

California State University, San Bernardino

CSUSB ScholarWorks

Theses Digitization Project

John M. Pfau Library

2005

Developing a tool to assess mother-child attachment

Lisa Rebecca Romero

Follow this and additional works at: <https://scholarworks.lib.csusb.edu/etd-project>



Part of the [Applied Behavior Analysis Commons](#)

Recommended Citation

Romero, Lisa Rebecca, "Developing a tool to assess mother-child attachment" (2005). *Theses Digitization Project*. 4380.

<https://scholarworks.lib.csusb.edu/etd-project/4380>

This Project is brought to you for free and open access by the John M. Pfau Library at CSUSB ScholarWorks. It has been accepted for inclusion in Theses Digitization Project by an authorized administrator of CSUSB ScholarWorks. For more information, please contact scholarworks@csusb.edu.

DEVELOPING A TOOL TO ASSESS
MOTHER-CHILD ATTACHMENT

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 Rebecca Romero


June 2005


DEVELOPING A TOOL TO ASSESS
MOTHER-CHILD ATTACHMENT

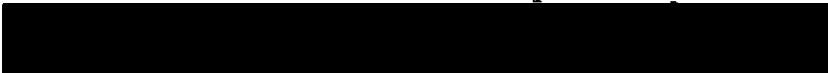
A Project
Presented to the
Faculty of
California State University,
San Bernardino

by
Lisa Rebecca Romero
June 2005

Approved by:


Dr. Janet Chang, Faculty Supervisor
Social Work,


Victoria Stephen, Program Manager,
Volunteers of America-Early Head Start


Dr. Rosemary McCaslin,
M.S.W. Research Coordinator

6/7/05
Date

ABSTRACT

The Maternal Attachment Inventory-Revised (MAI-R) developed by Mary Müller in 1994, was used to examine attachment qualities between mothers and children enrolled in an Early Head Start (EHS) program. A total of 51 questionnaire pairs were completed by mothers in the EHS program and EHS teachers. The majority of these mothers were minority, very low-income, and had at least one child under the age of 3. Paired sample t-tests were used to compare the two groups of questionnaires. Results showed significant differences between the mother's perception of attachment to her child and the teacher's perception of their attachment. A broader range of attachment scores was found compared to the original study. Possible explanations to these differences are given.

ACKNOWLEDGMENTS

I would like to acknowledge the following people for assisting me with the completion of this project.

Thank you to all the mothers in the Early Head Start Program who participated in this study, without you I would have no data. Thank you also to all the Home Educators (Shannon, Martha, Yahira, Arcelia, Gloria, Araceli, & Julia) and Teachers (Carla, Krystal, Paula, Patty, & Farida) for completing their questionnaires.

I would like to thank Victoria Stephen for giving me the idea for this study and accommodating me and my crazy, school/work/home schedule. I would also like to thank June Chandler and Sylvia Greenberg for also accommodating my crazy, school/work/home schedule.

Thank you also to Esmerelda and Wendy for picking up the slack for me.

I would like to thank my thesis advisor, Dr. Janet Chang for her words of encouragement and Timothy Thelander for formatting my thesis.

Finally, thank you to anyone else who has helped me with my project but is not mentioned above (it was not intentional).

DEDICATION

This thesis project is dedicated to my family, for without their support, encouragement, and help, I could not have done this! You guys do not know how much I appreciate all of your self-sacrifices.

I would like to thank my husband, Adrian and son Diego, for keeping me grounded, always bringing a smile to my face and being my constant reminder of why I pursued my MSW. I love you guys very much.

I would also like to thank my parents David and Norma Rodriguez, who taught me to always put my faith in God and instilled the importance of education in me.

Finally, I would like to recognize my siblings David, Philip, and Carla Rodriguez, for all of their contributions to me and my family.

TABLE OF CONTENTS

ABSTRACT	iii
ACKNOWLEDGMENTS	iv
CHAPTER ONE: INTRODUCTION	
Problem Statement	1
Purpose of the Study	4
Project Significance for Social Work	6
CHAPTER TWO: LITERATURE REVIEW	
Introduction	8
Attachment versus Bonding	8
Early Measures of Bonding	10
Landmark Studies of Attachment	11
Consequences of Non-attachment	13
Theories Guiding Conceptualization	15
Summary	15
CHAPTER THREE: METHODS	
Introduction	16
Study Design	16
Sampling	18
Data Collection and Instruments	18
Procedures	20
Protection of Human Subjects	21
Data Analysis	22
Summary	23

CHAPTER FOUR: RESULTS

Introduction	24
Presentation of the Findings	24
Summary	31

CHAPTER FIVE: DISCUSSION

Introduction	33
Discussion	33
Limitations	35
Recommendations for Social Work Practice, Policy and Research	36
Conclusions	40

APPENDIX A: QUESTIONNAIRE	41
APPENDIX B: INFORMED CONSENT	44
APPENDIX C: DEBRIEFING STATEMENT	47
APPENDIX D: DEMOGRAPHICS	50
APPENDIX E: TABLE 1: DEMOGRAPHICS OF RESPONDENTS	53
APPENDIX F: TABLE 2: MOTHER'S REPORTED RESPONSES	56
APPENDIX G: TABLE 3: TEACHER'S REPORTED RESPONSES	61
REFERENCES	66

CHAPTER ONE

INTRODUCTION

Chapter one will give a broad overview of attachment and discuss the effects of a life with and without attachment. The chapter will end with an explanation of why it is important to study attachment. Special implications of attachment will be directed towards social work.

Problem Statement

Attachment is a deep, long-lasting bond between a child and their primary caregiver. When a child does not bond with their parent or primary care giver, problems can occur which effect their normal development. These problems are explained as "attachment disorder" (Paterson & Moran, 1988, p. 612). Children with this condition exhibit aggression and violence and are more likely to take part in risk taking behavior. These children often have low self-esteem and poor social development. They have feelings of rejection, fear, anger and pain. They may also exhibit an anti-social manner, which can lead to an inability to make and keep friends. Attachment disorder is also manifested by a mistrust of authority.

As adults, these children have inadequate romantic relationships and have often taken part in negative behaviors, which lead to unwanted consequences.

There is an increasing interest in the change, development, meaning, and pattern of both high-quality and substandard attachment (Greenberg, Cicchetti, & Cummings, 1990). According to Bonkowski and Yanos (1992) an understanding of attachment and bonding is essential when practicing with parents and young children. Attachment has a strong influence on individuals across the lifespan. In infancy the groundwork is laid for all upcoming growth. For example this future growth is the basis for the development of parenting skills (Bonkowski & Yanos, 1992, p. 147).

The consequences of inadequate attachment to the progression of self have given social workers an empirical basis for a number of child welfare decisions (Bonkowski & Yanos, 1992). For example Koren-Karie and Sagi (1992) noted that the concept of attachment is emphasized a great deal by professional counselors and decision makers because of the emotional impact attachment has on the lives of infants. To understand the connection parents have with their children, it is

essential to know attachment theory. Social workers need to regularly utilize attachment theory when assessing cases of maltreated children, child custody cases and the removal of children from their home. Bonkowski and Yanos (1992, p. 145) added when a child is removed from an adequate environment, where proper bonding has occurred, it could affect the child's later ability to form relationships.

In 1986, the Education of the Handicapped Act Amendment came about because of an increased awareness of the importance of an infant's first three years of life. This nationwide amendment was enacted in order to acknowledge the number and seriousness of problems that arise in infancy. Furthermore, it has been recognized, that these problems have a huge impact on an infant's life. Therefore, early identification and early intervention with infants is desired. This amendment requires states to offer wide-ranging, family-based programs for at-risk children between the ages of zero and three and their families (Bonkowski & Yanos, 1992).

This study will take place at Volunteers of America (VOA), Early Head Start (EHS). VOA is a non-profit, spiritually based organization. VOA offers many national

human services programs. One of those programs is EHS. EHS is a federally funded program, which serves low-income families with children between the ages of birth and three years and pregnant women. EHS offers a center based program and a home based program. Both programs offer the teaching of developmentally appropriate skills/activities, assessments, and referrals to local agencies.

VOA-EHS does not currently employ social workers. However, they have family service workers, whose primary job description is to provide case management for the EHS families. Currently there is no tool to assess the level of attachment that has or has not occurred between the mother and child in the Early Head Start program.

Purpose of the Study

The purpose of this study is to develop a tool to assess whether a mother is at risk for not bonding with her child. In working with parents of children between the ages of zero and three, there has been a realization of the importance of bonding at a young age. If a family is identified as being at-risk for not bonding with their child, intervention can be given. The intention of the

intervention will be to promote positive attachment between the child and mother.

The families in the Early Head Start program are diverse with various educational backgrounds, social economic statuses, resource needs, and primary languages. Keeping the diverse needs of the families in mind, the questionnaire was created in a format that was easily read and understood.

A self-report questionnaire is the research method of choice. Condon and Corkindale (1998) also used a questionnaire to assess mother-to-infant attachment. They found using a questionnaire enabled them to utilize a much larger sample. Also, they were able to show evidence to support the construct validity of the questionnaire.

The level of attachment between the mother and child is being addressed through a questionnaire because of the ease mothers will have in filling out the study. The questionnaire that was given is the Maternal Attachment Inventory (Revised), developed by Muller in 1994. The responses of the questionnaire led to the development of the assessment tool to identify at-risk mother-child bonds. This assessment tool gave a numerical value to each question. The numbers fell into a predetermined

range, which predicted if a mother was at-risk for bonding problems. The research is quantitative in design.

Project Significance for Social Work

The history of social work started with helpers who were concerned about inadequate living conditions in the United States. The social work profession resulted in a concern for the well being of children and their families. Infant Mental Health is a developing field for social workers. Bonkowski and Yanos (1992) stated the importance of studying infant mental health, "as it leads to an awareness of infants as communicating and vulnerable people" (p. 147).

Early Head Start needs a tool to assess the quality level of attachment between the mother and child enrolled in their program in order to better serve their families. With this assessment tool staff can help identify those mothers who may need assistance in developing a positive, lasting bond with their child(ren). EHS targets a vulnerable population who could benefit from early intervention. The attachment form developed will become part of the intake packet, in order to ensure speedy

assessment of the quality of attachment a family has coming into the EHS program.

In regards to the generalist model the beginning and assessing stages will be engaged. The beginning is the realization of the need for a tool to assess the attachment risk between the mother and child. Assessed will be the level of risk (low, moderate, high) a mother potentially has for not bonding with her child.

It is hypothesized that the tool developed will be able to identify mothers who are at high-risk for not bonding with their child.

CHAPTER TWO

LITERATURE REVIEW

Introduction

This chapter will cover how leading researchers have defined the term 'attachment,' over the years. Landmark studies that have impacted research on attachment are discussed. Early measurements of bonding are also presented. The consequences of when attachment does not occur or when it occurs in an inadequate manner are noted. Finally, the chapter ends with the leading theories guiding this research.

Attachment versus Bonding

The terms attachment and bonding have been used interchangeably in the literature by such leading researchers as Bowlby and Ainsworth. However, Klaus and Kennell (1976) viewed bonding and attachment differently. They referred to bonding as the love/warmth bind a parent gives to their infant and attachment as the love/warmth bind an infant gives to their parent. In 1981, Gay defined attachment and bonding as a joint connection, in which mother and child mutually contribute. Gay (1981) further explained the attachment/bond phase starts in

infancy and then moves into succeeding stages as the relationship grows.

Sugarman (1977, p. 401) wrote that attachment is such a strong bond that it causes the mother to put her children's needs before her own. The mother does this daily in order to show love, protection, nurturance, and comfort towards her infant. In doing these nurturing tactics, the mother is learning to recognize her infant's cry and smell. She is also made aware of the infant's needs and signals. This is all done in order to promote attachment with the infant and avoid separation from the mother at all costs (Sugarman, 1977).

Howe, Brandon, Hinings and Schofield (1999) and Beckwith, Rozgar and Sigman (2002) noted from birth an infant engages in behaviors that bring out responses from adults. Some of these characteristics are smiling, gazing at an adult and discriminative crying (p. 231). Howe et al. (1999) further noted these innate behaviors draw out parent responses and relatedness to the infant (p. 17).

As noted many studies report on the types of interactions an infant engages in in-order to obtain positive, warm response from their primary caregiver. The focus is on the exchanges a parent and infant have to

gain the other's affection. Lewis and Feiring (1989) found that three-month old infants, who played with toys more than with people, were more likely to avoid their parent by their first birthday (p. 831). They also noted infant behavior is a better predictor of later attachment grouping, than maternal behavior. It was also observed that sociability temperament might be a predisposition toward proximity seeking behavior, while avoidant temperament may be a predisposition toward explorative behavior (Lewis & Feiring, 1989, p. 831). These early temperaments and behaviors can influence the quality of attachment between an infant and his or her primary caregiver.

Early Measures of Bonding

Research in the early '60's and '70's focused on maternal touch as a measurement of bonding. Rubin (1961) observed a pattern and sequence of touch behavior. He noted the touch started with the fingertips, then moved to the palms and ended with whole body cuddling. In 1970, Klaus, Kennell, Plumb, and Zushlke observed a parallel pattern and sequence. These studies, which occurred in different geographic locations, suggested a universal

maternal behavior that occurs shortly after birth, in the early postnatal phase. Both Gay (1981) and Ainsworth (1982) refer to touch as a source of data collection for the mother.

In 1981, Morgan challenged previous studies of mother-infant bonding using touch behaviors. His methodological review questioned whether or not observed touch behaviors alone sufficiently and precisely indicate bonding between mother and infant. Morgan suggested additional displays of bonding like thoughts and feelings as indicators of maternal bonding.

Landmark Studies of Attachment

Charles L. Brace (1872) said, "the universal experience is, that if a mother can be compelled to care for her infant, during a month or two, she will then never murder or abandon it. But, if she is relieved of charge very early, she feels little affection or remorse, and often plunges into indulgence again without restraint" (p. 417). Brace who was a pioneering social worker noted this universal experience.

Ninety-seven years later a psychologist named John Bowlby pioneered research in attachment. He gave details

about the different stages of attachment and the consequences of parting. Bowlby based his research on the observations of children separated from their biological parents and as a result living in orphanages. He also studied animal behavior and the reactions of children who were evacuated from British cities in World War II (Bowlby, 1969, p. 25).

In 1969, Ainsworth and Wittigs' (p. 23) developed the "strange situation test," which characterized the quality of attachment a primary caregiver had with her young child. This was a landmark study that noted three types of attachment. Infants in the Type B category were said to be securely attached. These infants used their mother as a secure base. They initially got upset when mom left, but greeted her warmly when she returned and continued to play. Infants in the Type A category were observed to be anxiously attached. They did not interact with the caregiver during play and upon the caregiver's return, they ignored her. The third category is Type C, which is considered resistant attachment. This Type of attachment is defined as angrily rejecting the caretaker. Infants in this category are so preoccupied with the

caregiver when she returns that the child does not play with toys.

After Ainsworth conducted her landmark studies, another type of attachment was found. Main and Solomon (1986) were the first to describe Type D, otherwise known as, Disorganized/Disoriented attachment. Children with Type D personality did not fit into the Type A, B, or C personalities of attachment. According to Hertsguard, Gunnar, Erickson, and Nachmiasm (1995), a Type D personality is characterized by concurrent displays of contradictory emotions; they appear to be confused, and have non-intentional movements.

Consequences of Non-attachment

When attachment does not occur, many problems can occur that interrupt a child's healthy development (Lyons-Ruth, Connell, & Grunebaum, 1990). Bolton (1993) noted that if an adequate attachment is not present, it could be predicted that high-risk behavior will be sought. Some of the attachment disorders that can occur include the low self-esteem felt by the child. The child may also experience emotions of anger and rejection. A child suffering from attachment disorder is more likely

to mistrust authority and suffer from feelings of a negative perception of self (Spieker, 1986; Styron & Janoff-Bulman, 1997).

Egeland and Vaughn (1981) discussed the impact mistreatment; particularly physical abuse has on children. They noted there is no more explicit example of the breakdown of adequate mother-infant bonding than the abuse, maltreatment, and neglect of a young child. It was further noted that the preliminary failure to begin a bond between a mother and child could lead to inadequate attachment, which leads to attachment disorders. The extreme example of this is abuse and neglect.

Egeland and Stroufe (1981) conducted a study using the Bowlby-Ainsworth hypothesis. Mothers in their study who were in poverty and severely neglected/abused their child had a very low number of secure attachment cases. In their study they found that attachment relationships could change (p. 51). These changes are the result of family-social support, a more stable life style, and in some cases, a healthier child.

Theories Guiding Conceptualization

Attachment theory is an important theory for this research. It explains the process of emotional and physical ties from a child development viewpoint. Furthermore, it centers on the significance of early parent and child unions in human development. Using this perspective, there is growing concern for the non-bonding that can occur in children under the age of five. Attachment theory also recommends a theoretical structure in which parent-child bonds can be measured and observed (Ansary & Perkins, 2001).

Summary

This chapter covered the literature explaining the similarities and differences of attachment and bonding between leading theorists. Early measurements of attachment and bonding were presented. This chapter also included landmark studies on attachment. The consequences of when bonding fails or is not formed was also discussed. The chapter ended with the leading theories that are guiding this research.

CHAPTER THREE

METHODS

Introduction

This chapter will cover the design of the study. The population will be discussed in terms of sample size and sample pool. The manner in which data was collected will be described. The instrument used to assess the attachment between a mother and her child will be described. The method in which data was collected will be explained, including a schedule of the procedures. The participants protection of confidentiality in this study will be also be described. Finally, this chapter will end with data analysis depicting the quantitative procedures of the study.

Study Design

The purpose of this study is to develop a form that will identify mothers who are at-risk for not bonding with their child. Currently the Early Head Start (EHS) program at Volunteers of America (VOA) does not have a method to assess bonding levels. EHS staff has recognized the need for parents and young children to develop a nurturing, positive attachment. It is hoped that families

who are at-risk for not having an appropriate attachment can be identified and an intervention plan can be started.

The study used a quantitative research method. A quantitative approach was chosen for this study because administering a self-report questionnaire allowed for a larger sample to be pooled and provide more ease and flexibility in its use. Because EHS has a high number of Spanish speaking families, all questionnaires were available in Spanish. The questionnaire needed to be completed in a timely manner. It was also important for the questionnaire to be understood and read with ease by all participants.

A limitation of this study is that the sample is only of women in the VOA-EHS program in San Bernardino. Also, this study will only identify at-risk mothers; it will not be known if any type of intervention will be utilized or the effectiveness of the attachment intervention. It was hypothesized that the tool developed will be able to identify mothers who are more likely to have bonding problems. The research question is, can a form be developed that will detect if a mother is at-risk for not bonding with her child?

Sampling

Data was obtained from mothers who are currently enrolled in the EHS program and have at least one child aged birth to three years. There are 120 children in the EHS program. However, a number of families have more than one child enrolled in the EHS program. All mothers in the program were invited to take part in the questionnaire except for mothers in the prenatal program, whom, would be having their first child. This sample was chosen because EHS would like to measure the level of attachment their program mothers have with their children.

Data Collection and Instruments

The data collected consisted of how mothers relate to and feel towards their child. The dependent variable was the level of attachment, i.e., low, moderate, or high attachment a mother has with her child. The level of measurement for the dependent variable was ordinal continuous. An independent variable in this study is demographics. See appendix A. Another independent variable is the responses from the mother's questionnaires. See appendix B. The last independent

variable is the responses from the teacher's questionnaires. See appendix C.

The instrument used in this study to assess attachment behaviors between a mother and her child is the Maternal Attachment Inventory (Revised). This questionnaire was developed by Dr. Mary Müller. This questionnaire was developed to be self-administered and easily read (Müller, 1994). Müller (1994), developed the questionnaire with a fourth grade reading level. Instructions for the questionnaire were given at the top of the page.

There were 26 items on the questionnaire and a Likert scale was used. Mothers and teachers were given four choices (a = almost always, b = often, c = sometimes, d = almost never) and asked to circle the letter of the word that best described their thoughts/feelings about their baby/child for each item. For result purposes, letters were converted to numbers (a = 4, b = 3, c = 2, d = 1) and all items totaled for a single score (Müller, 1994). The test score range was 31 to 124. A low number indicates a mother is at high risk for not bonding with her baby/child and a high score

indicates mother in at low risk for not bonding with her baby/child (Müller, 1994).

One limitation in the administration of the Mother Attachment Inventory Revised instrument is the number of staff who received the completed questionnaires. Completed questionnaires were to be placed inside a box and only opened by the administrator of the questionnaire. When mothers turned in their completed questionnaire, they were given a magazine with coupons as a thank-you for participating in the research.

Procedures

The questionnaire was given to mothers who have at least one child participating in the EHS program. Mothers in the program were invited to participate in this study by completing a questionnaire. EHS is a free, voluntary program to qualifying families, based on Federal Government guidelines for poverty level incomes. Mothers in the center based option were given their questionnaire at the December socialization meeting. Socializations are monthly parent-child information meetings required by all Head Start programs. However, attendance is optional for the families. Mothers in the home based option were also

given their questionnaire at the December socialization meeting.

Participation was solicited in a couple of different ways. Both the center based and home based families were invited to join the study in the EHS monthly newsletter. For the center based option, an announcement of the study was posted on the sign-in/out sheet at the center. Families in the home based option were informed about the study from their individual home educator.

Data was collected over a two week time period at the EHS center. The collection of data was the same for both groups. The completed questionnaires were placed into clearly marked boxes. The box had a slit on top where the envelopes containing the questionnaires were placed once completed. The questionnaires completed by teachers and home educators were placed in an envelope and placed in the administrator of the questionnaire's work mailbox.

Protection of Human Subjects

A cover letter was attached to each questionnaire. The letter was an explanation of the study with statements directed to participant's confidentiality.

Mothers were informed of their right to stop their involvement in the study at any time without penalty. Also, whether they participated in the study or not did not in any way affected their child's enrollment in the EHS program. Mothers who agreed to be a part of the study were asked to write an "X" on an indicated line giving permission to use their questionnaire in the study. See appendix D.

The last page of the questionnaire was a debriefing statement about the nature of the study. It also included when results of the study can be obtained and how to attain the results. The faculty supervisor's name, title and phone number was also given, in the event the participant experiences ill feelings as a result of the study. See appendix E.

Data Analysis

The questionnaire consisted of 26 questions. These questions described thoughts, feelings, and situations mothers may have experienced with their baby/child. Mothers were asked to circle the letter under the word that applied to them for each statement. Instructions on how to complete the questionnaire were given at the top

of each questionnaire. The word choices were, "almost always, often, sometimes or almost never." The teacher's questionnaires were the same except the word, "I," was replaced in each statement with the word "mother." Teachers were given the same directions as the mothers on how to complete the questionnaire. Spanish version questionnaires were also available to those mothers whose first language was Spanish.

Summary

This chapter covered the design of the study. The sample of the study was also discussed; including how data collection took place. The attachment instrument was also described, noting its possible limitations. The protection of participant's confidentiality was also discussed. The chapter ends with a data analysis.

CHAPTER FOUR

RESULTS

Introduction

This chapter will cover the results of the study. A 26-item questionnaire (Mother Attachment Inventory Revised) was given to 51 mothers. Each questionnaire was matched to the baby/child's teacher. Demographics of respondents are presented. Results from paired sample t-tests are also given. Appropriate tables can be found in the appendices. The chapter ends with a summary of the chapter.

Presentation of the Findings

A total of 51 mothers in the Early Head Start program completed questionnaires for the study. These mothers were between the ages of 18 and 52. The average age of the respondent was 28 years old. Of these women over two-thirds are married (67%) and almost 10% are single. The majority of the participants are minority women; 66% are Latino and 21% are African-American. There were just as many participants with a junior high education as there were with a high school diploma (23%). Almost as many participants had some high school training

(21%), while 19% of the participants had some college education.

Nearly 40% of the participants had two children and 27% had at least one child. Almost 10% of the mothers surveyed reported having five or more children. More than half of the mothers surveyed have a daughter enrolled in Early Head Start (54%), and 44% of the mothers surveyed reported having a son.

Of the mothers surveyed, more than half were unemployed (57%) and 23% of the mothers were employed full time. More than half of the respondents were living below the federal guidelines for poverty level (55%). On the other hand, 26% had a household income of \$20,000-\$29,999 per year. Almost half of the mothers surveyed had a two year old in the EHS program (45%), and only 3% had a three year old in the program.

In terms of birth order, the majority of respondents reported their child enrolled in the EHS program was their first child (46%) and 32% reported their second child was enrolled in EHS. A majority of the respondents reported they are their child's primary caregiver (84%). On the other hand, dad or another family member is considered the primary caregiver (3%). See appendix F.

Paired sample t-tests were done to compare the mother's perception of attachment with her baby/child with the teacher's perception of the mother-child bond. Paired sample t-test were also used to compare if there was a significant differences between the mother's perception on attachment and the teacher's perception on mother's attachment. There were a number of significant findings in the study.

Item two, asked mother if she felt warm and happy with her child. T-test results showed there was a significant difference between mother and teacher's perception of this item ($t = -3.64$, $df = 50$, $p = .001$). The finding indicates the teachers feel mother "often," feels warm and happy with her child.

Item three asked mother if she enjoyed spending special time with her baby/child. T-test results found a significant, difference between mother's reported enjoyment with her child and the teacher's perception of this ($t = -3.06$, $df = 50$, $p = .004$). Mothers reported their enjoyment with their baby/child more than teachers felt they really did.

Item four asked the mother if she looked forward to being with her baby/child. Significant results were found

($t = -2.75$, $df = 50$, $p = .008$). The Mothers tended to report themselves as "almost always" looking forward to being with their baby/child. However, teachers reported mothers "sometimes" want to spend special time with their baby/child.

Item five looked at whether or not seeing her baby/child made mother feel good. Significant results were found ($t = -3.40$, $df = 50$, $p = .001$). Mothers reported they "almost always" felt good seeing their baby/child. On the other hand, teacher's perceived mothers "often" or "sometimes" felt good when they saw their baby/child.

Mothers were asked if they think their baby/child is cute in item seven. Results approached significant findings ($t = -2.00$, $df = 50$, $p = .051$). Mothers tended to report they "almost always" felt their baby/child is cute. Teachers reported mothers "often" thought their baby/child is cute.

In item nine mothers were asked if she felt special when her baby/child smiled. These results were significant ($t = -3.76$, $df = 50$, $p = .000$). Results showed mother "almost always" felt special when her

baby/child smiled. Teachers reported mothers "sometimes" felt special when their baby/child smiled.

In item 10 mothers were asked if they liked to look into their baby/child's eyes. Again, significant findings were found ($t = -3.26$, $df = 50$, $p = .002$). Results indicated mothers "almost always" liked to look into their baby/child's eyes. On the other hand, teachers reported mothers "often" liked to look into their baby/child's eyes.

Item 11 examined if mothers enjoyed holding their baby/child. Results were significant ($t = -3.70$, $df = 50$, $p = .001$). Mothers reported they "almost always" enjoyed holding their baby/child. Teachers reported mothers "sometimes" enjoyed holding their baby/child.

In item 12 mothers were asked if they like to watch their baby/child sleep. Significant results were found ($t = -3.022$, $df = 50$, $p = .004$). Mothers reported they "often" liked to watch their baby/child sleep. On the other hand, teachers perceived mothers "sometimes" enjoyed watching their baby/child sleep.

Mothers were asked if they want their baby/child near them in item 13. Significant results were found ($t = -3.00$, $df = 50$, $p = .004$). These findings indicate

mother "often" enjoyed having their baby/child near them. Teachers reported mothers "often" or "sometimes" wanted their baby/child near them.

Item 14 identified mothers who tell others about their baby/child. Again significant results were found ($t = -2.90$, $df = 50$, $p = .005$). Mothers tended to report they "almost always" tell others about their baby/child. Teachers tended to report mothers "often" tell others about their baby/child.

Item 15 asked if mothers had fun being around their baby/child. Significant results were found ($t = -4.46$, $df = 50$, $p = .000$). Results found mothers reported they "almost always" had fun being around their baby/child. Teachers reported mothers "often" had fun being around their baby/child.

In item 16 mothers were asked if they enjoyed having their baby/child cuddle with them. Again significant results were noted ($t = -3.57$, $df = 50$, $p = .001$). Mothers reported they "often" enjoyed having their baby/child cuddle with them. Teachers reported mothers "often" or "sometimes" enjoyed having their baby/child cuddle with them.

Mothers were asked if they were proud of their baby/child in item 17. Significant result were found ($t = -2.39$, $df = 50$, $p = .20$). Mothers tended to report they "almost always" were proud of their baby/child. Teachers tended to report mothers "often" were proud of their baby/child.

Item 19 asked mothers if their thoughts were full of their baby/child. Significant results were found ($t = -2.69$, $df = 50$, $p = .10$). These results indicated mothers "often" had their thoughts full of their baby/child. Teachers reported mothers "often" or "sometimes" had their thoughts full of their baby/child.

In item 20 mothers were asked if they know their baby/child's personality. Significant results were again noted ($t = -2.12$, $df = 50$, $p = .038$). Results indicated mothers "almost always" knew their baby/child's personality. Teachers reported mothers "often" knew their baby/child's personality.

Item 21 asked if mothers want their baby/child to trust them. Significant results were found ($t = -2.86$, $df = 50$, $p = .006$). Mothers reported they "almost always" wanted their baby/child to trust them. Teachers also

reported mothers "almost always" wanted their baby/child to trust them.

In item 22, mothers were asked if they knew they were important to their baby/child. Results show an almost significant result ($t = -1.96$, $df = 50$, $p = .055$). Mothers reported they "almost always" knew they were important to their baby/child. Teachers reported mothers "almost always" or "often" knew they were important to their baby/child.

The last significant result is item 24 which asked if mothers gave special attention to their baby/child. Again, significant results were found ($t = -2.66$, $df = 50$, $p = .010$). Mothers reported they "often" wanted to give special attention to their baby/child. Teachers reported mothers "often" or "sometimes" wanted to give their baby/child special attention. See appendix G.

Summary

This chapter covered the results of the study. Demographic findings were reported. Some demographics included age of mother, gender of child in Early Head Start (EHS) program and birth order of child enrolled in EHS. Significant results from paired sample t-tests were

also given. There were a number of significant results found and reported. Appropriate tables can be found in the appendices.

CHAPTER FIVE

DISCUSSION

Introduction

This final chapter will cover a discussion of the sample pool, significant findings, and limitations of the study. Implications for future studies will also be given. The chapter will end with recommendations for social work policy, practice, and research.

Discussion

Participants in this study consisted of predominantly minority and very low-income mothers from the Early Head Start (EHS) Program in San Bernardino, California. Most of the participants had a household income below \$20,000 and predominantly lived in low-income housing. A total of 51 pairs of questionnaires were completed by mothers in the EHS program and the teachers of their child. A comparison was made between the mother's reported attachment and the teacher's perception of the mother's attachment.

Findings in this study were not consistent with the original study done by Müller in 1994. The average score Müller received was 116.4 with a range of 93-124. The

mother's average score in this study was 98.7 with a range of 71-104. The teacher's average score was 90.1 with a range of 39-104. This study had a broader range from both the mothers questionnaires and the teachers questionnaires. The major reason for this difference may be the sample pool. Müller had a more homogeneous sample characteristics consisting of mostly Caucasian women, with some college education and a moderate family income.

A number of significant findings were found. Mothers tended to rate themselves as "almost always" fulfilling a task or having a certain feeling toward their baby/child. On the other hand teachers tended to perceive the mother's feelings and task fulfillment as "often" or "sometimes". Not one mother reported she "almost never" did something. On the other hand some teachers reported some mothers "almost never" showed attachment feelings or fulfilled attachment tasks towards their baby/child.

Some factors in the major differences between the teacher's questionnaires and the mother's questionnaires could reflect social desirable answers for the mothers. Some mothers may have been afraid to report their true feelings towards the items. Also, the teachers may not have captured or adequately observed mothers true

feelings or attachment towards their child. Some teachers may have been more critical or objective of the statements. On the other hand, these results could reflect the true attachment quality of the mothers.

Limitations

Limitations to this study again reflect the sample size and pool. In terms of validity the sample size is too small to report any generalized findings. Also, the sample reflects heavily on minority women and does not reflect the racial makeup of the country.

When measuring attachment between a mother and her child, questions concerning validity arise. Brazelton and Cramer (1990) and Müller (1994) noted concerns about the validity of maternal behavior as indicators of maternal attachment. A measuring instrument ought to reflect the true maternal feelings of the mother to her child. Müller (1994) stated, "maternal attachment is not a static characteristic but a process like any other attachment" (p. 136). There are a number of interactions that reflect the quality of attachment between mother and child. Therefore, measuring maternal feelings can assist in the discovery of antecedents to maternal behavior (Müller,

1994). However, Müller (1994) noted a question on the true reflection of maternal feelings to maternal behavior by Koniak-Griffin (1993). Koniak-Griffin (1993), stated, "...a mother's attitude toward her infant may influence her overall pattern of response to the infant, yet need not predict any specific mothering behaviors" (p. 261). As stated by Müller (1994), these conflicting views on the measurement of attachment between mother and child reiterates a need to measure both maternal behavior and maternal attitude towards her child.

Another limitation of the study was lack of complete control over the data collection process. For the most part questionnaires were placed by the mother inside of a sealed box. However, some questionnaires completed by the mother were handed to her child's teacher, who then put the questionnaire in the designated box. Also, some mothers had not been in the EHS program very long at the time of the study. Therefore, the child's teacher did not know the mother-child bond well.

Recommendations for Social Work Practice, Policy and Research

The broad topic of attachment affects many issues social workers are concerned with. Issues on attachment

are strongly noted in adoptions, foster care, and child protective service referrals. Social workers are highly employed in these areas.

The sooner the attachment process starts the sooner mother and child could start strengthening their bond. Therefore the attachment process should start prenatally. The importance of bonding can be shared with pregnant women and their significant other as part of a prenatal care program. Attachment issues can be incorporated in a prenatal program, just as nutrition, physical changes, the effects of drug use, etc. are. A screening tool such as the Maternal Attachment Inventory Revised (MAI-R) can be easily administered at prenatal visits and shortly after birth. Social workers employed in hospital type settings could work a multi-disciplinary team to implement a prenatal program that promotes positive attachment.

Once the prenatal program is established and the MAI-R is used routinely, social workers would receive a list of mothers who are at high risk for not bonding with their baby. The social worker would then refer the family to community resources that would help promote positive attachment. The mother could attend classes that would

teach her how to hold her baby, learn techniques that promote bonding such as face-to-face contact, singing, reading, floor play and how to work with a child at their level. Literature written in simple terms can be given to the mother about the importance of attachment, how to improve attachment and community resources that offer assistance in attachment. These types of resources would be beneficial to not only natural parents, but adoptive and foster parents as well.

Social workers and or public health nurses could make initial home visits in which they assist parents in developing bonding techniques. Home visits can be made prenatally and post delivery. Social workers and public health nurses could then refer high-risk families to home programs such as Volunteers of America-Early Head Start (EHS). EHS could add attachment issues to their home program curriculum. EHS teachers could continue to develop attachment techniques with mother and baby during their weekly home visits. Social workers could receive quarterly up-dates on the quality of attachment between mother and baby. Teachers could also administer the MAI-R to note any progress the mother has made in the quality of attachment with her baby. EHS could also serve as a

baseline agency for typical scores of the MAI-R questionnaire. Once the MAI-R is routinely used to assess attachment risk, EHS teachers could study the effects of their home program on the quality of attachment with high-risk mothers.

Future studies should include a larger sample size. A larger sample size will add to the generalizability of findings. Also, future studies should strongly try to identify those mothers who are at risk for not bonding with their child. The EHS program is at an advantage in the population it serves. Since the program serves families with children under the age of three, if attachment remediation is needed, it can be caught early and treated.

Early intervention is the key to avoid psychosocial problems related to attachment issues and promote productive members of society. A future study can compare mothers who were identified by the Maternal Attachment Inventory Revised questionnaire as high risk for not bonding with their child. These mothers would then receive some sort of treatment and a second attachment score would be recorded. A comparison can then be made

between mothers who received treatment with those mothers who did not receive any type of treatment.

Conclusions

This chapter covered an overview of the sample pool, significant findings and limitations of the study. Implications for future research were noted. Finally the chapter ended with recommendations for social work practice, policy and research.

APPENDIX A
QUESTIONNAIRE

Questionnaire

The following sentences describe thoughts, feelings, and situations mothers may experience. Circle the letter under the word that applies to you.

		Almost Always	Often	Sometimes	Almost never
1	I feel love for my baby/child	A	B	C	D
2	I feel warm and happy with my baby/child	A	B	C	D
3	I want to spend special time with my baby/child	A	B	C	D
4	I look forward to being with my baby/child	A	B	C	D
5	Just seeing my baby/child makes me feel good	A	B	C	D
6	I know my baby/child needs me	A	B	C	D
7	I think my baby/child is cute	A	B	C	D
8	I'm glad this baby/child is mine	A	B	C	D
9	I feel special when my baby/child smiles	A	B	C	D
10	I like to look into my baby's/child's eyes	A	B	C	D
11	I enjoy holding my baby/child	A	B	C	D
12	I watch my baby/child sleep	A	B	C	D
13	I want my baby/child near me	A	B	C	D
14	I tell others about my baby/child	A	B	C	D
15	It's fun being with my baby/child	A	B	C	D
16	I enjoy having my baby/child cuddle with me	A	B	C	D
17	I'm proud of my baby/child	A	B	C	D
18	I like to see my baby/child do new things	A	B	C	D
19	My thoughts are full of my baby/child	A	B	C	D
20	I know my baby's/child's personality	A	B	C	D
21	I want my baby/child to trust me	A	B	C	D
22	I know I am important to my baby/child	A	B	C	D
23	I understand my baby's/child's signals	A	B	C	D
24	I give my baby/child special attention	A	B	C	D
25	I comfort my baby/child when he/she is crying	A	B	C	D
26	Loving my baby/child is easy	A	B	C	D

(Spanish Questionnaire)

Las siguientes frases describen pensamientos, sentimientos y situaciones que las madres pueden experimentar. Encierre en círculo la letra que aplica mejor a usted.

		Casi Siempre	Frecuentemente	Algunas Veces	Casi Nunca
1	Siento amor por mi bebe o niño/a	A	B	C	D
2	Me siento feliz con mi bebe o niño/a	A	B	C	D
3	Deseo pasar tiempo especial con mi bebe o niño/a.	A	B	C	D
4	Espero con ansiedad estar con mi bebe o niño/a.	A	B	C	D
5	Me da alegría simplemente al ver a mi bebe o niño/a.	A	B	C	D
6	Sé que mi bebe o niño/a me necesita	A	B	C	D
7	Creo que mi bebe o niño/a es bonito/a	A	B	C	D
8	Estoy feliz que este bebe o niño/a es mío	A	B	C	D
9	Me siento especial cuando mi bebe o niño/a se sonríe	A	B	C	D
10	Me gusta ver a los ojos de mi bebe o niño/a	A	B	C	D
11	Me agrada detener en brazos a mi bebe/niño/a	A	B	C	D
12	Observo a mi bebe o niño/a cuando duerme	A	B	C	D
13	Quiero a mi bebe o niño/a cerca a mi	A	B	C	D
14	Platico con otras personas de mi bebe o niño/a	A	B	C	D
15	Es divertido estar con mi bebe o niño/a	A	B	C	D
16	Me agrada acurrucarme con mi bebe o niño/a	A	B	C	D
17	Estoy orgullosa de mi bebe o niño/a	A	B	C	D
18	Me agrada ver que mi bebe o niño/a hace nuevas cosas	A	B	C	D
19	Mis pensamientos están siempre con me bebe o niño/a	A	B	C	D
20	Conozco la personalidad de mi bebe o niño/a	A	B	C	D
21	Quiero que mi bebe o niño/a me tenga confianza	A	B	C	D
22	Sé que soy importante para mi bebe o niño/a	A	B	C	D
23	Entiendo las señales de mi bebe o niño/a	A	B	C	D
24	Le doy atención especial a mi bebe o niño/a	A	B	C	D
25	Consuelo a mi bebe o niño/a cuando llora	A	B	C	D
26	El querer a mi bebe o niño/a es fácil	A	B	C	D

APPENDIX B
INFORMED CONSENT

Informed Consent

Lisa Romero, a graduate student from the Social Work Department at California State University San Bernardino under the supervision of Dr. Janet Chang, is conducting this research. This study is intended to survey mothers who have children enrolled in Volunteers of America's-Early Head Start (EHS) Program. In this study you will be asked to answer some questions about yourself, and your feelings towards your infant/toddler.

The questions should take no more than fifteen minutes to complete. This study involves a short section of information about you and a scale of feelings about yourself and your child (ren). All information reported will be anonymous. Results will be reported only in-group form. The participant can obtain results from this study after the research has been concluded. To receive the results, the participant may leave a self-addressed envelope with their completed questionnaire.

Participation in this research will in no way affect your child's enrollment in the EHS program. EHS will not know whether you participate or not. This study is strictly voluntary and you are free to withdraw or remove any reported data from this study, at any time with no penalty. Also, this research has no foreseeable risks.

The Department of Social Work Sub-Committee of the Institutional has approved this research Review Board from California State University, San Bernardino. For any questions or concerns about this study, please contact Dr. Janet Chang at (909) 880-5184.

My " ✓" on this page signifies my knowledge and understanding of the nature of this research. Furthermore, I willingly agree to participate in this study and my rights have been explained to me. I am at least 18 years old.

Place a check mark () here ____ Today's Date _____

(Spanish Informed Consent)

Lisa Romero, una estudiante del colegio de graduados del Departamento de Servicio Social de la Universidad de California en San Bernardino, bajo la supervisión de la Dra. Janet Chang, esta conduciendo este estudio. Este estudio es con el propósito de hacer una encuesta de madres cuyos niños participan en el programa de voluntarios de escuelas preescolares, *Volunteers of America's-Early Head StartProgram (EHS)*. En este estudio se les pedirá contestar algunas preguntas sobre ustedes mismas y sus sentimientos hacia sus bebés o niños/as pequeños.

Les tomara aproximadamente quince minutos para completar la encuesta. Este estudio incluye una sección corta de información acerca de ustedes mismas y una escala de sentimientos acerca de ustedes mismas y sus niños. Toda la información proveída será anónima. Los resultados se reportaran únicamente en forma de grupo. Las participantes podrán obtener información acerca de los resultados ya que el estudio haya concluido. Para recibir los resultados, la participante necesita dejar un sobre estampillado con la dirección del remitente con su encuesta completada.

La participación en este estudio de ninguna manera afectara la participación de sus niños en el programa EHS. El programa EHS no sabrá si participaron o no. El estudio es totalmente voluntario y son libres de retirar cualquier información de este estudio en cualquier momento sin ningún problema. Además, este estudio no tendrá ningún riesgo previsible.

El trabajo del Sub Comité del Departamento de Servicio Social de la Institución ha aprobado esta Mesa Directiva de Estudios de la Universidad de California en San Bernardino. Para cualquier pregunta o preocupación acerca de este estudio, favor de comunicarse con la Dra. Janet Chang al (909) 880-5184.

La '✓' en esta página significa mi conocimiento y entendimiento de la naturaleza de este estudio. Además, estoy de acuerdo en participar voluntariamente en este estudio y se me han explicado mis derechos. Tengo por lo menos 18 años de edad.

Favor de colocar una '✓' aquí _____ Fecha de hoy _____

APPENDIX C
DEBRIEFING STATEMENT

.

Debriefing Statement

This research was done in order to study a mother's feelings about and towards her infant/toddler. This purpose of this study was to create a form that will identify the level of attachment a mother has with her young child.

Attachment is a deep, long-lasting bond between a child and their primary caregiver. It is essential a child bonds to at least one primary caregiver within their first three years of life. When a child does not bond with their parent or primary care giver, problems can occur which effect their normal development. Examples of these problems include low self-esteem for the child, aggression and violence and they are more likely to take part in risk taking behavior. Should you have any concerns about you and your child's attachment please contact your family service worker at (909) 888-4577. You can also reach Dr. Janet Chang at (909) 880-5184, or me, Lisa Romero at (909) 888-4577 ext. 225 with any questions or concerns about your participation in this research.

Again, all responses are anonymous and at no time will your individual responses be linked to you. Results of this study will be available in the summer of 2005. To receive the results, the participant may leave a self-addressed envelope with their completed questionnaire. For reliability reasons, please do not disclose the nature of this study with any potential participants, for doing so may affect the outcomes of this study.

Thank you for your participation in this research.

(Spanish debriefing)

Esta Investigación fué echa con el propósito de estudiar los sentimientos de las madres hacia sus infantes hasta los primeros años de edad. El propósito de este estudio es para crear una forma que identifique el nivel de apego que las madres tienen hacia sus Hijos Pequeños.

El Apego o Cariño es profundo, es un sentimiento fuerte Entre hijo y la primera cuidadora en su vida la cual es la madre. Es esencial que el niño tenga un apego con la primera cuidadora en sus primeros tres años de vida. Cuando no hay un apego entre la madre y la primera cuidadora, el desarrollo integral se ve afectado. Ejemplos: baja autoestima, agresión y violencia, y mal comportamiento.

Si usted tiene alguna pregunta o duda acerca del apego entre usted y su hijo por favor de llamar a su Trabajadora de Servicios Familiares al Teléfono (909) 888-4577. También Puede hablar con la Dr. Janet Chang, al teléfono (909) 880-5184, o con Lisa Romero al teléfono (909) 888-4577 X 225 para cualquier pregunta o duda acerca de la participacion o investigación en este estudio.

Recuerden, todas las respuestas seran anonimas, los resultados de este estudio se darán a conocer el próximo verano del 2005. Para recibir los resultados de dicha investigación, es necesario entregar un sobre con su dirección, adjunto con el cuestionario.

Por razones de seguridad, no comente sus respuestas con otras posibles participantes, puesto que podrá afectar los resultados de dicha investigación.

Gracias por su participación, en esta investigación.

APPENDIX D
DEMOGRAPHICS

Demographics

Please circle the answer that best pertains to you or fill-in answer as indicated.

Your Age: _____

Marital Status:

Married Separated Divorced Widowed Single (never married)
Live with Significant Other

Ethnic Identity (please specify): _____

Educational Level (please circle highest grade completed):

Elementary School (up to sixth grade)
Junior High (up to eighth grade)
Some High School
High School (Diploma/GED)
Some College (no degree)
Two Year College (AS or AS degree)
Four Year College (BA or BS degree)
Graduate School (MA or MS degree)
Advanced Degree (PhD or other doctorate degree)
Other (please specify) _____

Total Number of Children: _____

Gender of Child in Children's Center Program:

Male Female

Employment Status:

Part Time Full Time Unemployed

Total Household Income (optional):

Under \$20,000	\$20,000-\$29,999
\$30,000-\$39,999	\$40,000-\$49,999
\$50,000-\$59,999	\$60,000-\$69,999
\$70,000 or more	

Age of Child in EHS program: _____ (please specify age in year & months of child e.g., 1 yr. & 3 mo.)

Birth Order of Child in Children's Center Program: _____ (1st, 2nd, 3rd, etc.)

Primary Caregiver of Child in Children's Center Program:

Mother Father Other Family Member
Child Care Center Other (specify)

(spanish demographics)

Favor de encerrar en círculo la mejor respuesta aplicable o complete la respuesta según indicado.

Edad: _____

Estado Civil:

Casada Separada Divorciada Viuda Soltera (Nunca Casada)
Vivo con mi pareja

Identidad Étnica (favor de especificar): _____

Nivel Educativo: (favor de encerrar en círculo el grado mas alto completado):

Escuela Primaria (hasta sexto grado)
Escuela Secundaria (hasta octavo grado)
Algunos años Escuela Preparatoria
Escuela Preparatoria (Diploma/Equivalente GED)
Algunos años de Colegio/Universidad
Colegio /Universidad de dos Años (Titulado AA o AS)
Colegio /Universidad de Cuatro Años (Titulado BA o BS)
Escuela Universitaria de Graduados (Titulado MA o MS)
Titulado Avanzado (Doctorado u otro titulado de doctorado)

Numero total de niños: _____

Genero de niño/a en el Programa EHS:

Masculino Femenino

Estado de Empleo:

Tiempo Parcial Tiempo Completo No Desempleada

Ingresos Totales (opcional):

Menos de \$20,000	\$20,000-\$29,000
\$30,000-\$39,000	\$40,000-\$49,000
\$50,000-\$59,000	\$60,000-\$69,000
\$70,000 o más	

Edad del niño/a en EHS (meses/semanas/días) _____
(por ejemplo: 1 año con 3 meses)

Orden por Nacimiento del niño/a en el programa EHS: _____
(1º, 2º, 3º etc.)

Proveedor de cuidado de niño/a principal en el programa EHS:

Mamá Papá Otro miembro Familiar
Centro de Cuidado de Niños Otro (favor de especificar)

APPENDIX E

TABLE 1: DEMOGRAPHICS OF RESPONDENTS

Table 1. Demographics of Respondents

Variable	Frequency (n)	Percentage (%)
Mother's Age (N = 50)		
18-20	3	6.0
21-30	28	56.0
31-40	16	32.0
41-50	1	2.0
51 or higher	2	4.0
Marital Status (N = 49)		
Married	33	67.3
Separated	1	2.0
Widowed	1	2.0
Single	5	10.2
Live with Significant Other	9	18.4
Ethnicity (N = 50)		
Latino	34	66.7
Caucasian	4	7.8
African American	11	21.6
Other	1	2.0
Education Level (N = 51)		
Elementary School	3	5.9
Junior High School	12	23.5
Some High School	11	21.6
High School Diploma	12	23.5
Some College	10	19.6
2-Year College	1	2.0
4-Year College	2	3.9
Total # of Children (N = 51)		
1	14	27.5
2	20	39.2
3	10	19.6
4	2	3.9
5	4	7.8
6	1	2.0

Variable	Frequency (n)	Percentage (%)
Gender of EHS Child (N = 49)		
Male	22	44.0
Female	27	54.0
Employment Status (N = 47)		
Part Time	9	19.1
Full Time	11	23.4
Unemployed	27	57.4
Total Household Income (N = 45)		
Under \$20,000	25	55.6
\$20,001-\$29,999	12	26.7
\$30,001-\$39,999	5	11.1
\$40,001-\$49,999	1	2.2
\$50,001-\$59,999	1	2.2
\$60,001-\$69,999	1	2.2
Age of EHS Child (N = 51)		
0	12	23.5
1	14	27.5
2	23	45.1
3	2	3.9
Birth Order of EHS Child (N = 49)		
1 st	23	46.9
2 nd	16	32.7
3 rd	6	12.2
4 th	2	4.1
5 th	2	4.1
Primary Caregiver (N = 51)		
Mother	43	84.3
Father	2	3.9
Other Family Member	2	3.9
EHS Center	1	2.0
Other	3	5.9

APPENDIX F

TABLE 2: MOTHER'S REPORTED RESPONSES

Table 2. Mother's Reported Responses

Variable	Frequency (n)	Percentage (%)
1. I feel love for my baby/child. (N = 51)		
Almost Always	45	88.2
Often	6	11.8
2. I feel warm and happy with my baby/child. (N = 51)		
Almost Always	45	88.2
Often	5	9.8
Sometimes	1	2.0
3. I want to spend special time with my baby/child. (N = 51)		
Almost Always	38	74.5
Often	10	9.8
Sometimes	3	5.9
4. I look forward to being with my baby/child. (N = 51)		
Almost Always	40	78.4
Often	10	19.6
Sometimes	3	5.9
5. Just seeing my baby/child makes me feel good. (N = 51)		
Almost Always	43	84.3
Often	8	15.7
6. I know my baby/child needs me. (N = 50)		
Almost Always	39	78.0
Often	9	18.0
Sometimes	2	4.0
7. I think my baby/child is cute. (N = 51)		
Almost Always	45	88.2
Often	5	9.8
Sometimes	1	2.0
8. I'm glad this baby/child is mine. (N = 51)		
Almost Always	47	92.2
Often	3	5.9

Variable	Frequency (n)	Percentage (%)
9. I feel special when my baby/child smiles. (N = 51)		
Almost Always	48	94.1
Often	3	5.9
10. I like to look into my baby's/child's eyes. (N = 51)		
Almost Always	44	86.3
Often	6	11.8
Sometimes	1	2.0
11. I enjoy holding my baby/child. (N = 51)		
Almost Always	42	82.4
Often	7	13.7
Sometimes	2	3.9
12. I watch my baby/child sleep. (N = 51)		
Almost Always	36	70.6
Often	5	9.8
Sometimes	9	17.6
Almost Never	1	2.0
13. I want my baby/child near me. (N = 51)		
Almost Always	37	72.5
Often	10	19.6
Sometimes	4	7.8
14. I tell others about my baby/child. (N = 51)		
Almost Always	45	88.2
Often	4	7.8
Sometimes	2	3.9
15. It's fun being with my baby/child. (N = 51)		
Almost Always	43	84.3
Often	7	13.7
Sometimes	1	2.0
16. I enjoy having my baby/child cuddle with me. (N = 51)		
Almost Always	43	84.3
Often	5	9.8
Sometimes	3	5.9

Variable	Frequency (n)	Percentage (%)
17. I'm proud of my baby/child. (N = 51)		
Almost Always	47	92.2
Often	3	5.9
Sometimes	1	2.0
18. I like to see my baby/child do new things. (N = 51)		
Almost Always	46	90.2
Often	4	7.8
Sometimes	1	2.0
19. My thoughts are full of my baby/child. (N = 51)		
Almost Always	37	72.5
Often	12	23.5
Sometimes	2	3.9
20. I know my baby's/child's personality. (N = 51)		
Almost Always	43	84.3
Often	8	15.7
21. I want my baby/child to trust me. (N = 51)		
Almost Always	49	96.1
Often	2	3.9
22. I know I am important to my baby/child.(N = 51)		
Almost Always	48	94.1
Often	2	3.9
Sometimes	1	2.0
23. I understand my baby's/child's signals.(N = 50)		
Almost Always	35	70.0
Often	13	26.0
Sometimes	2	4.0
24. I give my baby/child special attention.(N = 51)		
Almost Always	36	70.6
Often	13	25.5
Sometimes	2	3.9

Variable	Frequency (n)	Percentage (%)
25. I comfort my baby/child when he/she is crying.(N = 51)		
Almost Always	36	70.6
Often	13	25.5
Sometimes	13	3.9
26. Loving my baby/child is easy.(N = 49)		
Almost Always	41	83.7
Often	6	12.2
Sometimes	2	3.9

APPENDIX G

TABLE 3: TEACHER'S REPORTED RESPONSES

Table 3. Teacher's Reported Responses

Variable	Frequency (n)	Percentage (%)
1. Mother feels love for her baby/child. (N = 51)		
Almost Always	43	84.3
Often	5	9.8
Sometimes	2	3.9
Almost Never	1	2.0
2. Mother feels warm and happy with her baby/child. (N = 51)		
Almost Always	32	62.7
Often	14	27.5
Sometimes	5	9.8
3. Mother wants to spend special time with her baby/child. (N = 51)		
Almost Always	25	49.0
Often	14	27.5
Sometimes	12	23.5
4. Mother looks forward to being with her baby/child. (N = 51)		
Almost Always	31	60.8
Often	13	25.5
Sometimes	5	9.8
Almost Never	2	3.9
5. Just seeing her baby/child makes mother feel good. (N = 51)		
Almost Always	32	62.7
Often	8	15.7
Sometimes	10	19.6
Almost Never	1	2.0
6. Mother knows her baby/child needs her. (N = 50)		
Almost Always	40	78.4
Often	8	15.7
Sometimes	2	3.9
Almost never	1	2.0

Variable	Frequency (n)	Percentage (%)
7. Mother thinks her baby/child is cute. (N = 51)		
Almost Always	39	76.5
Often	7	13.7
Sometimes	3	5.9
Almost Never	2	3.9
8. Mother is glad her baby/child is hers. (N = 51)		
Almost Always	42	82.4
Often	6	11.8
Sometimes	2	3.9
Almost Never	1	2.0
9. Mother feels special when her baby/child smiles. (N = 51)		
Almost Always	34	66.7
Often	10	19.6
Sometimes	5	9.8
Almost Never	2	3.9
10. Mother likes to look into her baby's/child's eyes. (N = 51)		
Almost Always	31	60.8
Often	10	19.6
Sometimes	9	17.6
Almost Never	1	2.0
11. Mother enjoys holding her baby/child. (N = 51)		
Almost Always	27	52.9
Often	13	25.5
Sometimes	10	19.6
Almost Never	1	2.0
12. Mother enjoys watching her baby/child sleep. (N = 51)		
Almost Always	19	37.3
Often	11	21.6
Sometimes	16	31.4
Almost Never	5	9.8
13. Mother wants her baby/child near her. (N = 51)		
Almost Always	22	43.1
Often	18	35.3
Sometimes	11	21.6

Variable	Frequency (n)	Percentage (%)
14. Mother tells others about her baby/child. (N = 51)		
Almost Always	32	62.7
Often	14	27.5
Sometimes	3	5.9
Almost Never	2	3.9
15. Mother feels it's fun being with her baby/child. (N = 51)		
Almost Always	25	49.0
Often	19	37.3
Sometimes	6	11.8
Almost Never	1	2.0
16. Mother enjoys having my baby/child cuddle her. (N = 51)		
Almost Always	29	56.9
Often	12	23.5
Sometimes	8	15.7
Almost Never	2	3.9
17. Mother is proud of her baby/child. (N = 51)		
Almost Always	39	76.5
Often	9	17.6
Sometimes	2	3.9
Almost Never	1	2.0
18. Mother likes to see her baby/child do new things. (N = 51)		
Almost Always	44	86.3
Often	2	3.9
Sometimes	5	9.8
19. Mothers thoughts are full of her baby/child. (N = 51)		
Almost Always	29	56.9
Often	11	21.6
Sometimes	8	15.7
Almost Never	3	5.9
20. Mother knows her baby's/child's personality. (N = 51)		
Almost Always	35	68.6
Often	12	23.5
Sometimes	4	7.8

Variable	Frequency (n)	Percentage (%)
21. Mother wants her baby/child to trust her. (N = 51)		
Almost Always	41	80.4
Often	7	13.7
Sometimes	2	3.9
Almost Never	1	2.0
22. Mother knows she is important to her baby/child. (N = 51)		
Almost Always	40	78.4
Often	9	17.6
Almost Never	2	3.9
23. Mother understands her baby's/child's signals. (N = 50)		
Almost Always	34	66.7
Often	13	25.5
Sometimes	2	3.9
Almost Never	2	3.9
24. Mother gives her baby/child special attention. (N = 51)		
Almost Always	27	52.9
Often	15	29.4
Sometimes	6	11.8
Almost Never	3	5.9
25. Mother comforts her baby/child when he/she is crying. (N = 51)		
Almost Always	34	66.7
Often	11	21.6
Sometimes	6	11.8
26. Loving her baby/child is easy for mother. (N = 51)		
Almost Always	42	82.4
Often	6	11.8
Sometimes	21	2.0
Almost Never	2	3.9

REFERENCES

- Ainsworth, M. D. S., Blehar, M. C., Waters, E., & Wall, S. (1978). Pattern of attachment: A psychological study of the strange situation. (Eds.), Lawrence Erlbaum Associates., 23-41.
- Anasay, S. J., & Perkins, D. F. (2001). Integrating family visitation and risk evaluation: A practical bonding model for decision makers. *Family Relations*, 50, 229-229.
- Beckwith, L., Rozgar, A., & Sigman, M. (2002). Maternal sensitivity and attachment in atypical groups. *Advances in Child Development and Behavior*, 30, 231-274.
- Belsky, J., Rovine, M., & Taylor, D. G. (1984). The Pennsylvania infant and family development project, III: The origins of individual differences in infant-mother attachment: Maternal and infant contributions. *Child Development*, 50, 718-728.
- Bolton, F. G. Jr. (1983). When bonding fails: Clinical assessment of high-risk families. *Social Research*, 151 19-120.
- Bonkowski, S. E., & Yanos, J. H. (1992). Infant mental health: An expanding field for social work. *Social Work*, 47, 144-148.
- Brazelton, T., & Cramer, B. G. (1990). The earliest relationship. Reading, MA: Addison-Wesley.
- Carlson, E. A. (1998). A prospective longitudinal study of attachment. *Child Development*, 69, 1107-1128.
- Carlson, V., Cicchetti, D., Barnett, D., & Braunwald, K. (1989). Disorganized/disoriented attachment relationships in maltreated infants. *Developmental Psychology*, 25, 525-531.
- Chisholm, K. (1998). A three year follow-up of attachment and indiscriminate friendliness in children adopted from Romanian orphanages. *Child Development*, 69, 1092-1106.

- Condon, J. T., & Corkindale, C. J. (1998). The assessment of parent-to-infant attachment: Development of a self-report questionnaire. *Journal of Reproduction and Infant Psychology*, 16, 57-77.
- Demo, D. H., & Cox, M. J. (2000). Families with young children: A review of research in the 1990s. *Journal Marriage and the Family*, 62, 874-894.
- Egeland, B., & Farber, E. A. (1984). Infant-mother attachment: Factors related to its development and changes over time. *Child Development*, 55, 753-771.
- Egeland, B., & Sroufe, L. A. (1981). Attachment and early maltreatment. *Child Development*, 52, 44-52.
- Egeland, B., & Vaughn, B. (1981). Failure of "bond formation" as a cause of abuse, neglect, and maltreatment. *American Journal Orthopsychiatric*, 51, 78-84.
- Greenberg, M. T., Cicchetti, D., & Cummings, E. M. (1990). Attachment in the preschool years: Theory, Research, and intervention. (Eds.), The University of Chicago Press.
- Hertgaard, L., Gunnar, M., Erickson, M. F., & Nachmias, M. (1995). Adrenocortical responses to the strange situation in infants with disorganized/disoriented attachment relationships. *Child Development*, 66, 1100-1106.
- Howe, D., Brandon, M., Hinings, D., & Schofield, G. (1999). Attachment theory, child maltreatment and family support: A practice and assessment model. Lawrence Erlbaum Associates.
- Koniak-Griffin, D. (1993). Maternal role attainment. *Image: Journal of Nursing Scholarship*, 25, 257-262.
- Koren-Karie, N., & Sagi, A. (1992). Professional decisions made by social workers regarding infant-mother attachment. *Children and Youth Service Review*, 14, 439-459.

- Lewis, M., & Feiring, C. (1989). Infant, mother, and mother-infant interaction behavior and subsequent attachment. *Child Development*, 60, 831-837.
- Lyons-Ruth, K., Connell, D. B., Grunebaum, H. U., & Botein, S. (1990). Infants at social risk: Maternal depression and family support services as mediators of infant development and security of attachment. *Child Development*, 61, 85-98.
- Müller, M. E. (1994). A questionnaire to measure mother-to-infant attachment. *Journal of Nursing Measurement*, 2, 129-141.
- Paterson, R.J., & Moran, G. (1988). Attachment theory, personality development, and psychotherapy. *Clinical Psychology Review*, 8, 611-636.
- Peck, S.D. (2003). Measuring sensitivity moment-by-moment: A microanalytic look at the transmission of attachment. *Attachment and Human Development*, 5, 38-63.
- Phillips, N. K. (1985). Mother-child interaction group: Model for joint treatment. *Journal of contemporary Social Work*, 91-97.
- Seifer, R., Schiller, M., Sameroff, A. J., Resnick, S., & Riordan, K. (1996). Attachment, maternal sensitivity, and infant temperament during the first years of life. *Developmental Psychology*, 32, 12-25.
- Spangler, G., & Grossman, K. E. (1993). Biobehavioral organization in securely and insecurely attached infants. *Child Development*, 64, 1439-1450.
- Styron, T., & Janoff-Bulman, R. (1997). Childhood attachment and abuse: Long-term effects on adult attachment, depression and conflict resolution. *Child Abuse and Neglect*, 21, 1015-1023.
- Verny, T. R. (1987). Pre- and Perinatal Psychology. (Eds.), Human Science Press.