Attachment Disorders in Adopted Children: A Comparison of Parent Co-Therapy and Child Parent Relationship Therapy

Maria Obermeyer. Mount Saint Mary College. Psychology Senior Seminar Research Proposal. Fall 2014

MY EXPERIMENT

Through the use of a one-way between subjects experimental design that incorporates similar methodologies of both parent cotherapy (PCT) and child parent relationship therapy (CPRT), I intend to compare the possibility of effective improvement in adopted children with attachment issues.

What We Know

- Release of oxytocin \rightarrow maternal bonding behaviors (Feldman, Weller, Zagoory-Sharon, & Levine, 2007)
- Forming a secure attachment with parents is harder for late-adopted children (Feeney et al., 2007)
- Fewer developmental risks and a better integration if children are adopted at an earlier age (Hart & Thomas, 2000; Howe, 2001).
- Insecurity → attachment issues in adopted children which can carry into adulthood. (Feeney et al., 2007; Howe, 2006; Hughes, 2006)

What Needs to be Researched

- Mixed results of attachment based interventions → more studies should be conducted for empirical and psychological reasons (Stams et al., 2001)
- Interventions founded in attachment theory are based heavily on self-reports and case studies.
- Parent Co-Therapy or PCT → parents take on role of therapist/parents have opportunity to work directly with child to form secure bond (Hart and Thomas, 2000)
- Child parent relationship therapy \rightarrow for children displaying problems in behavior, emotions, and social situations (Carnes-Holt & Bratton, 2014).
- Limitations of both PCT and CPRT help support the claim that additional research in alternative treatments is greatly needed

PROPOSED METHODS

Participants

A stratified random sample of internationally adopted children through VIDA, located in New York, will be chosen to participate in this experiment. Adopted children presenting any form of serious mental or physical disabilities or having a severe history of abuse or neglect will be excluded from this study. Children in this study will range in age from 3 to 10 years old.

Measures

- Demographic survey
- Adult Attachment Interview or AAI (Barone & Lionetti, 2011; Pace et al., 2012)
- The Manchester Child Assessment Story Task or MCAST (Barone & Lionetti, 2001; Pace et al., 2012)

Procedure All adoptive parents will be given a demographic survey and take the AAI. Children and their families will then be randomly selected into 1 of 3 groups. Only children in the control group will take the MCAST at this time. Wait-List Control **PCT CPRT** No intervention for 10 weeks Two 1 hour sessions each One 2 hour session each week week for 10 weeks (N=400) for 10 weeks (N=400) (N=200)Upon the conclusion of the study, children in the PCT and CPRT groups will complete the MCAST. AAI and MCAST scores will be compared and analyzed within each of the three groups and then to each other.

HYPOTHESES

- Children in both the CPRT and PCT groups will display an attachment to their adoptive parents that is significantly more secure than those in the control group
- When both CPRT and PCT groups are compared, adopted children in the PCT group will show significantly greater attachment outcomes because they are receiving one-on-one therapy.

SIGNIFICANCE

- Research has been unsuccessful in providing significant empirical evidence of effective treatment for attachment issues (Barth et al., 2005; Wimmer et al., 2009).
- Past research → focus mostly on children with past histories of neglect or abuse
- More research on adoption and attachment issues → parents and researchers can understand how to offer significant treatment

LIMITATIONS

- The duration of the adoption process through VIDA
- Adoption \rightarrow a tedious and long process
- Low number of participants that meet the requirements of the study.

The type of one on one intervention needed with each individual child in the PCT group

- Each child's presenting attachment problems are not the same.
- Different psychologists in the PCT group → differences in treatment/results

The duration of each intervention

- short-term
- Long-term effects of both interventions may not be supported.
- Further research is suggested with this proposal on PCT and CPRT

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