adopted	46	55.87	10.50		
IIP-Overly Accommodating				1.82	.182
No Female Adopted	16	49.25	10.66		
Female Adopted	46	53.39	10.54		
IIP-Self Sacrificing				1.18	.283
No Female Adopted	16	49.31	10.94		
Female Adopted	46	52.46	9.65		
IIP-Intrusive/Needy				.16	.688
No Female Adopted	16	51.88	13.96		
Female Adopted	46	50.65	8.97		

Note: Multivariate effect,  $F(8, 53) = 3.23, p = .005$ .

*Attached to other family member.* A one-way (attached to other family member: attached, not attached) MANOVA was conducted on respondents' IIP subscale scores. As shown in Table 34, the multivariate effect of attached to family member other than a parent (attached, not attached) on respondents' IIP subscale scores was not significant,  $F(8, 53) = 1.87, p = .084$ . The univariate effect of attached to family member other than parent (attached, not attached) on respondents' IIP Nonassertive subscale scores, however, was significant,  $F(1, 60) = 4.85, p < .05$ . Respondents who did not attach to a family member other than a parent had significantly higher scores on the Nonassertive subscale ( $M = 56.93, SD = 11.38$ ) than respondents did attach to a family member other than a parent ( $M = 50.94, SD = 10.04$ ).

Further, the univariate effect of attached to family member other than parent (attached, not attached) on respondents' IIP Overly Accommodating scores was also significant,  $F(1, 60) = 10.24, p < .01$ . Respondents who did not attach to a family member other than a parent scored higher on the Overly Accommodating subscale ( $M = 56.62, SD = 11.73$ ) than respondents did attach to a family member other than a parent ( $M = 48.55, SD = 8.00$ ). Finally, the univariate effect of attached to family member other than parent on respondents' IIP Self-Sacrificing subscale scores was significant,  $F(1, 60) = 8.89, p < .01$ . Respondents who did not attach to a family member other than a parent scored higher on the Self-Sacrificing subscale ( $M = 55.45, SD = 11.06$ ) than respondents did attach to a family member other than a parent ( $M = 48.30, SD = 7.70$ ).

Table 34

*MANOVA of IIP Subscales Between Adoptive Parents Who Were Attached to a Family Member Other Than a Parent and Adoptive Parents Who Were Not Attached to a Family Member Other Than a Parent*

	N	Mean	SD	F	p
IIP-Domineering/Controlling				.11	.737
Yes-Family Member Attached	33	51.27	13.07		
Not Family Member Attached	29	52.38	12.62		
IIP-Vindictive/Self-Centered				.04	.838
Yes-Family Member Attached	33	48.27	8.80		
Not Family Member Attached	29	48.72	8.49		
IIP-Cold/Distant				.59	.446
Yes-Family Member Attached	33	47.88	12.79		
Not Family Member Attached	29	50.14	10.00		
IIP-Socially Inhibited				.17	.681
Yes-Family Member Attached	33	51.76	9.54		
Not Family Member Attached	29	52.90	12.12		
IIP-Nonassertive				4.85	.031
Yes-Family Member Attached	33	50.94	10.04		
Not Family Member Attached	29	56.93	11.38		
IIP-Overly Accommodating				10.24	.002
Yes-Family Member Attached	33	48.55	8.00		
Not Family Member Attached	29	56.62	11.73		
IIP-Self Sacrificing				8.89	.004
Yes-Family Member Attached	33	48.30	7.70		
Not Family Member Attached	29	55.45	11.06		

Note: Multivariate effect,  $F(8, 53) = 1.87, p = .084$ .

Table 34, continued

*MANOVA of IIP Subscales Between Adoptive Parents Who Were Attached to a Family Member Other Than a Parent and Adoptive Parents Who Were Not Attached to a Family Member Other Than a Parent*

	N	Mean	SD	F	p
IIP-Intrusive/Needy				3.14	.082
Yes-Family Member Attached	33	48.82	9.24		
Not Family Member Attached	29	53.41	11.18		

Note: Multivariate effect,  $F(8, 53) = 1.87, p = .084$ .

*Other attachments.* Three separate one-way MANOVAs were conducted on IIP subscale scores for the independent variables attached to family friend, attached to an educator, and attached to another person. The multivariate effect of the MANOVA examining the data for the potential effect of attached to family friend (attached, not attached) on IIP subscale scores was not significant,  $F(8, 53) = 1.30, p = .263$ . The means and standard deviations are displayed in Table 35. The results also failed to show any univariate effects for attached to family friend on respondents' ratings for the IIP subscales, all *ns*. The multivariate effect of the MANOVA examining the data for the potential effect of attached to an educator (attached, not attached) on IIP subscale scores was also not significant,  $F(8, 53) = .80, p = .604$ .

Table 35

*MANOVA of IIP Subscales Between Adoptive Parents Who Were Attached to a Family Friend and Adoptive Parents Who Were Not Attached to a Family Friend*

	N	Mean	SD	F	p
IIP-Domineering/Controlling				.00	.966
Family Friend Attached	19	51.68	13.48		
Not Family Friend Attached	43	51.84	12.61		
IIP-Vindictive/Self-Centered				.36	.551
Family Friend Attached	19	49.47	10.18		
Not Family Friend Attached	43	48.05	7.88		
IIP-Cold/Distant				.07	.791
Family Friend Attached	19	49.53	11.99		
Not Family Friend Attached	43	48.67	11.46		
IIP-Socially Inhibited				.16	.695
Family Friend Attached	19	53.11	9.31		
Not Family Friend Attached	43	51.93	11.41		
IIP-Nonassertive				2.00	.163
Family Friend Attached	19	50.79	10.06		
Not Family Friend Attached	43	55.05	11.28		
IIP-Overly Accommodating				2.00	.163
Family Member Attached	19	49.47	9.97		
Not Family Friend Attached	43	53.58	10.80		
IIP-Self Sacrificing				3.04	.087
Family Friend Attached	19	48.37	8.11		
Not Family Friend Attached	43	53.09	10.50		
IIP-Intrusive/Needy				.02	.904
Family Friend Attached	19	51.21	10.18		
Not Family Friend Attached	43	50.86	10.57		

Note: Multivariate effect,  $F(8, 53) = 1.30, p = .263$ .

Further, the results failed to show any univariate effects for attached to an educator on respondents' ratings for the IIP subscales, all *ns* (see Table 36). Finally, the multivariate effect of attached to someone 'other' than family on IIP subscale scores, was not significant,  $F(8, 53) = 1.21, p = .312$ . The univariate effect of attached to someone 'other' than family on IIP Domineering/Controlling subscale scores, however, was significant. The means and standard deviations are shown in Table 37. Respondents attached to an 'other' person had higher scores on the Domineering/Controlling subscale ( $M = 59.70, SD = 21.16$ ) than respondents not attached to an 'other' person ( $M = 50.27, SD = 10.07$ ).

Table 36

*MANOVA of IIP Subscales Between Adoptive Parents Who Were Attached to an Educator and Adoptive Parents Who Were Not Attached to an Educator*

	N	Mean	SD	F	p
IIP-Domineering/Controlling				.20	.653
Educator Attached	8	49.88	10.19		
Not Educator Attached	54	52.07	13.16		
IIP-Vindictive/Self-Centered				.00	.996
Educator Attached	8	48.50	10.56		
Not Educator Attached	54	48.48	8.38		

Note: Multivariate effect,  $F(8, 53) = .80, p = .604$ .

Table 36, continued

*MANOVA of IIP Subscales Between Adoptive Parents Who Were Attached to an Educator and Adoptive Parents Who Were Not Attached to an Educator*

	N	Mean	SD	F	p
IIP-Cold/Distant				1.70	.197
Educator Attached	8	53.88	16.67		
Not Educator Attached	54	48.20	10.59		
IIP-Socially Inhibited				.34	.561
Educator Attached	8	54.38	13.54		
Not Educator Attached	54	51.98	10.39		
IIP-Nonassertive				.74	.393
Educator Attached	8	56.88	13.39		
Not Educator Attached	54	53.28	10.69		
IIP-Overly Accommodating				.39	.536
Educator Attached	8	50.13	9.31		
Not Educator Attached	54	52.65	10.86		
IIP-Self Sacrificing				.15	.704
Educator Attached	8	50.38	10.60		
Not Educator Attached	54	51.83	10.01		
IIP-Intrusive/Needy				.52	.475
Educator Attached	8	48.50	7.76		
Not Educator Attached	54	51.33	10.71		

Note: Multivariate effect,  $F(8, 53) = .80, p = .604$ .

Table 37

*MANOVA of IIP Subscales Between Adoptive Parents Who Were Attached to an "Other" Person and Adoptive Parents Who Were Not Attached to an "Other" Person*

	N	Mean	SD	<i>F</i>	<i>p</i>
IIP-Domineering/Controlling				4.87	.031
"Other" Attached	10	59.70	21.16		
Not "Other" Attached	52	50.27	10.07		
IIP-Vindictive/Self-Centered				2.03	.159
"Other" Attached	10	52.00	13.19		
Not "Other" Attached	52	47.81	7.39		
IIP-Cold/Distant				.63	.430
"Other" Attached	10	51.60	10.38		
Not "Other" Attached	52	48.42	11.76		
IIP-Socially Inhibited				.86	.357
"Other" Attached	10	49.40	10.64		
Not "Other" Attached	52	52.85	10.78		
IIP-Nonassertive				.26	.611
"Other" Attached	10	52.10	10.84		
Not "Other" Attached	52	54.06	11.13		
IIP-Overly Accommodating				.41	.526
"Other" Attached	10	54.30	12.32		
Not "Other" Attached	52	51.94	10.38		

Note: Multivariate effect,  $F(8, 53) = 1.21, p = .312$ .

Table 37, continued

*MANOVA of IIP Subscales Between Adoptive Parents Who Were Attached to an “Other” Person and Adoptive Parents Who Were Not Attached to an “Other” Person*

	N	Mean	SD	F	p
IIP-Self Sacrificing				.55	.462
“Other” Attached	10	53.80	11.03		
Not “Other” Attached	52	51.23	9.86		
IIP-Intrusive/Needy				1.65	.205
“Other” Attached	10	54.80	12.89		
Not “Other” Attached	52	50.23	9.79		

Note: Multivariate effect,  $F(8, 53) = 1.21, p = .312$ .

*Child with a behavioral problem.* A one-way (child behavioral problems: at least one child, neither child) MANOVA was conducted to evaluate the data for potential child behavioral problems effects on IIP subscale scores. As shown in Table 38, the overall multivariate effect was not significant,  $F(8, 53) = 1.92, p = .076$ . The results showed, however, a marginally significant univariate effect of child with a behavior problem on IIP Nonassertive subscale scores,  $F(1, 60) = 3.80, p = .056$ . Respondents who did not have a child with a behavioral problem scored higher on the Nonassertive subscale ( $M = 56.09, SD = 9.99$ ) than respondents who did have at least one child with a behavioral problem ( $M = 50.70, SD = 11.72$ ).

Table 38

*MANOVA of IIP Subscales Between Adoptive Parents Who Had a Child with a Behavioral Problem and Adoptive Parents Who Did Not Have a Child with a Behavioral Problem*

	N	Mean	SD	F	p
IIP-Domineering/Controlling				.56	.458
Neither with a Problem	35	52.86	10.95		
At least one with a Problem	27	50.41	14.91		
IIP-Vindictive/Self-Centered				.13	.725
Neither with a Problem	35	48.14	8.00		
At least one with a Problem	27	48.93	9.44		
IIP-Cold/Distant				1.75	.190
Neither with a Problem	35	50.63	12.02		
At least one with a Problem	27	46.74	10.69		
IIP-Socially Inhibited				.73	.397
Neither with a Problem	35	53.31	9.54		
At least one with a Problem	27	50.96	12.19		
IIP-Nonassertive				3.80	.056
Neither with a Problem	35	56.09	9.99		
At least one with a Problem	27	50.70	11.72		
IIP-Overly Accommodating				.11	.744
Neither with a Problem	35	52.71	10.02		
At least one with a Problem	27	51.81	11.57		

Note: Multivariate effect,  $F(8, 53) = 1.92, p = .076$ .

Table 38, continued

*MANOVA of IIP Subscales Between Adoptive Parents Who Had a Child with a Behavioral Problem and Adoptive Parents Who Did Not Have a Child with a Behavioral Problem*

	N	Mean	SD	F	p
IIP-Self Sacrificing				1.42	.238
Neither with a Problem	35	52.97	11.09		
At least one with a Problem	27	49.93	8.27		
IIP-Intrusive/Needy				.01	.939
Neither with a Problem	35	51.06	8.95		
At least one with a Problem	27	50.85	12.15		

Note: Multivariate effect,  $F(8, 53) = 1.92, p = .076$ .

*Child experienced prior disruption.* A one-way (child experienced prior disruption: at least one child, neither child) MANOVA was conducted to evaluate the data for potential child experienced prior disruption effects on IIP subscale scores. As shown in Table 39, the overall multivariate effect was significant,  $F(8, 53) = 2.23, p < .05$ . Results also revealed significant univariate effects for child experienced prior disruption (at least on child, neither child) on IIP Vindictive/Self-Centered subscale scores, IIP Cold/Distant subscale scores and IIP Intrusive/Needy subscale scores. Respondents who had at least one child who had experienced prior disruption scored higher on the Vindictive/Self-Centered subscale ( $M = 53.78, SD = 14.14$ ) than

respondents who did not have a child who experienced prior disruption ( $M = 47.58$ ,  $SD = 7.08$ ),  $F(1, 60) = 4.21$ ,  $p < .05$ . In addition, respondents who had at least one child who experienced prior disruption also scored higher on the Cold/Distant subscale ( $M = 56.00$ ,  $SD = 15.02$ ) than respondents who did not have a child who experienced prior disruption ( $M = 47.74$ ,  $SD = 10.55$ ),  $F(1, 60) = 4.16$ ,  $p < .05$ . Finally, respondents who had at least one child who experienced prior disruption also scored higher on Intrusive/Needy subscale ( $M = 57.44$ ,  $SD = 12.78$ ) than respondents who did not have a child who experienced a prior disruption ( $M = 49.87$ ,  $SD = 9.62$ ),  $F(1, 60) = 4.33$ ,  $p < .05$ .

Table 39

*MANOVA of IIP Subscales Between Adoptive Parents Who Had a Child Who Experienced Prior Disruption and Adoptive Parents Who Did Not Have Child Who Experienced Prior Disruption*

	N	Mean	SD	F	p
IIP-Domineering/Controlling				3.16	.080
Neither had experienced Disruption	53	50.62	10.45		
At least one Experienced Disruption	9	58.67	21.71		
IIP-Vindictive/Self-Centered				4.21	.045
Neither had experienced Disruption	53	47.58	7.08		
At least one Experienced Disruption	9	53.78	14.14		
IIP-Cold/Distant				4.16	.046
Neither had experienced Disruption	53	47.74	10.55		
At least one Experienced Disruption	9	56.00	15.02		

Note: Multivariate effect,  $F(8, 53) = 2.23$ ,  $p = .039$ .

Table 39, continued

*MANOVA of IIP Subscales Between Adoptive Parents Who Had a Child Who Experienced Prior Disruption and Adoptive Parents Who Did Not Have a Child Who Experienced Prior Disruption*

	N	Mean	SD	F	p
IIP-Socially Inhibited				.08	.775
Neither had experienced Disruption	53	52.45	10.83		
At least one Experienced Disruption	9	51.33	10.79		
IIP-Nonassertive				.60	.443
Neither had experienced Disruption	53	54.19	10.85		
At least one Experienced Disruption	9	51.11	12.32		
IIP-Overly Accommodating				1.11	.296
Neither had experienced Disruption	53	51.74	9.57		
At least one Experienced Disruption	9	55.78	15.90		
IIP-Self Sacrificing				.00	.966
Neither had experienced Disruption	53	51.62	9.99		
At least one Experienced Disruption	9	51.78	10.73		
IIP-Intrusive/Needy				4.33	.042
Neither had experienced Disruption	53	49.87	9.62		
At least one Experienced Disruption	9	57.44	12.78		

Note: Multivariate effect,  $F(8, 53) = 2.23, p = .039$ .

*Experienced disruption.* A one-way (experienced disruption: yes, no) MANOVA was performed to examine group differences in respondents who had and had not experienced a disruption in adoption on IIP subscale scores. Means and standard

deviations are shown in Table 40. The overall multivariate effect was significant,  $F(8, 20) = 2.77, p < .05$ . Further, the results revealed a significant univariate effect for experienced disruption on respondents' Domineering/Controlling subscale scores,  $F(1, 27) = 6.73, p < .05$ . Respondents who had experienced at least one disruption in adoption scored significantly higher on the IIP Domineering/Controlling subscale ( $M = 58.67, SD = 21.74$ ) than respondents who had not experienced a disruption ( $M = 50.62, SD = 10.45$ ). In addition, the results also showed a significant univariate effect for past experience of disruption on respondents' IIP Intrusive/Needy subscale scores,  $F(1, 27) = 9.10, p < .01$ . Respondents who had experienced at least one disruption in adoption had significantly higher scores on the Intrusive/Needy subscale ( $M = 65.75, SD = 15.61$ ) than respondents who had not experienced a disruption in adoption ( $M = 50.52, SD = 8.27$ ).

Table 40

*MANOVA of IIP Subscales Between Adoptive Parents Who Had a Child Who Experienced Disruption and Adoptive Parents Who Experienced Disruption*

	N	Mean	SD	F	p
IIP-Domineering/Controlling				6.73	.015
Experienced Disruption	4	70.75	29.01		
Did Not Experienced Disruption	25	51.08	10.85		
IIP-Vindictive/Self-Centered				3.66	.066
Experienced Disruption	4	59.00	17.61		
Did Not Experienced Disruption	25	49.28	7.84		

Note: Multivariate effect,  $F(8, 20) = 2.77, p = .031$ .

Table 40, continued

*MANOVA of IIP Subscales Between Adoptive Parents Who Had a Child Who Experienced Disruption and Adoptive Parents Who Experienced Disruption*

	N	Mean	SD	F	p
IIP-Cold/Distant				.05	.823
Experienced Disruption	4	52.50	11.79		
Did Not Experienced Disruption	25	51.16	10.92		
IIP-Socially Inhibited				1.64	.211
Experienced Disruption	4	45.00	6.06		
Did Not Experienced Disruption	25	53.08	12.24		
IIP-Nonassertive				2.27	.144
Experienced Disruption	4	44.25	8.54		
Did Not Experienced Disruption	25	52.56	10.45		
IIP-Overly Accommodating				.07	.795
Experienced Disruption	4	53.25	17.78		
Did Not Experienced Disruption	25	51.64	10.34		
IIP-Self Sacrificing				.99	.329
Experienced Disruption	4	47.00	7.53		
Did Not Experienced Disruption	25	52.04	9.62		
IIP-Intrusive/Needy				9.10	.006
Experienced Disruption	4	65.75	15.61		
Did Not Experienced Disruption	25	50.52	8.27		

Note: Multivariate effect,  $F(8, 20) = 2.77, p = .031$ .

Additional separate one-way Multivariate Analyses of Variance (MANOVAs) were conducted on the IIP subscale scores (Domineering/Controlling, Vindictive/Self-Centered, Cold/Distant, Socially Inhibited, Nonassertive Overly Accommodating, Self-Sacrificing, and Intrusive/Needy subscale) using the demographic variables as between-subjects effects. The results failed to show significant differences between levels of gender, ethnicity, education, age category, spirituality, child with special problems, child with problems, child with learning disability, child medical condition, child developmental disability or child with any other problems on all IIP subscale scores, all *ns*.

### Qualitative Discussion

The qualitative discussion for this study focused on seven questions which appeared at the end of the Adoptive Parents Demographic Data Sheet. The discussions of participants' responses to the open ended questions are reported here. The qualitative discussion of participants' responses to Question 36- After the child(ren)'s placement in your home, did you and or your spouse consider removal of the child(ren) from your home?, and Question 38- Had you experienced a stable and successful adoption in the past?, are reported in Table 40.

Out of the 62 respondents, over three-fourths of participants reported that they had not considered the removal of the child(ren) from their home ( $N = 48$ ) while only one quarter of participants had reported that they had considered the child(ren)'s removal ( $N = 13$ ). One participant did not respond to this question about removal of the child(ren).

One respondent was “concerned that she was Black and we are White and that she was separated from her Bio-Brothers.” Several participants stated that emotional and behavioral issues were what led them to consider the removal. Specifically, one stated “severe emotionally, socially, mentally disturbed,” while another stated “severe emotional & behavior issues due to abuse suppressed memories.”

When asked if they had previously experienced a previous stable and/or successful adoption, over two-thirds of participants reported that they had not previously experienced a stable and/or successful adoption ( $N = 42$ ) while one-third of the participants reported that they did experienced a stable and/or successful adaptation in the past ( $N = 19$ ). One participant did not respond to this question about stable/successful adoptions.

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Table 41

*Qualitative Discussion for Question 36 (Removal from Home) and Question 38 (Stable/Successful) Previous Adoption*

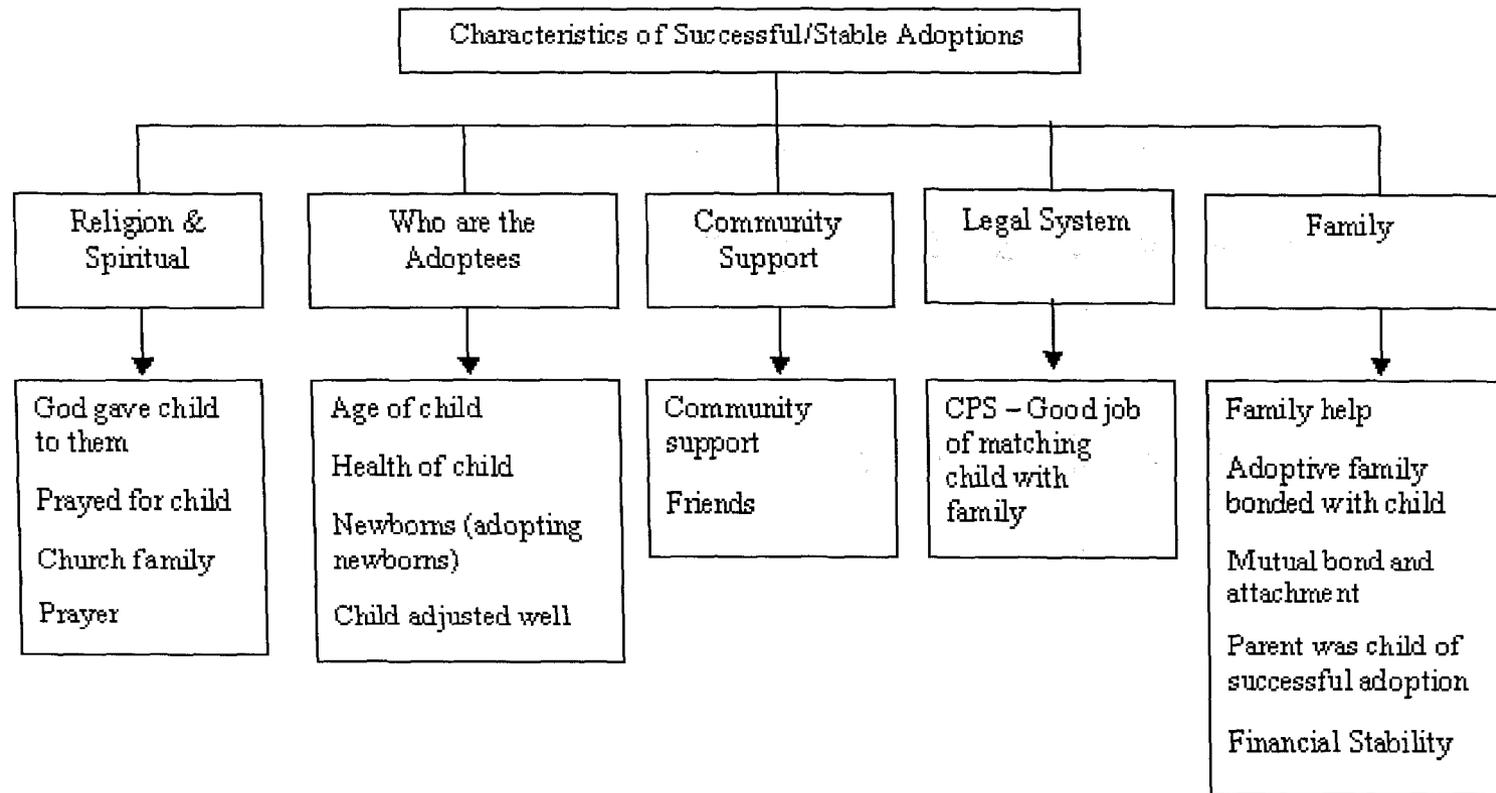
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Question	No	Yes	Did Not Respond
After the child(ren)’s placement in your home, did you and or your spouse consider removal of the child(ren) from your home?	48	13	1
Had you experienced a stable and successful adoption in the past?	42	19	1

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Finally, participants' responses to Question 39 (i.e., If yes to Question 38, please explain what made the adoption stable and successful) were analyzed for data on contributions to stable and successful adoptions. Researchers have identified characteristics that contribute to adoption success and stability (Berry & Barth, 1990; Brodzinsky & Pinderhuges, 2002; Evan B. Donalson Adoption Institute, 2004; McRoy et al., 1994). The characteristics that contribute to adoption success and stability are discussed in chapter 1 of this study. The qualitative discussions of participants' responses were used to identify these characteristics.

As shown in Figure 1, these responses were grouped into the following five categories: Religiosity and Spirituality, Who are The Adoptees, Community Support, Legal System, and Family with subcategories of participant responses (e.g., financial stability, prayer, and friends) within each group, for example, Participant 46 commented "...Our faith that our prayers were leading us into this adoption was foundational in the process" which would be grouped within Religion and Spiritual category. Participant 29 responded "Our first adoptive experience was with our grown daughter. We got her at the age of 56 hours – a 4 pound premie. Health was precarious the first three years. After that she was fine." This comment was grouped under the Who are The Adoptees category.



*Figure 1.* Qualitative discussion of participants' responses to Question 39 (i.e., If yes to Question 38, please explain what made the adoption stable and successful) grouped categories of religion and spiritual, who are the adoptees, community support, legal system, and family.

Participant 46 commented “.... and the stability of our family and support of extended family and friends made it a stable and successful experience,” which was categorized with the Community Support category. Participant 19 wrote “Both of our adoption experiences have been successful. I believe this because they are open adoptions. Their birth parents selected us to adopt their babies and we have had comfortable relationships with them since our children’s births. Our children have no unanswered questions about their biological ‘roots.’” This response was grouped with the Legal Support category. Finally, Participant 52 commented “I was adopted – it was successful” and this comment was grouped in the Family category.

### Summary

Sixty two adoptive parents participated in the present study. In addition to reporting that they were adoptive parents, many of the participants represented various other parental roles, such as foster, biological, kinship adoptive and kinship care givers of grandchildren, nieces and nephews. Some parents reported being step related to their adopted children. Sixty adoptive parents reported attaching or bonding to someone as a child (91.9%); and 2 adoptive parents (3.2%) reported no childhood attachment. The majority of the participants reported attaching to a parent, while the remaining study participants reported attaching to a family member (53.2%), a friend (30.6%), an educator (12.9%), and other (16.1%). The other included responses such pastor, grandmother, dog, Sunday school teacher and girlfriend.

The majority of the adoptive parents (93.5%) reported being married. A small group (6.5%) reported being single. Fifty eight participants were married, four were single. Participants reported their ethnicity. The majority of the 62 participants, 48 (77.4%) were Caucasian, 13 (21.0%) were African American, and 1 (1.6%) was Hispanic /Latino. An enormous range existed in the participants' formal education. A larger proportion of the participants (87.1%) reported college and advanced degrees. Almost 13% (12.9%) of the adopted parents indicated completing high school. No participants indicated that they did not finish high school. The qualitative results identified 4 major characteristics of stable and successful adoptions: Religion/Spiritual, Adoptee Identification, Community Support, Legal System, and Family Support.

## CHAPTER V

### DISCUSSION

#### Overview of the Study

A series of statistical analyses were conducted in order to uncover potential relationships between variables and instruments, and instrument scales. Pearson's product moment correlations were performed to examine the relationships between continuous demographic and dependent variables. Analysis of Variance (ANOVA) and a one way MANOVA were used to conduct other statistical analyses.

The purpose of this study was to examine factors that contribute to adoption success and adoption disruption based on parental attachment security. In order to investigate the relationship between adoptive parents' attachment security and their decision to promote adoption stability and success, or to seek adoption disruption, three assessments were administered to study participants. The researcher examined the participants' responses to The Adoptive Parent Demographic Data Sheet, IIP, and the FAM III, The Brief FAM. The investigator analyzed the attachment phenomenon of the adoptive parents based on their responses to seven questions placed at the end of The Adoptive Parent Demographic Data Sheet. The answers were analyzed for additional information on the variables and themes. Themes were categorized.

The study revealed significant positive correlations between the participants' scores on the Brief FAM subscales. Participants scored significantly higher on the Dyadic

Relationship Scale than on the General Scale and the Self-Rating Scale. There was also significant positive correlations between the participants' scores on the IPP subscale Domineering Controlling and scores on all of the other IPP subscales. Pearson's product moment correlations were performed to examine the relationship between Brief FAM subscale scores and IIP subscale scores. There were significant relationships between FAM subscale scores and IIP subscale scores.

### Discussion of Quantitative Findings

#### *The Brief FAM*

The Brief FAM's 3 scales measure overall family functioning and should correlate with each other (Skinner, Steinhauer, & Santa-Barbara, 1995). The findings in this study supported correlations of the 3 subscales. Positive correlations between the participants scores on each Brief FAM supports the premise that participants scoring high on one Brief FAM scale will score high on the other Brief FAM scales (Skinner, Steinhauer, and Santa-Barbara).

#### *Inventory of Interpersonal Problems*

Pearson's product moment correlations were performed to examine the relationship among the IIP subscale scores. The results revealed significant positive correlations between participants' scores on the IIP subscale Domineering/Controlling and scores on all of the other IIP subscales, except for Nonassertive and Self-Sacrificing subscales. These findings suggest that higher scores on the IIP Domineering/Controlling

subscale were associated with higher scores on the IIP subscales with the exception of scores on the Nonassertive subscale and Self-Sacrificing subscale.

#### *FAM and IIP Relationship*

The relationship between the FAM and the IIP was examined by performing Pearson's product moment correlations on the subscale scores. The results failed to reveal any significant relationships between FAM subscale scores and IIP subscale scores.

#### *Adoptive Parents' Attachment*

The findings in the present study indicated that adopted parents attached or bonded to someone during childhood and reported fond memories of living at home, along with school success. Research supported this finding. Adults with attachment security provided favorable descriptions of their own childhood relationships with their parents while growing up (Bartholomew & Horowitz, 1991). Secondly, Bartholomew and Horowitz reported that attachment relationships within the family of origin are correlated to adult interpersonal relationships with others.

#### *Adoptive Parents' Education*

Findings in the research indicated that highly educated adoptive parents tended to be middle class and could not relate to adoptive children that could not meet their middle class expectations (McRoy et al., 1994). The present study found that a highly educated sample of adoptive parents related to their adopted children, foster children, and kinship care children.

### *Adoptive Parents' Religion and Spirituality*

In the present study participants identified their religious place of worship and religious affiliation/belief. All participants reported they were of the Christian faith. No correlation was found between religious affiliation and adoption disruption; only a few parents reported adoption disruption of the first child. Berry and Barth (1990) found that 65% Protestant parents and 17% Catholic parents experienced adoption disruption. Two studies noted a connection between the adoptive parents' religion and the percentage of adoption disruptions based on religion (McRoy et al., 1990; Berry & Barth, 1994). The present study found that the higher the parents' spirituality, the less likely an adoption disruption. Walsh (2003) reported that spirituality enables humans to connect, care, and love. The present study supports Walsh's findings.

### *Adoptive Family Resources*

In addition to religion, certain family resources lead to adoption success and stability (Evan B. Donaldson Adoption Institute, 2004). Resources that facilitate success and stability are: support from family, friends, church, and community along with financial subsidies (McRoy et al., 1994). Barth and Miller (2000). In the qualitative discussion of the present study, adoptive parents reported support from God, prayer, family, friends, church family, commitment and community as resources that contributed to success and stability. Parents did not report receiving adoption financial subsidies as a contribution to stability and success, but parents did communicate that subsidies would have been helpful.

### *Adoptive Parents' Coping and Positive Viewpoint*

The Bartholomew and Horowitz study reported that prior research confirmed that adults who experience attachment security viewed themselves as not distressed and saw others as supportive. This finding is also supported by Weber (2003) who cites Alexander (1992) that attachment security will promote empathy and a positive view not only of the self but also of others. Buelow, Lyddon, and Johnson (2002) found adults with secure attachment process life stressor coping skills and are capable of bonding with others. In the current study, participants reported bonding and attaching to their adopted children. Other parents reported providing a home to children with health, physical and emotional problems because the children needed a home and a family. Parents also reported stressors of dealing with CPS, and other agencies, need of assistance such as respite care, as well as counseling and financial support.

### *Age and Disruption*

In the current study, there was a significant correlation between the age of child at time of placement, in the adoptive home, and adoption disruption. A Pearson correlation indicated that the older the child, the greater the chance of an adoption disruption, while the younger the child, the less likely a disruption. Previous research documented this finding ( Brodzinsky & Pinderhughes, 2002; Evan B. Donaldson, 2004). This study found no correlation between the age of the adoptive parent and adoption disruption. However, Evan B. Donaldson (2004) found that the age of adoptive parents may possibly lead to adoption disruption.

## Discussion of Seven Questions

The Majority of the adoptive parents did not consider removal of the adopted children. One quarter of the participants did consider removal due to ethnicity, separation from biological siblings, emotional and behavioral issues, child attachment and security. Over two thirds of the parents reported they had not experienced a prior stable or successful adoption, while one third reported experiencing a stable or successful adoption in the past. The parents reported characteristics of a stable and successful adoption in five themes: religion and spirituality, identified adoptee, community support, the legal system and family.

### Limitations

1. The results of the study were limited to the adoptive parents who volunteered to participate. Adoptive parents had the option to participate in the study.
2. The study had age limit requirements for the adoptive parents but not for children. Adoptive parents had to be in any age group or stage of the life cycle from age 19 to age 80.
3. The adoptive parents may have multiple successful or disruptive adoptions. The number of successful or disruptive adoptions experienced by adoptive parents did not affect their participation in this study.
4. Research documents loss and grief issues associated with attachment and adoption, yet this study did not focus on the issues of grief and loss.

5. A small number of participants had disrupted adoptions.
6. Attachment was only measured by yes or no responses. Degrees of attachment could have provided additional data.
7. Limited variety in ethnic groups.
8. All participants reported to be Christians. Limited sample in religious background.

### Recommendations for Future Research

Future research should examine whether these findings can be replicated. This study could be replicated with a more diverse and larger population. Research might examine attachment of adoptive parents of embryo adoptions, as well as provide open ended questions instead of yes or no options to identify the risk factors of adoption disruption or adoption success.

Future research may wish to examine The Adoptive Parent Demographic Sheet with other instruments such as the Family Adaptability and Cohesion Evaluation Scales III (FACES III), Family Satisfaction Scale (FSS) or Family Environment Scale (FES) as they relate to adoptive parental attachment to their adopted children.

Issues of grief and loss for adoptive parents and for adopted children are well document in attachment research (J. Bowlby, 1969, 1980; Singer & Krebs, 2008; Walsh, 2003). Four additional studies documented the correlation between grief and adoption (Brodzinsky, Smith, & Brodzinsky, 1998; McRoy et al., 1988; McRoy et al., 1994;

Verrier, 1993). Future researchers may add grief and loss questions to the demographic piece of a study. Plus look for correlations between adoption disruption and grief.

In the future, researchers may examine the adoption disruptions related to wrongful adoptions lawsuits and follow up with the parents who have experienced a disruption followed by a lawsuit filed against the state. According to Freundlich and Peterson (1998), in the past decade there has been an increase in adoption agencies neglecting to provide adoptive parents with accurate or complete information about the adoptive child's history. This practice has precipitated adoptive parents filing wrongful adoption, legal cases in the courts (Carp, 1995).

Kinship care and kinship adoptions present unique challenges for adoptive parents, children, and the extended family. Future research might explore this area of study in order to add to the research body of knowledge.

#### *Recommendations for Professional Educators*

As adoptive parents explore their desire to parent children with different birth/biological backgrounds and from numerous countries, educators should be aware of the issues children will bring into the classroom, affecting the child's academic, emotional, cognitive, and behavioral response. Resources in the educational setting such as assessments, special education, school nurses, school psychologists and social workers would benefit adoptive families.

### *Family Therapists*

Family therapists will benefit from extensive training in child and adult attachment. Adoptive parents and their children can benefit from therapy to help them develop attachment security. Goze and Rosenthal (1993) found that special needs children developed attachment security with professional intervention.

### *Family and Consumer Scientists and Family Studies Professionals*

Froma Walsh (2003) found that the family of the twenty first century family is complex. Adoption and attachment add to the complexity of today's families. Celebrities adopting children from foreign countries with diverse backgrounds are setting the example for non celebrities to mimic. Unique ways of building families are an everyday occurrence. Family and consumer scientists and family studies professionals will benefit from researching complex families.

### *Secular and Religious Counselors*

Spirituality, firm faith, and affiliation with some type of religion help families cope with life, especially adoptive families (McRoy et al., 1994; Walsh, 2003). According to Walsh, secular as well as religious counselors should be aware how spirituality and religion can benefit clients in therapy. In the current study, 15.5% of the adoptive parents that reported high spirituality also reported no adoption disruptions.

### *Health Care Providers*

Health care providers can help adoptive families by providing support in locating resources in the health care areas. Singer and Krebs (2008) also identified the need for

professional health care providers that are sensitive and supportive to the needs of the adoptive families. These services benefit families post adoption.

### *Child Protective Services and Adoption Agencies*

Provide adoptive parents training, support, and treatment services. Adoption agencies could also provide post adoption services to families. The additional support can help adoptive parents maximize their adopted children's ability to securely attach with them (Barth & Miller 2000).

### *Potential Adoptive Parents*

Become educated on the needs of adoptable children. Parents should request all background information such as medical, emotional, behavioral, placement history, and school records prior to accepting a child into the home. It would benefit potential parents to have the research documented resources such as family, a great support system, community and strong marriage (McRoy et al., 1994.)

### *Policy Makers*

The legislative measures were initiated to assure children's permanency in adoptive families. Research has influenced legislative policy by providing support that children definitely benefit more from adoption than from long-term care in foster homes (Evan B. Donaldson Adoption Institute, 2004). The goal of legislative policy is one way that state and federal laws helped support adoptive families. New measures are needed to promote adoption in this century. New research is needed to provide continued support for adoptive families.

## Conclusions

Results from this study indicated that although the adopted children were found to have numerous problems: special problems, emotional, behavioral, medical, developmental, physical, and learning disabilities, none of these factors lead to adoption disruption. However, a correlation was found between age of the adopted child and disruption. The older the child was at the time of adoption, the more likely a disruption occurred. The younger the child was at the time of adoption, the less likely a disruption occurred. Statistical analyses were used to produce the findings in this study.

The findings supported correlations of the subscales on the Brief FAM. Positive correlation between the participants' scores on each Brief FAM supports the premise that participants scoring high on one Brief FAM scale will score high on the other Brief FAM scales (Skinner, Steinhauer, & Santa Barbara, 2004). Although there was a correlation between all 3 subscales of the Brief FAM, the results failed to reveal any significant relationships between FAM subscale scores and IIP subscale scores. Based on the findings of this study, the researcher made recommendations for educators, child protective services, adoption agencies, policy makers, family therapist, secular and religious counselors, family therapists, and health care providers.

The theoretical frameworks that this study was based on were supported by the findings that the adoptive parents had a high level of interpersonal interactions, attachment and attachment security. Those that attached as children, and later attached to others in adulthood, developed working models of attachment. These working models of

attachment (Neal & Frick-Horbury, 2001; Buelow, Lyddon, & Johnson, 2002) are called attachment security (Ainsworth, 1969; J. Bowlby, 1958, 1988; Hollist & Miller, 2005, McRoy et al., 1994). Adults with attachment security enter adulthood with life stressor coping skills, a healthy sense of self, and self-esteem that allows them to bond with others (J. Bowlby, Ainsworth, Neal & Frick-Horbury; Buelow, Lyddon, & Johnson). Once attachment security is established, it can be stable through out the developmental stages of life (Hamilton, 2000; Stroebe, 2002). This was found to be true in the present study. In adulthood, the participants documented their attachment security to their adopted children, spouses, friends, and church families. This attachment security revealed a commitment to hold the adoptive family together when facing challenges such as health, emotional, behavioral problems, and child attachment issues. This study also revealed that religion and spirituality contributed to adoption success, as well as the age of the child, community support, the legal system and strong family bonding and attachment.

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**APPENDIX A**  
**TWU CONSENT TO PARTICIPATE IN RESEARCH**

CONSENT TO PARTICIPATE IN RESEARCH

Title: Adoption Disruption, Stability, Success, and Attachment Security of Adoptive Parents

Investigator: Doretha L. Davis Hudspeth, B.S., M.S. ....Phone: 940-396-2017

Advisor: Joyce Armstrong, Ph.D. ....Phone: 940-898-2690

Explanation and Purpose of Research

You are being invited to participate in the research study for Doretha Hudspeth's doctoral dissertation at Texas Woman's University. The purpose of this research is to examine factors that contribute to adoption success and adoption disruption based on parental attachment security reflected in three assessments.

Research Procedures

The researcher and two assistants will conduct face-to-face assessments with adoptive parents. The assessments will take place at a private location agreed upon by you and the investigator. Your maximum total time commitment in the study is approximately 1.5 to 2 hours. There are no direct benefits for participating in this study.

Potential Risks

There are potential risks related to your participation in this study. However, TWU does not provide medical services or financial assistance for injuries or counseling that might happen because you are taking part in this research. Loss of confidentiality is a potential risk. Confidentiality will be protected to the extent that is allowed by the law. Participants' names or other identifying information will not appear on any research publications. The investigator will store data in a locked file cabinet. Only the investigator will have access to the stored data. All identifiable data will be shredded in three years. There is a potential risk of loss of confidentiality in all email, downloading, and internet transactions.

Approved by the  
Texas Woman's University  
Institutional Review Board  
Date: 7-6-07

Participant Initials \_\_\_\_\_  
Page 1 of 4

Other potential risks related to your participation in this include emotional, personal discomfort and physical discomfort. A referral list of counselors will be provided for participants in case of emotional discomfort. Recalling personal and family information may cause some personal discomfort. If at any time you feel emotional or personal discomfort and wish to discontinue the study, you may stop at any time. The researcher will provide a list of professional counselors with addresses and phone numbers if you desire to talk to a professional about your emotional or personal discomfort. TWU will not provide any monetary assistance or medical services for participation in this study.

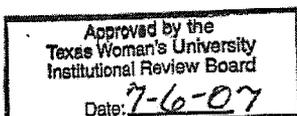
A third possible risk is physical discomfort. Participants may take a break if needed or have the option to stop participating at any time. Another potential risk is coercion. All potential participants may choose not to participate in the study. Participants may stop at any time during the research without penalty.

#### Lutheran Social Services Participants

If you receive services from Lutheran Social Services, participation in this research will not have any effect on the services you receive from the agency. Also if you choose not to participate, it will have no effect on your receipt of services. You may stop at any time without fear of being penalized.

#### IRB Contact Information

If you have any questions about the research study you may ask the researcher by calling the number at the top of this form. If you have any questions about your rights as a participant in this research or the way this study has been conducted, you may contact the Texas Woman's University Office of Research and Sponsored Programs at 940-898-3378 or via email at [IRB@twu.edu](mailto:IRB@twu.edu). You will be given a copy of this signed and dated consent form to keep. If you would like to have the results of the study mailed or emailed to you, please



Page 2 of 4



Request to receive a summary of the results of this study

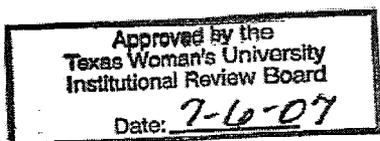
Initials: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_

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**APPENDIX B**  
**STATEMENT FOR RECRUITMENT**

Hello,

My name is Doretha L. Davis Hudspeth. Currently, I am a Ph.D. Candidate at Texas Woman's University. I am seeking participants to voluntarily participate in my research study as part of my dissertation. The purpose of this research is to examine factors that contribute to adoption success and adoption disruption based on parental attachment security. Parental attachment security will be reflected in the assessment tools used in the Inventory of Interpersonal Problems (IIP), and parental scores on the Family Assessment Measure III (FAM III), The Brief FAM, and the parental response to a demographic sheet, the Adoptive Parents Demographic Data Sheet.

Either I or one of my two graduate assistants will conduct the assessments face-to-face with the adoptive parents. The assessments will be done at a private location agreed upon by you, the participant, and the investigator. The participants maximum total time commitment in the study is approximately one hour.

Doretha L. Davis Hudspeth, B.S., M.S., Ph.D. Candidate  
Phone No. 940-465-4322  
Fax No. 940-383-5371

**APPENDIX C**  
**DOCTORAL FLYER**

## SEEKING ADOPTIVE PARENTS TO PARTICIPATE IN DISSERTATION RESEARCH



**Title: Adoption Disruption, Stability, Success  
&  
Attachment Security of Adoptive Parents**



Adoptive parents are being asked to voluntarily  
participate in a research study.



The purpose of this research is to examine factors  
that contribute to adoption success and adoption  
disruption based on parental attachment security.



If you are interested in participating in this study,  
please contact the investigator, Doretha L. Davis Hudspeth,  
TWU Doctoral Candidate



Doretha L. Davis Hudspeth, B.S., M.S. ....Phone: 940-396-2017  
Advisor: Joyce Armstrong, Ph.D. ....Phone: 940-898-2690  
Fax Number: 940-383-5371  
Email:

**APPENDIX D**

**ADOPTIVE PARENTS DEMOGRAPHIC DATA SHEET**

# Adoptive Parents Demographic Data Sheet

Participant ID Number \_\_\_\_\_

No names are requested on the survey, but please provide some basic demographic information so that responses can be compiled and analyzed. You do not have to answer every question. Take a break when needed.

## Part 1: Characteristics of Adoptive Parents

1. Check your gender.

Male  Female

2. Check all that apply to your parental status.

Adoptive

Foster

Biological

Kinship adoptive parent (adopted child of a relative).

Biological relationship to the child(ren)

grandparent

Aunt

Uncle

Cousin

Sibling

Stepparent

Other \_\_\_\_\_

Kinship care (guardian of a child of a relative).

Biological relationship to the child(ren)

grandparent

Aunt

Uncle

Cousin

Sibling

Stepparent

Other \_\_\_\_\_

**3. Check marital status at time of adoption.**

Married     Single

**4. Check your ethnic background.**

African American

Asian or Pacific Islander

Caucasian

Hispanic/Latino

Native American

Other

**5. Check your age group.**

20-22

50-54

23-24

55-60

25-30

61-64

31-34

64-70

35-40

71-74

41-44

75-80

**6. Write your age at last birthday \_\_\_\_\_.**

**7. Check your highest level of education completed.**

Elementary

College

Junior high/Middle school

College Degree  Yes  No

High school

Graduate Studies  Yes  No

8. Identify your religious affiliation/belief \_\_\_\_\_.

9. Identify your Religious Place of Worship.

\_\_\_ Church

\_\_\_ Synagogue

\_\_\_ Mosque

\_\_\_ Other

\_\_\_ Temple

\_\_\_ No preference

10. Identify your level of Spirituality.

\_\_\_ Low

\_\_\_ Moderate

\_\_\_ High

11. Write the number of biological child(ren) in the home.

\_\_\_ Number of males     \_\_\_ Number females

12. Check the age groups of the biological child(ren) in the home.

Age Groups of biological males

Age Groups of biological females

\_\_\_ 1- 5

\_\_\_ 1- 5

\_\_\_ 5-10

\_\_\_ 5-10

\_\_\_ 10-15

\_\_\_ 10-15

\_\_\_ 15-20

\_\_\_ 15-20

\_\_\_ 20-25

\_\_\_ 20-25

13. Write the number of adopted child(ren) in the home.

\_\_\_ Number of males     \_\_\_ Number of females

14. Check the age groups of the adopted child(ren) in the home.

Age Groups of adopted males      Age Groups of adopted females

\_\_\_1- 5

\_\_\_1- 5

\_\_\_5-10

\_\_\_5-10

\_\_\_10-15

\_\_\_10-15

\_\_\_15-20

\_\_\_15-20

\_\_\_20-25

\_\_\_20-25

15. Write the number of kinship adopted child(ren)(adopted child of a relative) in the home.

\_\_\_Number of males      \_\_\_Number of females

16. Check the age groups of the kinship adopted child(ren) in the home.

Male Age Groups

Female Age Groups

\_\_\_1- 5

\_\_\_1- 5

\_\_\_5-10

\_\_\_5-10

\_\_\_10-15

\_\_\_10-15

\_\_\_15-20

\_\_\_15-20

\_\_\_20-25

\_\_\_20-25

17. Write the number of kinship care child(ren) (guardian of a relative's child) in the home.

\_\_\_Number of males      \_\_\_Number of females

18. Check the age groups of the kinship care child(ren) in the home.

Male Age Groups

Female Age Groups

\_\_\_1- 5

\_\_\_1- 5

\_\_\_5-10

\_\_\_5-10

\_\_\_10-15

\_\_\_10-15

\_\_\_15-20

\_\_\_15-20

\_\_\_20-25

\_\_\_20-25

19. Check if you have pending adoptions. \_\_\_Yes \_\_\_No

\_\_\_Number of males

\_\_\_Number of females

Male Age Groups

Female Age Groups

\_\_\_1- 5

\_\_\_1- 5

\_\_\_5-10

\_\_\_5-10

\_\_\_10-15

\_\_\_10-15

\_\_\_15-18

\_\_\_15-18

20. Check if you have foster child(ren) in the home. \_\_\_Yes \_\_\_No

\_\_\_Number of males

\_\_\_Number females

Male Age Groups

Female Age Groups

\_\_\_1- 5

\_\_\_1- 5

\_\_\_5-10

\_\_\_5-10

\_\_\_10-15

\_\_\_10-15

\_\_\_15-18

\_\_\_15-18

21. Check the answer for each statement below based on your life as a child through age 18.

You went to church with your family      Yes    No

You have fond memories of living at home      Yes    No

You were successful in school                      Yes    No

22. Check if as a child, you experienced attachment and or bonding to someone in your life.      Yes    No

23. If you attached or bonded to someone, please identify the person or persons.

parent

family member other than parent

family friend

educator

other \_\_\_\_\_

## Part II: Characteristics of Adoptive Children/Ages

If you have more than one adopted child, respond to the following statements in column one for your first adopted child and column two for your second adopted child.

Information on two adopted children will be sufficient.

First Adopted Child	Second Adopted Child
<b>24. Child's gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>24-b. Child's gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female
<b>25. Age at last birthday:</b> _____	<b>25-b. Age at last birthday:</b> _____
<b>26. Age at placement in adoptive home:</b> _____	<b>26-b. Age at placement in adoptive home:</b> _____
<b>27. Child ethnicity. Check all that apply.</b> <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Latino <input type="checkbox"/> Native American <input type="checkbox"/> Biracial <input type="checkbox"/> Other	<b>27-b. Child ethnicity. Check all that apply.</b> <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Latino <input type="checkbox"/> Native American <input type="checkbox"/> Biracial <input type="checkbox"/> Other

<b>28.</b> Child had problems or challenges Yes___ No___	<b>28-b.</b> Child had problems or challenges Yes___ No___
<b>29.</b> Identify child problems or challenges: ___Special problem ___Age ___Emotional ___Behavioral ___Medical condition ___Developmental disability ___Physical disability ___Learning disability ___Other	<b>29-b.</b> Identify child problems or challenges: ___Special problem ___Age ___Emotional ___Behavioral ___Medical condition ___Developmental disability ___Physical disability ___Learning disability ___Other
<b>30.</b> Did child experience prior adoption and disruption? ___Yes ___No	<b>30-b.</b> Did child experience prior adoption and disruption? ___Yes ___No
<b>31.</b> If answer is yes, was the disruption initiated by one of the following? ___Adoptive parents ___The child ___The age of child ___The age of parents ___The adoption agency or CPS ___Other	<b>31-b.</b> If answer is yes, was the disruption initiated by one of the following? ___Adoptive parents ___The child ___The age of child ___The age of parents ___The adoption agency or CPS ___Other

<b>32.</b> Average months in foster care before the child was legally free for adoption _____	<b>32-b.</b> Average months in foster care before the child was legally free for adoption _____
<b>33.</b> Average length of the child's wait for placement _____	<b>33-b.</b> Average length of the child's wait for placement _____
<b>34.</b> Length of the child's foster care in this home _____	<b>34-b.</b> Length of the child's foster care in this home _____
<b>35.</b> The child's total length of time in foster care prior to adoption _____	<b>35-b.</b> The child's total length of time in foster care prior to adoption _____

### Part III: Qualitative Questions

- 36.** After the child(ren)'s placement in your home, did you and or your spouse consider removal of the child(ren) from your home? Yes\_\_\_ No\_\_\_
- 37.** If the answer to the above question was yes, please explain:
- (A) What led to your consideration of removal?
- (B) Whether or not you continued the adoption process or terminated the process.
- 38.** Had you experienced a stable and successful adoption in the past? Yes\_\_\_ No\_\_\_
- 39.** If yes, please explain what made the adoption stable and successful.
- 40.** Have you ever experienced adoption disruption? Yes\_\_\_ No\_\_\_
- 41.** If you answered yes to experiencing adoption disruption, please explain the factors that led to the disruption.
- 42.** Would you like to add additional comments below?

APPENDIX E

INVENTORY OF INTERPERSONAL PROBLEMS ASSESSMENT

# IIP-64 Question Sheet

Name: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Sex: Male  Female

Page 1

People have reported having the following problems in relating to other people. Please read the list below, and for each item, consider whether it has been a problem for you with respect to **any** significant person in your life. Then fill in the numbered circle that describes how distressing that problem has been.

The following are things you find hard to do with other people.

It is hard for me to:

1. Trust other people
2. Say "no" to other people
3. Join in on groups
4. Keep things private from other people
5. Let other people know what I want
6. Tell a person to stop bothering me
7. Introduce myself to new people
8. Confront people with problems that come up
9. Be assertive with another person
10. Let other people know when I am angry
11. Make a long-term commitment to another person
12. Be another person's boss
13. Be aggressive toward other people when the situation calls for it
14. Socialize with other people
15. Show affection to people
16. Get along with people
17. Understand another person's point of view
18. Express my feelings to other people directly
19. Be firm when I need to be
20. Experience a feeling of love for another person
21. Set limits on other people
22. Be supportive of another person's goals in life
23. Feel close to other people
24. Really care about other people's problems
25. Argue with another person
26. Spend time alone
27. Give a gift to another person
28. Let myself feel angry at somebody I like
29. Put somebody else's needs before my own
30. Stay out of other people's business
31. Take instructions from people who have authority over me
32. Feel good about another person's happiness
33. Ask other people to get together socially with me

	Not at all	A little bit	Moderately	Quite a bit	Extremely	
1.	1	2	3	4	5	1.
2.	1	2	3	4	5	2.
3.	1	2	3	4	5	3.
4.	1	2	3	4	5	4.
5.	1	2	3	4	5	5.
6.	1	2	3	4	5	6.
7.	1	2	3	4	5	7.
8.	1	2	3	4	5	8.
9.	1	2	3	4	5	9.
10.	1	2	3	4	5	10.
11.	1	2	3	4	5	11.
12.	1	2	3	4	5	12.
13.	1	2	3	4	5	13.
14.	1	2	3	4	5	14.
15.	1	2	3	4	5	15.
16.	1	2	3	4	5	16.
17.	1	2	3	4	5	17.
18.	1	2	3	4	5	18.
19.	1	2	3	4	5	19.
20.	1	2	3	4	5	20.
21.	1	2	3	4	5	21.
22.	1	2	3	4	5	22.
23.	1	2	3	4	5	23.
24.	1	2	3	4	5	24.
25.	1	2	3	4	5	25.
26.	1	2	3	4	5	26.
27.	1	2	3	4	5	27.
28.	1	2	3	4	5	28.
29.	1	2	3	4	5	29.
30.	1	2	3	4	5	30.
31.	1	2	3	4	5	31.
32.	1	2	3	4	5	32.
33.	1	2	3	4	5	33.

**It is hard for me to:**

- |   | Not at all | A little bit | Moderately | Quite a bit | Extremely |
|---|------------|--------------|------------|-------------|-----------|
| 34. Feel angry at other people  | 0          | 1            | 2          | 3           | 4         |
| 35. Open up and tell my feelings to another person                          | 0          | 1            | 2          | 3           | 4         |
| 36. Forgive another person after I've been angry                            | 0          | 1            | 2          | 3           | 4         |
| 37. Attend to my own welfare when somebody else is needy                    | 0          | 1            | 2          | 3           | 4         |
| 38. Be assertive without worrying about hurting the other person's feelings | 0          | 1            | 2          | 3           | 4         |
| 39. Be self-confident when I am with other people                           | 0          | 1            | 2          | 3           | 4         |

**The following are things that you do too much.**

- |   | Not at all | A little bit | Moderately | Quite a bit | Extremely |
|---|------------|--------------|------------|-------------|-----------|
| 40. I fight with other people too much.                         | 0          | 1            | 2          | 3           | 4         |
| 41. I feel too responsible for solving other people's problems. | 0          | 1            | 2          | 3           | 4         |
| 42. I am too easily persuaded by other people.                  | 0          | 1            | 2          | 3           | 4         |
| 43. I open up to people too much.                               | 0          | 1            | 2          | 3           | 4         |
| 44. I am too independent.                                       | 0          | 1            | 2          | 3           | 4         |
| 45. I am too aggressive toward other people.                    | 0          | 1            | 2          | 3           | 4         |
| 46. I try to please other people too much.                      | 0          | 1            | 2          | 3           | 4         |
| 47. I clown around too much.                                    | 0          | 1            | 2          | 3           | 4         |
| 48. I want to be noticed too much.                              | 0          | 1            | 2          | 3           | 4         |
| 49. I trust other people too much.                              | 0          | 1            | 2          | 3           | 4         |
| 50. I try to control other people too much.                     | 0          | 1            | 2          | 3           | 4         |
| 51. I put other people's needs before my own too much.          | 0          | 1            | 2          | 3           | 4         |
| 52. I try to change other people too much.                      | 0          | 1            | 2          | 3           | 4         |
| 53. I am too gullible.  | 0          | 1            | 2          | 3           | 4         |
| 54. I am overly generous to other people.                       | 0          | 1            | 2          | 3           | 4         |
| 55. I am too afraid of other people.                            | 0          | 1            | 2          | 3           | 4         |
| 56. I am too suspicious of other people.                        | 0          | 1            | 2          | 3           | 4         |
| 57. I manipulate other people too much to get what I want.      | 0          | 1            | 2          | 3           | 4         |
| 58. I tell personal things to other people too much.            | 0          | 1            | 2          | 3           | 4         |
| 59. I argue with other people too much.                         | 0          | 1            | 2          | 3           | 4         |
| 60. I keep other people at a distance too much.                 | 0          | 1            | 2          | 3           | 4         |
| 61. I let other people take advantage of me too much.           | 0          | 1            | 2          | 3           | 4         |
| 62. I feel embarrassed in front of other people too much.       | 0          | 1            | 2          | 3           | 4         |
| 63. I am affected by another person's misery too much.          | 0          | 1            | 2          | 3           | 4         |
| 64. I want to get revenge against people too much.              | 0          | 1            | 2          | 3           | 4         |

# IIP-64 Scoring Sheet

Name: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: Male  Female

Page 1

**Page 1 Instructions**

1. Line up arrows on Page 1 of Question Sheet with arrows on the left-hand column of this scoring sheet (under "Page 1").
2. Record answers in corresponding box for each item.
3. Add scores for each scale under the number for that scale and record Page 1 totals in the boxes at the bottom of the column.



Page 2

**Page 2 Instructions**

1. Line up arrows on Page 2 of Question Sheet with arrows on the right-hand column of this scoring sheet (under "Page 2").
2. Record answers in corresponding box for each item.
3. Add scores for each scale under the number for that scale and record Page 2 totals in the boxes at the bottom of the column.
4. Fold back on dotted line at bottom of this page.



	1	2	3	4	5	6	7	8	
1.									1.
2.									2.
3.									3.
4.									4.
5.									5.
6.									6.
7.									7.
8.									8.
9.									9.
10.									10.
11.									11.
12.									12.
13.									13.
14.									14.
15.									15.
16.									16.
17.									17.
18.									18.
19.									19.
20.									20.
21.									21.
22.									22.
23.									23.
24.									24.
25.									25.
26.									26.
27.									27.
28.									28.
29.									29.
30.									30.
31.									31.
32.									32.
33.									33.

	1	2	3	4	5	6	7	8	
34.									34.
35.									35.
36.									36.
37.									37.
38.									38.
39.									39.
40.									40.
41.									41.
42.									42.
43.									43.
44.									44.
45.									45.
46.									46.
47.									47.
48.									48.
49.									49.
50.									50.
51.									51.
52.									52.
53.									53.
54.									54.
55.									55.
56.									56.
57.									57.
58.									58.
59.									59.
60.									60.
61.									61.
62.									62.
63.									63.
64.									64.

FOLD ON  
DOTTED LINE

Page 1  
Totals

1	2	3	4	5	6	7	8
---	---	---	---	---	---	---	---

Page 2  
Totals

1	2	3	4	5	6	7	8
---	---	---	---	---	---	---	---

Fold down on dotted line and add Page 1 scores and Page 2 scores for each scale.

**Raw Score**

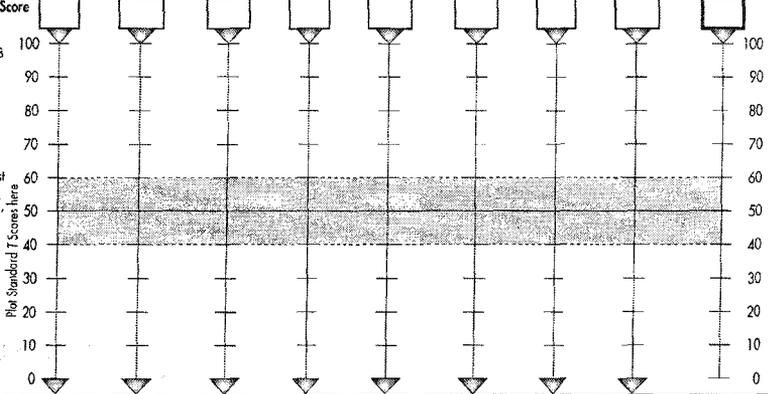
Raw Score (Page 1 Total + Page 2 Total)  +  +  +  +  +  +  +  =

**T Score**

Standard T Score (See Appendix B in Manual)

**Standard T Score Interpretation**

- 1. T Scores > 60 are above average.
- 2. T Scores > 70 suggest significant difficulty relative to nonclinical representative U.S. sample.



**Difference Score**

(Scale T Score minus Total T Score)

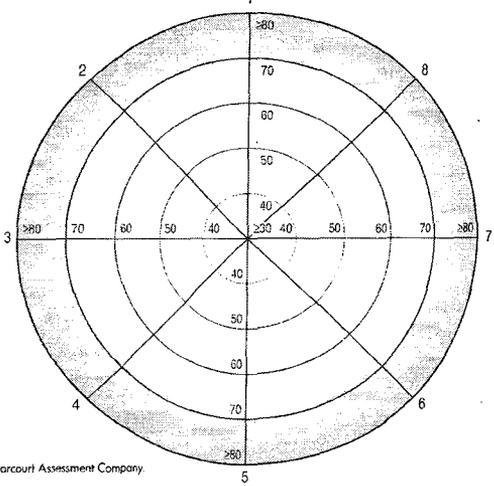
**Individual-Based T Score**

- 1. Domineering/Controlling
- 2. Vindictive/Self-Centered
- 3. Cold/Distant
- 4. Socially Inhibited
- 5. Nonassertive
- 6. Overly Accommodating
- 7. Self-Sacrificing
- 8. Intrusive/Needy

**Individual-Based T Score Interpretation**

- 1. For each scale, place an X to plot the Individual-Based T Score on the vector with that scale number in the circumplex space.
- 2. Connect the Xs on each vector.
- 3. Interpretation: T Scores > 70 indicate difficulty beyond individual's overall level of interpersonal distress.

Note: Individual-Based T Scores should be interpreted in relation to the corresponding Standard T Scale Score and to the Standard T Total Score.



**Norms Used:**

- Male
- Female
- Overall



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4 5 6 7 8 9 10 11 12 A B C D E

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**APPENDIX F**

**THE FAMILY ASSESSMENT MEASURE III (FAM III), THE BRIEF FAM**

## Brief FAM: General Scale

by Harvey Skinner, Ph.D., Paul Steinhauer, M.D., and Jack Santa-Barbara, Ph.D.

Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Sex: M F

Family Position (check one):     Father/Husband     Mother/Wife     Child  
     Grandparent         Other \_\_\_\_\_

*Directions:* On this page you will find 14 statements about your family as a whole. Read each statement carefully and decide how well the statement describes your family. Respond by circling one of the provided options (strongly agree, agree, disagree, strongly disagree). Circle only one response for each item. Respond to every statement, even if you are not sure of your choice.

1. We tell each other about things that bother us.	strongly agree	agree	disagree	strongly disagree
2. We feel loved in our family.	strongly agree	agree	disagree	strongly disagree
3. When you do something wrong in our family, you don't know what to expect.	strongly agree	agree	disagree	strongly disagree
4. We never let things pile up until they are more than we can handle.	strongly agree	agree	disagree	strongly disagree
5. I never know what's going on in our family.	strongly agree	agree	disagree	strongly disagree
6. My family tries to run my life.	strongly agree	agree	disagree	strongly disagree
7. If we do something wrong, we don't get a chance to explain.	strongly agree	agree	disagree	strongly disagree
8. When things aren't going well it takes too long to work them out.	strongly agree	agree	disagree	strongly disagree
9. We can't rely on family members to do their part.	strongly agree	agree	disagree	strongly disagree
10. We take the time to listen to each other.	strongly agree	agree	disagree	strongly disagree
11. Punishments are fair in our family.	strongly agree	agree	disagree	strongly disagree
12. We deal with our problems even when they're serious.	strongly agree	agree	disagree	strongly disagree
13. We don't really trust each other.	strongly agree	agree	disagree	strongly disagree
14. We are free to say what we think in our family.	strongly agree	agree	disagree	strongly disagree



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 In Canada: 3770 Victoria Park Ave., Toronto, ON M2H 3B6, (800) 263-6011, (416) 492-2827, Fax: (416) 492-3743.

## Brief FAM: Self-Rating Scale

by Harvey Skinner, Ph.D., Paul Steinhauer, M.D., and Jack Santa-Barbara, Ph.D.

Client ID: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Sex: M F

Family Position (check one):  Father/Husband  Mother/Wife  Child  
 Grandparent  Other \_\_\_\_\_

*Directions:* On this page you will find 14 statements about how you are functioning in your family. Read each statement carefully and decide how well the statement describes you. Respond by circling one of the provided options (strongly agree, agree, disagree, strongly disagree). Circle only one response for each item. Respond to every statement, even if you are not sure of your choice.

1. My family and I usually see our problems the same way.	strongly agree	agree	disagree	strongly disagree
2. My family knows what I mean when I say something.	strongly agree	agree	disagree	strongly disagree
3. When I'm upset, my family knows what's bothering me.	strongly agree	agree	disagree	strongly disagree
4. I often don't understand what other family members are saying.	strongly agree	agree	disagree	strongly disagree
5. I have trouble accepting someone else's answer to a family problem.	strongly agree	agree	disagree	strongly disagree
6. My family doesn't let me be myself.	strongly agree	agree	disagree	strongly disagree
7. My family knows what to expect from me.	strongly agree	agree	disagree	strongly disagree
8. I am tired of being blamed for family problems.	strongly agree	agree	disagree	strongly disagree
9. I'm not as responsible as I should be in the family.	strongly agree	agree	disagree	strongly disagree
10. I'm available when others want to talk to me.	strongly agree	agree	disagree	strongly disagree
11. I know I can count on the rest of my family.	strongly agree	agree	disagree	strongly disagree
12. I don't need to be reminded what I have to do in the family.	strongly agree	agree	disagree	strongly disagree
13. I argue with my family about how to spend my spare time.	strongly agree	agree	disagree	strongly disagree
14. When I'm with my family, I get too upset too easily.	strongly agree	agree	disagree	strongly disagree

(2) yellow



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**APPENDIX G**  
**LETTERS FROM AGENCIES**

# Barbara Rila, Ph.D., P.C.

## PERMISSION FOR CONDUCTING RESEARCH

Permission has been granted to Doretha L. Davis Hudspeth, Texas Woman's University doctoral student, to collect data on adoptive parents, adoption disruption, stability, success, and attachment security for the purpose of investigating adult attachment in adoptive parents.

Name (Please Print) Barbara Rila Ph.D.

Signature [Handwritten Signature]

Title Psychologist

Organization Child & Family Resources

Address 3530 Forest Lane, Suite 326 Dallas, TX 75234

Date 5/22/07

3530 Forest Lane, Suite 326  
Dallas, TX 75234  
(972) 243-5817

EMAIL: [teahaw@bcglobal.net](mailto:teahaw@bcglobal.net)  
FAX: (972) 243-4210

p.2

972-243-4210



## **FAX COVER**

*Lutheran Social Services of the South, Inc.*  
8305 Cross Park Drive, Austin, TX 78754  
(512) 454-4611 Fax: (512) 454-9385

**Date:** June 12, 2007

**To:** Dorethea L. Davis Hudspeth

**At:** Texas Woman's University

**RE:** Permission for conducting research with LSS Post Adoption families

**Number of pages (including this one):** 2

**From:** Karalyn L. Helmlich (karalynh@lsss.org)

**Comments:** I apologize for taking so long to get this to you. We are in the midst of reaccreditation and all time has been diverted to that effort. As Laura said, we will be glad to send letters to adoptive families being served through the post adoption program advising them of this opportunity. As Laura discussed with you, we do need to advise the families that their receipt of services will not be influenced by their participation or lack thereof. We also do not want to know who has contacted you and who has not. If you need a hard copy of this permission form, please e-mail me your address. If you have any questions, feel free to contact Laura Small or me.

**This message is intended for the use of the individual or entity to which it is addressed and may contain information that is privileged, confidential and exempt from disclosure under applicable law. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you receive this communication in error, please notify us immediately by telephone or return the original message to us at the above fax number of address. Thank you.**

*Lutheran Social Services of the South*  
*"Help, Healing and Hope in Christ's Name"*



PERMISSION FOR CONDUCTING RESEARCH

Permission has been granted to Doretha L. Davis Hudspeth, a doctor student at Texas Woman's University, to collect data on adoptive parent adoption disruption, stability, success, and attachment security for the purpose of investigating adult attachment security in adoptive parents

Name (Please Print) KARALYN L. HEIMLICH

Signature Karalyn L. Heimlich

Title Executive Director of Adoption Services

Organization Lutheran Social Services of the

Address 8305 Cross Park Dr, Austin, TX

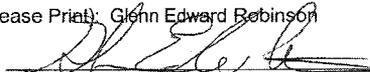
Date 6-12-07



**PERMISSION FOR CONDUCTING RESEARCH**

Permission has been granted by Jubilee Youth Ranch & Christian Academy (hereafter referred to as "Ranch") to Doretha L. Davis Hudspeth, Texas Woman's University doctoral student (hereafter referred to as "Student"), to collect data on adoptive parents, adoption disruption, stability, success, and attachment security for the purpose of investigating adult attachment in adoptive parents. This permission is granted contingent upon receipt of a copy of this document, signed by Student, affirming that any and all requests to families of Ranch students for Consent to Participate in Research will be channeled through the staff at Ranch, and at no time will Student contact adoptive parents of Ranch students until permission to contact has been received in writing from adoptive parents by Ranch personnel.

Name (Please Print): Glenn Edward Robinson

Signature 

Title: Executive Director

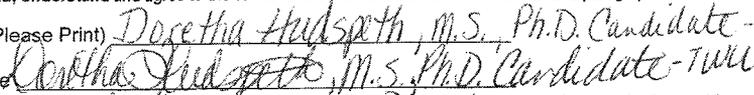
Organization: Jubilee Youth Ranch & Christian Academy

Address: 29 Jubilee Circle, Prescott, WA 99348

Date: May 31, 2007

I have read, understand and agree to the terms and conditions as outlined in the above paragraph.

Name (Please Print) Doretha Hudspeth, M.S., Ph.D. Candidate - TWU

Signature 

Address 623 Newton Street, Denton TX 76205

Date 5-31-07