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Attachment Style: How Pre-Adoptive Trauma Influences International Adoptees

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A Senior Thesis submitted in partial fulfillment
of the requirements for graduation
in the Honors Program
Liberty University
Fall 2018

Acceptance of Senior Honors Thesis

This Senior Honors Thesis is accepted in partial fulfillment of the requirements for graduation from the Honors Program of Liberty University.

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Abstract

An individual's attachment style influences many aspects of his life, including emotional, behavioral, cognitive, and social development. Attachment style is largely dependent upon both the quality and quantity of care a child receives from a caregiver in the earliest stages of life. Children who have been adopted internationally may have been exposed to challenges posed by inadequate caregiving or resources, which includes malnutrition, poor medical attention, and instances of abuse, neglect, or deprivation. Because of these adverse experiences, international adoptees may be at risk of developing attachment disorders, experiencing behavioral issues, and struggling socially and psychologically. However, many of these challenges can be overcome with parental sensitivity and positive familial relationships.

Attachment Style: How Pre-adoptive Trauma Influences International Adoptees

The care one receives during the first year of life is crucial to healthy development. Traumatic experiences in infancy may affect one's well-being for a lifetime. Children who grow up in institutionalized care may experience adverse or traumatic circumstances that have an effect on their well-being. The lasting effects of early childhood trauma are correlated to various developmental issues such as behavioral, cognitive, emotional, and relational difficulties. These difficulties often stem from inadequate pre-adoptive care, resulting in an insecure attachment style. Insecure attachment has a number of implications and can be addressed to facilitate a positive attachment for children who may have never been afforded this opportunity early on in childhood.

International Adoption and Attachment

Research conducted on the attachment style of international adoptees is relevant and applicable in many ways as a proper understanding of the research yields numerous benefits. For adoptive parents, becoming educated in the area of attachment style and the factors that may have influenced their adopted children could have a profound impact on the way they choose to parent. For the international adoptee, this topic of study is important in determining effective methods of intervention in order to facilitate a secure attachment style, healthy development, and improved behavior.

Many families choose to adopt internationally for a variety of reasons. Adoptive parents may not be comfortable with an open adoption, in which the birth parents have contact with the adoptee and adoptive family, as this can be a factor when adopting

domestically. Additionally, the average length of time to receive a placement through domestic adoption is commonly longer than that of international adoption (Shapiro, Shapiro, & Paret, 2001). In 2001, the number of parents residing in the United States looking to adopt outnumbered the children available for domestic adoption six to one, making international adoption an attractive option for many of these families (Shapiro, et al., 2001).

In 2010, 2-2.5% of children ages 0-18 were adopted in the United States, one-third of them being international adoptees (Tan, Major, Marn, Na, & Jackson, 2014). Of this third, 90% were adopted from the countries of China, Ethiopia, Guatemala, Russia, and South Korea (Fact Sheet, 2010; Tan, et al., 2014). The findings from various studies have determined that the child's country of origin impacted the child's post-adoptive adjustment, with those being adopted from South Korea and China experiencing a smoother transition (Tan, et al., 2014).

Attachment Theory

Originally developed by John Bowlby, a British psychiatrist and psychoanalyst, attachment theory suggests that children establish emotional security through a secure attachment style beginning at six months of age; this requires a primary caregiver available to provide consistent and responsive care (Pylypa, 2016). Bowlby challenged the popular Freudian views of his time, arguing that these views did not consider the child's relational environment as a shaping factor of his emotional development. Bowlby suggested that because humans are relational by nature, infants seek to be attached to a caregiver not only to meet their basic survival needs, but also due to an inborn

disposition. Prompted by the closeness of a caregiver, this disposition causes the child to desire and seek out the protection and security that a responsive caregiver has to offer. Bowlby summarized his theory in two main proposals: children's interactions with a primary caregiver shape their attachment style, and a child's attachment style becomes his foundation for later personality development (Sroufe & Siegel, 2011).

By using the Strange Situation Classification Assessment, psychologist Mary Ainsworth built on Bowlby's existing theory by delineating between three attachment styles: secure, ambivalent, and avoidant. Children with a secure attachment are confident their caregivers will meet their needs and rely on their caregiver to provide a safety zone allowing them to explore their surrounding environment. Children displaying an avoidant attachment pattern are independent of their caregiver, and do not seek to be comforted by their caregiver when in a state of distress. This may be an indication of an insensitive or unavailable caregiver, who did not adequately meet the child's needs. Children displaying an ambivalent attachment style exhibit extremely dependent behavior, but do not find a sense of security or comfort in their caregiver. This may be a result of inconsistent care from the primary caregiver (McLeod, 2008; Sroufe & Siegel, 2011).

Today, a fourth attachment style is often identified as disorganized. Children who develop a disorganized attachment style often act distant or actively avoid their caregiver yet are distressed when separated from their caregiver (McLeod, 2008; Sroufe & Siegel, 2011). While secure attachment style is often associated with consistent and responsive caregiving, it is common for children who develop secure, avoidant, and ambivalent

attachment patterns to have received optimal care as well. The disorganized attachment style is the only pattern strictly associated with abuse and neglect (Pylypa, 2016).

Ainsworth theorized that a child's quality of attachment is determined by habitual experiences with his primary caregiver. For example, a secure attachment is typically developed when the caregiver exhibits a timely and appropriate response, causing the child to trust the caregiver as the one who meets his needs. In contrast, unavailability or an inappropriate response from the caregiver will compromise the child's sense of security, and in turn may lead to the development of an insecure attachment style (Niemann & Weiss, 2012). Slightly differing from Bowlby's position, Ainsworth determined that under normative circumstances infants begin the process of attachment before birth, however a child is not considered to be attached until the age of seven to twelve months, when he has become capable of organizing his behavior towards a caregiver (Niemann & Weiss, 2012).

Implications of Attachment Style

The Attachment Theory developed by Bowlby and Ainsworth provides a framework for understanding how an individual's past experiences with his primary caregiver may influence his development and future relationships (Meyer, & Pilkonis, 2001). During infancy, a child is most vulnerable and dependent; the child's first relationship during this time is essential in establishing his ability to form a developmental foundation on which emotional, psychosocial, and behavioral functioning is based (Groza & Muntean, 2015). Key elements of this relationship include a consistent and trusting emotional connection with a specific caregiver, feelings of reliable safety,

the ability to be comforted by the caregiver, feelings of stress when separated or threatened with a loss of the relationship, and feelings of security when with the caregiver (Perry, 2001).

The benefits of a secure attachment style are numerous. A secure attachment style is associated with good problem-solving skills, self-confidence, positive peer relations and social competence. Additionally, positive physical and mental health as well as normative cognitive and emotional development has been correlated with individuals possessing a secure attachment (Groza & Muntean, 2015).

In a normative group of children who receive sufficient care during infancy and early childhood, approximately 15% develop an insecure attachment style; among international adoptees, up to 65% develop an insecure attachment style which is believed to be associated with preadoption deprivation (Van Londen, Juffer, & Van Ijzendoorn, 2007). In the most severe cases, an individual who experienced complete neglect during infancy and early childhood are at risk of losing the capacity to form a secure attachment style, jeopardizing the possibility of maintaining a stable relationship throughout adulthood. The severity of this condition is influenced by how extensive the emotional neglect was, how early in life the neglect occurred, and how long the neglect lasted (Perry, 2001).

Brain Development

Studies performed over the last fifty years collectively support the view that an individual's earliest attachment experiences are the most important influence on one's development (Sroufe & Siegel, 2011). During the first three years of a baby's life, the

brain develops to 90% of the size of an adult brain. During these years, the divisions of the brain responsible for emotional, behavioral, social, and physiological function develops. This is a very critical period, particularly during the first year of an infant's life, in which positive bonding experiences must occur in order for the proper development of these parts of the brain, which are responsible for developing a secure attachment style (Perry, 2001).

Neimann & Weiss's (2012) most consistent finding asserted that developmental delays persisting longer than three months post-adoption is a strong indicator of lower levels of attachment security. Neimann & Weiss (2012) do acknowledge however that there is a gap in determining whether such delays result from adverse pre-adoptive care, the individual's response to or his perception of pre-adoptive care, or other factors previously discussed.

Pre-adoptive Care in Relation to Attachment Style

Many international adoptees experience pre- and post-adoptive difficulties, which have an adverse effect on their adaptation to a new culture and relationship with a permanent family. Pre-adoptive factors that are often connected to post-adoptive issues include as living condition, exposure to neglect, deprivation, and abuse, inadequate medical care, poor relation to caregiver, and age of adoption have a great impact on the child's resiliency (Barcons, Abrines, Brun, Sartini, Fumado, & Marre, 2014; Welsh, Viana, Petrill, & Mathias, 2007). Failure to develop a secure attachment is found to be directly correlated with less optimal pre-adoptive care, due to a lack of nurturing caregiving and unmet psychological, emotional, and physical needs often experienced by

institutionalized international adoptees previous to being placed in a permanent home (Lancaster & Nelson, 2009).

An estimated 80% of international adoptees spend the majority of their pre-adoptive lives in orphanages (Lancaster & Nelson, 2009). Due to the lack of sufficient care given in these orphanages and other institutions, attachment insecurities and disorders, and behavioral and cognitive challenges are prevalent among this population. Deprivation occurring early on in life leaves lasting scarring that is not easily healed, however recovery from traumatic experiences during the child's pre-adoptive life and the process of adoption can occur (Lancaster & Nelson, 2009; Shapiro, et al., 2001). During infancy and childhood, a child should be learning trust to facilitate a secure attachment. However, those who grow up in orphanages may experience poverty, neglect, untreated illness, lack of proper nutrition, and multiple or unresponsive caregivers (Murphy, 2009).

The type of pre-adoptive care that a child receives while growing up in an institution varies from region to region, yet few institutionalized children receive the level of responsive care they need in order to form a secure attachment regardless of their country of origin (Niemann & Weiss, 2012). Additionally, multiple placements resulting in multiple caregivers compromises the child's ability to develop patterns of security. Even children who have experienced optimal pre-adoptive care must undergo the immense transition of adoption, which is able to influence a child's attachment as he adjusts to his newly adopted family (Neimann & Weiss, 2012).

Research in this area is limited due to a lack of available and reliable knowledge surrounding the details of the quality of the child's pre-adoptive care, especially after the

child has been adopted (Neimann & Weiss, 2012; Van Den Dries, Juffer, Van Ijzendoorn, Bakermans-Kranenburg, & Alink, 2012). Additionally, because the quality of institutionalized care varies from region to region, the findings of studies focused on specific populations are not always able to be generalized to all internationally adoption children (Pugliese, Cohen, Farnia, & Lojkasek, 2010; Van Den Dries et al., 2012). Many studies have centered on children adopted from Romania, as Romanian orphanages are generally considered to severely deprive the children of the care they need. Other studies have researched the effects of institutionalized care on Chinese children, as the country struggled through a time when only one child was permitted per family, leaving many children institutionalized (Pugliese, et al., 2010). Although the Chinese orphanages are not considered to severely deprive children of the care they need in comparison to Romanian institutions, Pugliese, et al., (2010) found that Chinese adoptees who were adopted at thirteen months old from an orphanage still experienced adverse effects brought on by deprivation of sufficient care.

Van Den Dries et al., (2012) studied internationally adopted children from both Chinese institutions and foster care who were adopted between eleven and sixteen months of age. Their study continued for six months post-adoption, examining the levels of child responsiveness (i.e. emotional availability), indiscriminate friendliness in relation to maternal sensitivity, and attachment. Few researchers have compared and contrasted the effects of institutionalized care versus foster care of children from the same country, making this study very unique. The study concluded that children who had grown up in good foster care benefited greatly from having less exposure to institutionalized care.

Foster children showed a greater increase in responsiveness in the months following adoption than children who grew up in an orphanage. Post-institutionalized children and foster care children did not differ in their levels of indiscriminate friendliness, and the children's display of indiscriminate friendliness did not change throughout the study. It was found, however, that children with more sensitive adoptive mothers and higher cognitive scores showed less indiscriminate friendliness, regardless of the type of pre-adoptive care they received (Van Den Dries et al., 2012).

Children experiencing foster care showed a similar percentage of secure attachment when compared to a normative distribution, however both foster care children and institutionalized children displayed a higher level of disorganized attachment compared to the normative distribution. This study found that 72.8% of institutionalized children displayed a disorganized attachment style while only 15% of children are classified as disorganized in normative populations. The children's attachment patterns did not change over the course of the study (Van Den Dries et al., 2012).

The findings of this study were similar to the results of the Bucharest Early Intervention Project conducted by Smyke and colleagues in 2010, which concluded that Romanian institutionalized children did not develop as secure of attachments as the Romanian children who were removed from the institution and placed in foster care previous to their adoption. The level of attachment security increased even more for children who were placed in a foster home before the age of two (Van Den Dries et al., 2012).

Post-adoption Developmental Difficulties

Adjustment After Placement

When a child is adopted into a permanent family and a new culture, great lengths of adjustment are required for both the child and the adoptive family. Adoptive parents must be understanding of the transitional difficulties the adoptee may experience, including emotional and developmental complications, which may make forming healthy attachments challenging (Murphy, 2009). Adoptive parents and children often differ in readiness to establish an attachment with each other, however their union meets the unique needs of both the parents by fulfilling their desires to expand their family, and the child by providing a permanent home (Shapiro, et al., 2001).

The term, “goodness of fit” describes how closely the adoptive family’s expectations of the child align with the adoptee’s functioning, character, and behavior. When the fit is beneficial, meaning the expectations and reality are similar, mutual attachment is more easily developed. Adoptees who spent most of their pre-adoptive lives in a deprived state often have difficulties processing and accepting new patterns of care once placed in a permanent family. This lack of acceptance may also lead to greater parenting stress, which could inhibit the relational progress of the adopted child, making a beneficial fit unlikely (Tirella, Tickle-Degnen, Miller, & Bedell, 2012).

Lancaster & Nelson (2009) found that both adoptees and their adoptive parents reported being unprepared for the challenges that surrounded welcoming a new child into the home. Many families reported experiencing barriers at school, such as the inability to receive the specialized help their adopted child needed. Additionally, adoptive families

reported difficulties in finding a counselor who was familiar with the challenges surrounding international adoption and able to adequately address them. A lack of medical history records further complicates the matters, making it difficult to diagnose and effectively treat issues that may arise after adoption. Burn-out posed as another significant challenge for the adoptive parents (Lancaster & Nelson, 2009).

Developing an Attachment to the Adoptive Family

Multiple studies have concluded that adoptees begin to form an attachment with their adoptive parents in the first months following placement (Van Den Dries et al., 2012). Over the first six months post-adoption, secure behavior was found to increase in response to pain, fear, and separation from the caregiver. At the time of adoption, it is common for the children to display inhibitive behaviors, such as not seeking or accepting comfort during a time of distress, and a lack of effective emotional regulation. As secure behavior increases, inhibitive behaviors decrease (Pugliese et al., 2010).

These findings support Bowlby's theory in that although the normative development of an attachment pattern begins at six months old, if the child is not afforded the opportunity for a meaningful relationship at that age, the beginnings of attachment development may not occur until after the first year of life. Further, despite early deprivation, corrective positive attachment experiences during the first five years of life can reform a child's attachment style (Pugliese et al., 2010).

The Influence of Age at Adoption on Attachment Style

Most studies agree that the age at which a child is adopted becomes a strong predictor of the outcome of the adoption, however the findings surrounding the specific

effects of the age at the time of adoption have been slightly mixed (Helder, Mulder, & Gunnoe, 2016; Niemann & Weiss, 2012). It is generally agreed upon that adoption at a younger age and therefore less time spent in an orphanage is associated with greater adoption success (Helder, et al., 2016). The quality of care and the duration of time spent in an orphanage typically determines the severity of psychological impairments, with later-placed children experiencing the greatest repercussions (Lancaster & Nelson, 2009).

It is evidenced that internationally adopted children who were placed before six months of age reached an equal level of physical health and emotional functioning by age four (Lancaster & Nelson, 2009). In regard to attachment, studies have reported international adoptees placed before four months of age often resemble normative attachment patterns, even having experienced moderately to severely depriving pre-adoptive care (Niemann & Weiss, 2012). Pugliese, et al., (2010) and Van Den Dries, et al., (2012) found that international adoptees placed before the age of one year quickly developed as secure of attachments as their non-adopted peers and displayed few socioemotional difficulties. These findings are supported by a meta-analysis conducted by Van Den Dries, Juffer, van IJzendoorn, & Bakermans-Kranenburg in 2009, as well as Van Den Dries, Juffer, Van Ijzendoorn, Bakermans-Kranenburg, & Alink in 2012 who concluded children adopted internationally after the age of one year exhibited notable variability in their attachment patterns in comparison to their nonadopted peers (Niemann & Weiss, 2012).

Later-placed international adoptees often experience a slower process of forming a healthy attachment to their adoptive parents, however a secure attachment pattern is

able to be achieved over time. It is more common for later-placed adoptees to develop attachment disorders in comparison to adoptees placed at a younger age (Pugliese et al., 2010). Many researchers agree that internationally adopted children, especially those placed at a later age, show greater disorganized attachment patterns than nonadopted children (Pugliese et al., 2010; Van Den Dries et al., 2012).

Developmental Delays

Multiple studies evidence that post-institutionalized children show signs of developmental delays at the time of adoption, which is associated with poor behavioral adjustment (Van Den Dries et al., 2012). Resulting from such delays, common challenges include socioemotional problems, attention difficulties, language and reading barriers, decreased communication skills, externalizing problems, and executive functioning issues (Helder, et al., 2016; Lancaster & Nelson, 2009; Tirella, et al., 2012). Internationally adopted children who struggle with behavior regulation often are classified as underperforming academically. In a study conducted by Glennen and Bright (2005), it was found that of forty-six children adopted from Europe, 17% required special education, and 54% were diagnosed as having Attention Deficit Hyperactivity Disorder (Lancaster & Nelson, 2009).

Pugliese, et al., (2010) assessed children one month post-adoption who were placed at thirteen months old and found that most of the adoptees displayed cognitive and emotional delays. Within six months after being adopted, these children were reported to have progressed to functioning within an average range, and after two years were able to function emotionally and cognitively at the same level as their non-adopted peers

(Pugliese et al., 2010). Helder and colleagues (2016) further support this finding, reporting that by the time of school age, international adoptees showed significant improvements in their cognitive functioning. Additional studies support this position, reporting that internationally adoptees catch up to non-adopted children in most developmental areas, with the exceptions being behavioral regulation and mental health. Furthermore, children who transitioned from institutional care to foster care before being adopted were found to exhibit increased motor and cognitive development post-adoption in comparison to children who only experienced institutional care (Van Den Dries et al., 2012).

Hypothalamic-pituitary-adrenocortical System

Deprivation of any form puts children at a greater risk for developing problems processing stimuli, making it difficult for the child to take information in through his senses, organize and interpret that information, and respond in a meaningful and appropriate way, as one would in a secure relationship (Tirella et al., 2012). In a study conducted by Tirella and colleagues in 2012, it was concluded that the majority of internationally adopted children were either under or over responsive to sensory stimuli. In extreme cases, adoptees have been found to have higher cortisol levels—a symptom associated with post-traumatic stress disorder (Lancaster & Nelson, 2009). Studies have begun to examine the relationship between the stress level of the child due to difficulties in responding to stimuli and how this affects his cortisol levels in terms of attachment (Niemann & Weiss, 2012).

Experimentation using rats has shown that rat pup's contact with their mother early in life deactivates their hypothalamic-pituitary-adrenocortical (HPA) system. The HPA system is central to regulating an individual's stress response. When the pup is separated from the mother, the HPA system reacts by releasing glucocorticoids throughout the stressful situation. Too much exposure to glucocorticoids can have negative effects on a developing brain, making deactivation through contact with the mother beneficial (Neimann & Weiss, 2012).

Research on infants has also shown a similar response of the HPA system when consistent care is provided from a reliable caregiver. When a child experiences extended exposure to a stressful situation such as unreliable caregiving, increased cortisol levels can result in hypo- or hyper-responsiveness of the HPA system. This then causes the child to have difficulties in coping with both internal and external stressors (Neimann & Weiss, 2012). There is little research surrounding a possible relationship between the early effects of stress on the HPA system and development of a child's attachment style, however this study in particular, conducted by Neimann & Weiss in 2012, concluded that lower cortisol levels in children typically were associated with a more secure attachment style.

Reactive Attachment Disorder

The American Psychiatric Association links negative attachment experiences early on in an individual's life to the possible development of Reactive Attachment Disorder (RAD). The DSM-5 distinguishes two type of RAD: the first is known as the inhibited type, and is still called RAD, while the second is known as the disinhibited type,

and has been given the name Disinhibited Social Engagement Disorder (DSED) (Pylypa, 2016). RAD is described as a specific child psychopathology that is characterized by “emotional withdrawal and a lack of comfort-seeking from regular caregivers” (Pylypa, 2016, p. 436). RAD is able to be resolved by a child experiencing a dependable relationship to a trustworthy attachment figure, although this process is very challenging. DSED is characterized by an indiscriminately friendly behavior, causing the child to be overly trusting of strangers. DSED does not impair an individual’s functioning in the same way as RAD, however it may persist even under improved caregiving circumstances, as there is not a clear path for resolution (Pylypa, 2016).

The criteria for diagnosing both RAD and DSED includes a history of insufficient caregiving involving neglect, frequent changes in primary caregivers, or a limited opportunity to form a secure attachment with a caregiver; the symptoms of both RAD and DSED must be present before the age of five in order for the child to be diagnosed; the DSM-5 does not outline diagnostic criteria past this age (Pylypa, 2016). Many researchers argue that the diagnosing criteria is too general and overlaps with the symptoms of post-traumatic stress disorder, various anxiety disorders, and other boundary disorders, making a sure diagnosis of RAD or DSED difficult (Pylypa, 2016).

Indiscriminate friendliness is often considered to be a part of Reactive Attachment Disorder in general. Indiscriminate friendliness is characterized by reactions that are too intimate towards strangers; the child does not show any fear or resistance towards unfamiliar individuals or environments as a child who is securely attached would. It is

associated with having lower cognitive levels and attention regulation problems (Van Den Dries et al., 2012).

Researchers hypothesize that indiscriminate friendliness is a result of inconsistent caregiving, as many studies have concluded that post-institutionalized children show increased levels of indiscriminate friendliness. This type of behavior may have brought the child greater attention while living in an institution as a child with seemingly friendly and open behavior is likely to receive more attention and care from a caregiver in return (Van Den Dries et al., 2012). Lower levels of indiscriminate friendliness are found in children who were transitioned to foster care previous to adoption, however studies have not found a significant difference between institutionalized and foster care children in this area. This correlates with the finding that children may also develop indiscriminate friendly behavior when lacking regular responsive interactions with a singular consistent caregiver—a necessity to develop a preference for a familiar individual (Van Den Dries et al., 2012).

Parent-Child Relationship

Synchronicity refers to dual participation in the parent-child relationship; this is achieved when the child participates in interacting with his caregiver, and vice versa. Synchronicity is essential in teaching a child how to modify his own behavior based on the response of the other individual, resulting in the development of self-regulating behaviors (Groza & Muntean, 2015). In contrast, when behavioral issues are prevalent in an internationally adopted child, it is common for a parent's stress level to rise, decreasing his or her emotional availability for the child (Tirella et al., 2012).

Parental Sensitivity

Bowlby's and Ainsworth's attachment theory establishes a framework as to why a consistent and responsive caregiver provides an environment that will maximize a child's development. Specific maternal behaviors have been found to influence the child's attachment security. Ainsworth theorized that maternal sensitivity—the ability for a caregiver to perceive and successfully interpret the child's signals, and in turn respond appropriately—is the most important maternal behavior in fostering a secure attachment (Groza & Muntean, 2015). High levels of emotional sensitivity from the adoptive parents has been suggested to be associated with positive attachment if the child is adopted at an early age (Helder, et al., 2016).

Ainsworth's theory asserts that a child internalizes repeated experiences to form a cognitive model throughout the first year of his life. This internal working model shapes the child's predisposition to caregivers in general and enables the child to develop expectations of his caregiver through interpreting and anticipating the caregiver's behavior, influencing the child's attachment (Neimann & Weiss, 2012). Therefore, changes in parental sensitivity during the earliest stages of life are thought to be directly related to the infant's level of attachment security. This model is most flexible during early childhood; although a cognitive model is resistant to change, it can be reshaped over time (Neimann & Weiss, 2012; Van Den Dries et al., 2012).

Parental sensitivity and the adoptee's level of responsiveness largely determine the connection that the parent and child will share. Responsive behavior encompasses a child's readiness in responding to a caregiver and his emotional availability towards the

caregiver while they are interacting. The emotional availability of internationally adopted children can be negatively impacted by deprivation of proper care early on in life. Post-institutionalized children are often found to be less responsive than nonadopted children, which may be alarming and stressful for the parents. Furthermore, after placement, a child that experiences consistent sensitive parenting will become significantly more responsive (Van Den Dries et al., 2012).

The relationship between maternal sensitivity and a child's attachment style is well established by empirical data (Van Den Dries et al., 2012). Although a secure attachment is more likely to be attained with optimal parenting styles, sensitive parenting is not the sole determinate of the child's attachment style (Groza & Muntean, 2015; Van Den Dries et al., 2012). Groza and Muntean (2015) found that 18% of adoptees experiencing a less optimal style of parenting were still securely attached, and 33% of children who experienced optimal parenting styles were insecurely attached. This strongly suggests that while parenting style may be influential on a child's attachment, there are other factors that impact the development of attachment patterns as well (Groza & Muntean, 2015).

Van Den Dries and colleagues (2012) found that internationally adopted children that displayed an instability in their attachment pattern over time may be experiencing an ongoing rearranging of their working models influencing their attachment as they adapt to their adopted family. Many researchers express concern that attachment disorders are prematurely diagnosed in internationally adopted children, as the child may just be experiencing difficulty adjusting as opposed to difficulty attaching (Pylypa, 2016).

More recently, researchers have emphasized maternal responsiveness as being an essential quality in achieving security. Both under- and over-contingency can have negative effects on the child's development. Despite numerous studies examining the influence of maternal behavior on attachment security, the research is not well-articulated in detailing the effect of specific behaviors on the child's development at various ages (Groza & Muntean, 2015).

Other studies have focused on the adoptive mother's attachment style as a determinate of the adoptee's developing attachment. A mother's personal attachment representations that she established early on in life continue to serve as a framework throughout her adult years (Neimann & Weiss, 2012). Neimann & Weiss (2012) organized mothers into four categories: an autonomous mother values her child's attachment needs and has successfully resolved any of her own past attachment issues. A dismissive mother idealizes her parents' style of caregiving yet disregards the implications of her own attachment style. A preoccupied mother displays unresolved feelings of resentment towards her childhood attachment figures and may find it challenging to move forward from past difficulties. Lastly, an unresolved mother has often been a victim of childhood trauma or abuse, making it difficult for her to work through her resulting attachment issues in an organized manner. Neimann & Weiss (2012) suggest that these representations of attachment held by the mother may have an impact on the type of attachment a child will develop; however this theory often places feelings of shame on parents who are unsuccessful in connecting with their children.

Adolescence

As adoptees reach their adolescent years, their relationship with their adoptive parents begins to transform. The parent's role changes from primarily caregiving to a more supportive role, acting as a guide in setting behavior limits: a more supportive role. This will effectively fulfill the adolescent's continued need of support and emotional connection, while allowing him to have some control over his own decisions. Parental warmth, and logical and consistent discipline have been associated with positive psychosocial outcomes throughout adolescence (Groza & Muntean, 2015).

This transition is made easier by a positive attachment established during infancy and early childhood (Groza & Muntean, 2015). If a secure attachment was not able to be achieved throughout childhood, research strongly indicates that parents be aware that an insecure attachment pattern is only one factor that could be contributing to the child's behavioral and emotional difficulties. Parents must consider other influences, such as the child's previous living environment, or exposure to violence or poverty that could be contributing to the challenges the child is now facing behaviorally (Pylypa, 2016).

Groza & Muntean (2015) examined the nature of the adoptee-parent relationship, particularly looking at Romanian adoptees. By the time of adolescence, most of the Romanian adoptees were able to understand another individual's perspective and feelings, a skill termed mentalization or mental reflection. Most of the adoptees were classified as securely attached and identified their caregiver as a secure and available base. Both the adoptees and the adoptive parents reported their relationship with each

other in a positive light. This reflection was most common in families which the parents had a high mentalization capacity (Groza & Muntean, 2015).

Just as sensitive parenting has beneficial effects on a child's attachment, this type of parenting has also been found to diminish behavioral issues throughout the adolescent years. While some behaviors are heavily influenced by genetics, most can be transformed through parenting style (Groza & Muntean, 2015). Similar to a child's ability to practice mentalization, parental mentalization refers to the parent's ability to understand the child's internal state, as well as to interpret the child's responses. This is a key component of successful parenting throughout adolescence; the parent must be able to interpret the child's nonverbal cues to understand his internal state (Groza & Muntean, 2015). Studies suggest certain parenting strategies to enhance the child's behavioral stability; these include validating the child's culture of origin, practicing mentalization skills, and building relationships in the community with others who can identify with the adoptee (Lancaster & Nelson, 2009).

Because the perception of adoption can differ greatly between cultures, it is important for the adoptive parents to encourage open communication about the child's pre-adoptive past and cultural connections. The ethnic identity development theory, developed by McGoldrick (1982), Smith (1991), and Spencer & Markstrom-Adams (1990), holds that ethnic identity development occurs as a child continually assesses the fit between himself and his cultural environment (Yoon, 2000). For many international adoptees, this process is especially difficult, and feelings of a good fit becomes essential for the child's psychological health (Yoon, 2000). Many studies have found that the

adoptive parents are hesitant to have discussions regarding these topics, while the adoptee wishes it were an open discussion. This is one strategy that is supported by research to strengthen the parent-child relationship (Groza & Muntean, 2015).

In support of this perspective, Yoon (2000) conducted a study with Korean children and reported that when parents support the adoptee's ethnic identity as a way of developing a positive parent-child relationship, the adopted child will often experience a better adjustment psychologically. Yoon's findings are consistent with the self-concept theory and the ethnic identity development theory. Developed by Erickson in 1968, the self-concept theory holds that familial support which conveys feelings of love and belonging plays a crucial role for adolescents under interpersonal stress (Yoon, 2000).

Adoptive Parent Education

Many researchers feel that attachment is presented as an elusive goal in adoptive parent education classes (Pylypa, 2016). Pylypa (2016) analyzed the education process which parents looking to adopt a child internationally must complete. The researchers found that the parents often feel that if security is not achieved, their child will develop attachment disorders resulting in negative outcomes that will affect him for the remainder of his life. Pylypa (2016) feels as though the curriculum often generalizes the issues that international adoptees may experience, leaving the prospective parents with the impression that all adoptees will inherently struggle with post-adoption difficulties. However, adoptive parent education has developed to be more robust in terms of early attachment, the impact of trauma may have, the child's brain development, and supportive parenting strategies.

Other researchers suggest that prospective adoptive parents should learn about available resources and make connections with other families who have experienced successful international adoptions (Tirella et al., 2012). Lancaster & Nelson (2009) suggest that it is helpful for the adoptive parents to embrace and celebrate the child's culture. Healthy psychological development is facilitated by positive racial identity. Finding a trusted counselor is a commonly supported strategy as well (Tirella et al., 2012). In order to help parents build their mentalization capacity, researchers suggest that parents attend support groups based on normalizing the process of adoption in order to diminish any negative preconceptions. Determining the parent's style of parenting and facilitating any changes that may be necessary is also suggested. While some researchers are not in full support of the education curriculum, it is still highly encouraged to commit to learning new skills that may be helpful in facilitating a secure relationship between the parents and the adoptee (Groza & Muntean, 2015).

Conclusion

Ensuring a healthy attachment style during the beginning stages of life is an essential factor in a child's development. Because attachment style is largely dependent upon the child's relationship to his or her primary caregiver and the quality and quantity of care received, a child who is adopted internationally may struggle to form a healthy attachment to his or her permanent family. International adoption offers an opportunity for children to experience familial permanency and begin to develop a secure attachment style through facilitating positive, reliable relationships.

Method

Participants

The participants for the analysis would include individuals between the ages of 4-10 who have been adopted internationally within the past three months into a home in the United States. These participants country of origin must be China, Ethiopia, South Korea, Haiti, India, and Ukraine, as these six countries represent the highest number of intercountry adoptions in the United States in 2017 (Bureau of Consular Affairs, 2018). Participants would also include the children's adoptive parent(s). The participants will remain anonymous.

Measures and Materials

Demographics. This study will include a report of the adoptee's gender, country of origin, age, and age at adoption. Age at adoption describes the age at which the adoptee arrived in his or her permanent home.

Pre-adoption adversity. An online questionnaire will be administered to the participants. This questionnaire will detail adverse or traumatic experiences outlined by existing studies that the adoptee may have experienced previous to being adopted. Adoptive parents and adoptees will both report on five categories relevant to pre-adoptive care: institutionalized care, caregiver neglect, physical abuse, malnutrition, and lack of medical care. The participants will rate each category on a scale from 0-2 (0 = Unsure, 1 = Unlikely, 2 = Likely).

In order to determine the level of trauma a child experienced previous to adoption, the adoptee and adoptive parent will complete the Child Report of Posttraumatic

Symptoms and the Parent Report of Posttraumatic Symptoms (CROPS/PROPS). The CROPS is a 25-item instrument used to measure the child's perspective of his own posttraumatic symptoms. The PROPS is a 30-item instrument used to report the parent's perceptions of the child's posttraumatic symptoms. Both scales rate each item from 0-2 (0 = None, 2 = Lots) (Greenwald & Rubin, 1999). These questionnaires will be administered in order to ensure that the child's attachment difficulties stemmed from adverse pre-adoptive experiences.

Adoptee's attachment style. This study will utilize the Inventory of Parent and Peer Attachment (IPPA) developed by Armsden & Greenberg (1987). The adoptees will complete the IPPA, a 25-item instrument that measures one's attachment to parents and peers (Armsden & Greenberg, 1987). The instrument includes three subscales: trust, communication, and alienation. Alienation will be reverse-scored so that the absence of alienation is an indicator of one's attachment. The IPPA consists of three parts: the child's feelings about his relationship with his mother, father, and close friends. The participant rates each item on a scale of 1-5 (1 = Almost never or never true, 5 = Almost always or always true) (Armsden & Greenberg, 1987).

Quality of the parent-child relationship. This study will focus on both the child's and parents' report on various aspects of their experience as a family. Using the Child's Attitude Toward Father (CAF) and Mother (CAM) Scales, the child will report his perspective of his relationship with his parents. The CAF and CAM include 25 items that the child will rate on a scale of 1-7 (1 = None of the time, 7 = All of the time) (Hudson, 1997). The adoptive parents will report their experience using the Parent-Child

Relationship Scale developed by Groza & Ryan, who have conducted extensive research on Romanian adoptees.

In order to determine if a positive parent-child relationship facilitates a secure attachment style, the study will assess several additional variables including parental sensitivity, education received by the adoptive parent, the parents' own attachment style, and mentalization practices. Through assessing these areas, correlations may be drawn to determine if positive parenting results in facilitating a secure attachment style within the child as other studies have suggested.

Procedures

A retrospective causal research design will be used in order to determine which elements of pre-adoptive care influence attachment style, and if a positive parent-child relationship can also re-shape a child's attachment style. The surveys will be administered within three months after the child has been placed in his permanent home, and then again five years after the permanent placement. The study will seek to determine if certain elements of pre-adoptive care influence a child's attachment style, and if the child's attachment style will change after five years in response to the parent-child relationship, taking into consideration the age at which the child was adopted. After both surveys are completed and returned, they will be analyzed, and conclusions will be drawn concerning the data provided.

Implications of Findings

The findings of this research may have an immense impact both on the policies surrounding pre-adoptive care as well as the education curriculum for adoptive parents.

Examining negative pre-adoptive care factors may shed light onto common issues that can be corrected through advocating for improved policies and procedures in institutions overseas. This may affect the way in which adoptive parents are taught to handle common issues as well as the type of parenting most effective in facilitating security in international adoptees. Understanding the root of the issue will enable more effective solution strategies and methods to be developed.

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