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Parent-Child Attachment after International Adoption

Shelby Whalen
The College at Brockport, shelbym.whalen@gmail.com

Parent-Child Attachment after International Adoption

A Senior Honors Thesis

Submitted in Partial Fulfillment of the Requirements
for Graduation in the Honors College

By
Shelby Whalen, BSWc
Social Work Major

The College at Brockport
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Thesis Director: Athena Kolbe, PhD, Assistant Professor, Social Work

Abstract

Approximately 19,000 international adoptions by American families take place each year. This means that there are about 19,000 new children and their families in need of services to help them adjust to a new life every year. This study was interested in understanding the attachment issues experienced by families after an international adoption and to explore how social work and other interventions or services could improve attachment. Participants were asked to complete an online survey which contained questions about their adoptive child's behavior and the type of services the family had or wished they had received while they were in the process of adopting or after the adoption was completed. The question that the participants were asked about their children's behavior.

Through the questioning of the family functioning, and child functioning it was found that most families that participated in the survey were high functioning families, while most of the children (49) were in need of mental health services. It was found that the services the families most wished they had received was therapy for themselves as a family, and for their adopted child. There is still a lot to look at, like how to get families services that are effective, and how to ensure that internationally adopted children are able to form secure bonds.

Contents

Chapter 1: Introduction

The main focus of this paper is to explore the services that families adopting received and wished they had received, as well as the services that the child being adopted received and wished they had received. I will also explore the functionality of the family as well as the individual functionality of the adopted child. I will talk about the pervious research on this topic, then I will discuss how the study was conducted. Finally, I will look at my data and draw conclusions from that data.

Literature Review

The research on attachment in international adoption can be grouped thematically into 3 areas: (1) research on the way attachment develops or fails to develop in healthy and dysfunctional parent-child dyads including the risks and protective factors for attachment difficulties; (2) diagnosis and comorbidity of attachment disorders, notably Reactive Attachment Disorder; and (3) interventions, both preventative and responsive, to address the bond between a parent and adopted child.

The Development of Attachment. When a baby is born, it begins to form an attachment, or a bond, with its parents. When a baby is adopted, either internationally or domestically, it can struggle to create a bond with its new adoptive parents. These attachment issues can be due to many different factors. These factors could be that the baby was mistreated or malnourished in its original home, or because being moved around and introduce to new people is overwhelming for a newborn and the baby isn't capable or ready to form an attachment to their parents. If a baby does not form an

attachment to its new parents, there can be many complications in raising the child and having a good relationship with the adopted baby.

Attachment Difficulties and Disorders

Diagnosis. Reactive Attachment Disorder (RAD) is a mental disorder listed in the DSM- IV that applies to infants and children who are unable to form normal, loving bonds and relationships with others. Children who meet the criteria to be diagnosed with RAD have most likely been abused or neglected (American Psychiatric Association, 2000.) RAD is also commonly found in children that have been internationally adopted due to where the child was born and raised, either in an institution, orphanage, or elsewhere where they aren't getting the attention, care, and stimulus that a child needs to thrive (Raaska, Elovainio, Sinkkonen, Matomäki, Mäkipää, & Lapinleimu, 2012.) Early childhood trauma combined with an inability to cope with emotions and to form normal attachments can lead maladaptive behaviors like stealing, lying, cruelty, impulsivity, and inappropriate sexual behavior (Raaska, Elovainio, Sinkkonen, Matomäki, Mäkipää, & Lapinleimu, 2012.)

There can also be other attachment problems which are not as severe or pervasive enough to lead to a diagnosis of RAD. A child might not respond to being held, or cuddled, or might not be able to be soothed. Though these issues may not be as troublesome as others previously listed, they can still have a negative effect on the family dynamic.

Risk and protective factors. Van Den Dries, Juffer, Van Ijzendoorn, Bakermans-Kranenbrug, and Alink (2012) conducted a study which looks at the correlation between infant responsiveness, attachment, friendliness after international adoption from foster

care or institutionalization in China. In this longitudinal study the researcher concluded that children who were in foster care, with more interactions with adults had more secure attachments, higher scores in responsiveness, and their mothers reported higher scores in friendliness as compared to children who were institutionalized before adoption and had less interaction with others (Van Den Dries, Juffer, Van Ijzendoorn, Bakermans-Kranenbrug, and Alink, 2012.) The researcher were unable to come up with a solution to this problem or figure out how to make kids form more secure attachment after being adopted from an institution. Therefore, the main solution proposed was to keep children out of institutions and put into stable foster homes where their needs will be met.

Co-morbidity. Though Reactive Attachment Disorder is associated with maladaptive behaviors including stealing, lying, and cruelty to animals, among others. It is also associated with cognitive difficulties. According to Raaska, Elovainio, Sinkkonen, Matomäki, Mäkipää, and Lapinleimu, (2012) learning difficulties and RAD are fairly closely linked. One-third of the children in this study that were internationally adopted had some learning disability while about 12% had severe learning disabilities. That is three and six times more than the average population. The researchers found an association between the learning disabilities and Reactive Attachment Disorder. Another study found a link between Reactive Attachment Disorder and motor development and cognitive development in internationally adopted children (Van Londen, Juffer, & van IJzendoorn, 2007.) This study found that 36% of the children who were internationally adopted in this study had disorganized attachments which lead to lower motor development and cognitive development scores. The children who experienced

disorganized attachment the most are children who were in foster care in the country of origin before they were adopted. (Van Londen, Juffer, & van IJzendoorn, 2007.)

Another study looked into international adoption, attachment symptoms, and psychological problems (Elovainio, Raaska, Sinkkonen, Mäkipää, & Lapinleimu, 2015.)This study specifically looked at the link between Reactive Attachment Disorder and Disinhibited Social Engagement Disorder and clinging. This study looked at 591 internationally adopted boys and 768 internationally adopted girls, and came to the conclusion that internationally adopted children presenting with Reactive Attachment Disorder and Disinhibited Social Engagement Disorder are at an increased risk for emotional and behavioral problems along with ADHD. Another study looked at internationally adopted children, attachment, and adaptive skills (Barcons, Abrines, Brun, Sartini, Fumadó, & Marre 2014.) This study showed that insecure attachment were significantly higher in children that have been adopted internationally compared to normative samples. These children with insecure attachments also showed lower adaptive skills scores that the normative sample. While this study did show that a certain group of children did have lower adaptive skills, they came up with no intervention to better these skills are help the children form more secure attachments with their adoptive families (Barcons, Abrines, Brun, Sartini, Fumadó, & Marre 2014.)

Van Den Dries, Juffer, Van Ijzendoorn, Bakermans-Kranenbrug, and Alink (2012) conducted a study which looks at the correlation between infant responsiveness, attachment, friendliness after international adoption from foster care or institutionalization in China. In this longitudinal study the researcher concluded that children who were in foster care, with more interactions with adults had more secure

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Prevention and intervention for RAD and other attachment issues. In order to prevent reactive attachment disorder children should be placed in stable environments where their needs are being met by someone who cares about them and is there consistently. This environment would look more like a foster home than an orphanage.

Goal-directed, evidence-based approaches that fit the main presenting problem should be considered when selecting a first-line treatment for a child experiencing Reactive Attachment Disorder. Some valid psychological treatments may involve transitory and controlled emotional distress. However, deliberately seeking to provoke intense emotional distress or dismissing children's protests of distress is contraindicated and should not be done. First-line services should be founded on the core principles suggested by attachment theory, including caregiver and environmental stability, child safety, patience, sensitivity, consistency, and nurturance. Shorter term, goal-directed, focused, behavioral interventions targeted at increasing parent sensitivity should also be considered. Treatment should involve parents and caregivers, including biological parents if at all possible. Parents of children described as having attachment problems may benefit from ongoing support and education. (Chaffin, Hanson, Saunders, Nichols, Barnett, Zeanah, & Letourneau, 2006).

This literature review finds that there is very little research conducted on the topic on internationally adoption, attachment disorders and the services provided to the families who internationally adopt children. This could be due to the fact that not all families who adopt internationally experience attachment issues with their newly adopted child. International adoption in increasing in the United States, with about 19,000 international adoption made a year, as estimated by the U.S Department of State (Lancaster, & Nelson, 2009.) As Lancaster and Nelson (2009) state "… little research has been conducted to establish the efficacy of treatment interventions utilized by health professionals working with this unique population." (pg.1)

There could also be a gap in this research because it is difficult to find the population that needs to be studied. This gap could also be explained by the fact that children can have attachment issues without being diagnosed with Reactive Attachment Disorder. The final reason for the gap in the research could be due to the fact that international adoption is a relatively new concept, starting in the 1950's.

This study tried to fill in this research gap by looking at the services that families have and wished they had received. These services would be to aid the family in any difficulties they experienced during and after the adoption. That includes any difficulties the family might have experienced with Reactive Attachment Disorder and all of the other difficulties that come with that diagnosis. I want this research change the way social workers interact with families who are adopting internationally. This research proves that more services need to be provided to these families and children.

Chapter 2: Methodology

The purpose of this study was to explore the services that families who internationally adopted received or wished they had received. The study method was quantitative, which was the best path for this study so that families could share their own personal experiences. This study was reviewed by the IRB which approved the sampling, fielding, data cleaning, and analysis as described in this thesis.

Survey Development

The survey was developed by looking at what demographics where important to the study and then researching what devices and scales would be appropriate to answer the research question. The McMaster Family Assessment Device-Affective Responsiveness and Problem Solving sub-scales were used in the survey because they measure the functionality of the families participating in the study. After this set of the questions, participants completed Participants then answered questions from the Child Behavior Checklist. This checklist was used to measure the functionality of the internationally adopted child.

Survey. The survey had 10 parts which included demographic questions about the participant, the participant's adopted child, questions about the adoption, and then the different scales used. The first set of the questions the participants were asked were asked about their demographics. The second set of questions were regarding the demographics of their adopted children. The next section of questions asked the participant to discuss the services that their family and adopted child were provided with before the adoption was completed. The fourth section of questions asked the participant to discuss the services that their family and adopted child were provided with after the adoption was

completed. The following section of question asked the parent to discuss the emotional bond that they have with their child and what they wished they had known before the adoption. The sixth set of questions came from the McMaster Family Assessment Device- Affective Responsiveness and Problem Solving Sub-scales. After this set of the questions, participants completed questions from the Brief Assessment Checklist for Children. Once they had finished that set of questions they were thanked for their participation and exited the survey.

Sampling

Participants. A total of 86 parents of internationally adopted children were included in this study (45 females, 7 males, 34 unknown). These parents had adopted children who were currently between the ages of 5 and 11. Participant's ages ranged from 20 to 56 years old. These individuals were located across the United States (n=80) and abroad (n=6). All participants were recruited through an online support group or list-serve for parents of adopted children.

Fielding of the Survey

The link to the survey, which was to be completed online, was posted in numerous, international adoption group chats, support groups, and other online webpages that were related to the topic. This was done to target a group of people that the study would most pertain to.

Participants were informed of the study by the survey being posted in a group chat, webpage, or online webpage that they are currently active on. If they decided to click on the link to the study, they were brought to the survey, where they were first asked to agree to participate and the risks and benefits of the study. This read as follows:

> "You are invited to be in a research study of attachment in internationally adopted children. You were selected as a possible participant because you adopted a child internationally who is now aged 5-11. I ask that you read this form and ask any questions you may have before agreeing to be in the study. This study is being conducted by: Shelby Whalen and Athena Kolbe from the Department of Social Work at The College at Brockport. 'I am 18 years of age or older. I have read the above information. If I had questions, I have asked questions and have received answers. I consent to participate in the study.'"

If the individual responded yes to this statement they were lead to a series of screening questions before beginning the survey. The next question which asked, "Did you adopt a child who was between the ages of 5-11 at the time the adoption was finalized?" If the participant responded no they were lead out of the survey, if they responded yes, they were lead to the rest of the survey. The remained of the questions, the participants weren't required to answer.

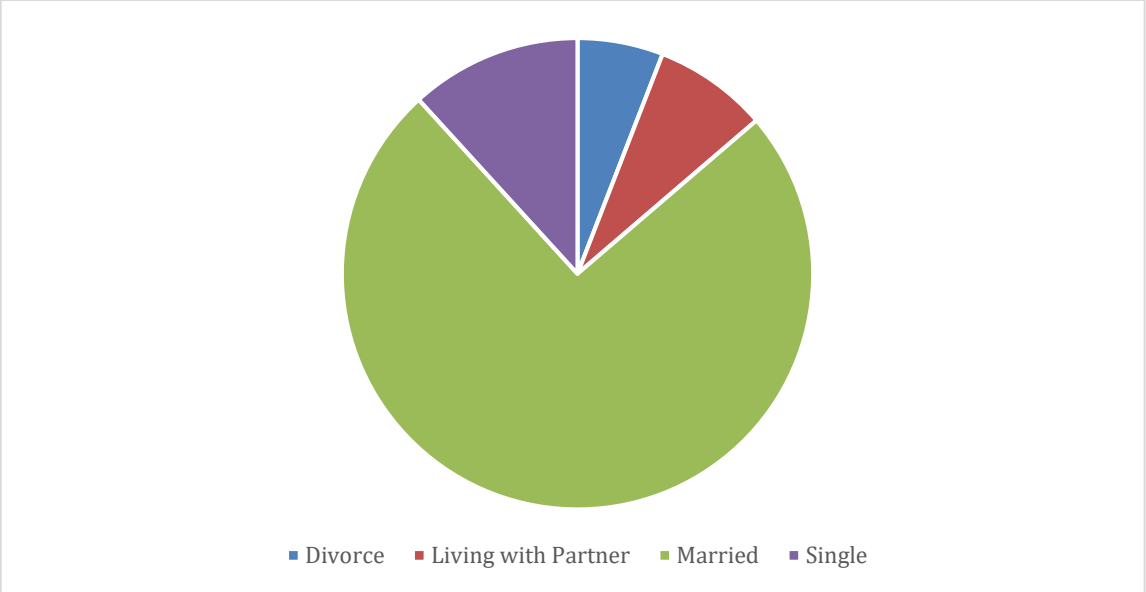
Data Preparation for Analysis

Data were organized, and examined with SPSS (version 24.0). Data was analyzed by looking at commonalities in participant's answers as well as analyzing the most commonly used words in responses. This method ensured that each participant's answer was looked at and examined.

Chapter 3: Analysis

Data was collected between December 5, 2016 and March 11, 2017. During this time, 100% (n=85) of respondents agreed to participate in the survey. Of those 51 (60.0%) passed the screener and qualified for inclusion in the study because they had a child who was adopted between the ages of 5-11 by the time the adoption was finalized.

Figure 1. Marital Status of Respondents



Demographics

Most respondents were females (n=44, 86.3%) while the rest were male (n=7, 13.7%). About three quarters of all respondents were married (figure 1). The mean age of participants was 39.8 years with a standard deviation of 6.7 years, respondents ranged from 28 to 56 years old. There were 6 international responses (11.7%), 8 from the west region of the United States (15.7%), 6 from the southern region of the United States (11.7%), 10 northeast regions of the United States (19.6%), and from the Midwest region of the United States 21 (41.2%). Adoptive families responding to the survey were

overwhelmingly white (figure 2) though some did speak a language other than English (figure 3).

Figure 5. Race of Respondents

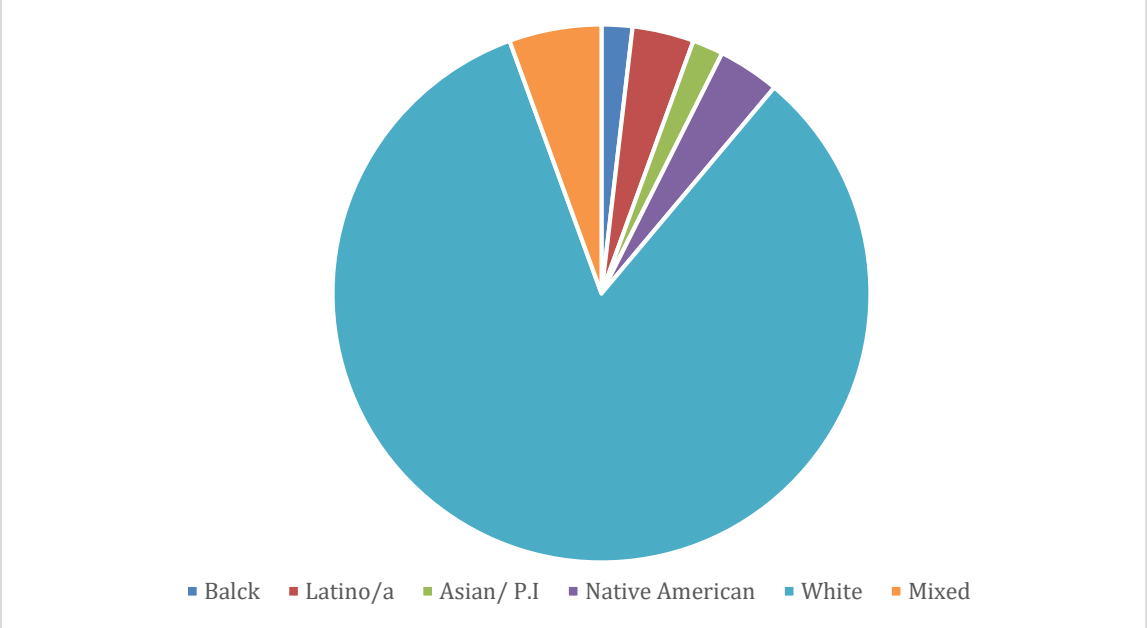
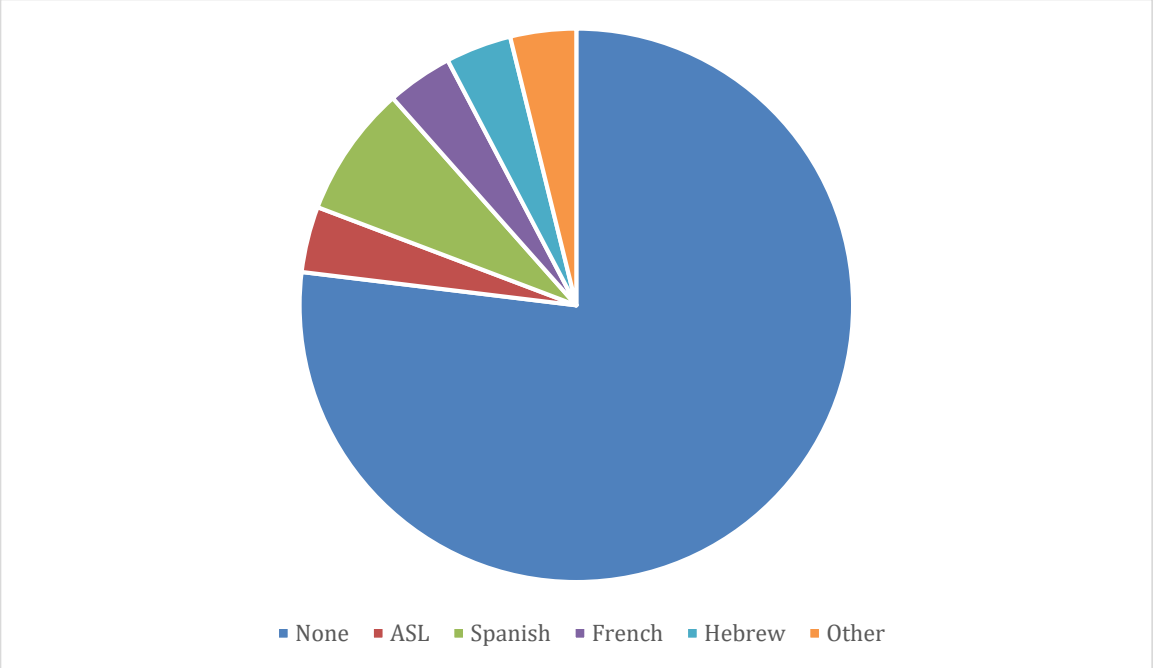


Figure 3. Languages Other than English Spoken by Respondents



The mean number of children in the household was 2.7 children with a standard deviation of 1.7 children and a range of 1 to 7 children. The mean number of biological children in the household was 0.8 with a standard deviation of 1.1 children, the number of biological children in the household ranged from 0-4. The number of step children in the household (from the perspective of the survey respondent) ranged from 0-2, with a mean of 0.4 children and standard deviation of 0.4 children. 5 household recorded that they were caring for foster children in the home. The mean number of foster children in all household was 0.1 with a standard deviation of 0.4, the number of foster children ranged from 0-2. Domestic adoption within each household ranges from 0-2 individual with the mean of 0.3 and standard deviation of 0.6 children. Internationally adopted children per household ranged from 1-3, with a mean of 1.4 and a standard deviation 0.5. The number of people in each household ranged from 2-9, with a mean 4.9, and a standard deviation of 2.0.

A total of 25 of the internationally adopted children studies were female and the rest were male. Children were adopted from a variety of regions (figure 4). The current age of the child in question ranged from 5-18, with a mean 9.1 years, and a standard deviation of 3.0 years. The age at which the child was adopted ranged from 5-11 years of age with a mean of 6.8 years and a standard deviation of 2.6 years. Adopted children had a variety of English language skills at the time of the survey (figure 5). Of all children adopted internationally by respondents, 26 had been diagnosis with physical or mental health impairments (figure 6). More than half of the children received specialized services (figure 7).

Figure 3. Child's Country of Origin

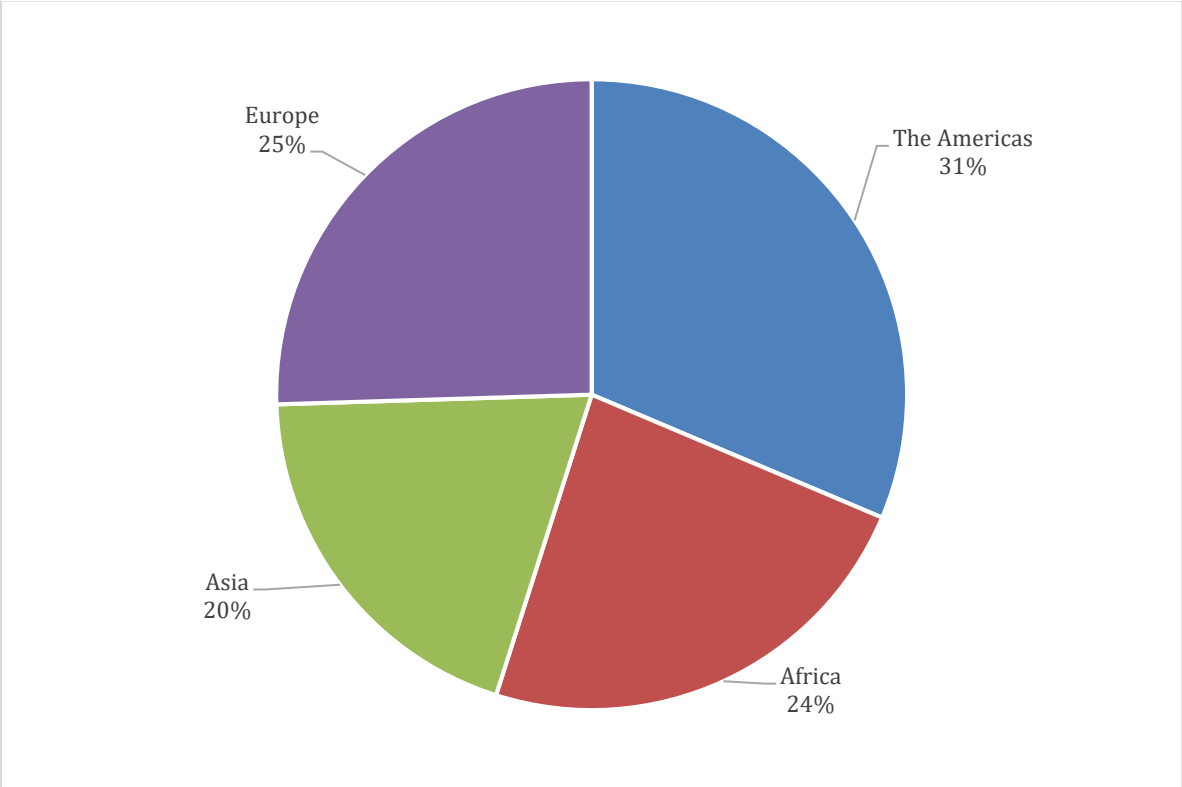


Figure 7. Child's English Language Speaking Ability

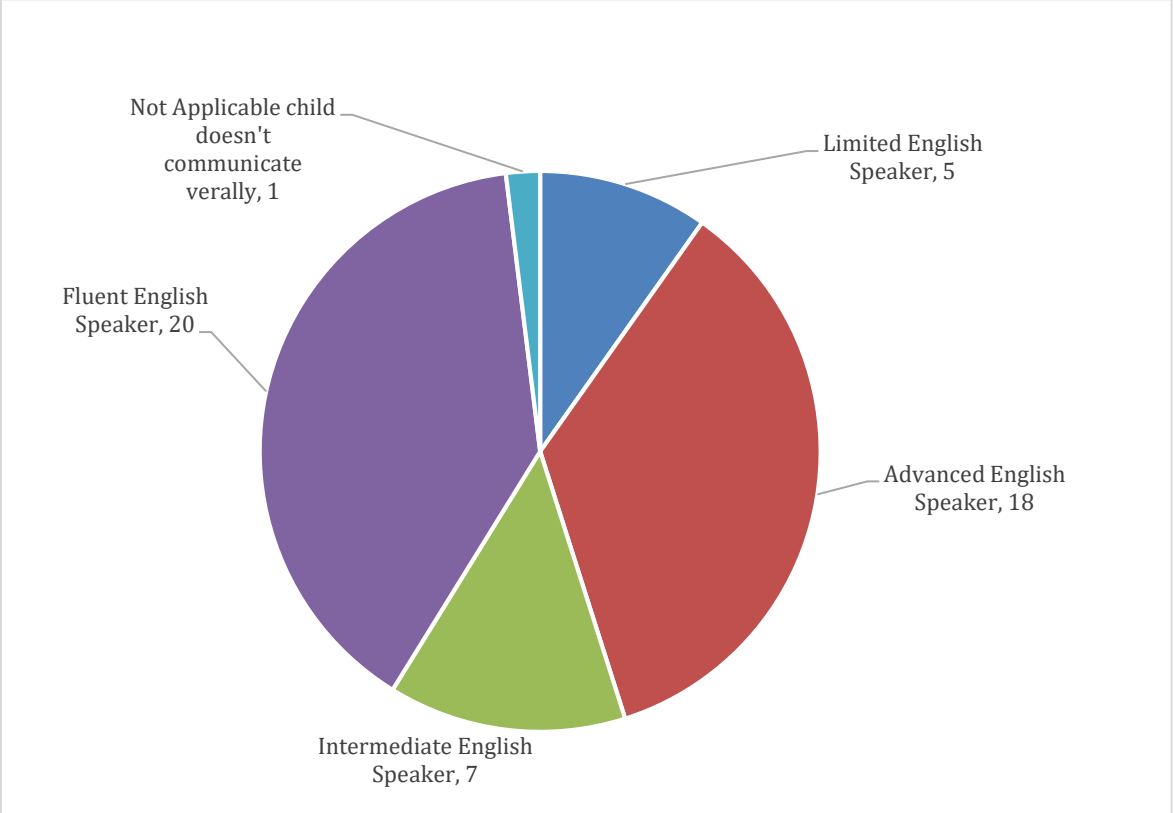


Figure 5. Physical or Mental Impairment of Child at time of Adoption

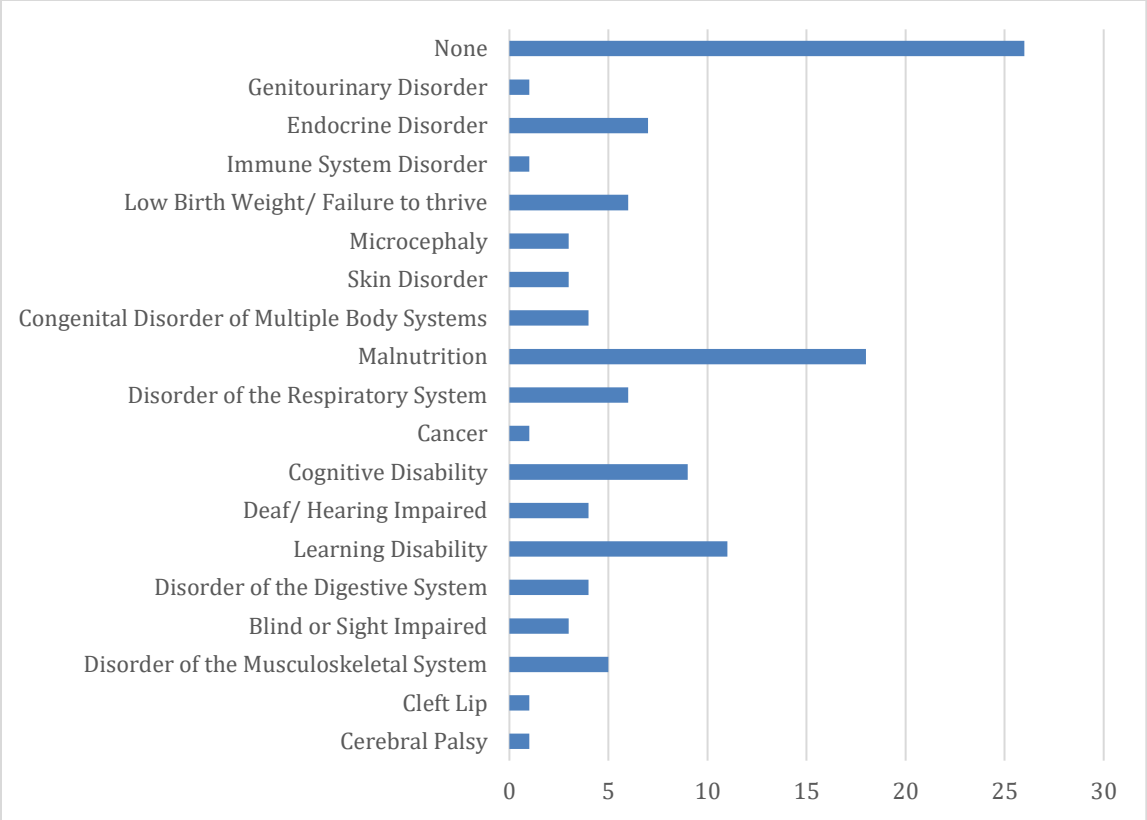
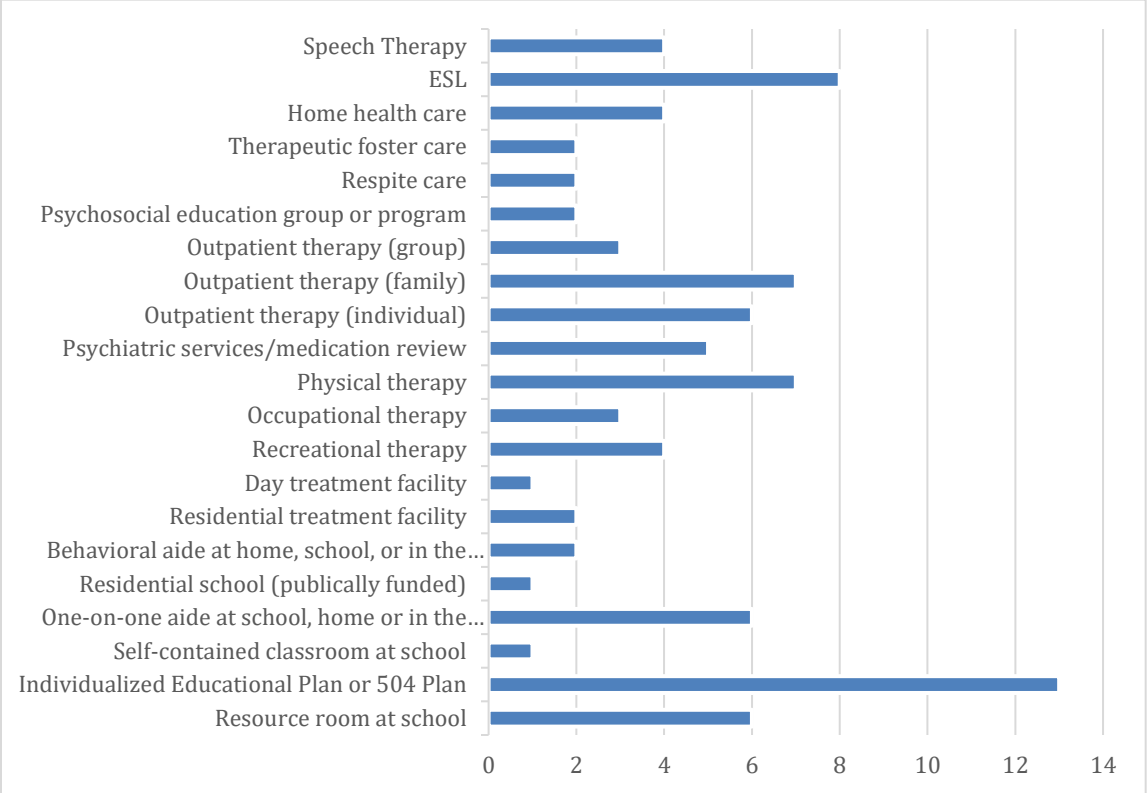


Figure 6. Services Child Currently Receives



Supportive Services

While some respondents felt that the training and support they received prior to the adoption was adequate, others noted areas where they would have benefited from additional services. Clear themes emerged from these responses. Study participants noted a need for counseling to help them adjust to changes in the family and their marriage, as well as to cope with the needs of their new child. Requests were made for family counseling, various forms of therapy, and marriage counseling. Adoptive parents also indicated a need for training and information to prepare them and their family members on how to best parent a child with special or complex needs, both related to early childhood experiences of the adoptee, as well as physical and emotional impairments. As one parent stated

> "If we had not been a part of foster care and forced to learn about the realities of trauma, we likely would have been ill-prepared for the dis-associative tantrums he experienced for 2-3 months after getting here. We are aware that what he experienced was next to nothing compared to what most kids experience. Aids for 'what to do or try in x situation' would have been helpful, especially if it had been worse."

Another area of services identified by respondents was that of language and cultural training; adoptive parents indicated a desire to understand their child's language and better understand their culture to facilitate communication and to help the child adjust to their new culture while retaining a connection to the identity and culture of their country of birth. A final area of services identified by adoptive parents related to mutual support and information provided by other adoptive parents and/or by those who had

previously adopted child with similar disabilities, needs, or from the same culture as the parent's newly adopted child.

Most respondents felt as though their child could have used different services to prepare them to be adopted and to have a smoother transition. Many respondents felt as though before the adoption the child should have been assessed and treated for preexisting physical and mental conditions. This assessment might have better prepared that families for the services that the children might have. Respondents also felt like their children would have benefited from a better understanding of what was happening to them. Most children believed that they would be going back to the orphanage. The children also didn't have a good understanding of the concept of family, they were so institutionalized that they couldn't understand that they would be cared for and loved by a family. A large portion of the respondents felt that some level of counseling would have been beneficial to their child, along with someone explaining to them what adoption was and that they wouldn't be going back to the orphanage. As one respondent stated "He needed more than just services. He needed to be cared and loved and not neglected in the orphanage. He was damaged before he even came home to us."

The overwhelming response to "What services or supports did you receive after the adoption was complete to assist you in adjusting to this transition?" was "none." Other responses were tales of services needed but hard to obtain.

> "We didn't receive any services from the adoption agency but we sought out services afterwards when his behaviors were too difficult. We got individual therapy first and then added additional services. Last year he

> was approved for special education at school and that has helped with some of his more serious behaviors."

Others are stories of now finding out how to get services on their own, after their child was home. One respondent stated,

> "None, outside of any I am starting to pursue on my own accord. I received paperwork from my international adoption agency to review and complete- a survey of/for their services, and information on how to pursue citizenship and other related paperwork updates once kids are home. I didn't even receive a phone call from my inti. Adoption agency coordinator once the kids came home to see how things went with the pickup/trip home, once home, etc."

Some respondents reported that they had social workers come visit and check in a few times after the child was home. Some reported that the social worker was helpful while other reported that they didn't feel like their social worker understood enough about their families need.

Most of the respondents wish they had received more services than they actually did after the adoption was complete. Most wished they had participated in therapy of some kind, either individual, family, or group to help with the transition. This therapy would be to help everyone adjust to their new life and talk about the needs of everyone involved. Other respondents felt as though they wished they had some to talk to who had been through this experience before. This firsthand experience might have helped guide families through this unique process and given them someone to voice their frustrations to. The rest of the respondents wish they had gotten more education on the different

hardship that their child had been through as well as education on services available and the different bumps in the road that the family might encounter. One respondent states

> "Now we have a caseworker from county mental health who is helping is navigate this process and we should have had something like that in place before she came home. We should have had better education about what to expect in terms of behaviors, sexual trauma, acting out, etc."

The vast majority of respondents reported that their child did not receive any services after the adoption was completed. Those children that did receive services either went to therapy or took English as a Second Language classes. As one adoptive parent put it, "we had to do this on our own."

When respondents were asked what services they wish their child had received after the adoption, the most prevalent answer was counseling. Most respondents wished their children were given the opportunity to talk about their feeling and be given therapeutic interventions for different behavioral problems. Other respondents wished that their child could have received services related to attachment issues, things like attachment therapy, access to people who were knowledgeable about attachment, and support groups. One respondent reported "We will be pursuing attachment therapy once his meds are adjusted properly".

Mental Health Measures

In examining the McMaster Family Assessment Device-Affective Responsiveness Sub Scale the average score was 1.76 with a standard deviation of 0.40. The average score was below the clinical cut off of equal to or greater than 2.20 indicating that for most family's experience was one of appropriate effect of each other over a range of

situations including emotions conveyed in emergencies. Only 12 families out of the 51 scored equal to or higher than 2.20, indicating that a quarter of the families surveyed are struggling to express emotions appropriately. When examining the Problem Solving Sub Scale the average score was 1.65 and the standard deviation is 0.39. This is less than the clinical cut off is greater than or equal to 2.20, which indicates that these families can solve problem which preserves the family. Only 5 of the 51 families scored 2.2 or higher on the problem-solving scale, indicating that though many families are experiencing problem, few lacked the problem-solving skills to cope with their difficulties.

The Brief Assessment Checklist for Children screen for and monitor clinically-meaningful mental health difficulties experienced by children and adolescents in foster, kinship, residential and adoptive care. It was used in this survey to gage any problem behaviors of the adopted children as reported by the parent responding to the survey. The average score for respondents was 12.68 with a standard deviation of 8.21. With the clinical cutoff being used as a screener it is recommended that if the score is 5 or higher, they be referred for more mental health care. 3 of the 51 children had a score of less than five.

Chapter 4: Discussion

This study answered the question: what social work services do families adopting internationally need before, during, and after the adoption? This question was answered by having participants who have internationally adopted complete an online survey. Overall the families in the study are functional at a high level, with strong problem solving skills and good affective responsiveness. The families can work through emotionally charged problems, and can show emotion even in emergency situations. Though many families had good problem solving skills and healthy affective responsiveness, families still want therapeutic services, often focusing on attachment.

On the other hand, the majority of the adopted children in this study scored above the clinical cut off for the Brief Assessment Checklist for Children. All but 3 of the 51 children meet the requirement to be referred for more mental health care. Adoptees in the study exhibited numerous behavioral, medical, and cognitive challenges for which many adoptive families were ill-prepared and uninformed. Therefore, therapy for the child is the service that most families should receive when adopting internationally.

Preventative interventions are needed before and during the adoption process to educate both adoptees and parents (some children were never explicitly told they were being adopted and would not return to the orphanage). Parents need support– both formal and informal – and accurate information for responding to the multiple difficulties children bring with them or experience post-adoption.

There are also systematic things that could be changed in order to ensure that internationally adopted children are able to form secure attachment with their adopted parent. Children should not be placed in institutions and stable foster homes should be the

first choice in placing children. Internationally adopted children should also be receiving therapy and other services they so desperately need even before they are adopted. Lastly, social workers working with people who are internationally adopting should check in with the family more and offer general services that the whole family could benefit from.

Conclusion

International adoption gives children a chance at a better life with people who love them and are able to care for them. Unfortunately, some children who are internationally adopted struggled with Reactive Attachment Disorder which make forming secure attachments also impossible for the child. This lack of attachment can cause many different issues for the child and for the family. This study showed that more services need to be provided to these families, and specifically the internationally adopted children. With services like family and individual therapy the child and family can better transition into their new lives.

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Appendix A: Approval from the Institutional Review Board

The College at BROCKPORT
STATE UNIVERSITY OF NEW YORK
Institutional Review Board

Date: 12/2/2016

To: Shelby Whelan

From: Julie Wilkens
IRB Compliance Officer
jwilkens@brockport.edu

Re: IRB Proposal # 2015-141

Project Title: Parent-Child Attachment after International Adoption

Approval Date: 12/2/2016
Expiration Date: 12/2/2017

IRB approval is good for one year. Before the expiration date, submit a Continuation Request on Form K to the IRB office. A reminder should also be sent to you in eleven months by the IRB office, but it is the researcher's responsibility to make sure the protocol approval does not expire.

Under federal guidelines, a maximum of two consecutive continuations can be granted. After three years, the project must be resubmitted to the IRB as a new protocol for review and approval.

You may use only the documents and procedures that have been approved by the IRB in conducting your research. If you wish to make any changes to these documents or procedures, including adding research assistants or new investigators, you must submit a Modification Request on Form K and obtain approval from the IRB prior to implementing any changes.

Any injury to a subject due to the research procedures must be reported immediately.

When signed consent documents are required, the primary investigator must retain the signed consent documents for a minimum of three years past completion of the research activity.

Best wishes in conducting your research.

Appendix B: Recruitment Letter

Dear _____,

I am a social work student at the State University of New York, College at Brockport, and am conducting an online research study with parents who adopted internationally. I hope that you will consider passing the message below on to those you know who have adopted a child, who is currently between the ages of 5-11, from another country. If you have any questions I can be reached at: 845-392-6804 or by email at swhal2@u.brockport.edu.

Dear Adoptive Families,
I am a social work student at the State University of New York, College at Brockport, and am conducting an online research study with parents who adopted internationally. Please consider participating in this the study I am conducting. The information that you give will help us understand the impact that social work services before, during, and after adoption enhance attachment in the parent/adopted child relationship. We are interested in hearing about the experiences of families who have adopted a child that is currently between the ages of 5-11. If you participate in the study, you will fill out an online survey. Please read the informed consent document attached and then go to www……. if you are willing to participate in the study.

Sincerely,
Shelby Whalen

Appendix C: Informed Consent Document

Informed Consent

Parent-Child Attachment after International Adoption

You are invited to be in a research study of attachment in internationally adopted children. You were selected as a possible participant because you adopted a child internationally who is now aged 5-11. I ask that you read this form and ask any questions you may have before agreeing to be in the study.

This study is being conducted by: Shelby Whalen and Athena Kolbe from the Department of Social Work at The College at Brockport.

BACKGROUND INFORMATION

The purpose of this study is explore what services or interventions would have been most helpful pre and post adoption to make the attachment process easier on both child and parent.

A maximum of 200 people will take part in this study. The results will be used for an undergraduate thesis.

PROCEDURES:

If you agree to be in this study, I would ask you to do the following: fill out an online survey using Google Forms. The survey will take approximately 45 minutes.

COMPENSATION/INCENTIVES:

You will not receive compensation.

RISKS AND BENEFITS OF BEING IN THE STUDY

One possible is feeling upset or frustrated when your child's attachment issues are being discussed. We have provided links to self-help resources and adoption support systems at

the bottom of this consent form. The other risk is the loss of time. The survey is estimated to take about 45 minutes.

The possible benefits to the person participating in the study would be that it feels good to be contributing to research that is helping the rest of the international adoptive community learn about interventions and services that would make the attachment process easier on both child and family.

CONFIDENTIALITY:

The records of this study will be kept private, and your confidentiality will be protected. In any sort of report I might publish, I will not include any information that will make it possible to identify a subject. If this study is online, be aware that due to the limited protections of the Internet, confidentiality can be protected, but not guaranteed. Research records will be stored securely, and only researchers will have access to the records. All data will be kept on a password protected laptop by the investigator. All study records, including approved IRB documents, tapes, transcripts, and consent forms, will be destroyed by shredding and/or deleting after 5 years. If audio-recordings are made, they will be erased as soon as they are transcribed. I will not be collecting any identifiable data such as your IP address, name, or email address.

VOLUNTARY NATURE OF THE STUDY:

Participation in this study is voluntary. Your decision whether or not to participate will not affect your current or future relations with The College at Brockport. If you decide to participate, you are free to skip any question. You may also withdraw from this study at any time without penalty.

In order to participate in this study, your informed consent is required. If you wish to participate in the project and agree with the statements below, please click the affirmation on the survey. Again, you may change your mind at any time and leave the study without penalty, even after the study has begun.

Contacts and Questions:

The researcher conducting this study is: Shelby Whalen, and her advisor is Athena Kolbe. You may ask any questions you have now, before filling out the survey. If you have questions later, you are encouraged to contact me at swhal2@u.brockport.edu or 845-392-6804, or my thesis director, Athena Kolbe, at akolbe@brockport.edu or 585-395-5780.

If you have any questions or concerns regarding this study and would like to talk to someone other than the researchers, please contact The College at Brockport IRB compliance officer, Julie Wilkens, at (585) 395-2779 or jwilkens@brockport.edu.

(Please print a copy of this document for your records.)

Statement of Consent:

I am 18 years of age or older. I have read the above information. If I had questions, I have asked questions and have received answers. I consent to participate in the study.

Appendix D: Study Instrument

Adopted Child's Age

Did you adopt a child, who is currently between the ages of 5-11, whose adoption has been finalized?

Yes- Continue to next section
No- Finalize

Demographics

Gender
- Male
- Female
- Other

What is your age?

_____

In which U.S state do you live?

_____

Are you Hispanic?
- Yes
- No

What is your ethnicity?
- White
- Black
- Asian/ Pacific Islander
- Native American
- Latino
- Other

What is your marital status?
- Married
- Single, not living with a partner
- Divorced
- Widowed

What languages do you speak fluently?
- English
- ASL
- Spanish
- French
- Arabic
- Other

How many children under the age of 18 are part of your household?

_____

Of those children, how many are biologically related to you (do not include stepchildren who ar biologically related to your spouse)?

_____

Of those children, how many are your stepchild(ren)?

_____

Of those children, how many are your foster child(ren)?

_____

Of those children, how many were adopted domestically (do not include children you have previously identified as stepchildren, even if you adopted them)?

_____

Of those children, how many were adopted internationally?

_____

How many people are part of your household in total? Include yourself, any children you already mentioned, and any other people with whom you share living space and finances.

_____

Adopted Children

We are looking for information about your experiencing adopting internationally. Please think of the children (currently age 5-11) that you have adopted from overseas and identify the one that had the most recent birthday.

For the rest of this survey, when we ask about your child, please answer in relation to this particular child only.

Is your adopted child male or female?

- Male
- Female
- Gender Neutral

How old is your child?

_____

The adoption process can take a long time. How old was your child when the adoption was finalized and you brought him/her home? If the adoption was finalized and then you brought him/her home months or years later, please give the age at which the child was actually brought into your home.

_____

What is the child's country of origin?

_____

What is your child's ethnicity?

- White
- Black
- Asian/ Pacific Islander
- Native American
- Latino
- Other

What was the primary language(s) your child used for everyday communication before being adopted?

_____

Choose the response that best describes your child's English?

- My child is completely fluent or is a native English speaker
- My child is an advanced English speaker; my child can speak in English but needs assistance occasionally or forgets words

child is an intermediate English speaker; my child struggles to communicate in English but can make his/her needs understood verbally

My child is a limited English speaker; my child speaks little or no English

N/A My child isn't able to communicate verbally

Before the adoption process, where did your child live?

In a home with a biological parent

In a home with another family member.

Foster care, either formal or informal.

As a domestic servant

Orphanage or Crèche

Residential school, children's hostel, or facility for children other than an orphanage.

On the streets.

Hospital.

Unknown.

Other

During the adoption process, where did your child live?

In a home with a biological parent

In a home with another family member.

Foster care, either formal or informal.

As a domestic servant

Orphanage or Crèche

Residential school, children's hostel, or facility for children other than an orphanage.

On the streets.

Hospital.

Unknown.

Other

Has your child ever been diagnosed with any of the following physical or mental health impairments?

Low Birth Weight or Failure to Thrive

Disorder of the Musculoskeletal System

Blind/Sight impaired

Deaf/Hearing impaired

Loss of a limb or other functional body part (e.g. finger(s), foot, nose, etc.)

Disorder of the Respiratory System

Disorder of the Cardiovascular System

Disorder of the Digestive System

Genitourinary Disorder

Hematological Disorder

Skin Disorder

Endocrine Disorder

Congenital Disorders that Affect Multiple Body Systems (such as Down Syndrome, Tay-Sachs disease, trisomy X syndrome, fragile X syndrome, phenylketonuria, caudal regression syndrome, or fetal alcohol syndrome)
Neurological Disorder
Cancer
Immune System Disorder
Mental illness (not including learning or cognitive disabilities)
Learning Disability
Cognitive Disability
Other

Does your child currently receive any of the following special services?

Resource room at school
Individualized Educational Plan or 504 Plan
Self-contained classroom at school
One-on-one aide at school, home or in the community
Residential school (publically funded)
Behavioral aide at home, school, or in the community
Residential treatment facility
Day treatment facility
Substance abuse treatment
Recreational therapy
Occupational therapy
Physical therapy
Psychiatric services/medication review
Outpatient therapy (individual)
Outpatient therapy (family)
Outpatient therapy (group)
Psychosocial education group or program
Respite care
Therapeutic foster care
In-patient medical treatment
In-patient psychiatric treatment
Home health care
Other

Where does your child currently live?

At home with us.
With another relative.
Splits time between multiple homes (e.g. lives with one parent on weekends and another during the week)
Juvenile detention facility
Residential treatment facility
Treatment foster care
Other

Support Service and Information

Please give a detailed response, if possible, regarding the adoption of the child you identified.

What services or supports did you receive before the adoption was completed to assist you in adjusting to this transition?

_____
_____
_____

What services or supports do you wish you had received before the adoption was completed to assist you in adjusting to this transition?

_____
_____
_____

What services or supports did your child receive before the adoption was completed to assist him/her in this transition?

_____
_____
_____

What services or supports do you wish your child had received before the adoption was completed to assist him/her in this transition?

_____
_____
_____

What services or supports did you receive after the adoption was completed to assist you in adjusting to this transition?

_____
_____
_____

What services or supports do you wish you had received after the adoption was completed to assist you in adjusting to this transition?

_____
_____
_____

What services or supports did your child receive after the adoption was completed to assist him/her in this transition?

_____
_____
_____

What services or supports do you wish your child had received before the adoption was completed to assist him/her in this transition?

_____
_____
_____

What steps did you take, if any, to encourage your child to create an emotional attachment to you as his/her new parent? Were these effective?

_____
_____
_____

Lots of adoptive parents struggle to create a strong emotional bond with their adopted children. What do you know now that you wish you'd known before you started the adoption process?

_____
_____
_____

McMaster Family Assessment Device- Affective Responsiveness and Problem Solving Sub-scales

Next, I'm going to ask some questions about how well your family. Please select the response that best reflects your situation.

We are reluctant to show our affection for each other.
- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

We usually act on our decisions regarding problems
- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

We cry openly.
- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

After our family tries to solve a problem, we usually discuss whether it worked or not.
- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

Tenderness takes second place to other things in our family.
- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

We resolve most emotional upsets that come up.
- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

We express tenderness.
- Strongly Agree

Agree
Disagree
Strongly Disagree

We confront problems involving feelings.
Strongly Agree
Agree
Disagree
Strongly Disagree

We don't show our love for each other.
Strongly Agree
Agree
Disagree
Strongly Disagree

We try to think of different ways to solve problems.
Strongly Agree
Agree
Disagree
Strongly Disagree

Some of us just don't respond emotionally.
Strongly Agree
Agree
Disagree
Strongly Disagree

Child Behavior

Here are some statements that describe children's behavior and feelings. For each statement, please select the answer that best describes your child in the last 4 to 6 months. Remember, you are answer these questions about the same child you identified earlier, the child who is aged 5-11 and was adopted internationally. If you have more than one child who meets this criteria, you earlier selected the child who had the most recent birthday.

Can't concentrate, short attention span
This statement is NOT TRUE for my child during the last 4-6 months.
This statement is PARTLY TRUE for my child during the last 4-6 months.
This statement is MOSTLY TRUE for my child during the last 4-6 months.

Craves affection
This statement is NOT TRUE for my child during the last 4-6 months.
This statement is PARTLY TRUE for my child during the last 4-6 months.
This statement is MOSTLY TRUE for my child during the last 4-6 months.

Eats too much
This statement is NOT TRUE for my child during the last 4-6 months.
This statement is PARTLY TRUE for my child during the last 4-6 months.

This statement is MOSTLY TRUE for my child during the last 4-6 months.

Fears you will reject her/him

This statement is NOT TRUE for my child during the last 4-6 months.

This statement is PARTLY TRUE for my child during the last 4-6 months.

This statement is MOSTLY TRUE for my child during the last 4-6 months.

Hides feelings

This statement is NOT TRUE for my child during the last 4-6 months.

This statement is PARTLY TRUE for my child during the last 4-6 months.

This statement is MOSTLY TRUE for my child during the last 4-6 months.

Is convinced that friends will reject her/him

This statement is NOT TRUE for my child during the last 4-6 months.

This statement is PARTLY TRUE for my child during the last 4-6 months.

This statement is MOSTLY TRUE for my child during the last 4-6 months.

Lacks guilt or empathy

This statement is NOT TRUE for my child during the last 4-6 months.

This statement is PARTLY TRUE for my child during the last 4-6 months.

This statement is MOSTLY TRUE for my child during the last 4-6 months.

Prefers to be with adults, rather than children

This statement is NOT TRUE for my child during the last 4-6 months.

This statement is PARTLY TRUE for my child during the last 4-6 months.

This statement is MOSTLY TRUE for my child during the last 4-6 months.

Relates to strangers 'as if they were family'

This statement is NOT TRUE for my child during the last 4-6 months.

This statement is PARTLY TRUE for my child during the last 4-6 months.

This statement is MOSTLY TRUE for my child during the last 4-6 months.

Seems insecure

This statement is NOT TRUE for my child during the last 4-6 months.

This statement is PARTLY TRUE for my child during the last 4-6 months.

This statement is MOSTLY TRUE for my child during the last 4-6 months.

Startles easily ('jumpy')

This statement is NOT TRUE for my child during the last 4-6 months.

This statement is PARTLY TRUE for my child during the last 4-6 months.

This statement is MOSTLY TRUE for my child during the last 4-6 months.

Suspicious

This statement is NOT TRUE for my child during the last 4-6 months.

This statement is PARTLY TRUE for my child during the last 4-6 months.

This statement is MOSTLY TRUE for my child during the last 4-6 months.

Too dramatic (false emotions)

This statement is NOT TRUE for my child during the last 4-6 months.

This statement is PARTLY TRUE for my child during the last 4-6 months.

This statement is MOSTLY TRUE for my child during the last 4-6 months.

Too friendly with strangers

This statement is NOT TRUE for my child during the last 4-6 months.

This statement is PARTLY TRUE for my child during the last 4-6 months.

This statement is MOSTLY TRUE for my child during the last 4-6 months.

Too jealous

This statement is NOT TRUE for my child during the last 4-6 months.

This statement is PARTLY TRUE for my child during the last 4-6 months.

This statement is MOSTLY TRUE for my child during the last 4-6 months.

Treats you as though you were the child and she/he was the parent

This statement is NOT TRUE for my child during the last 4-6 months.

This statement is PARTLY TRUE for my child during the last 4-6 months.

This statement is MOSTLY TRUE for my child during the last 4-6 months.

Uncaring (shows little concern for others)

This statement is NOT TRUE for my child during the last 4-6 months.

This statement is PARTLY TRUE for my child during the last 4-6 months.

This statement is MOSTLY TRUE for my child during the last 4-6 months.

For each of the next statements, please indicate how often this occurred with your child in the last 4-6 months.

Distressed or troubled by traumatic memories

The behavior DID NOT OCCUR in the last 4 to 6 months.

The behavior OCCURED ONCE in the last 4 to 6 months.

The behavior OCCURED MORE THAN ONCE in the last 4 to 6 months.

Does not show pain if physically hurt
- The behavior DID NOT OCCUR in the last 4 to 6 months.
- The behavior OCCURED ONCE in the last 4 to 6 months.
- The behavior OCCURED MORE THAN ONCE in the last 4 to 6 months.

Sexual behavior not appropriate for her/his age
- The behavior DID NOT OCCUR in the last 4 to 6 months.
- The behavior OCCURED ONCE in the last 4 to 6 months.
- The behavior OCCURED MORE THAN ONCE in the last 4 to 6 months.

Appendix E: CV of Shelby Whalen

Education

State University of New York, The College at Brockport
Brockport, NY
Honors College- The College at Brockport

* Major – Social Work
* Minor- Phycology
* GPA – 3.64

Noteworthy course work: Human Behavior I, II, Human Service Systems/ Social Policy, Human Diver sty, Social and Economic Justice, Methods I, II, Social Work Research Methods.

Undergraduate Field Practicum
Cayuga Centers, Rochester, NY
Functional Family Therapy
Intern – September 2016- May 2017 *(anticipated conclusion)*
* Responsible for data input of assessment sheets given at the end of every FFT session.
* Observe Evidenced Based Practice in action, including in-home therapy visits
* Observe collaboration between different organizations including the New York State Justice System and Cayuga Center. Participated in team meetings to evaluate and service various client's needs.

Dutchess County Department of Community & Family Services-Poughkeepsie, NY
Intern- May 2014- June 2014
*Assisted the Deputy Commissioner in a research project investigating various New York counties' child protection policies, procedures and operational protocols.
* Accompanied staff to Family Court hearings and proceedings.

Experience
The Student Learning Center, Brockport, NY
Tutor- September 2016- May 2017 *(anticipated conclusion)*
* Provide tutoring for three social work students
* Help with organizational and study skills
* Aid and instruct on proper note taking skills

Cardinal Hayes School for Children, Millbrook, NY
School for Children with Developmental and Mental disabilities
Teachers Aid – Summers 2015, 2016
* Worked under the general guidance of a special education classroom teacher to provide a rich, broad based educational experience for disabled children.
* Directly responsible for the direct care, supervision, and overall school experience of the students.
* Advocated for the children when they were in need of services or resources.

Trattoria San Giorgio, Millbrook, NY
Waitress- May 2016- August 2016
* Responsible for overall restaurant experience for customers of this upscale eatery.
* Participated in all facets of Front-of-House operations - set tables, took food orders and served.
* Operated point of sale system and managed the allocation of the staff gratuity pool.
* Assisted with all opening and closing responsibilities.

Merritt Bookstore, Millbrook, NY
Sales Clerk- July 2011- August 2014
*Operated point of sales system
*Assisted with opening and closing responsibilities
*Managed billing
*Conducted day to day operations
*Advised new student employees

Town of Washington Summer Camp, Millbrook, NY
Group Leader - Summers 2011, 2012, 2013
* Responsible for supervision, safety and overall summer camp experience for groups of 20 to 25 children each summer.
* Directly supervised two counselors and numerous counselor-in-training staff.
* Organized events and activities for children throughout the summer, including the planning of an end of summer camp music show.

Research
Senior Thesis, SUNY Brockport
Attachment Issues in Internationally Adopted Children
*Conducted research on attachment disorders in internationally adopted children, what services the family was provided, and what services the family wished they were provided.
*Wrote an Institutional Review Board Application
*Created a survey to be given to the families participating in the study
*Worked closely with a faculty member for thesis advisement