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The effect of neglect in infancy on the ability to attach to adoptive caregivers

Lisa Marie Christoffer

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THE EFFECT OF NEGLECT IN INFANCY ON THE ABILITY TO ATTACH TO ADOPTIVE CAREGIVERS

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment of the Requirements for the Degree Master of Social Work

by
Lisa Marie Christoffer

June 2012
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TO ATTACH TO ADOPTIVE CAREGIVERS

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ABSTRACT

The purpose of the study was to assess the effect of neglect in infancy with the child's ability to attach in an adoption context. There is a wealth of research regarding the effects of maltreatment on attachment behavior; however, little is known about how neglect specifically affects attachment behavior within adoption. This study employed a quantitative, cross-sectional, survey design in order to gather parental perspectives of the child's ability to attach to their adoptive parents, via self-administered questionnaires. Families were recruited from San Bernardino County Post Adopt Services resulting in 33 families. The Kinship Center Attachment Questionnaire and a demographic questionnaire were completed by the parents. The children ranged in age from 1-5.9 years with 20 males and 13 females. One main finding of the study suggested that substance abuse in the biological family home predicted more attachment difficulty with adoptive caregivers. One recommendation for social work practice was to provide more information regarding attachments to biological, foster and adoptive parents. Additional research was recommended involving larger sample sizes with control groups in order to compare infants that have
experienced neglect with those who have not with the ability to generalize the results.
ACKNOWLEDGMENTS

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DEDICATION

I dedicate my thesis to my family and friends, especially, my mother, for instilling the values of altruism and the importance of education; and my father for teaching me the importance of hard work and dedication. Thank you for everything.

To Robb, my amazing fiancé, for the countless sacrifices he has made in order to help me succeed throughout the duration of the program. I love you so much and I am grateful for your support, inspiration and understanding over the past two years.

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CHAPTER ONE
INTRODUCTION

Problem Statement

Attachment formation with adoptive caregivers has proven to be a challenge for children from the child welfare system; these children have undoubtedly experienced maltreatment before the removal from their biological family including physical abuse, sexual abuse, neglect or any combination (Braley, 2007; Hilyard & Wolfe, 2002). Neglect is the most common form of maltreatment observed in children entering the child welfare system as well as the least researched type; however, the limited studies on the topic report outcomes indicating attachment problems (Hilyard & Wolfe, 2002). As suggested by Bowlby (1988), it is extremely important for children to bond and form a connection with their caregiver. This allows them to become securely attached and begins their template of a healthy attachment that they will refer to later in life. In addition, it allows the child to develop cognitively at a typical rate as well as allowing children to grow and learn in their environment due to the ability to feel safe and explore.
Maltreatment in children is positively correlated with later disorganized attachments which manifests as irrational coping mechanisms, freezing or stilling, slow movements and depressive symptoms in response to their caregivers (Carlson, Cicchetti, Barnett, & Brunwald, 1989). Some studies show that adoptive children have a higher tendency to be diagnosed with Reactive Attachment Disorder (RAD), which can be a life-long illness wherein the ability to form relationships is hindered (Dries et al., 2008; Mayo Clinic, 2011).

The problem under investigation is important due to the sheer number of children adopted from the child welfare system per year and the high percentage of those children who have experienced neglect. According to the U.S. Department of Health and Human Services, in 2009 there were 57,466 adoptions from the child welfare system nationwide (U.S Department of Health and Human Services website, 2010). In 2009, in California alone 7,438 adoptions were finalized from the child welfare system (Administration for Children and Families, 2010). In 2009, over half of all substantiated maltreatment cases in California were classified as neglect (Kids Data, 2011). Additionally, neglected children were 44% more likely to endure more than
one episode of maltreatment when compared to those who have experienced physical abuse (Berry, Charlson, & Dawson, 2003). In 2000, the majority of child mortalities caused by maltreatment were the consequence of neglect (Connell-Carrick, 2003). In 2007, over half of the children adopted from the child welfare system experienced neglect within their biological home (Assistant Secretary for Planning and Evaluation [ASPE], 2011). These statistics appear daunting, which is why the interest for studying the outcome of previously neglected children in their adoptive placements is important and intriguing.

Policy Context

There have been several federal laws enacted relating to the importance of permanency in the lives of children, especially those from the child welfare system. Numerous adoption laws are in existence to ensure safety and stability of children. The Adoptions and Safe Families Act of 1997 (PL 105-89) emphasizes child safety and provides funds to states for permanency planning and adoption if families cannot reunify. The Adoption Promotion Act of 2003 extends the funding for adoptions and promotes adoption for older children. Fostering Connections to Success and Increasing Adoptions Act of 2008 extends the
maximum age for children in foster care to 21 years and expands adoptions incentives (California Center for Research on Women and Families [CCRWF], 2009).

California has several state laws that pertain to adoptions. Assembly Bill 1544 of 1997 requires a concurrent plan for every child in family reunification, which allows for a prospective long-term placement in the event that the family cannot reunify. In 1998, Assembly Bill 2773 was developed to shorten the time frame for reunification in order to find a successful prompt permanent placement for children. Assembly Bill 408 was created in 2003 to ensure that social workers preserve children’s important relationships while in foster care for those 10 years of age and older, highlighting the significance of attachments in the life of a child (CCRWF, 2009). The above bills are an insight into the national and local efforts to secure safety and permanency for children displaying an emphasis on the time-frame, suggesting the importance of stability and permanency early in the life of these children.

Practice Context

Social Workers must rely on the Welfare and Institutions Code in filing allegations of abuse and
neglect. According to the Welfare and Institutions Code section 300 b the following must be present for a neglect allegation:

The child has suffered, or there is a substantial risk that the child will suffer, serious physical harm or illness, as a result of the failure or inability of his or her parent or guardian to adequately supervise or protect the child, or the willful or negligent failure of the child's parent or guardian to adequately supervise or protect the child from the conduct of the custodian with whom the child has been left, or by the willful or negligent failure of the parent or guardian to provide the child with adequate food, clothing, shelter, or medical treatment, or by the inability of the parent or guardian to provide regular care for the child due to the parent's or guardian's mental illness, developmental disability, or substance abuse ("WIC code," 2007, p.39).

Currently, there are several attachment interventions for building and strengthening parent-child relationship that prove to be successful, such as Child-Parent Psychotherapy (CPP), Circle of Security (COS), Parent-Child Interaction Therapy (PCIT) and Minding the Baby (MIB)
(Lawler, Shaver, & Goodmann, 2011). Several child welfare agencies have implemented an assessment process which has the ability to assess for attachment difficulties. In San Bernardino County, every child under five that enters the child welfare system exhibiting mental health problems is referred to a program called Screening Assessment Referral and Treatment (SART), wherein children are evaluated for emotional, developmental and behavioral issues that may stem from exposure to substances, abuse, neglect or environmental factors (County of San Bernardino Department of Public Health, n.d.). This allows the Social Workers to become aware of the needs of these children and make referrals for necessary treatment.

In the cases where children are unable to form a healthy primary attachment it is a challenge to re-wire their templates of early adverse attachment experiences without therapeutic intervention (Bowlby, 1988). These early adverse circumstances including maltreatment can have life-long effects on the development of children. There is a scarcity of studies conducted on the relationship between neglect in infancy and the child's ability to form attachments with their adoptive parents, providing rationale for the current study.
Purpose of the Study

The purpose of the study was to examine the relationship between neglect in infancy and the child’s ability to form attachments in an adoption context. Most of the current research assesses the effect of all forms of maltreatment on attachment behavior. However, this study aimed to investigate one type of maltreatment, neglect, on attachment behavior. Neglect appears in several forms including lack of supervision which may lead to bodily injury or sexual abuse, physical neglect, emotional neglect, abandonment, educational neglect and medical neglect (Hilyard & Wolfe, 2002). Neglect can cause several deficits in cognitive, physical and emotional development. The brain of a severely neglected child may be affected in the following ways: tissue damage as a result of malnutrition or injuries to the head, changes in brain chemistry due to low levels of stimulation and/or adaptations to unhealthy situations that will limit later development (Dries, Juffer, Van Ijzendoorn, & Bakermans-Kranenburg, 2008). These children tend to present with lower overall cognitive and language abilities, lack of coping skills, poor social interactions and attachment problems that exacerbate over time (Hilyard & Wolfe, 2002).
Many children from the Child Welfare System have a mental health diagnosis. There are several behaviors that are consistent with early neglect that also may be similar to symptoms of Attention Deficit Hyperactivity Disorder (ADHD) or early onset Bipolar Disorder (Lesser & Pope, 2011). According to Braley (2007), the brain of severely maltreated children can be underdeveloped or damaged in that they may be stuck in an immature level of cognition. This can manifest as difficulty with concentration, simple and intense presentation of emotions, habitual lying, abuse allegations, blaming others for their own behavior and a self-centered attitude. These children want to appear to be in control as an innate response to having the responsibility to keep oneself safe because of the lack of primary attachment formation (Braley, 2007). The behaviors resulting from neglect and the symptoms of ADHD and early onset Bipolar Disorder appear similar; in turn, it is important to further study the outcomes of neglect in order to add to the knowledge base. Moreover, these children may have similar symptoms; however, they may have dissimilar needs.

The literature on neglect alone is scarce; however, the literature that does exist shows several deficits in
children’s development as a result of experiencing neglect. Furthermore, the literature lacks the comparison of neglect with attachment abilities. Most of the current attachment research focuses on abuse and neglect, compiling the two together to assess overall maltreatment. The outcomes for each can be gravely different, which is why it is important to study them individually. The opportunity to assess neglect further in depth may reveal an enhanced picture of the outcomes of each type of neglect on attachment behavior.

Purposive sampling was utilized in order to identify a sample that met the criteria of the study. A list of possible adoptive families was obtained from Post Adopt Services in San Bernardino County. The eligibility criteria consisted of those with a finalized adoption through San Bernardino County Children and Family Services; at least one substantiated neglect allegation when the child was under one year; and adoptive children currently six years or younger. The significant brain development during the first year of life is the reasoning behind choosing that initial time-frame for the neglect. Further, the six year cut-off was chosen due to the requirements of the attachment measure implemented. Once the families that
met the criteria were identified, a letter was sent out to 200 randomly selected out of the 700 to explain the study and requesting responses from those interested in participating.

This study utilized a quantitative survey design using the Kinship Center Attachment Questionnaire (KCAQ) and a demographic questionnaire, which were mailed or given over the telephone to interested participants. Moreover, supplementary data were extracted from case files including the number of placements of each child, number of referrals regarding the child, amount of time the family was involved with CFS, relative versus non-relative adoptive homes, duration from removal to placement with adoptive family and the duration each child remained with the adoptive family without interruption. Additionally, environmental issues that may contribute to attachment difficulties were extracted as in prenatal exposure to drugs or alcohol, parents that had substance abuse problems, domestic violence in the household, parents that had a mental health diagnosis.

The goal was to identify 200 families who met the criteria with a sample size of at least fifty participants. The design measured attachment using a parental-report
scale as opposed to the frequently used observational methods that tend to be costly and laborious with a possibility of observer bias (Kappenberg & Halpern, 2006). Parental report was a convenient, less time-consuming method in which the parents were more apt to participate since they can do so in their own home or with a phone call. A limitation was that the KCAQ was only tested and proven valid and reliable for Caucasian and Hispanic populations (Kappenberg & Halpern, 2006).

Significance of the Project for Social Work

This study uncovered the impact of neglect on attachment, which provides additional knowledge to the field regarding particular forms of neglect that may have more of an impact on impairment of attachment. This may be a step in the direction of creating a better understanding of the outcomes associated with neglect, especially those that may resemble other mental health illnesses. With this better understanding, social workers, clinicians, therapists and other professionals may be more inclined to provide attachment-based intervention to these children.
This may lead to more training and certifications in attachment modalities across the nation.

The study findings can be passed along to parents in and out of the system to enhance awareness of the serious impact of neglect on attachment formation. Adoptive parents may benefit by increasing their understanding and awareness of the causes of their child’s behavior. If these parents are fully aware of what their child may be experiencing and why these behaviors are manifesting, they may be better prepared and more patient with the recovery of these children. As a result, children will benefit with the growing knowledge in the field, awareness of adoptive parents and services available to those with attachment issues.

The findings of the study may lead the field to more attachment-based interventions with children exhibiting attachment difficulties deriving from neglect, improving earlier detection and earlier intervention, as a result of knowledge and awareness. These children are in need of nurturing, loving, accepting and understanding adults in order to model an appropriate attachment relationship. The results may uncover a need for enhanced services provided to these children to assist in attachment development, or
will at least lead the field in a direction where the system is better able to assist these children. Policy has already been affected in the area of time-limited services to parents in reunification in order to plan for a permanent placement for children. More policy may be affected according to the results of early neglect on attachment abilities. Since neglect is common in child welfare cases, the results will be pertinent to the field of Child Welfare in order to build the knowledge base in the area of outcomes of neglect; heighten attachment-based services available after adoption; improve screening and assessment in order to detect attachment problems following neglect; and finally, to enhance the professional understanding of the struggles brought about by enduring neglect in infancy.
CHAPTER TWO

LITERATURE REVIEW

Introduction

This chapter summarized the literature regarding the field of attachment over time including main researchers, identifying landmark studies and the importance of attachment in infancy. The categories of attachment were delineated and discussed. The impact of maltreatment and neglect were assessed regarding behavioral, cognitive, emotional and social outcomes. An overview of the ability to attach in adoption after maltreatment was presented, as well as the consequential factors associated with neglect in comparison to abuse. The factors related to foster care that may affect attachment as well as theories that assisted in the construction of the research idea were presented. The gap in the literature regarding neglect related to attachment formation was addressed. Lastly, the importance of the main theory guiding the construction of the current study was discussed.
Theories Guiding Conceptualization

John Bowlby, a pioneer in the field of attachment, proposed that there was an innate biological attachment system in which the function was to regulate the infant’s safety in the environment of origin (Bowlby, 1969). Deriving from this research, Bowlby evolved to focus on long-term separations of toddlers and their parents during traumatic situations (i.e., a hospital stay). Three phases of separation emerged including protest, despair and detachment. This spans over a period of time and the first two phases include crying, calling for parent, and preoccupation with missing parent; whereas the latter focuses on the toddler’s acceptance of their environment and attendance of surroundings, especially to nurses and peers (Bowlby, 1973). Moreover, the actions of the toddlers upon their attachment figures arrival were avoidant, ignoring or appearing not to recognize the figure. Paradoxically, those toddlers easily remembered or attended quickly to the less significant attachment figure, other relatives or neighbors which suggested that it is an unconscious concealing of the thought rather than a failure in memory. Bowlby (1973) attributed this to long-lasting
mourning or unsuccessful mourning, which may resemble detachment.

Bowlby defined four important features of the attachment system including proximity maintenance, separation distress, safe haven and secure base. Proximity maintenance referred to children wanting to stay close to their attachment figure; separation distress signified infant display of anxiety over separation; safe haven allowed the infant or child to know that the attachment figure would protect them if a threat arose; and secure base portrayed a place (the attachment figure) from which the infant or toddler could begin to explore the world, while knowing the attachment figure would shield them from hazard. The initial attachment of primary caregiver to infant is referred to as the foundation for all later social relationships (Bowlby, 1973). Bowlby suggested that the attachment system plays a role throughout the life cycle, “from the cradle to the grave” (Bowlby, 1979, p.129). He developed attachment stages from his research which include pre-attachment (birth-6 weeks), attachment in the making (two - 7 months), clear cut attachment (seven-24 months) and goal-corrected partnership (after two years) (Bowlby, 1969).
The attachment theory and supporting literature in the field are important as Bowlby (1988) suggested that attachment is central to well-being and healthy development. It is well known that secure attachments produce healthy development in children such as social competence, emotional aptitude, high self-esteem, as well as cognitive and language advantages. Conversely, insecure attachments can produce poor social development, inattention in school, poor emotional development, conduct problems, later substance abuse, along with many more maladaptive behaviors (Zilberstein & Messer, 2007).

The attachment formed in infancy is a basis for later relationships and development (Ainsworth, 1979). Mary Ainsworth became the next significant leader in the field of attachment with her signature methods of naturalistic observation of infant and mother relationships. Ainsworth discovered that infants were biologically wired to bond and keep a close proximity with caregivers. The infant was born with signaling behaviors that allow the caregiver to become aware of the infants needs by crying, clinging, suckling, etc. (Ainsworth, 1989).

Ainsworth created the landmark study, Strange Situation, in which there were stints of separation and
reunifications to gauge responses of the infants towards their primary attachment figures. A result of the study produced three categories of attachment including secure, insecure-avoidant and insecure-ambivalent (Ainsworth, 1979). Much later, a colleague, Mary Main, added a fourth category entitled disorganized/disoriented. Main’s research using the strange situation procedure displayed a remarkable amount of children with similar attributes that did not fit Ainsworth’s criteria (Main & Solomon, 1990).

According to Ainsworth and Main, a secure attachment revealed the infant’s ability to recognize the primary caregiver as an accessible and receptive person due to experience. Conversely, infants in the two insecure categories proposed by Ainsworth, avoidant and ambivalent, may have had an attachment figure disregard their signals, respond with delay or respond incorrectly to their signs or signals; which leads the infant to believe that the attachment figure is not available or responsive to fulfill their needs (Ainsworth, 1979). The disorganized group proposed by Main is the extreme of insecure attachments. The children in the disorganized group displayed behavior such as freezing or stilling, dazed looks or approaching with their head turned away; which represents the child’s
inability to predict or know what to expect from a caregiver (Main & Solomon, 1990).

Attachment Style Outcomes

Longitudinal research by Weinfield et al. (2003) involved 57 participants, a subset of an original 267 participants, recruited from the Minnesota Mother-Child Project. The procedures included the Strange Situation and the Berkeley Adult Attachment Interview. The outcome showed that infant attachment styles, as depicted by the Strange Situation procedure, predicted later social performance in school settings. Those children that displayed secure attachments as infants in the Strange Situation procedure enjoyed relationships with peers and teachers in preschool and school settings more often than those with insecure attachments (Weinfield, Sroufe, & Egeland, 2003).

Children who were securely attached infants have better overall development, cognitive skills, compliance, social functioning, school performance, resiliency and self-regulatory skills (Zilberstein & Messer, 2007). An article regarding disorganization stressed the problems children with attachment disorganization exhibit in social
relationships, self-regulation as well as co-morbid conditions. Early adverse experiences including abuse, neglect and multiple placements make treatment very complex and intensive with this population. A disorganized attachment is found in 80% of maltreated children (Zilberstein & Messer, 2007). One commonality stemming from disorganization was the presence of Reactive Attachment Disorder (RAD) in this population; originally, the criteria was established by Bowlby; however, he referred to this population as “affectionless psychopaths” (Follan & Minnis, 2009, p.3).

In a longitudinal study with 157 participants recruited from a public health clinic in Minneapolis, attachment disorganization/disorientation was assessed (Carlson, 1998). Several reliable scales were used over time with the infants and mothers including the Strange Situation procedure, Carey Infant Temperament Questionnaire, Maternal Cooperation/Interference and Sensitivity/Insensitivity Scale. Disorganization was correlated to environmental experiences including maternal relationships other than the dyad, in utero exposure to substances, quality of care provided and history of abuse or neglect. Those with a disorganized attachment in infancy
had higher rates of psychopathology at age 17.5 (Carlson, 1998). It was clear that infants displaying disorganization were vulnerable to devastating long-term outcomes; furthermore, understanding these findings was important for future creation and implementation of prevention and intervention strategies (Carlson, 1998).

Implications of Foster Care on Child Outcomes

A staggering 400,000 children are in the foster care system on an average day in the U.S (U.S Department of Health and Human Services, 2011). The majority of children who enter the foster care system do so in infancy. Infants who enter prior to 7 months of age have a higher chance of not being returned to their biological parents. Children over 10 months upon entry are more likely to be returned (Haskins, Wulczyn, & Webb, 2007). Maltreatment in their biological home aside, several factors of foster care may negatively impact a child.

Children’s development is heavily affected by their environment as outlined by Bronfenbrenner’s human ecology model. Bruskas (2010) used this model combined with Bowlby’s attachment theory to outline influences on attachment development within foster care placements.
Infants exposed to drugs in utero had much more vulnerabilities than those infants free from exposure. Multiple placements in foster care without secure attachments can be detrimental to the development of children. Placement stability in foster care was only found in one third of children in the system in 2007. Societal and cultural norms may be compromised or completely changed for a child in foster care (Bruskas, 2010).

The Committee on Early Childhood, Adoption and Dependent Care in conjunction with the American Academy of Pediatrics assessed factors that affect child development in foster care. They reported that relative placements may have a psychological advantage over traditional foster care, due to the kin connection and continuity of identity of the family (American Academy of Pediatrics Committee on Early Childhood, Adoption and Dependent Care [American Academy of Pediatrics], 2000). Hong et al. (2011) published a review of the current literature and reported the significance of kinship placements for children in foster care. They found that kinship placements ensure the culture of the family remains central, the label of being a "foster kid" may diminish and the child may feel a sense of
security being with family (Hong, Algood, Chiu, & Ai-Ping Lee, 2011). These children in kinship placements may have more access to their biological parents and other relatives due to the placement type (Hong et al., 2011). Kinship care is an important option to explore when biological parents are unable to care for their children due to the lowered trauma caused by removal and placement in familiar environments.

A longitudinal study by Strijker et al (2008) assessed the placement histories of 419 foster children. They found that many changes in placement in childhood result in the child succumbing to new rules of the house, new schools, new neighborhoods and differing social environments (Strijker, Knorth, & Knot-Dickscheit, 2008). Increased number of placements was correlated with more externalizing behaviors, attachment difficulties and non-related family foster homes. Children that presented with externalizing behaviors upon entry to foster care had more placement changes. Children displaying an attachment disorder, on average, had 2.3 placements to those who do not have an attachment disorder averaging 1.2 placements (Strijker et al., 2008). Almost half of the children in the study remained in their initial foster placement; around a
quarter of the participants had experienced a change in placement within the 18 months prior to the study; and one third had undergone 2 or more placement changes (Strijker et al., 2008). Those in kinship placements were twice as likely to stay in that placement versus children with unrelated foster families (Strijker et al., 2008).

Over half of the 46 infants in foster care, studied by Cole (2005), were securely attached to caregivers in placement. A cross sectional design was used assessing two observed contacts with infant and caregiver a well as a variety of reliable and valid self-report measures completed by the foster parent. All families were recruited from a county in Ohio. Out of the infants not securely attached, more than expected displayed disorganized attachments, 87% of the non-securely attached group (Cole, 2005). A precipitating factor to secure attachments included access to age appropriate toys and learning materials in the foster home. One factor leading to insecure attachments was the foster parent’s untreated history of trauma; being indicative of the adult’s unhealthy attachment pattern. Infants were shown to have the ability to form secure relationships with their foster
parents in the correct environments that stimulated development of the child (Cole, 2005).

A study of 415 children in foster care in San Diego, California uncovered that unstable or unpredictable placement histories are related to both internalizing and externalizing behaviors in foster children (Newton, Litrownik, & Landsverk, 2000). Children starting out with no behavioral problems, indicated by the Child behavior check list (CBCL), had a higher risk of both externalizing and internalizing after multiple placement changes (Newton et al., 2000). The interruption in stability can be harmful to the child’s stress response system, and can perpetuate negative behaviors due to inability to regulate emotions and deal with stress. The exposure to trauma results in a child who responds in a “hypervigilant” and distressed manner to any situation that they perceive as threatening (American Academy of Pediatrics, 2000, p. 1146).

A study assessing the differences in outcomes of children in foster care, those returned home and those who were adopted evaluated 353 children place during infancy (Lloyd & Barth, 2011). The secondary data was derived from the National Survey of Child and Adolescent Well-Being
(NSCAW). The cross sectional study found that children who were returned home or adopted had more positive outcomes than those who remained in foster care. Those in foster care had inferior developmental outcomes on all accounts. Unexpectedly, those living in poverty after returned to their biological home even had more positive outcomes than those remaining in foster care not living in poverty (Lloyd & Barth, 2011).

Impact of Neglect and Maltreatment on Attachment

According to Perry (2001), the human brain is almost developed to adult size at age three, which is why the first years are crucial in establishing a healthy template of attachment from experience. Severity of attachment problems depends on the age of the child when maltreatment occurred and the duration of the maltreatment. Attachment problems from maltreatment can manifest via developmental delays, eating problems or hoarding food, primitive self-soothing behaviors, anxiety or depressive indicators, inappropriate modeling for others, aggression and impulse control issues. Moreover, these children are in need of nurture, understanding parenting, parenting according to their emotional age, structure and modeling of appropriate
attachment in order for them to re-program their current attachment template (Perry, 2001).

Maltreatment such as neglect, physical abuse, sexual abuse or emotional abuse can lead to attachment issues (Braley, 2007). In the first year of life, the reciprocal relationship between mother and infant develops, in which the mother recognizes and responds to the child’s needs. When the caregiver can appropriately read and respond to the child’s needs, a secure attachment forms. However, if this does not happen, the child will not feel safe in the environment and may not form trust or a secure attachment with their caregiver. By one year, the child will have a developed internal working model of attachment derived from the parent-child relationship (Braley, 2007).

Hilyard and Wolfe (2002) reported that studies addressing neglect are limited in the field. However, an empirical review evaluated the common developmental outcomes of neglected children and the differences between this group and physically abused children (Hilyard & Wolfe, 2002). During infancy through the preschool years, a few studies reported that neglected children display difficulties with positive social interaction, cognitive development, language acquisition, and higher risk factors
for attachment problems; whereas physically abused children show more aggression and opposition (Hilyard & Wolfe, 2002). These data were collected from the Minnesota Mother-Child Project with at sample size of 267 children and mothers. A study conducted by Egland et al using the same data set reported that at 42-months neglected children had more difficulty with problem-solving, impulse control and flexibility (as cited in Hilyard & Wolfe, 2002). Crittenden and Ainsworth analyzed the same data set and found that neglected children had outcomes of insecure attachments more often than non-maltreated (as cited in Hilyard & Wolfe, 2002).

Pollak et al (2000), assessed physically abused, physically neglect and non-maltreated children for their ability to differentiate between emotions. The children who experienced neglect alone were inferior in understanding emotions in faces (i.e. happy, sad, angry) when compared to the other groups. This may be attributed to the lack of parental attention accompanied with neglect that differs from physical abuse and other forms of maltreatment (Pollak, Cicchetti, Hormung, & Reed, 2000). Furthermore, victims of physical abuse are commonly male, whereas victims of neglect are not gender specific.
(Connell-Carrick, 2003). Berry (2003) conveys that neglect is the most recurrent type of maltreatment with a longer duration and more long-term effects.

Attachment in Adoption Following Maltreatment

Hodges et al. (2003) studied the internal working attachment models in two groups of adopted children; a late-placement adoption group, which consists of 33 children adopted between 4 and 6 years; and an infancy-adopted group, 31 children adopted prior to 12 months. The longitudinal study consisted of interview, questionnaire and narrative assessments of child and parent/s shortly after adoption, one year later and two years later. Most of the late-adoption group suffered maltreatment prior to adoption, whereas the infancy-adopted group did not. Initially, the late-adoption group displayed more avoidance, anxiety, frightening content, negative ideation, disorganized traits, aggression, parents as unhelpful, parents as rejecting, positive reaction with inappropriate affect and themes of injury or death (Hodges, Steele, Hillman, Henderson, & Kaniuk, 2003). The same group, one year later, presented with enhanced positive representations of adults; however, the negative themes did
not substantially decline. Conversely, the infancy-adopted group had overall positive, organized themes of parent-child relationships (Hodges et al., 2003).

Another longitudinal study assessed the ability for maltreated children to develop attachments with their adoptive caregivers (Steele, Hodges, Kaniuk, & Steele, 2010). The Adult Attachment Interview, Parent Development Interview and the Story Stem Assessment Profile were the measures used in data collection. The sample was made up of 58 children adopted between four and eight years of age who had a history of at least two years of physical abuse, sexual abuse or severe neglect; in addition a control group was made up of children adopted at the same age without a history of abuse or neglect. The results showed that the maltreated children were able to move towards secure attachments over the two year process if their caregiver was understanding and available to consistently meet their needs (Steele et al., 2010).

Carlson (1989) utilized Ainsworth’s Strange Situation procedure with 22 families receiving services from Child Protective Services (CPS) and 21 families with no CPS involvement. The infant-toddler aged children were assessed through Ainsworth’s observational method of several
separations and reunions between caregiver and child. The findings indicated that males were less likely than females to form secure attachments, further, maltreated versus non-maltreated infants were less likely to form secure attachments (Carlson, Cicchetti, Barnett, & Braunwald, 1989). Additionally, boys and maltreated infants were more likely to display disorganized attachments when compared to girls and non-maltreated groups. Out of the maltreated group, 18 of the 22 infants met the criteria for disorganized attachment (Carlson et al., 1989).

Lawler, Shaver and Goodmann (2011) suggested relationship-based services in child welfare to benefit these children. They discovered that child maltreatment was a significant indicator of an unhealthy parent-child attachment, which can ultimately contribute to the child’s attachment formation later in life. Their proposal was an establishment or repair of the parent-child relationship through attachment based modalities such as Child-Parent Psychotherapy (CPP), Circle of Security (COS), Attachment and Biobehavioral Catch-up (ABC), Parent-Child Interaction Therapy (PCIT) or Minding the Baby (MIB). These interventions, while using different techniques, all focus on the parent-child attachment and relationship building.
(Lawler et al., 2011). While it was initially thought that the attachment system was permanent and concrete, this study highlighted that attachment could be influenced to transformation on its own, due to positive or negative life events, or with the assistance of interventions (Stein et al., 2002).

Summary

In conclusion, this chapter outlined the development of the field of attachment, outcomes of attachment styles, outcomes associated with foster care, the impact of maltreatment and neglect, attaching in adoption after abuse and neglect and theories that assisted in the construction of the research idea. Furthermore, the literature regarding neglect and attachment behavior is limited; the need for more research in this area is imminent. The current knowledge suggested that there are several contributing factors to a child’s ability to attach to a caregiver including history of abuse or neglect, parental modeling, environmental influences, placement history, to name a few. Children who have experienced neglect may display several cognitive, physical and /or behavioral
issues as a result. There was a direct correlation between children who endure neglect and their lack of attachment abilities or higher rates of disorganized attachments. The proposed study assesses the different types of neglect, age at removal, number of placements as well as several familial environmental variables in order to uncover how each contributes to lack of attachment formation in adoption.
CHAPTER THREE

METHODS

Introduction

This chapter presented an overview of the research methods applicable to the current. A description of the study design, sampling procedures, data collection processes, utilized instruments and data analysis techniques were delineated in detail. Additionally, the steps taken to ensure the protection of human subjects were outlined. Respectively, these topics were discussed thoroughly in the following sections.

Study Design

The purpose of the study was to evaluate the effect of neglect in the first year of life on the ability to attach in an adoption context. Neglect was characterized by type of neglect which included physical neglect, abandonment; physical neglect, basic needs; and lack of supervision. Additional factors with the biological family including frequency of neglect (i.e., number of referrals), amount of time the family has been involved with the system, and
environmental influences that may affect attachment (i.e., age at removal, prenatal exposure to substances, domestic violence in the household, substance abuse in the household and parental mental illness). Furthermore, number of placements, duration in the system prior to entering adoptive family and kinship placements are variables of foster care that may have a predictive value on the current attachment abilities of the children in this group. The neglect variables, environmental variables and foster care variables were retrieved as secondary data from San Bernardino’s County database (CMS). The parent-child attachment level was uncovered and compared to each of the variables of neglect, variables of the biological family and variables related to foster care experience.

The primary hypothesis proposed that increased frequency of neglect within the biological family (i.e., more referrals and longer duration in the system) will result in more attachment difficulties with adoptive parents displayed as lower scores on the Kinship Center Attachment Questionnaire. Secondly, children removed at earlier ages are hypothesized to have better attachment outcomes with adoptive families, as they experienced less overall neglect. Children with more negative environmental
stressors (e.g., domestic violence in the home) may have an impact on the child’s ability to attach to their adoptive caregiver. Additionally, a subsequent hypothesis projected that children’s foster care experiences including higher number of placements, longer duration in the system before residing with adoptive family and those in non-kinship placements may negatively affect attachment outcomes.

This study employed a quantitative, cross-sectional, survey design in order to gather parental perspectives of the child’s ability to attach to their adoptive parents, via self-administered questionnaires. The cross-sectional survey design was the most appropriate in order to gain the perspectives of a large sample of adoptive parents while allowing for comparison of several variables. This process alleviated the possibility of invasive, time-consuming and costly methods such as personal interviewing or observational techniques. Moreover, the procedure was inexpensive, succinct and required less of a time commitment of parents than other methods.

One observable limitation of the study was the self-administered questionnaire component, wherein self-reporting bias may occur. The awareness of the reliance on self-reported data was important when the possibility of
generalizing the findings may arise. It is fairly common for participants to answer in a socially desirable way in comparison to providing honest answers. In this situation, the adoptive parents may have wanted to answer in order to show their attachment with the child more positively. Furthermore, the survey design had a limitation in not allowing the participants to elaborate on their responses due to the nature of the Likert-scale format.

Sampling

The sample consisted of voluntary participants who have adopted a child from the child welfare system that encountered neglect in his or her biological family home. The families were identified by Post Adopt Services through San Bernardino County. The statistician from Post Adopt Services identified families who met the following criteria: finalized adoption, child had a history of neglect in the first year of life and the child was six years old or younger. The child was six years old or younger in order to meet the requirements of the Kinship Center Attachment Questionnaire (KCAQ).

Purposive sampling was used to identify the sample that met the criteria, since the general consensus was that
the list would be short, non-probability sampling was the most logical option in order to secure the largest sample size possible. This sampling method allowed for all possible participants to be identified and sent a letter regarding the study. A letter was sent out to all adoptive parents who met the criteria in order to explain the study and obtain consent to mail study materials or conduct phone interviews with those interested. The letter included an insert indicating that all participants would be entered into a raffle with a prize of a $50.00 Target gift card. Once responses of interest were received, the survey packets were mailed out or telephone interviews scheduled.

Data Collection and Instruments

Data collection was comprised of secondary data and self-administered questionnaire data. The independent variables in the study were dimensions of neglect (i.e., type of neglect, number of referrals, duration of family involvement with the system) environmental factors in biological families (i.e., age at removal, substance abuse, mental illnesses, domestic violence and prenatal exposure to substances) and foster care variables (i.e., number of placements, duration before entering adoptive family,
kinship placements); while the dependent variable was attachment level with the adoptive parent. The various dimensions of neglect reported by type of neglect, number of referrals and duration of family involvement with social services were retrieved as secondary data from case files. Environmental factors such as age of the child at removal, prenatal exposure, substance abuse, domestic violence and mental illness within the family were additionally collected via secondary data. Type of neglect was measured on a nominal level. Number of referrals and duration of family involvement were measured on an interval/ratio level. Subsequently, the environmental factors (i.e., substance abuse, prenatal exposure, domestic violence, mental illness) were reported on a nominal level (i.e., yes or no) with the exception of age, reported on an ordinal scale. Furthermore, number of placements, duration before entering adoptive family, and kinship placements are accessed through secondary data due to their possible influence on attachment ability. The first three additional categories were measured at an interval/ratio level of data, with kinship placements measured on a nominal level (i.e. yes or no).
Demographic data were collected via a questionnaire including parental background factors such as age, gender, ethnicity, income level, occupation, level of education, etc. (measured on nominal and interval/ratio levels). Attachment level was assessed by the Kinship Center Attachment Questionnaire, a self-administered parental report of the parent-child attachment. The measure was made up of 20 items on a 7-point Likert scale whereas 0 = never/rarely and 6 = almost always. Internal Consistency Reliability of the KCAQ was observed with an alpha coefficient of .75, which represents acceptable reliability. The KCAQ poses to be a valid measure to use for children under 6 years, demonstrated by discriminative and convergent validity (i.e., construct validity). Every parent-child dyad received an attachment score by the summation of their individual scores to gain an overall attachment level, as an interval/ratio level of measurement. Lower scores represent more attachment problems in the dyad.

Procedures

A list was obtained from Post Adopt Services at San Bernardino County of families with finalized adoptions that
met the criteria of the study. An initial letter was sent out to 200 identified families that explained the study and asked for volunteers to respond if interested in participating. The interested participants emailed or mailed a response that indicated their ideal method of participation, via mail or telephone. Out of the 200 families, 45 responded with interest in participation. These 45 interested participants were sent a packet including informed consent (Appendix B), the KCAQ (Appendix A), a demographic questionnaire (Appendix D) and a debriefing statement (Appendix C) or a phone call was made to set up a phone interview. However, those that chose a telephone interview, the same materials were read to the participant over the phone and answers recorded. Of the 45, 38 participants returned the surveys or participated in the phone survey. Of those 38, two were excluded due to having been severely neglected (with all others being general) and two were excluded because they were over one-year at removal, resulting in a sample size of 34 participants. Participation was completely voluntary. Data collection began in January 2012 following IRB approval. Data were collected until February 2012; data analysis took place in March and was presented in April 2012.
Protection of Human Subjects

The researcher ensured confidentiality of all participants during the study. Each participant was assigned a subject number; names were not be used with the exception of a master list compiled to ensure secondary data were accurately matched with questionnaire data. Electronic data were kept in a password-protected computer in an SPSS spreadsheet, only accessible to the researcher. The questionnaire hard copies were stored in a locked filing cabinet only accessible to the researcher. Participants were informed that their responses were completely confidential and no identifying information would be reported.

The informed consent document reported the purpose of the study was to investigate a relationship between early neglect and attachment. The parent filled out an attachment questionnaire regarding their child and a demographic questionnaire. A case file assessment uncovered data obtained from San Bernardino County database. The duration of participation took no longer than 20 minutes. There were no potential risks associated with participating in the study. However, in the event of emotional distress, counseling agencies in the area were
recommended. A benefit included the entrance of all participants into a raffle for a $50.00 Target gift card.

An indirect benefit was assisting in contributing knowledge about the scarce topic of neglect in infancy and attachment outcomes.

Participation was completely voluntary and the participants were informed that they were free to withdraw from the study at any time. The debriefing statement was attached to the questionnaire outlining the purpose of the study and listing community mental health agencies in the unanticipated event that the questionnaires cause distress.

Following completion of the study, all electronic data were deleted and completed questionnaires were destroyed.

Data Analysis

The data were analyzed by employing quantitative data analysis techniques. Descriptive statistics were used in reporting demographic and other variables. Mainly, frequency distributions, measures of central tendency (e.g., mean) and variability (e.g., standard deviation) statistics were used to describe the data set. Inferential statistics were utilized to evaluate the relationship
between dimensions of neglect including type of neglect, number of referrals within the family and duration of biological family involvement with social services (independent variables) and level of attachment with adoptive parent(s) (dependent variable). Additionally, the biological family environmental variables including age at removal, parental substance abuse, domestic violence in the home, parental mental illness and prenatal exposure to substances (independent variables) were compared with attachment with adoptive parent(s) (dependent variable).

Lastly, foster care variables including number of placements, duration before entering adoptive family and kinship placements (independent variables) were compared to attachment with adoptive parent(s).

In comparing type of neglect with attachment scores, a one-way ANOVA was conducted. In order to compare prenatal exposure, domestic violence, substance abuse, mental illness, and kinship placements individually with attachment scores, t-tests were utilized. A Pearson’s correlation coefficient (r) was employed to determine strength and direction of the relationship between number of referrals and attachment; family involvement in the system and attachment; age at removal and attachment;
number of placements and attachment; and duration in the system before entering adoptive family and attachment level.

Summary

The purpose of the study was to assess the relationship between neglect in infancy accompanied by environmental factors of the biological home and implications during foster care with attachment behavior in an adoption context. The results support the hypothesis if frequency and duration of the family’s involvement with the system coupled with neglect before one-year predict lower attachment levels with adopted parents. This chapter outlined the research methods used to construct the study. The data collection techniques, study design, procedures and data analysis methods were outlined.
CHAPTER FOUR
RESULTS

Introduction

This chapter consists of the findings of the current study. Demographic variables are reported using descriptive statistics presented by adoptive caregivers, adoptive family demographics and child demographics, respectively. The attachment mean scores are reported by category (i.e., age, ethnicity and gender). The independent variables and the dependent variable were analyzed using inferential statistics and described within the chapter.

Presentation of the Findings

Demographic Characteristics

The demographic survey was presented with ambiguous caregiver-one and caregiver-two response options, which were designed to accommodate any family type (i.e. single mothers, single fathers, LGBT families, etc.). Table one displays the demographic variables of the adoptive parent respondents from both caregiver-one and caregiver-two response options on the demographic questionnaire. There
were 59 adoptive parent respondents with an age range of 28-72. The mean age of the caregivers was 45.27 years (SD = 11.57). Regarding the gender of adoptive parent respondents, 63% or 37 were females while 42% or 25 were males. Among this group, the ethnic backgrounds were reported as 58% White, 19% African American, 22% Hispanic and 1.6% as other. For the purposes of this paper, Native American, Asian/Pacific Islander and Other were collapsed into one group. Of the respondents, 73% had a college education and the additional 27% had some level of high school education.

Table 1. Demographic Characteristics of Caregivers

<table>
<thead>
<tr>
<th>Variable</th>
<th>Frequency (n)</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gender (N=59)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>25</td>
<td>42.4</td>
</tr>
<tr>
<td>Female</td>
<td>37</td>
<td>62.7</td>
</tr>
<tr>
<td><strong>Age (Mean=45.27, SD=11.57)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>28-30</td>
<td>2</td>
<td>3.3</td>
</tr>
<tr>
<td>31-40</td>
<td>20</td>
<td>33.9</td>
</tr>
<tr>
<td>41-50</td>
<td>19</td>
<td>32.2</td>
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<tr>
<td>51-60</td>
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<td>16.9</td>
</tr>
<tr>
<td>61-70</td>
<td>4</td>
<td>6.7</td>
</tr>
<tr>
<td>71-80</td>
<td>1</td>
<td>1.6</td>
</tr>
</tbody>
</table>
Table 1. (Cont’d) Demographic Characteristics of Caregivers

<table>
<thead>
<tr>
<th>Variable</th>
<th>Frequency (n)</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ethnicity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>34</td>
<td>57.6</td>
</tr>
<tr>
<td>African American</td>
<td>11</td>
<td>18.6</td>
</tr>
<tr>
<td>Hispanic</td>
<td>13</td>
<td>22.0</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
<td>1.6</td>
</tr>
<tr>
<td>Education</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Some High School</td>
<td>4</td>
<td>6.8</td>
</tr>
<tr>
<td>High School Diploma</td>
<td>12</td>
<td>20.3</td>
</tr>
<tr>
<td>Some College</td>
<td>26</td>
<td>44.0</td>
</tr>
<tr>
<td>4 Year Degree</td>
<td>9</td>
<td>15.2</td>
</tr>
<tr>
<td>Post Baccalaureate</td>
<td>8</td>
<td>13.5</td>
</tr>
</tbody>
</table>

Table two represents the adoptive family characteristics. The annual income of the families ranged from 0-10,000 to 80,001 and above. The majority of families (60%) earned 60,000 and below annually, whereas under half (40%) earned 60,001 and above per year. The number of children within the adoptive home ranged from 1 to 5 or more; specifically, 40% reported having 2 children or less in the household and 60% reported having 3 or more children in the home. The number of adults in the home ranged from 1 to 5 or more; the majority (58%) reported 2
adults, 24% had more than 3 adults in the household and 18% reported a single parent.

Table 2. Demographic Characteristics of Adoptive Family

<table>
<thead>
<tr>
<th>Variable</th>
<th>Frequency (n)</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Annual Family Income</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0-20,000</td>
<td>4</td>
<td>12.1</td>
</tr>
<tr>
<td>20,001-40,000</td>
<td>8</td>
<td>24.2</td>
</tr>
<tr>
<td>40,001-60,000</td>
<td>8</td>
<td>24.2</td>
</tr>
<tr>
<td>60,001-80,000</td>
<td>3</td>
<td>9.1</td>
</tr>
<tr>
<td>80,001 and above</td>
<td>10</td>
<td>30.3</td>
</tr>
<tr>
<td><strong>Number of Children Home</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>4</td>
<td>12.1</td>
</tr>
<tr>
<td>2</td>
<td>9</td>
<td>27.3</td>
</tr>
<tr>
<td>3</td>
<td>8</td>
<td>24.2</td>
</tr>
<tr>
<td>4</td>
<td>8</td>
<td>24.2</td>
</tr>
<tr>
<td>5 or more</td>
<td>4</td>
<td>12.1</td>
</tr>
<tr>
<td><strong>Number of Adult in Home</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>6</td>
<td>18.2</td>
</tr>
<tr>
<td>2</td>
<td>19</td>
<td>57.6</td>
</tr>
<tr>
<td>3</td>
<td>7</td>
<td>21.2</td>
</tr>
<tr>
<td>5 or more</td>
<td>1</td>
<td>3.0</td>
</tr>
</tbody>
</table>

Regarding the adoptive children under investigation, table three presents the characteristics of the sample. Of the children, 20 were male and 13 female. The children ranged in age from 1-year to 5-years with a mean of 3.85-years. The majority (72%) of the children were between 4-
years and 5.9-years old with the remaining 27% between 1-year and 3.9-years old. The ethnicities of the children were reported by caregivers as follows: 42% identified White, 30% identified as African American, 24% were Hispanic and 3% reported other. The type of neglect was collapsed into three main categories: physical neglect, abandonment represented 45% of the sample; physical neglect, basic needs represented 24%; and lack of supervision represented 30% of the sample.

The majority of children (53%) had less than three placement changes within foster care and the remaining 46% had three or more placements. The number of placements included the adoptive home as one placement. Every child was removed before the age of 1-year, over half (54%) were removed within the first month of life; one in four were removed between 3 and 4 months old, and only one infant was removed after 6 months. A majority of the adopted children (65%) were in foster care for a six-month period before entering the adoptive home. One fifth had a much longer stay of over a year. Children were adopted by relatives in 48% of the sample, 48% were not in kinship adoptions and two were unknown due to the safe surrender program. The safe surrender law in California was attributable to infant
deaths due to abandonment; this law has several identified locations in which anyone can surrender their infant without repercussions (i.e., hospitals, fire stations, etc.).

Table 3. Demographic Characteristics of Children

<table>
<thead>
<tr>
<th>Variable</th>
<th>Frequency (n)</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gender (N=33)</strong></td>
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<td></td>
</tr>
<tr>
<td>Male</td>
<td>20</td>
<td>60.6</td>
</tr>
<tr>
<td>Female</td>
<td>13</td>
<td>39.4</td>
</tr>
<tr>
<td><strong>Age (Mean= 3.85, SD=1.3)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1-1.9</td>
<td>3</td>
<td>9.1</td>
</tr>
<tr>
<td>2-2.9</td>
<td>3</td>
<td>9.1</td>
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<td>3-3.9</td>
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<tr>
<td>5-5.9</td>
<td>13</td>
<td>39.4</td>
</tr>
<tr>
<td><strong>Ethnicity</strong></td>
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<tr>
<td>White</td>
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<td>African American</td>
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<td>Hispanic</td>
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<td>24.2</td>
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<tr>
<td>Other</td>
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<tr>
<td><strong>Type of Neglect</strong></td>
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<td></td>
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<tr>
<td>Abandonment</td>
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<td>Basic Needs</td>
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</tr>
<tr>
<td>Lack of Supervision</td>
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<tr>
<td><strong>Number of Placements</strong></td>
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</tr>
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<td>1</td>
<td>6</td>
<td>18.8</td>
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<td>3</td>
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<td>9.4</td>
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<tr>
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Table 3. (Cont’d) Demographic Characteristics of Children

<table>
<thead>
<tr>
<th>Variable</th>
<th>Frequency (n)</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age at Removal</strong></td>
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<td></td>
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<tr>
<td>0-1.0 months</td>
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<td>56.3</td>
</tr>
<tr>
<td>1.1-2.0</td>
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<td>3.1</td>
</tr>
<tr>
<td>2.1-3.0</td>
<td>2</td>
<td>6.3</td>
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<td>3.1-4.0</td>
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<td>4.1-5.0</td>
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<td>3.1</td>
</tr>
<tr>
<td>6.1 and above</td>
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<td>3.1</td>
</tr>
<tr>
<td><strong>FC Duration before Adoption</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0-3.0 months</td>
<td>16</td>
<td>50.0</td>
</tr>
<tr>
<td>3.1-6.0 months</td>
<td>5</td>
<td>15.6</td>
</tr>
<tr>
<td>6.1-9.0 months</td>
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<td>9.4</td>
</tr>
<tr>
<td>9.1-12.0 months</td>
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<td>3.1</td>
</tr>
<tr>
<td>12.1-15.0 months</td>
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<td>6.1</td>
</tr>
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<td>15.1-18.0 months</td>
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</tr>
<tr>
<td>18.1 and above</td>
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<td>9.1</td>
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<td><strong>Kinship Adoption</strong></td>
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<tr>
<td>No</td>
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<td>48.5</td>
</tr>
<tr>
<td>Unknown</td>
<td>2</td>
<td>6.1</td>
</tr>
</tbody>
</table>

Table four presents Measures of Central Tendency regarding attachment mean scores based on age, gender and ethnicity. The most attachment difficulties occurred within the 2-year old group (M = 13.67, SD = 7.50), whereas the 4-year olds displayed the more attachment security (M = 34.64, SD = 19.48). Of the different ethnicities, African American children displayed less attachment difficulties.
with adoptive caregivers \((M = 28.00, \ SD = 18.77)\), while White children had the most difficulties attaching with adoptive caregivers \((M = 19.71, \ SD = 11.6)\). The males and females did not differ greatly in attachment scores. The males displayed an attachment mean score of 23.50 \((SD = 16.33)\) whereas the females displayed an attachment mean of 24.38 \((SD = 16.8)\).

Table 4. Attachment Scores by Category

<table>
<thead>
<tr>
<th>Variable</th>
<th>Mean</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1-1.9</td>
<td>21.67</td>
<td>3.05</td>
</tr>
<tr>
<td>2-2.9</td>
<td>13.67</td>
<td>7.50</td>
</tr>
<tr>
<td>3-3.9</td>
<td>21.00</td>
<td>2.64</td>
</tr>
<tr>
<td>4-4.9</td>
<td>34.64</td>
<td>19.48</td>
</tr>
<tr>
<td>5-5.9</td>
<td>18.23</td>
<td>14.36</td>
</tr>
<tr>
<td><strong>Ethnicity</strong></td>
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<td>White</td>
<td>19.71</td>
<td>11.59</td>
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<td>Hispanic</td>
<td>26.13</td>
<td>18.76</td>
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<td>28.00</td>
<td>20.51</td>
</tr>
<tr>
<td>Other</td>
<td>22.00</td>
<td>0</td>
</tr>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>23.50</td>
<td>16.32</td>
</tr>
<tr>
<td>Female</td>
<td>24.38</td>
<td>16.8</td>
</tr>
</tbody>
</table>

53
Inferential Statistics

Neglect Variables

A one-way ANOVA was conducted to compare the types of neglect with attachment scores. No significant difference was found between groups ($F(2,30)=2.37$, $p > .05$). The attachment scores within each category of neglect did not differ significantly. A Pearson correlation was calculated examining the relationship between attachment score and number of referrals accumulated by the biological family. A weak correlation showing no significance was found ($r(2)=-.091$, $p > .05$). The number of referrals within the biological family was not related to attachment scores.

Another Pearson correlation was conducted between duration of biological family involvement with Children and Family Services and attachment scores. A weak non-significant relationship was found ($r(2)=-.041$, $p > .05$). The results of the ANOVA and correlations did not support the prediction that the variables of neglect would affect attachment scores. In summary, the bivariate analyses indicate that there is no significant difference within the sample of children’s attachment when compared to neglect variables.
A Pearson correlation was calculated to assess the relationship between ages of infants at the time of their removal from the biological home with attachment scores. A weak correlation with no significance was found ($r(2) = -0.168$, $p > .05$). The age at removal was not related to attachment scores. An Independent T-test was conducted comparing the means of prenatal exposure to substances with attachment scores resulting in no significance ($t(31) = -0.275$, $p > .05$). The mean attachment score of prenatally exposed infants ($M = 22.93$, $SD = 12.93$) was not significantly different from the mean attachment score of non-prenatally exposed ($M = 24.53$, $SD = 18.65$). An Independent T-test was calculated to compare the mean attachment score of children who experienced domestic violence in the biological household with those who had no experience ($t(28) = 3.3$, $p = 0.54$). The mean attachment score of infants with domestic violence in the biological family ($M = 42$, $SD = 22$) was not significantly different from the mean attachment score for infants with no domestic violence in the biological family ($M = 20.42$, $SD = 12.12$).

An Independent T-test was conducted to compare the means of infants with parental substance abuse in the
biological family with attachment scores, which found a
significant difference between the two groups (t(29) = -
2.13, p < .05). The mean attachment score of the substance
abuse group was significantly lower (M = 20.26, SD = 10.88)
than the mean attachment score of the group with no
substance abuse in the biological household (M = 33.38, SD
= 23.68). Another independent T-test was conducted to
compare the mean attachment score of infants with a
biological parent who had mental illness and the mean
attachment scores of those who did not have a parent with a
mental illness, which resulted in no statistical
significance (t(28)= 3.4, p > .05). The mean attachment
score for infants with biological parental mental illness
(M = 40.71, SD = 20) was not significantly different from
the mean for infants without biological parental mental
illness (M = 19.87, SD = 12.25). In conclusion, the
environmental variable that was significant and consistent
with the predictions was substance abuse in the biological
family affecting attachment scores.

Foster Care Variables

A Pearson correlation was conducted on the
relationship between number of placements and attachment
scores with a weak correlation found (r(2) = .110, p >
.05). Number of placements was not related to attachment scores. Another Pearson correlation was calculated to assess a relationship between the number of years a child spent with their adoptive family and attachment scores resulting in a weak correlation that was not significant ($r(2) = .120, p > .05$). An Independent T-test was conducted comparing the attachment mean score of participants with kinship adoptions and the attachment mean score of participants in non-kin adoptions with no significant difference ($t(29) = 1.88, p > .05$). The mean attachment score of those with kinship adoptions ($M = 30.13, SD = 18.26$) was not significantly different from the mean attachment score of those who did not have kinship adoptions ($M = 19.5, SD = 13.03$). In summary, the foster care variables assessed were not consistent with predictions.

Summary

The sample consisted of 33 children adopted from Children and Family Services (CFS). The demographic characteristics of the adoptive caregivers, adoptive families and children were outlined. Each child’s attachment scores, as reported by adoptive families on the
Kinship Center Attachment Questionnaire, were compared with several independent variables. Initially, the attachment scores were compared to neglect variables to assess for significance. Attachment scores were compared to type of neglect, number of referrals and duration of biological family involvement with CFS. Successively, attachment scores were compared to environmental variables in the biological family home; specifically, the age when the child was removed from home, prenatal exposure to substances, parental substance abuse, parental domestic violence and parental mental illness. Finally, attachment scores were compared to foster care variables including number of placements, duration with adoptive parents and kinship versus non-kinship adoptions. In conclusion, the most significant finding aligned with the hypothesis suggested that substance abuse in the biological home predicts lower attachment scores.
CHAPTER FIVE
DISCUSSION

Introduction

Incorporated in Chapter Five is a discussion of the results that were presented in Chapter Four. The demographic characteristics of participants as well as the bivariate results of the independent and dependent variables are summarized. Furthermore, the observed limitations of the study, recommendations for the social work research, recommendations for practice and policy as well as a conclusion are presented.

Discussion

The study participants were 33 adoptive families with the majority of families having at least two caregivers, ranging in age from 28-72 years. Age was collapsed and the majority of participants were represented within the 30-41 years category. The participants identified primarily as White with the majority of education attainment reported within the some college category. The majority were in the income category of 80,001 and above. Most families had at least two children in the home.
The children under assessment ranged in age from 1-5.9-years of age with a mean of 3.85. The majority of the children were male (60.6%), White (42.2%) and 5-5.9 years (39.4). The main type of neglect experienced was abandonment (45.5%) with most of the children removed shortly after birth, or 0-1 months of age (56.3%). Primarily, most children (86%) experienced 1-3 foster care placements before reaching their adoptive family. The majority of children were in foster care for 0-6 months before entering their adoptive home with half of the adoptions being with relatives.

The descriptive statistics showed some interesting patterns to note. Almost half (46%) of children encountered placement instability while in foster care. Placement instability is defined as having more than two placements in a year (Center for Human Services, University of California, Davis, 2008). According to the Center for Human Services (2008), placement stability occurred in 81.7% of children in the system, while only 18.3% experienced placement instability. Furthermore, 80% of children in the current study were in foster care for a year or less before entering their permanent adoptive home. The majority of children (78%) were in foster care one year
or less, almost half of the children (47%) experienced placement instability in such a short time period.

The main finding within the bivariate analyses indicated that substance abuse in the biological home predicted lower attachment scores between adoptive child and parent(s). This is consistent with the prediction that environmental factors in the biological home negatively affect attachment outcomes. Additionally, similar to the current research regarding infants exposed to substance in utero, the difficulties with later attachment may be contributed to continued parental substance abuse that may interfere with the creation of a healthy attachment (Carlson, 1998; Bruskas 2010). Healthy attachments begin to form when the infant recognizes that the caregiver understands and will provide for their needs (Bowlby, 1979; Ainsworth, 1989). This finding may also indicate that parents with a substance abuse problem may be preoccupied with their addiction and less intuitive in reading the signals their infant is exhibiting, which can hinder the attachment formation.

However, no additional environmental variables of the biological family had a relationship with attachment scores, inconsistent with Carlson (1998), wherein his
findings suggested that attachments difficulties were correlated with adverse environmental experiences.

Varying from predictions and previous research, there were no significant relationships between neglect variables and attachment scores. The research regarding neglect and attachment suggested that neglect has a negative impact of the child’s ability to attach to their caregiver(s) (Hilyard & Wolfe, 2002; Braley, 2007; Berry, 2003). However, Steele et al (2010) found that after two years with an adoptive family the chances of a positive attachment increased significantly. This may be attributable to the current sample as all children have been with the adoptive family for at least 1-year.

Finally, foster care variables hypothesized to result in lower attachment scores was not supported. The findings were contrary to the findings presented by Zilberstein & Messer (2007), wherein multiple placements were predictive of attachment difficulties. The results also differed from Bruskas (2010) in which he suggested that multiple placements and placement insecurity affect attachment ability.
Limitations

The lack of results that are consistent with current research and the hypotheses of the study may be attributed to several factors including small sample size (N = 33), low response rate, lack of diversity within the sample, recruitment of participants from one location and purposive sampling. San Bernardino County Post Adopt Services provided access to the adoptive families that adopted from San Bernardino County. The response rate of the initial mail out was 23%; however, of the 45 respondents only 38 returned the research materials upon completion. There were two children included in the list of eligible children that turned out to be too old for the Kinship Center Attachment Questionnaire. Purposive sampling was utilized to secure more families; however, it is ultimately less generalizable than forms of random sampling.

All participants experienced general neglect so there was not a possibility to compare general versus severe neglect as desired by the author. Additionally, only two children had neglect coupled with additional forms of abuse which had to be excluded due to the inability to compare them with the rest of the sample. The sample had a lack of diversity within adoptive families; most participants were
White with a higher education and higher income. The generalizability of the study is difficult due to the small sample size, lack of diversity, purposive sampling and that all participants were gathered from San Bernardino County. The multifaceted nature of attachment formation could contribute to convoluted results. Attachment may also be affected by biological parenting style, adoptive parenting style, temperament, resiliency, unreported traumas and any additional factors impacting development. There are several factors that can affect attachment abilities that lead to difficulties in analyzing some and not all experiences of the child.

Another set of limitations include the self-reporting questionnaire format of the study. Adoptive parental reporting may be skewed due to reporting bias. Observational research regarding attachment can be more valuable; however, for this study that method would have been too time-consuming and costly.

Recommendations for Social Work Practice, Policy and Research

The study suggests that more research is needed in the area to fully understand the impacts of neglect on
attachment formation within an adoption context. Follow-up studies are suggested wherein the comparison of general versus severe neglect can be analyzed. The investigation of multiple forms of maltreatment versus only neglect would be informative in order to uncover differences in attachment per type of maltreatment. Additionally, a control group of children the same age with no history of neglect would be beneficial for future studies. Additional studies should obtain a larger sample size and more diversity in participants in order to generalize the findings.

Since a majority of the parents involved with Child and Family services have a substance abuse problem, and the findings suggest that this is detrimental to attachment formation; one recommendation is to provide more information regarding attachment to biological parents, foster parents and adoptive parents. Adoptive families should be aware of what the child has experienced and how it may affect their behavior. Attachment based modalities offered to newly adoptive parents and children may be beneficial, in an attempt to strengthen attachments.

Additionally, Court ordered Family Maintenance, which permits the child or children to remain in the home while
the parent(s) complete a case plan can be detrimental to the child if a substance abuse problem is present. Situations such as these can be damaging due to the child remaining in the dangerous conditions that may hinder attachment formation. Children and/or Infants who have lived in an environment where substance abuse was prevalent should be referred to attachment based modalities of treatment. The transitions from biological family to foster care and finally from foster care to adoption may warrant attachment based therapy in order to build the new relationship in a healthy way.

Policy could be affected by changing laws to ensure that children of substance abusing parents are fully protected and able to form healthy attachments with caregivers. This would benefit children who have experienced these situations in assisting to foster healthy attachments throughout life. Policy could also be affected in that it is important to ensure safe and appropriate foster care and adoptive homes for children. A great deal of policy already exists in this area; however, more legislation may be required in the future in order to keep children safe and developing appropriately during the early important years.
Conclusions

The purpose of the study was to evaluate the effect of neglect on attachment behavior. Differing dimensions of neglect were analyzed and compared to attachment scores of the participants. Environmental factors present in the biological homes of the children were assessed and compared to attachment scores in anticipation of uncovering relationships. Factors within foster care were also compiled and compared to attachment scores to assess their potential role in attachment formation. The main finding was that substance abuse within the biological family was predictive of lower attachment scores. Thus, children exposed to substance abuse within the family may have an increased risk for attachment difficulties.

The results of the study were discussed in this chapter. Recommendations for social work practice, policy and research were outlined. Limitations of the current study were highlighted to clarify future research endeavors. In conclusion, more research is warranted on neglect and attachment in order to tease apart the factors that influence attachment behavior.
APPENDIX A

KINSHIP CENTER ATTACHMENT QUESTIONNAIRE
Kinship Center Attachment Questionnaire

Child's name: ____________________  Relationship to child: □ Adoptive Mother  □ Adoptive Father  □ Foster Mother  □ Foster Father  □ Other (please specify) __________
Date: ______________________

Directions: Please read each item below and circle the number that you think BEST describes how often your child behaves as described in the item. Please answer all questions and circle only one number for each item. If you make a mistake, please put an "X" through the mistake and circle the right number. Please rate your child based on his/her current behavior.

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>Scale</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>My child is very clingy</td>
<td>0 1 2 3 4 5 6</td>
</tr>
<tr>
<td>2.</td>
<td>If things don't go his/her way, my child gets very upset</td>
<td>0 1 2 3 4 5 6</td>
</tr>
<tr>
<td>3.</td>
<td>When my child gets hurt, he/she refuses to let anyone comfort him/her</td>
<td>0 1 2 3 4 5 6</td>
</tr>
<tr>
<td>4.</td>
<td>My child understands what is said to him/her</td>
<td>0 1 2 3 4 5 6</td>
</tr>
<tr>
<td>5.</td>
<td>My child learns from his/her mistakes and stops a behavior when that behavior results in a negative consequence</td>
<td>0 1 2 3 4 5 6</td>
</tr>
<tr>
<td>6.</td>
<td>When my child is in pain, he/she doesn't show it</td>
<td>0 1 2 3 4 5 6</td>
</tr>
<tr>
<td>7.</td>
<td>My child is kind and gentle with animals</td>
<td>0 1 2 3 4 5 6</td>
</tr>
<tr>
<td>8.</td>
<td>My child does not like being separated from me except on his/her terms</td>
<td>0 1 2 3 4 5 6</td>
</tr>
<tr>
<td>9.</td>
<td>My child is very whiny</td>
<td>0 1 2 3 4 5 6</td>
</tr>
</tbody>
</table>

Updated 1-2004
<table>
<thead>
<tr>
<th></th>
<th>0 never/rarely</th>
<th>1 once in a while</th>
<th>2 occasionally</th>
<th>3 sometimes</th>
<th>4 often</th>
<th>5 usually</th>
<th>6 almost always</th>
</tr>
</thead>
<tbody>
<tr>
<td>10.</td>
<td>My child talks as well as other children of the same age</td>
<td>0 1 2 3 4 5 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11.</td>
<td>When my child is upset, he/she does not allow familiar adults to comfort him/her, but will go to strangers for comfort</td>
<td>0 1 2 3 4 5 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12.</td>
<td>My child teases, hurts, or is cruel to other children</td>
<td>0 1 2 3 4 5 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13.</td>
<td>My child hoards food or has other unusual eating habits (e.g., eats paper, raw flour, packaged mixes, feces, etc.)</td>
<td>0 1 2 3 4 5 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14.</td>
<td>My child destroys or breaks his/her own things</td>
<td>0 1 2 3 4 5 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15.</td>
<td>My child destroys or breaks things that belong to others</td>
<td>0 1 2 3 4 5 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16.</td>
<td>My child has an easy time making and keeping friends</td>
<td>0 1 2 3 4 5 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17.</td>
<td>My child steals things and doesn’t seem to feel bad about his/her behavior</td>
<td>0 1 2 3 4 5 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18.</td>
<td>My child seems overly interested in fire, gore, and blood</td>
<td>0 1 2 3 4 5 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19.</td>
<td>My child has told others that I abuse him/her even though I never have</td>
<td>0 1 2 3 4 5 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20.</td>
<td>My child plays well with other children</td>
<td>0 1 2 3 4 5 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>


Updated 1-2004
APPENDIX B

INFORMED CONSENT
Informed Consent

The study in which you are being asked to participate is designed to investigate parental perceptions of parent-child attachments in an adoption context. This study is being conducted by Lisa Christoffer under the supervision of Janet Chang; Professor of Social Work, California State University, San Bernardino. This study has been approved by the School of Social Work Sub-Committee of the CSUSB Institutional Review Board.

PURPOSE: The purpose of this study is to investigate a relationship between neglect in infancy and the child’s ability to form an attachment in an adoption context, via parental perceptions.

DESCRIPTION: If you take part in the study, you will be asked to complete the Kinship Center Attachment questionnaire and a short demographic questionnaire.

PARTICIPATION: Participation is completely voluntary and you are free to withdraw from the study at any time without penalty.

CONFIDENTIALITY OR ANONYMITY: Confidentiality will be ensured during and after the completion of the study. Electronic data will be stored in a password protected computer, only accessible to the researcher. Completed questionnaires will be stored in a locked filing cabinet. After the completion of the study, all questionnaires will be destroyed and electronic files deleted. Results will be published in group-form only.

DURATION: Filling out both questionnaires should take no longer than 20 minutes.

RISKS: There are no foreseeable risks. However, in the event that distress is caused, contact information will be provided for local counseling centers.

BENEFITS: All participants will be entered into a raffle for a $50 Target gift card. Additionally, sharing your experience for this study may impact the knowledge base and spread awareness of the outcomes regarding attachment behavior within child welfare adoptions.

CONTACT: If you have any questions or concerns about this study please contact Janet Chang (909) 537-5184.

RESULTS: The results will be accessible in group-form at the Pfau Library, California State University, San Bernardino following the Fall quarter of 2012.

SIGNATURE: By signing below you are agreeing that you are fully informed about the study and you are volunteering to take part.

Signature: ___________________________ Date: __________
APPENDIX C

DEBRIEFING STATEMENT
The effect of neglect in infancy on the ability to form attachments in adoption

Debriefing Statement

The study you have just completed was designed to investigate the effect of neglect in infancy on the ability to form attachments with adoptive caregivers. You have been selected because of your child’s history with San Bernardino County Children and Family Services. The study was designed to compare attachment levels to certain dimensions of neglect in order to further the knowledge in this area.

Thank you for your participation and for not discussing the contents of the questionnaires with other parents. In the unexpected event that the study caused any emotional distress the following community agencies are listed: the Inland Family Counseling Center at (909) 882-128 and the Christian Counseling Center at (909) 793-1078. If you have any questions about the study, please feel free to contact Janet Chang (909) 537-5184 or Jennifer Pabustan-Claar at (951) 358-6593. If you would like to obtain a copy of the group results of this study, please contact Pfau Library after Fall Quarter of 2012.
APPENDIX D

DEMOGRAPHIC QUESTIONNAIRE
Demographic Questionnaire

This questionnaire can be filled out by an adoptive mother or father of the indicated child. Please answer all questions that apply. If there is only one caregiver, please only fill out the caregiver 1 lines. Caregiver 1 & 2 are ambiguous titles; however, they should remain consistent throughout the questionnaire.

Caregiver 1

1. Gender  male [ ]  female [ ]
2. Age  __________  years
3. Race (circle one)
   a. White  b. Hispanic  c. Native-American
d. African American  e. Asian/pacific islander  f. Other (please specify) __________

Caregiver 2

4. Gender  male [ ]  female [ ]
5. Age  __________  years
6. Race (circle one)
   a. White  b. Hispanic  c. Native-American
d. African American  e. Asian/pacific islander  f. Other (please specify) __________
7. Age of child  __________  years
8. Race of child (circle one)
   a. White  b. Hispanic  c. Native-American
d. African American  e. Asian/pacific islander  f. Other (please specify) __________
9. Indicate the last year of school completed by each parent
caregiver 1
   a. 8th grade or below  b. Some high school  c. High school diploma
d. some college  e. 4 year college degree  f. post baccalaureate
10. What is your occupation?

Caregiver 1

Caregiver 2

11. How many hours do you work per week? (circle one)

Caregiver 1

Caregiver 2

12. What is the annual family income? (circle one)

Caregiver 1

Caregiver 2

13. Number of children in the home

Caregiver 1

Caregiver 2

14. Number of adults in the home

Caregiver 1

Caregiver 2

15. Amount of time caregiver 1 spends with child per day

Caregiver 1

Caregiver 2

16. Amount of time caregiver 2 spends with child per day

Caregiver 1

Caregiver 2

17. Amount of time the child spends in day care/preschool/kindergarten per week

Caregiver 1

Caregiver 2
18. Indicate any mental health diagnoses of the child


19. Indicate any medical diagnoses of the child


20. List any medication currently taken by the child


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